

Supplemental information

**A monocyte/dendritic cell molecular signature of
SARS-CoV-2-related multisystem inflammatory
syndrome in children with severe myocarditis**

Camille de Cevins, Marine Luka, Nikaïa Smith, Sonia Meynier, Aude Magérus, Francesco Carbone, Víctor García-Paredes, Laura Barnabei, Maxime Batignes, Alexandre Boullé, Marie-Claude Stolzenberg, Brieuc P. Pérot, Bruno Charbit, Tinhinane Fali, Vithura Pirabakaran, Boris Sorin, Quentin Riller, Ghaith Abdessalem, Maxime Beretta, Ludivine Grzelak, Pedro Goncalves, James P. Di Santo, Hugo Mouquet, Olivier Schwartz, Mohammed Zarhrate, Mélanie Parisot, Christine Bole-Feysot, Cécile Masson, Nicolas Cagnard, Aurélien Corneau, Camille Brunaud, Shen-Ying Zhang, Jean-Laurent Casanova, Brigitte Bader-Meunier, Julien Haroche, Isabelle Melki, Mathie Lorrot, Mehdi Oualha, Florence Moulin, Damien Bonnet, Zahra Belhadjer, Marianne Leruez, Slimane Allali, Christèle Gras-Leguen, Loïc de Pontual, Pediatric-Biocovid Study Group, Alain Fischer, Darragh Duffy, Frédéric Rieux-Laucat, Julie Toubiana, and Mickaël M. Ménager

Diagnosis	Acute infection		Postacute hyperinflammatory illness		
Groups of patients ¹	Acute-Inf (CoV-2) n=4	Acute-Inf (CoV-2 ⁺) n=9	MIS-C (CoV-2 ⁺) n=9	MIS-C_MYO (CoV-2 ⁺) n=21	KD (CoV-2) n=13
<i>General</i>					
Male : Female	1:3	6:3	4:5	10:11	6:7
Age; median (range)	5.8 (0.8-16.1)	0.3 (0.05-12)	5.1 (0.5-15)	8.4 (1.7-16.8)	2.3 (0.7-7.2)
Comorbidities	None	1 (BMT)	None	None	None
<i>Clinical features</i>					
Fever	4 (100)	9 (100)	9 (100)	21 (100)	13 (100)
Respiratory manifestations	4 (100)	9 (100)	1 (11)	7 (33)	2 (15)
Pneumonia	4 (100)	6 (67)	1 (11)	7 (33)	2 (15)
Gastrointestinal symptoms	0	1 (11)	6 (67)	19 (95)	6 (46)
Neurological symptoms	1 (25)	6 (67)	1 (11)	6 (29)	0
KD criteria complete	N/A	N/A	4 (44)	10 (48)	6 (46)
Admission to the intensive care unit	0	1 (11)	2 (22)	21 (100)	1 (8)
Ventricular dysfunction ²	N/A	N/A	0	21 (100)	0
Coronary artery dilation or aneurysm ³	N/A	N/A	1 (11)	3 (14)	1 (8)
<i>Biological features ⁴</i>					
Positive NP SARS-CoV-2 RT-PCR	0	9 (100)	4 (44)	10 (48)	0
Positive serum SARS-CoV-2 IgG (Abbott)	0/1 (0)	N/D	9 (100)	21 (100)	0
Troponin I; Median (range) (ref <26 ng/L)	N/D	N/D	10 (10-122) ⁵	324 (30-6900)	51 (10-93) ⁵
Leukocytes x 10 ⁹ /L; Median (range) (ref 5.5-15.5)	N/D	N/D	12.3 (5.6-44)	18.9 (8-42.8)	13.7 (3.3-17.6)
Neutrophils x 10 ⁹ /L; Median (range) (ref 1.8-8.0)	1.6 (1.2-14.5)	1.5 (0.6-7.5)	7.7 (0.2-39)	14.9 (6.0-36.4)	6.5 (0.8-6.4)
Lymphocytes x 10 ⁹ /L; Median (range) (ref 1.5-6.5)	2.7 (2.1-3.4)	2.6 (0.3-7.6)	1.4 (0.6-5.6)	1.0 (0.4-3.7)	2.6 (0.8-6.4)
CRP, mg/L; Median (range) (ref <6.0)	8 (4-16)	7 (4-32)	190 (90-287)	295 (159-448)	161 (31-309)
PCT, ng/mL; Median (range) (ref <0.5)	0.2 (0.02-0.2)	0.16 (0.09-.22)	4.1 (0.2-152)	26.0 (1.7-299)	1.0 (0.1-5.5)
Sodium, mmol/L; Median (range) (ref 136-146)	N/D	131 (130-136)	132 (124-136)	130 (116-135)	135 (133-136)
Albumin, g/L; Median (range) (ref 35-50)	N/D	N/D	23 (15-41)	20 (16-26)	31 (25-40)
ALT, U/L; Median (range) (ref 7-40)	N/D	N/D	28 (6-146)	70 (12-257)	18 (11-277)
Ferritin µg/L; Median (range) (ref)	N/D	N/D	336 (118-1400) ⁵	1123 (172-4490) ⁵	183 (139-390) ⁵
<i>Treatments</i>					
Vasoactive or inotropic agents	0	0	0	17 (81)	0
Antibiotic therapy	3 (64)	3 (33)	5 (56)	21 (100)	4 (31)
IVIg /IVIg before sampling	0	0	8 (89) / 7 (78)	21 (100) / 20 (95)	12 (92) / 11 (85)
Corticosteroids / corticosteroids before sampling	0	0	2 (22) / 1 (11)	10 (48) / 7 (33)	4 (31) / 4 (31)
Other immunomodulatory agents	0	1 (tocilizumab)	0	0	0

¹ Values are numbers (percentages) unless stated otherwise; ² ventricular dysfunction observed at echocardiography; ³ Coronary artery abnormalities observed during hospitalization, Coronary artery dilation was defined as a coronary artery diameter z-score on echocardiography between 2.0 and 2.5, and aneurysm as a z-score ≥ 2.5 (McCrindle et al., 2017); ⁴ the most abnormal values before treatment or within 24 hours of treatment onset; ⁵ missing values; BMT: bone marrow transplantation; ALT: alanine transferase; IVIG: intravenous immunoglobulins; N/A : non applicable; N/D: not determined; Ref: reference interval.

Table S1. Clinical and biological features of pediatric patients enrolled. Related to Figure 1. All children and adolescents included in the study were suspected of SARS-CoV-2 illness between April 6, 2020 and May 30, 2020 and displayed either an acute respiratory infection or a postacute hyperinflammatory illness.

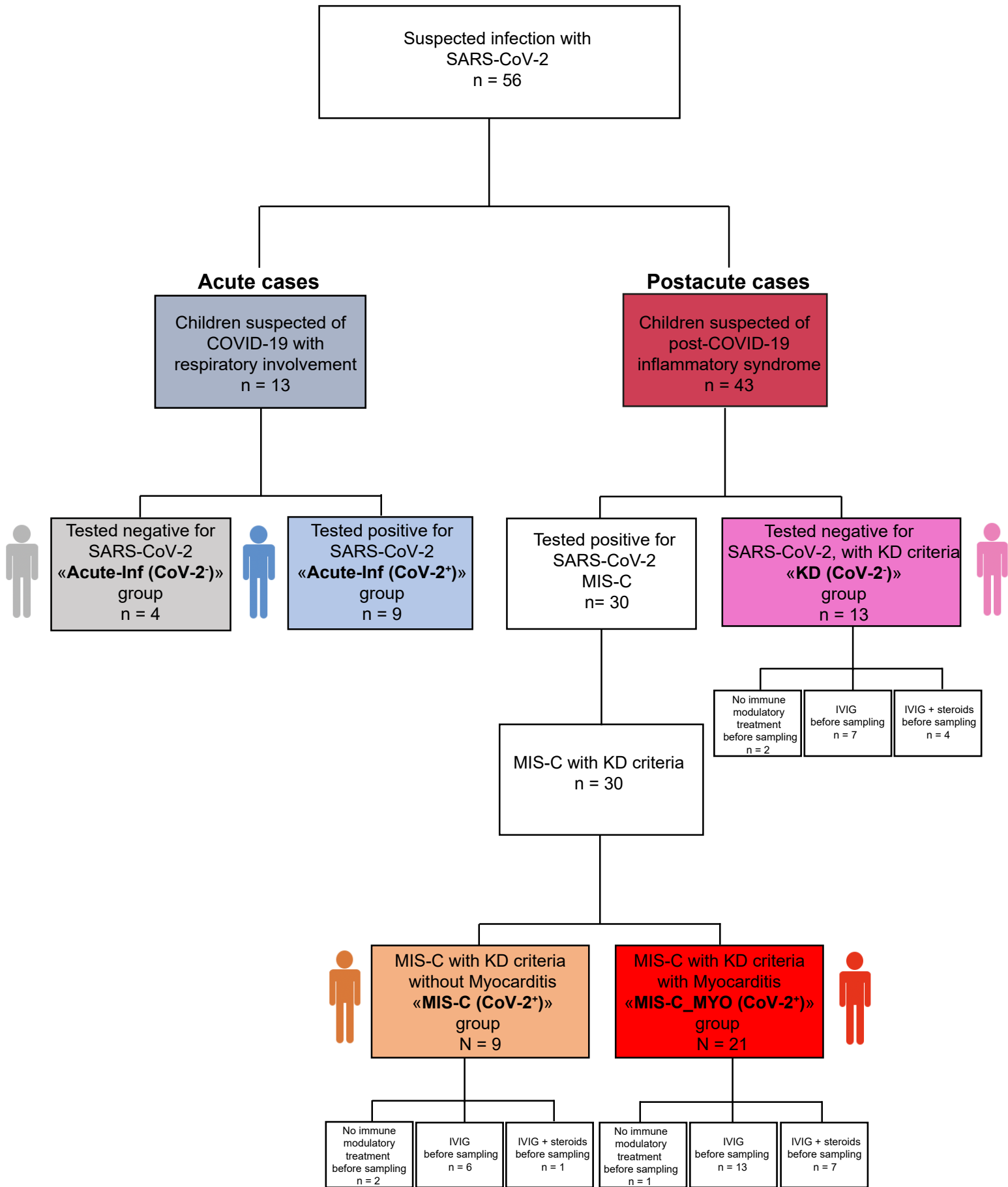
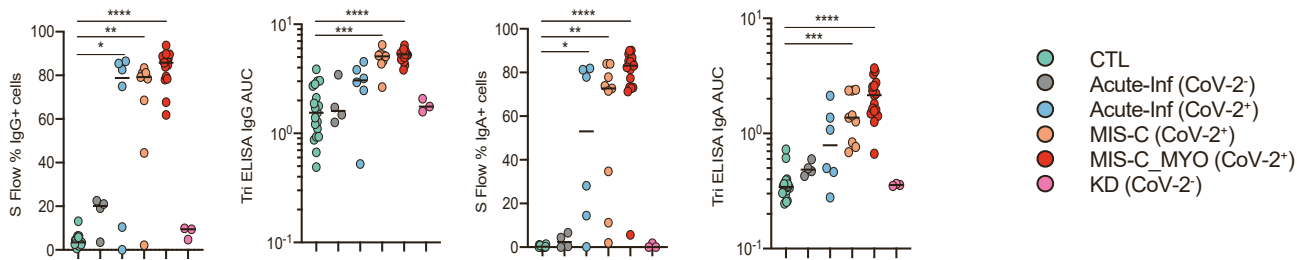


Figure S1

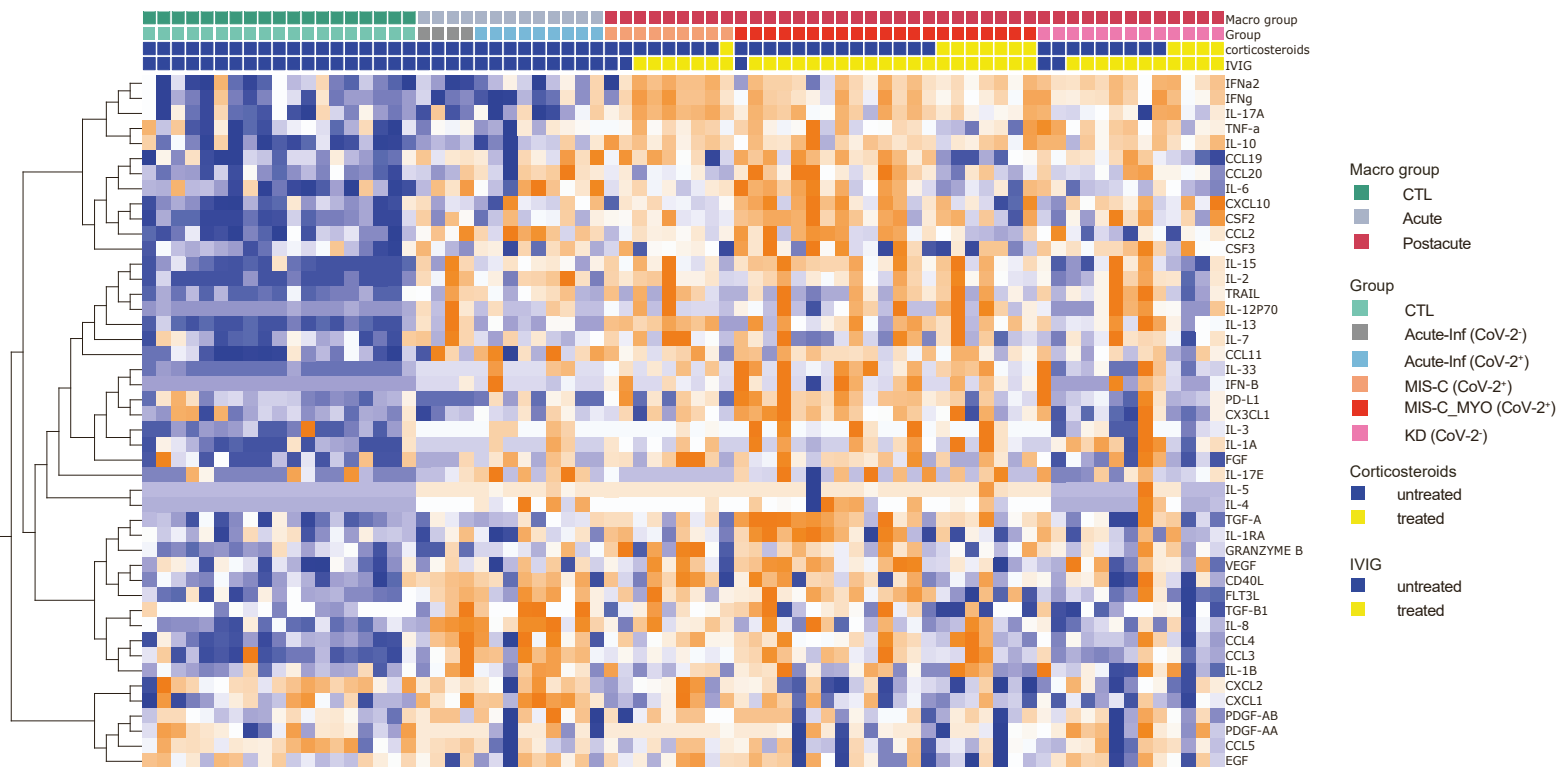
Figure S1: Flowchart describing the patients enrolled. Related to Figure 1. Patients were initially divided into an “acute” and a “postacute” group. Each group was then divided based on SARS-CoV-2 positivity. Each group with a name in bold and a color associated corresponds to a group of patients analyzed in this study. Names and colors are used throughout the manuscript. “n” represents the number of patients enrolled in each group. Number of immune modulator-treated patients is indicated when applicable.

A

SARS-CoV-2 specific IgG and IgA



B



C

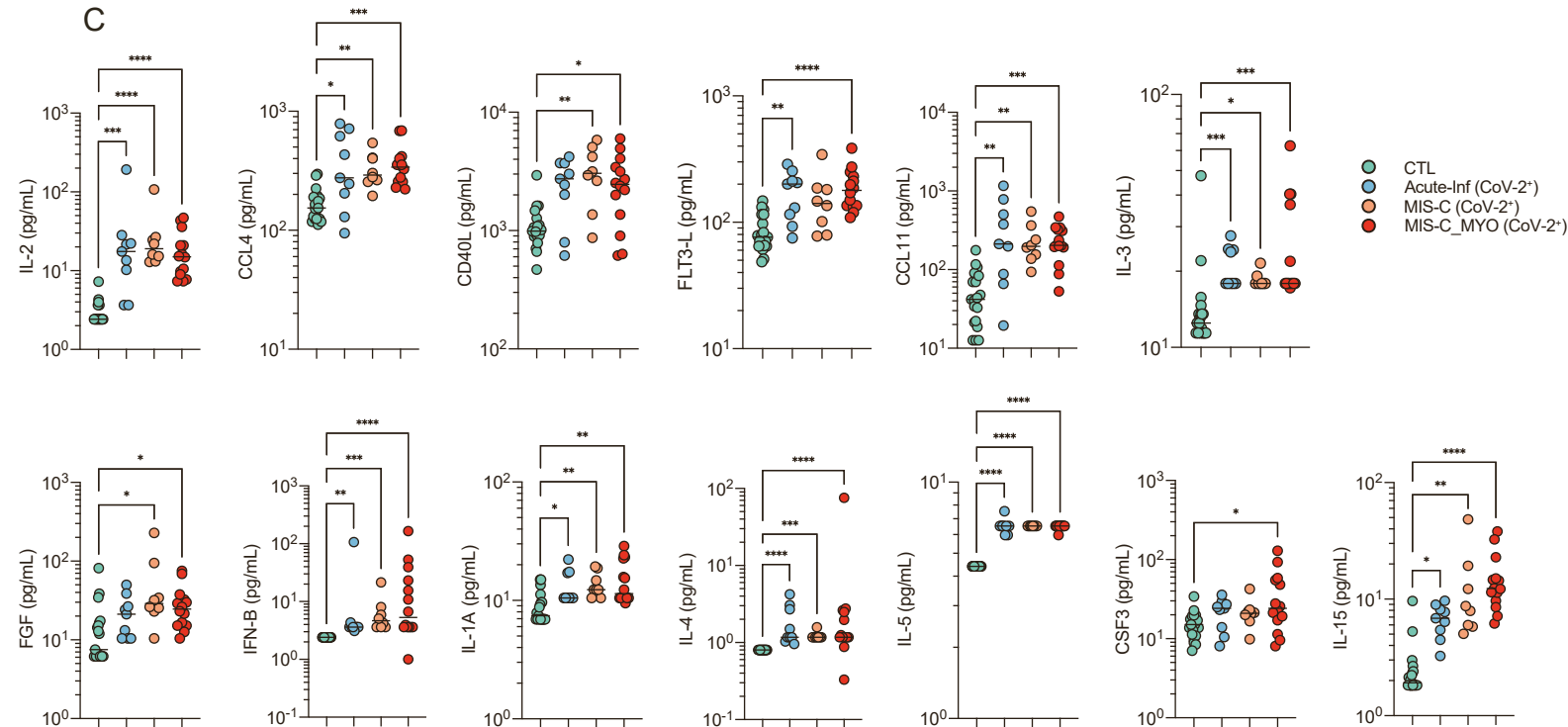


Figure S2

Figure S2: Immunoglobulin and cytokine/chemokine analyses. Related to Figure 2. A. SARS-CoV-2 specific immunoglobulins (IgG, left panels; IgA, right panels) were dosed in the plasma of the different groups, by two methods: S Flow and Tri ELISA. **B.** Heatmap of all the cytokines/chemokines measured in the different clinical groups, including the SARS-CoV-2 negative groups: CTL, green; Acute-Inf (CoV-2⁻), gray; Acute-Inf (CoV-2⁺), blue; MIS-C (CoV-2⁺), orange; MIS-C_MYO (CoV-2⁺), red; KD (CoV-2⁻), pink. On the x axis, blood donors are organized by groups and immune modulatory treatments (untreated, blue; treated, yellow) and on the y axis, cytokines/chemokines are displayed following hierarchical clustering. Cytokines/chemokines were expressed as pg/mL and log transformed with blue to orange colors representing lower to higher expression respectively. **C.** Dot plots of cytokines/chemokines increased in all SARS-CoV-2⁺ groups compared to healthy blood donors (CTL). ρ -values are calculated by Kruskal-Wallis test for multiple comparisons, followed by a post-hoc Dunn's test. * ($p < 0.05$), **($p < 0.01$), ***($p < 0.001$)

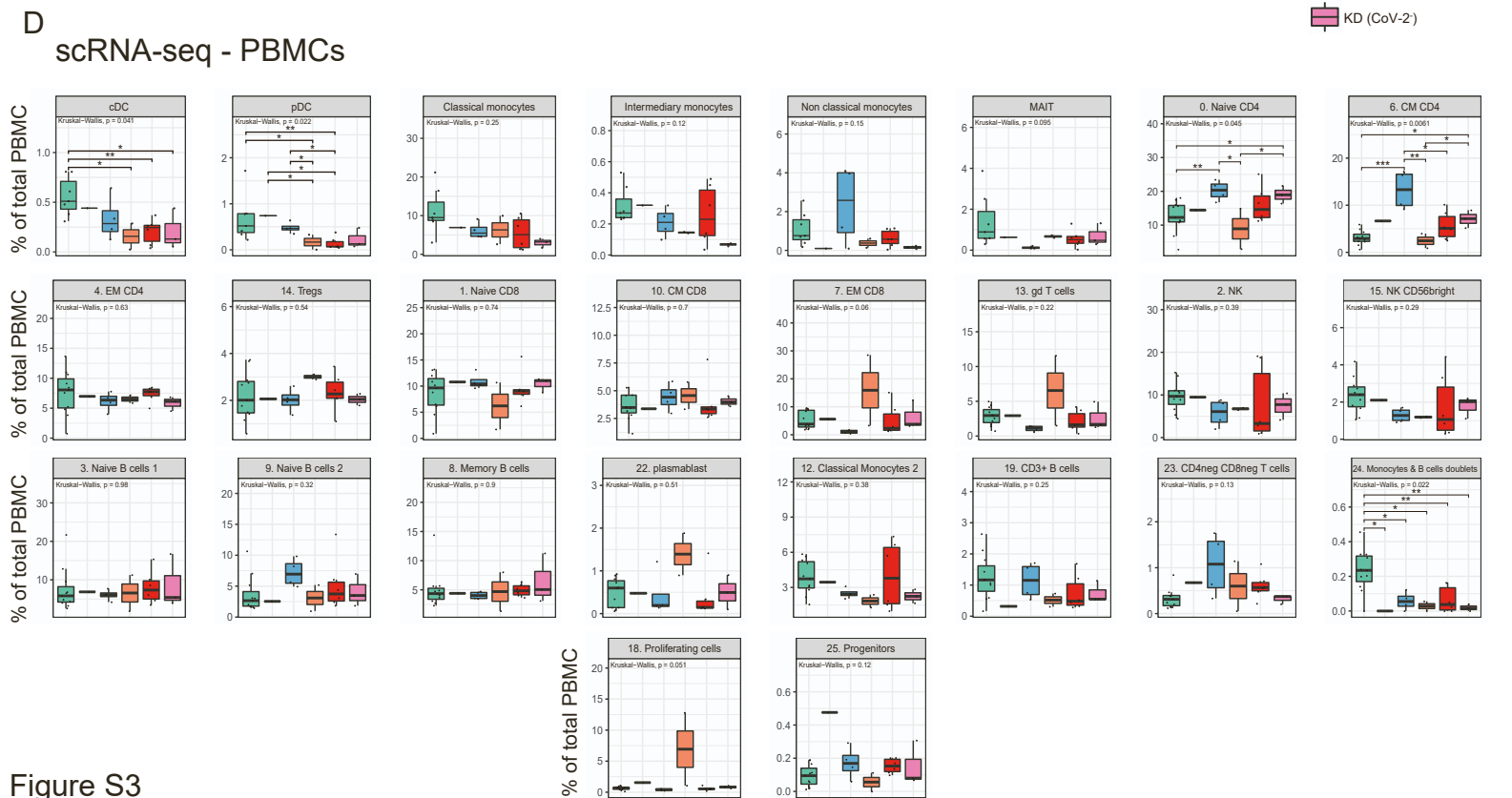
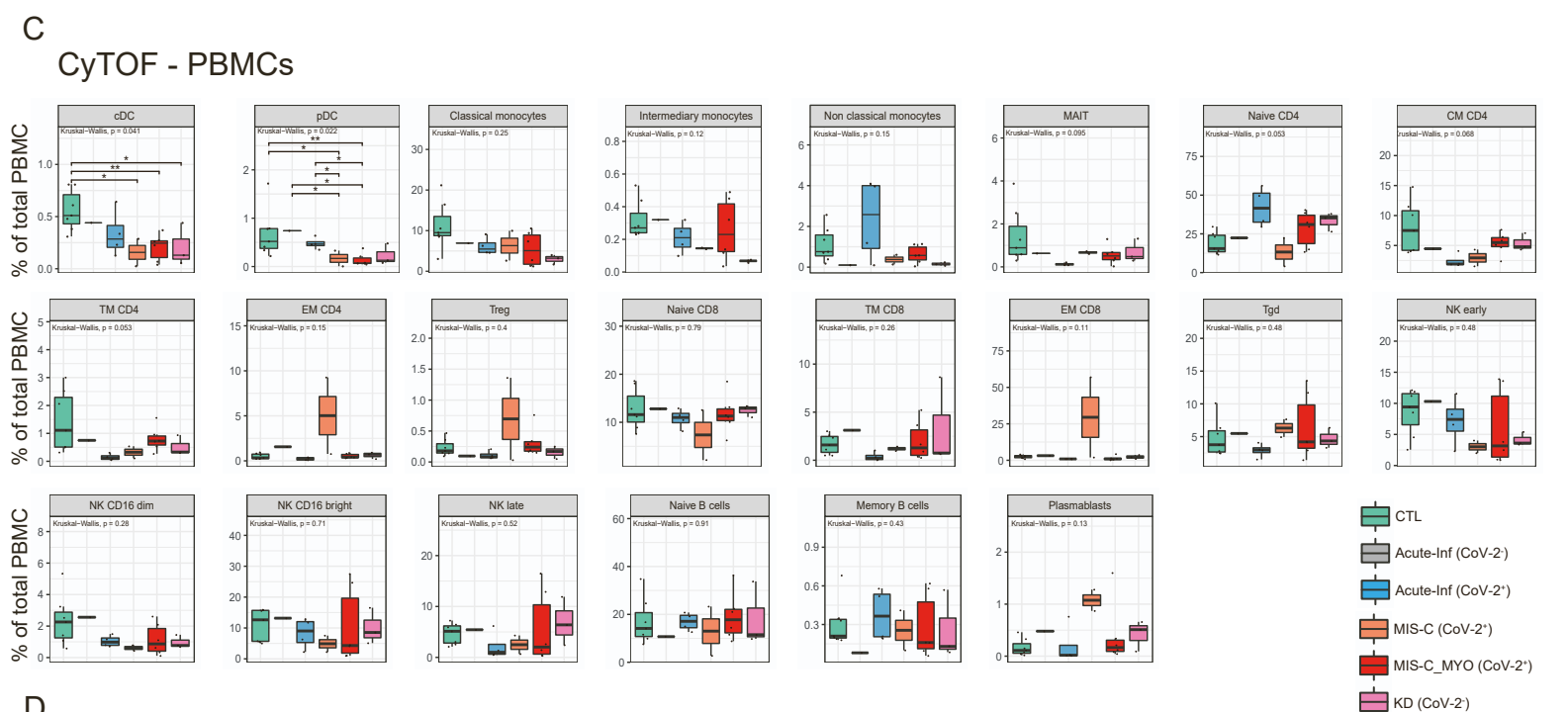
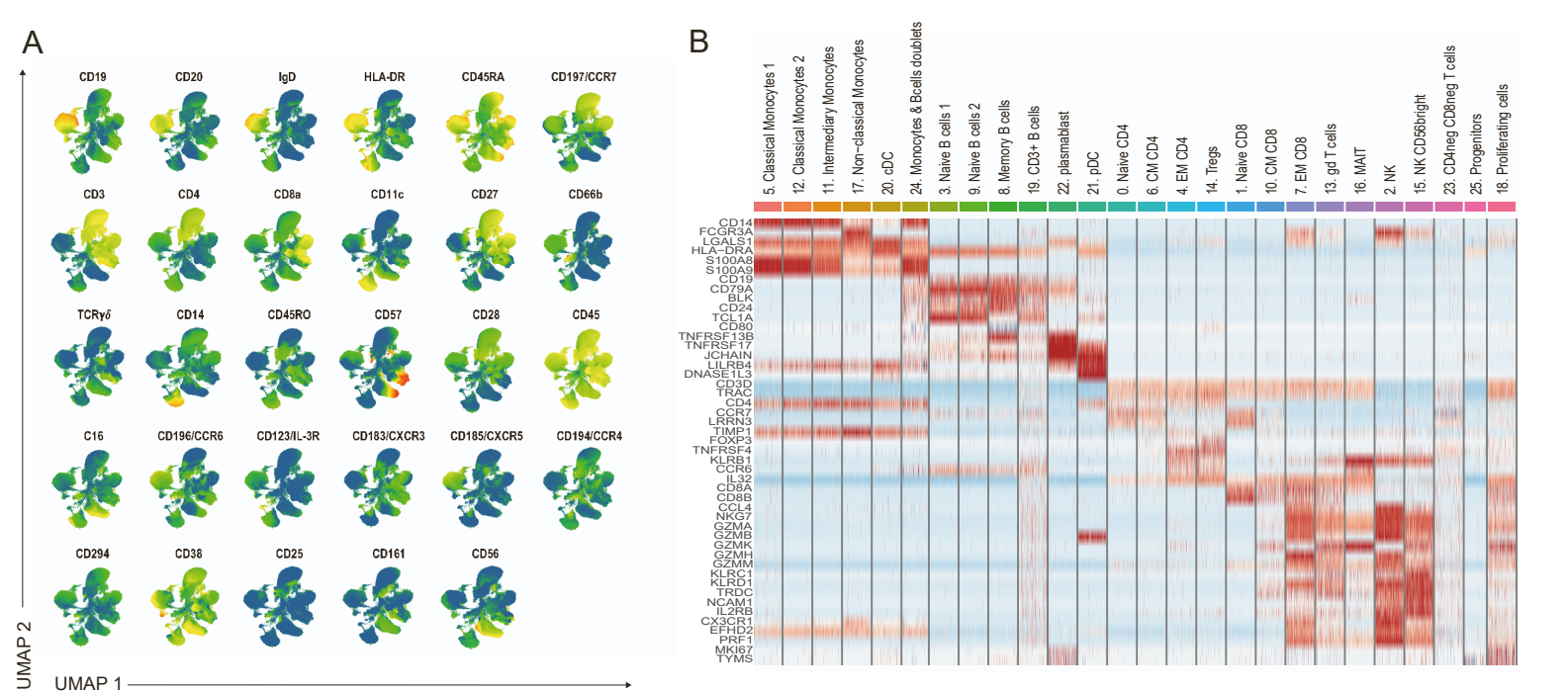
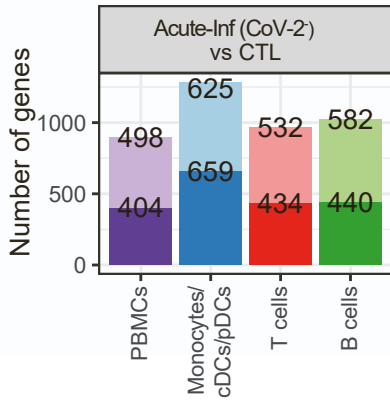


Figure S3

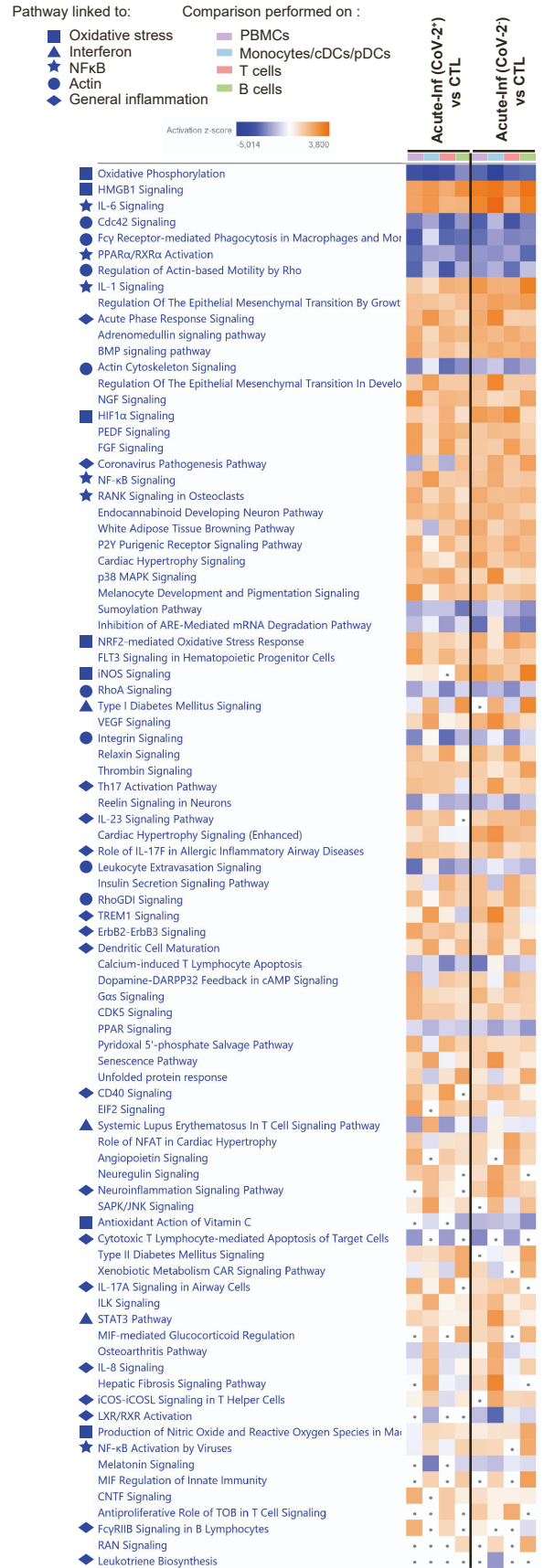
Figure S3: Identification of cell clusters and PBMCs distribution. Related to Figure 3. A.

UMAP showing all cell surface proteins measured by CyTOF to identify clusters displayed in Figure 3A. **B.** Heatmap of the genes (y axis) used in scRNA-seq to identify clusters of the UMAP in Figure 3B. Color scale represents scaled expression of the genes. Red and blue indicate high and low expression respectively. **C & D.** Boxplots showing the percentage of cell populations from CyTOF (**C**) and scRNA-seq (**D**) for both SARS-CoV-2 positive and negative groups. Among the MIS-C (CoV-2⁺) group, one patient was diagnosed with a primary Epstein Barr viral infection, characterized at the cellular level by an increase of CD4, CD8 effector memory T cells, Tregs and proliferating cells.(CTL, green; Acute-Inf (CoV-2⁻), gray; Acute-Inf (CoV-2⁺), blue; MIS-C (CoV-2⁺), orange; MIS-C_MYO (CoV-2⁺), red; KD (CoV-2⁻), pink). In the boxplots, each dot represents a sample. Boxes range from the 25th to the 75th percentiles. The upper and lower whiskers extend from the box to the largest and smallest values respectively. Any samples with a value at most x1.5 the inter-quartile range of the hinge is considered an outlier and plotted individually. ρ values are calculated by Kruskal-Wallis test for multiple comparison, followed by a post hoc Dunn's test. *($p < 0.05$), **($p < 0.01$), ***($p < 0.001$).

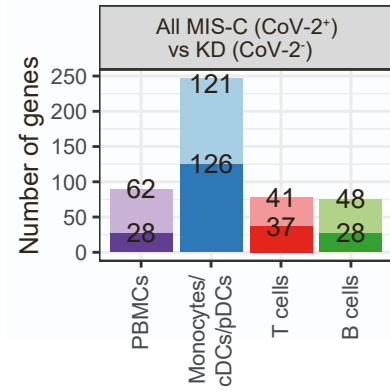
A



B



C



D

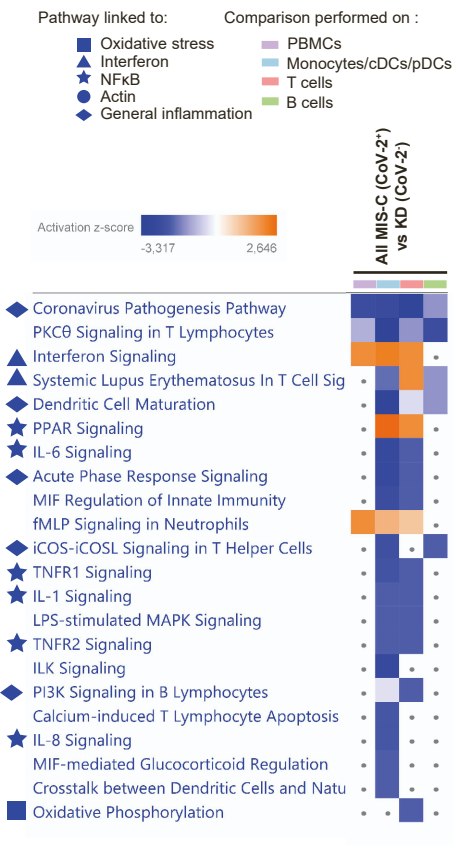


Figure S4

Figure S4: Genes and pathways differentially regulated from scRNA-seq in acute infection and postacute hyperinflammation when comparing patients with or without evidence of SARS-CoV-2 infection. Related to Figure 4. **A.** Bar charts of the number of up- and downregulated genes in Acute-Inf (CoV-2⁻) compared to CTL, in PBMCs, monocytes/cDCs/pDCs, T and B cell clusters obtained following scRNA-seq experiments as displayed in Figure 3B. **B.** Heatmap of the canonical pathways obtained with IPA from DEGs of Acute-Inf (CoV-2⁺), as shown in 4A or of Acute-Inf (CoV-2⁻), S4A, compared to CTL in PBMCs, monocytes/cDCs/pDCs, T and B cells. **C.** Bar charts of the number of up- and downregulated genes in All MIS-C (CoV-2⁺) compared directly to KD (CoV-2⁻), in PBMCs, monocytes/cDCs/pDCs, T and B cells. **D.** Heatmap of the canonical pathways obtained with IPA from DEGs of All MIS-C (CoV-2⁺) compared directly to KD (CoV-2⁻) in PBMCs, monocytes/cDCs/pDCs, T and B cells.

A & C. The top value on the light-colored bars represent the upregulated genes and the bottom dark represent the downregulated genes.

B & D. Symbols are used in front of the pathways to represent pathways belonging to the same functional groups. Pathways with an absolute Z-score ≤ 2 or adjusted p-value > 0.05 in all conditions were filtered out. Z-score > 2 means that a function is significantly increased (orange) whereas a Z-score < -2 indicates a significantly decreased function (blue). Grey dots indicate non-significant pathways ($p > 0.05$).

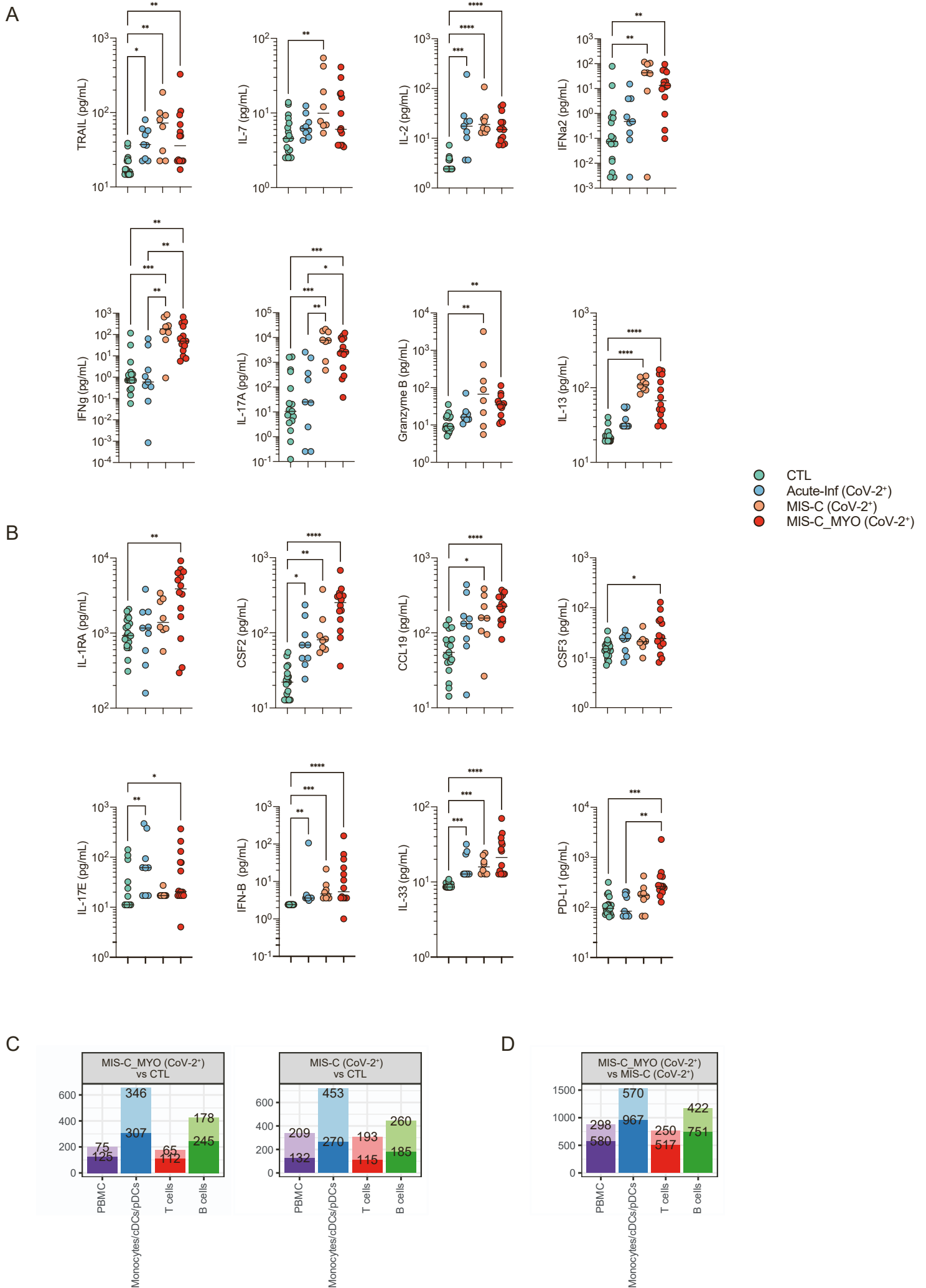


Figure S5

Figure S5: Cytokine/chemokine and gene expression analyses between MIS-C_MYO (CoV-2⁺) and MIS-C (CoV-2⁺). Related to Figure 5. A. Dot plots of cytokines/chemokines upregulated in the MIS-C (CoV-2⁺) group compared to MIS-C_MYO (CoV-2⁺). **B.** Dot plots of cytokines/chemokines upregulated in the MIS-C_MYO (CoV-2⁺) group compared to MIS-C (CoV-2⁺), and not related to TNF- α or NF- κ B signalings. **C.** Bar charts of the number of up- and downregulated genes in MIS-C_MYO (CoV-2⁺) (left panel) and MIS-C (CoV-2⁺) (right panel), compared to CTL, in PBMCs, monocytes/cDCs/pDCs, T and B cells clusters obtained following scRNA-seq experiments as displayed in Figure 3B. **D.** Bar chart of the number of up- and downregulated genes between MIS-C_MYO (CoV-2⁺) and MIS-C (CoV-2⁺) in PBMCs, monocytes/cDCs/pDCs, T and B cells clusters obtained following scRNA-seq experiments as displayed in Figure 3B.

A & B. ρ values are calculated by Kruskal-Wallis test for multiple comparisons, followed by a post hoc Dunn's test. *($p < 0.05$), **($p < 0.01$), ***($p < 0.001$)

C & D. The top value on the light-colored bars represent the upregulated genes and the bottom dark represent the downregulated genes. Median age for each group: CTL, 15 years; MIS-C (CoV-2⁺), 3.7 years; MIS-C_MYO (CoV-2⁺), 8.4 years

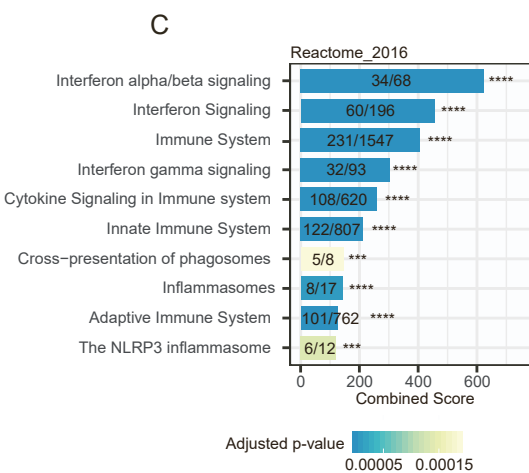
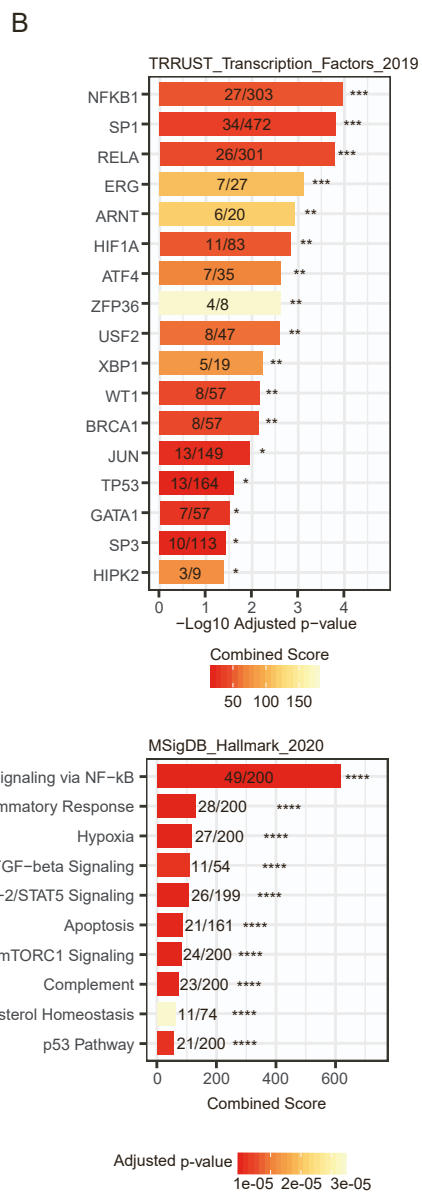
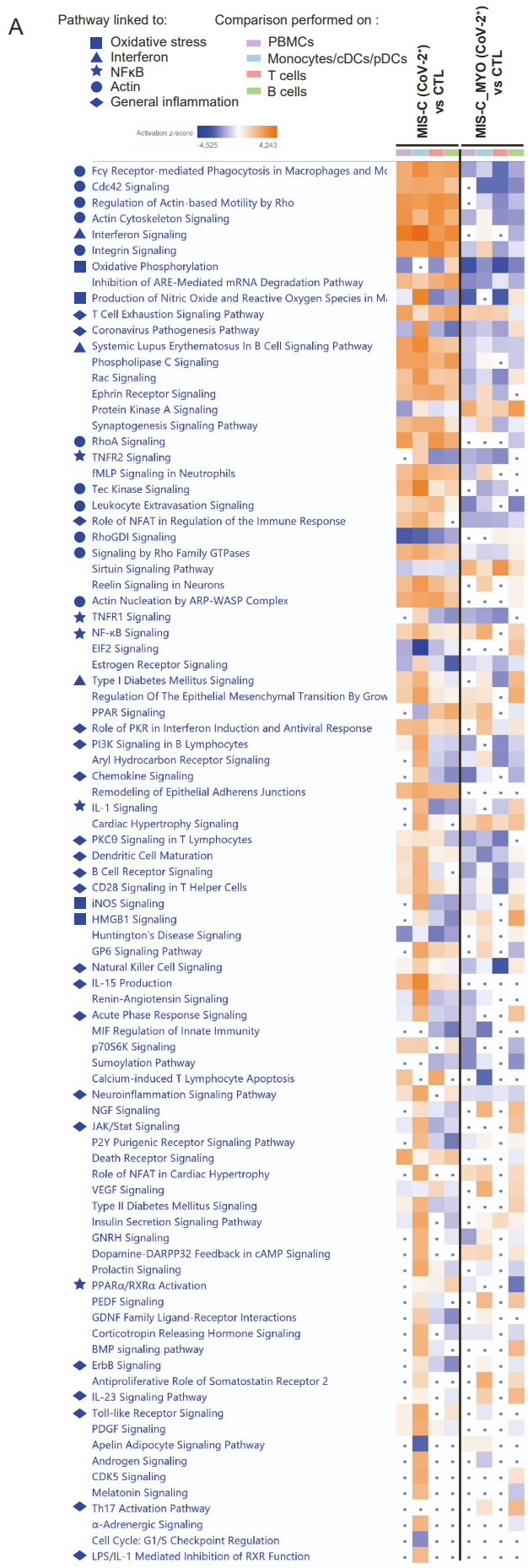


Figure S6

Figure S6: Pathway enrichment analysis in MIS-C (CoV-2⁺) with or without severe myocarditis. Related to Figure 6. A. Heatmap of the canonical pathways obtained with IPA from DEGs of MIS-C (CoV-2⁺) or MIS-C_MYO (CoV-2⁺) compared to CTL in PBMCs, monocytes/cDCs/pDCs, T and B cells. Symbols are used in front of the pathways to represent pathways belonging to the same functional groups. Pathways with an absolute z-score ≤ 2 or adjusted p-value > 0.05 in all conditions were filtered out. Z-score > 2 means that a function is significantly increased (orange) whereas a Z-score < -2 indicates a significantly decreased function (blue). Grey dots indicate non-significant pathways ($p > 0.05$). **B.** Bar charts of the Transcription factors from TRRUST database (top) and the top 10 pathways from MSigDB_Hallmark_2020 (bottom) predicted in EnrichR to be modulated by the genes upregulated in monocytes/cDCs/pDCs of MIS-C_MYO (CoV-2⁺) compared to MIS-C (CoV-2⁺). Pathways are ranked based on combined score; Transcription factors are ranked based on adjusted p-values. **C.** Bar charts of the top 10 pathways from Reactome_2016, predicted in EnrichR to be modulated by the downregulated genes in the monocytes/cDCs/pDCs cells of MIS-C_MYO (CoV-2⁺) compared to MIS-C (CoV-2⁺). Pathways are ranked based on combined score.

B & C. *($p < 0.05$), **($p < 0.01$), ***($p < 0.001$), ****($p < 0.0001$)

A

$$GeneSCORE = \frac{\sum_{n=1}^N Zscore_n}{N}$$

$$SignatureSCORE = \frac{\sum_{m=1}^M Zscore_m}{M}$$

$$RankingSCORE = GeneSCORE_{MIS-C_MYO(CoV-2^+)} - (GeneSCORE_{MIS-C(CoV-2^+)} + GeneSCORE_{CTL})$$

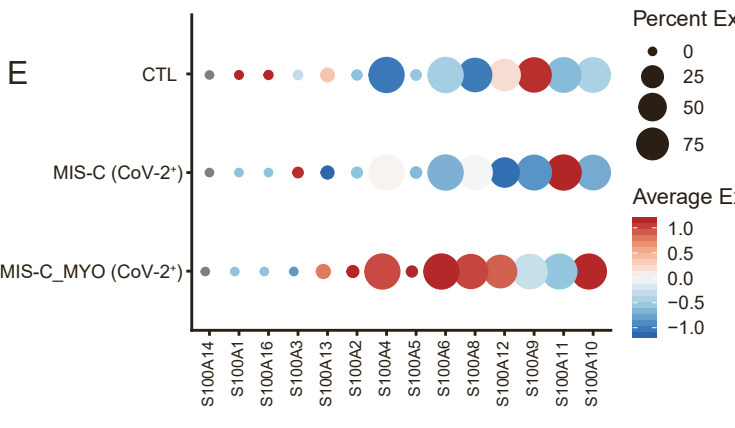
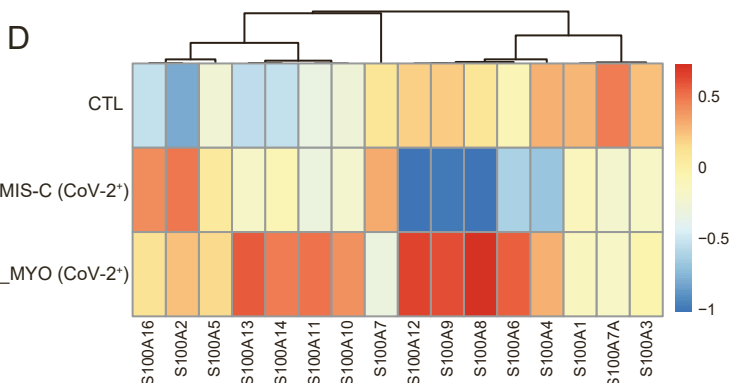
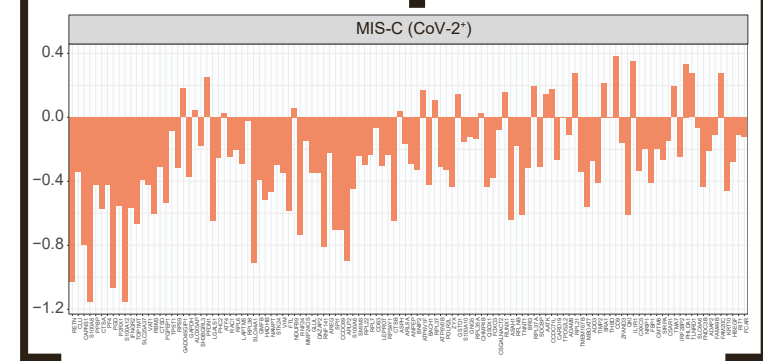
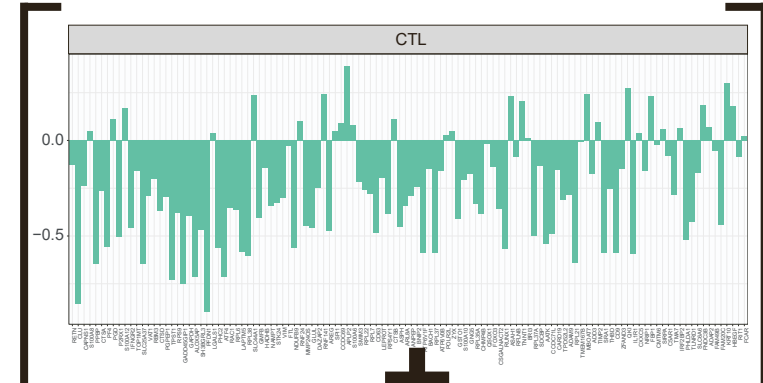
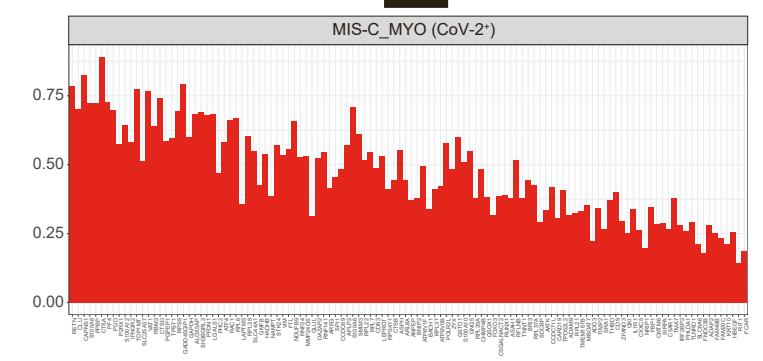
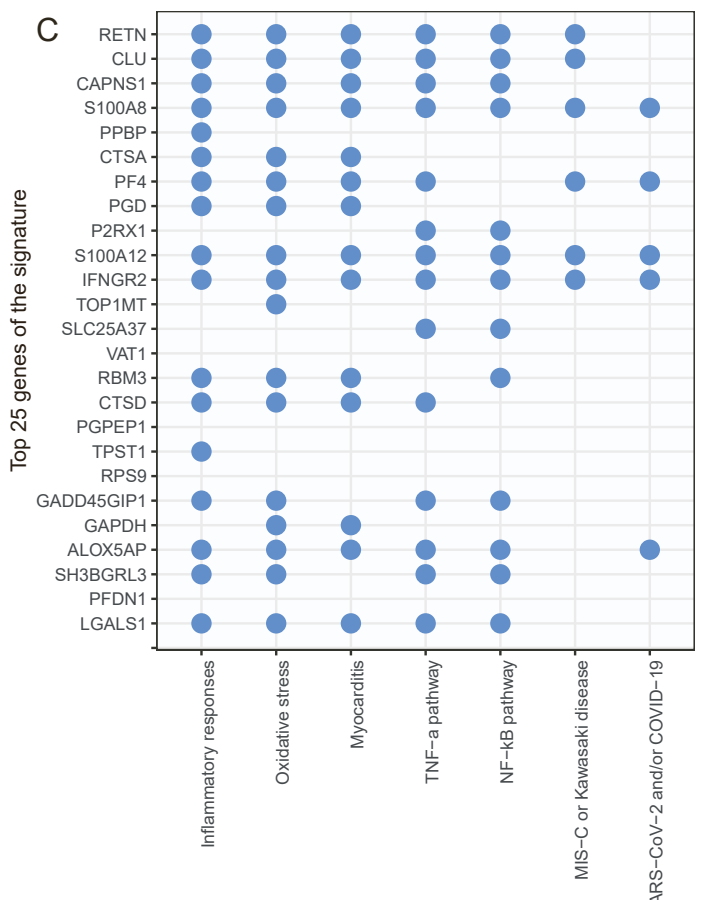
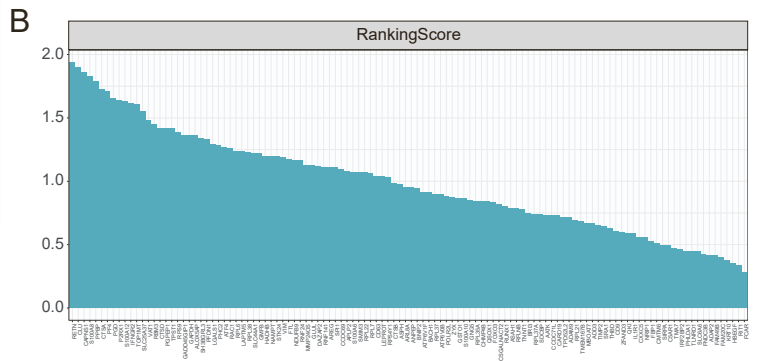


Figure S7

Figure S7: SignatureScore and top genes correlated with the occurrence of myocarditis in MIS-C (CoV-2⁺). Related to Figure 7.

A. MIS-C_MYO (CoV-2⁺)-specific genes were scored (GeneSCORE) by adding their expression values (as z-scores) in each sample, divided by the total number of samples. Similarly, a SignatureSCORE was derived for each sample as the mean z-score of these samples. From these two scores, a RankingScore was calculated by subtracting the GeneScore of the MIS-C (CoV-2⁺) and the CTL groups to the GeneSCORE of the MIS-C_MYO (CoV-2⁺) group.

B. Top: Barplot of the RankingScore of each gene. Red, green and orange barplots: GeneScore of the MIS-C_MYO (CoV-2⁺)-specific genes in the MIS-C_MYO (CoV-2⁺), CTL and MIS-C_MYO (CoV-2⁺) groups respectively. Genes are ranked based on their RankingScore as explained in S7A

C. Curated analyses based on literature regarding the known links between the top 25 genes, and inflammatory response, myocarditis, oxidative stress, TNF- α , NF- κ B, MIS-C or Kawasaki disease, SARS-CoV-2 and/or COVID-19. On the Y axis, genes are positioned from top to bottom following their rank (Top = ranked 1). A blue dot means strong links between the gene and the pathway (on the X axis) were found in peer-reviewed scientific publications.

D. Heatmap of the expression of the genes of the S100A family, extracted from Bulk-RNA-SEQ, from PBMCs. Color scale indicate the scaled GeneSCORE (mean z-score of the gene in all samples of a group), with red and blue representing the highest and lowest expressions respectively. Hierarchical clustering of the genes was computed with a Pearson's correlation as a distance.

E. Dot plot of the calcium binding genes of the S100 family in CTL, MIS-C (CoV-2⁺) and MIS-C_MYO (CoV-2⁺) as measured in monocytes/cDCs/pDCs in the scRNA-seq dataset. Color scale shows scaled average expression in all cells with red and blue being the highest and lowest expression respectively. Size of dot show the percentage of cells that express the gene.