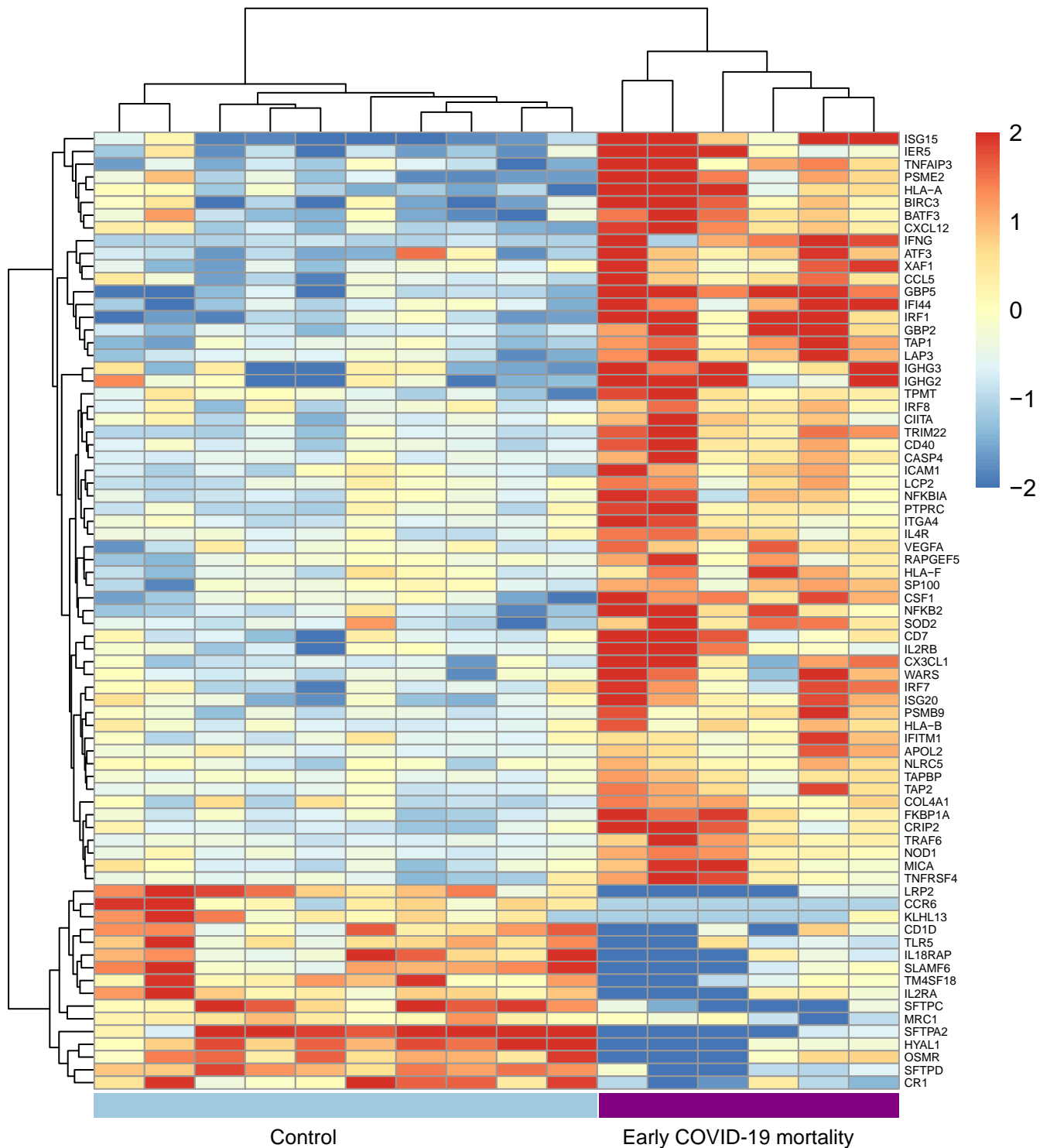
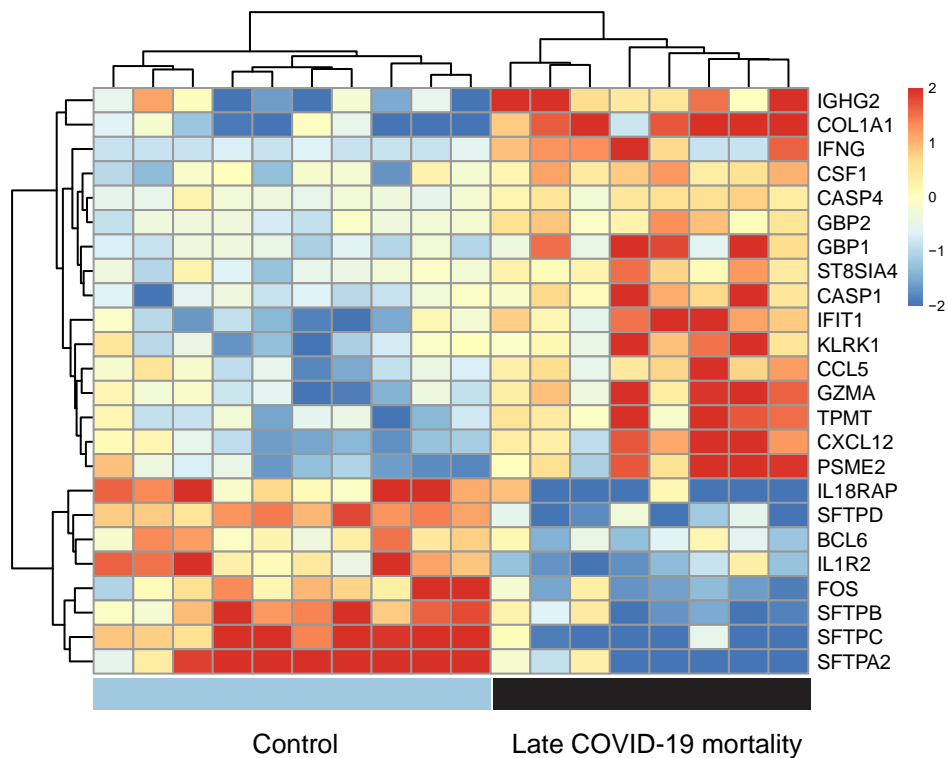


Supplemental Figure 1



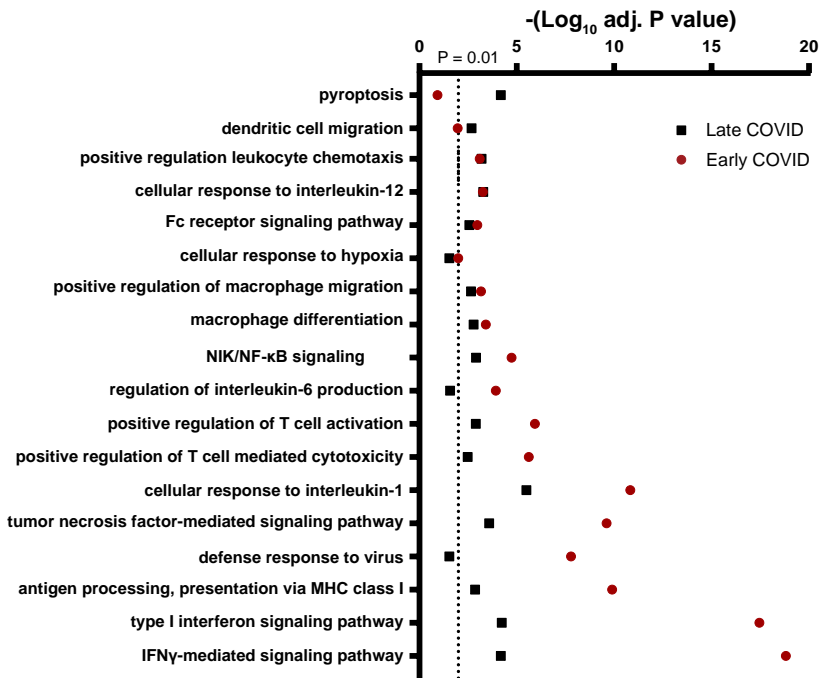
Supplemental Figure 1. Gene expression changes seen in early COVID-19 mortality cases compared to uninfected controls. Heatmap of normalized and scaled gene expression for all transcripts showing gene expression changes with absolute log fold change > 0.5 and adjusted P value < 0.05 in the comparison of early COVID-19 mortality cases (n = 6) and uninfected controls (n = 10). P values were calculated using the Rosalind platform for nCounter data analysis and adjusted for multiple comparisons using the Benjamini-Hochberg method of estimating false discovery rates (FDR).

Supplemental Figure 2



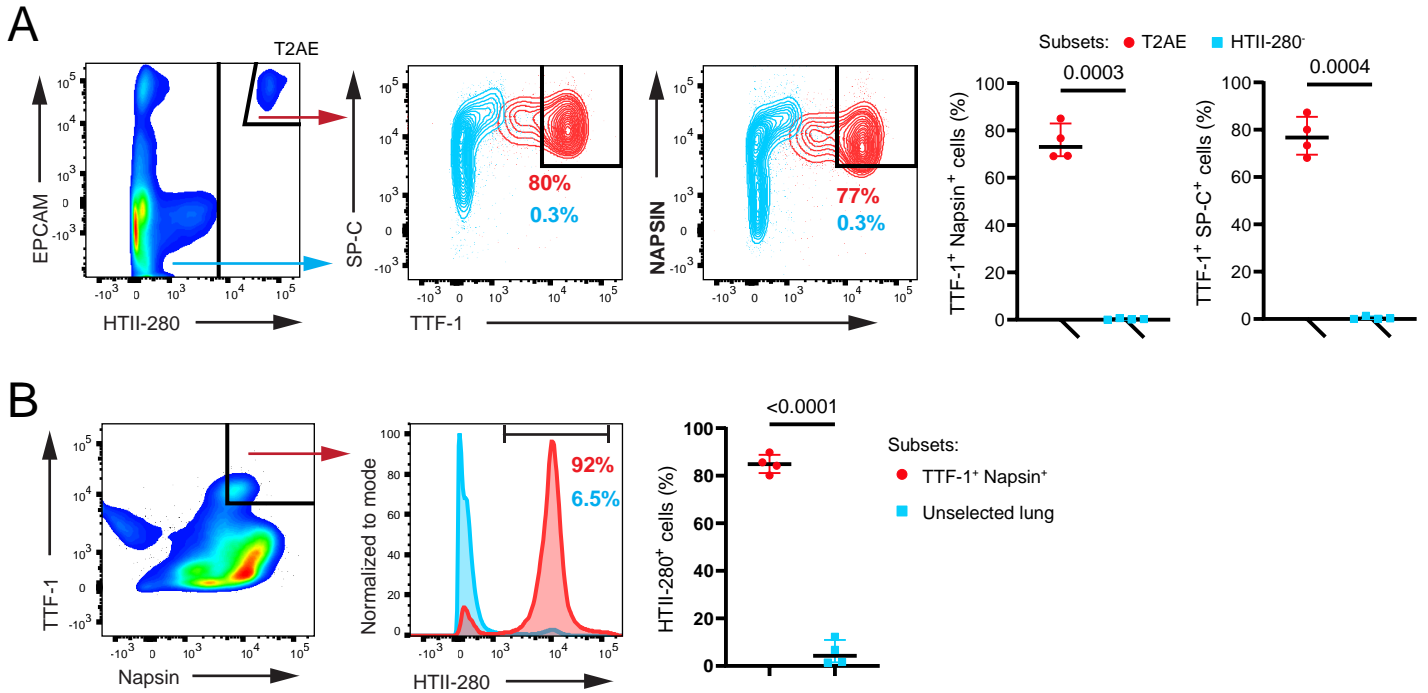
Supplemental Figure 2. Gene expression changes seen in late COVID-19 mortality cases compared to uninfected controls. Heatmap of normalized and scaled gene expression for all transcripts showing gene expression changes with absolute log fold change > 0.5 and adjusted P value < 0.05 in the comparison of late COVID-19 mortality cases ($n = 8$) and uninfected controls ($n = 10$). P values were calculated using the Rosalind platform for nCounter data analysis and adjusted for multiple comparisons using the Benjamini-Hochberg method of estimating false discovery rates (FDR).

Supplemental Figure 3



Supplemental Figure 3. Gene ontology analysis of transcripts altered in early and late COVID-19 mortality cases compared to controls. Gene ontology (GO) analysis showing the $-\text{log}_{10}$ adjusted P value of representative pathways that are enriched for upregulated genes in the early COVID-19/control (red dots) and the late COVID-19/control (black squares) comparisons. The dotted line shows adjusted P value = 0.01. Adjusted P values were computed using the hypergeometric test.

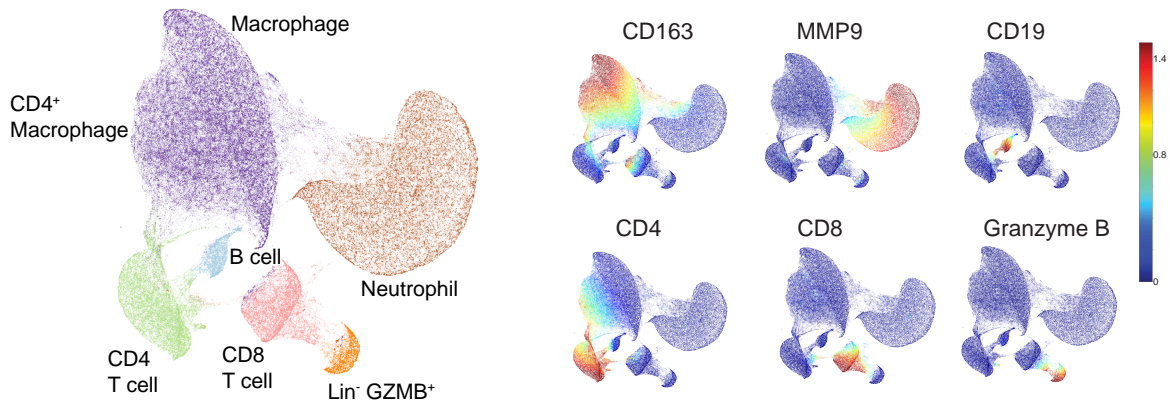
Supplemental Figure 4



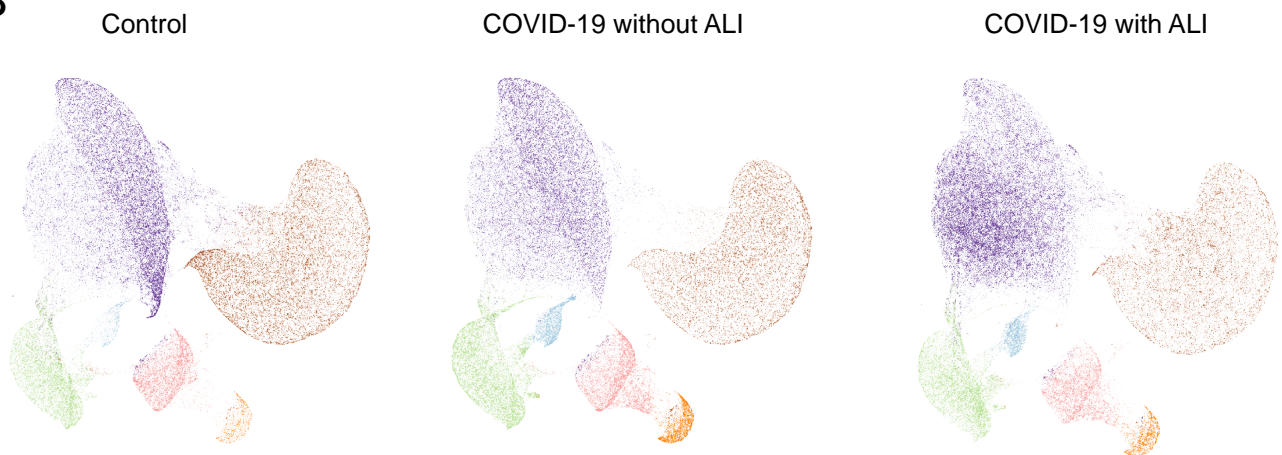
Supplemental Figure 4. Validation of TTF-1 and Napsin-A profiling for classification of pulmonary epithelial cells. (A) Flow cytometry profiles showing the gating strategy for identifying type 2 alveolar epithelial cells (T2AE) in a representative lung tissue single cell suspension. The plot on the left shows the epithelial cellular adhesion molecule (EPCAM) marker against the T2AE marker HTII-280. Sub-gating on the T2AE population (EPCAM⁺ HTII-280⁺) is shown in the contour plots to the right. The T2AE are shown in red and the other cells are shown in blue with the TTF-1 marker plotted against surfactant protein C (SP-C, left contour plot) and Napsin-A (right contour plot). The dot plots on the right show the compiled percentages of TTF-1⁺ SP-C⁺ cells (left dot plot) and TTF-1⁺ Napsin-A⁺ cells (right dot plot) within the T2AE gate (EPCAM⁺ HTII-280⁺) from 4 uninfected organ donors. (B) The plot on the left shows the TTF-1 marker against the Napsin-A marker in a representative lung tissue single cell suspension. Sub-gated TTF-1⁺ Napsin-A⁺ T2AE cells are shown in the histogram of HTII-280 expression to the right in red with all other cells in blue. The compiled percentages of HTII-280⁺ cells within the TTF-1⁺ Napsin-A⁺ subgate (red) compared to the other cells (blue) are shown in the dot plot on the right. The error bars show the median with interquartile range. P values were calculated using a two-tailed T-test.

Supplemental Figure 5

A

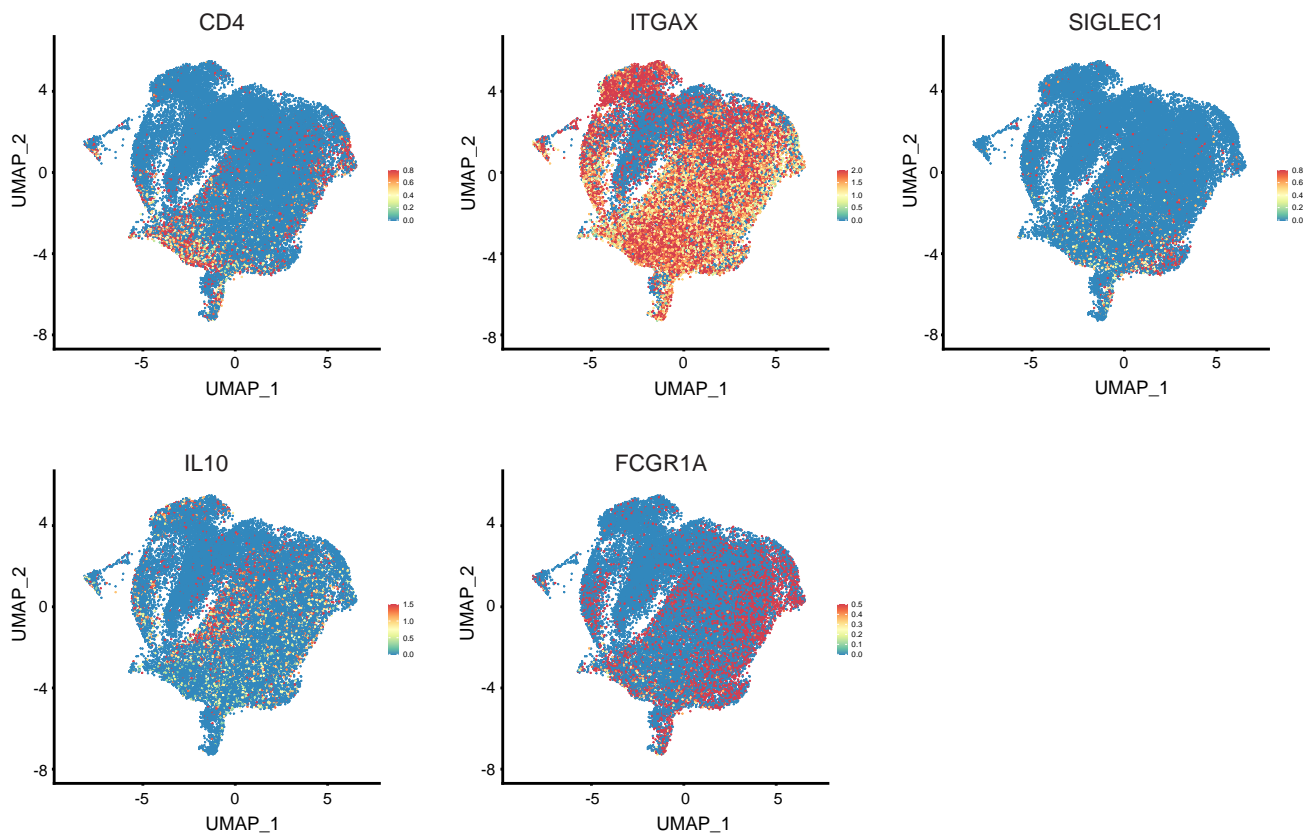


B



Supplemental Figure 5. Immune cell classification in lung tissue sections from COVID-19 mortality cases and controls. (A) UMAP embedding of all immune cells based on expression of the 6 immune cell lineage markers for all of the COVID-19 cases (n = 24) and controls (n = 12) is shown on the left with colors corresponding with the cell phenotypes that were separately determined for immune cell quantification using the inForm software and training a machine learning classifier. The normalized and scaled expression of each marker is shown superimposed on the UMAP to the right. (B) The UMAP embeddings, down sampled for equal representation of each subject, are shown of lung immune cells from the uninfected controls (n = 12, left), and the COVID-19 cases with histopathological diagnosis of acute lung injury (ALI) (n = 15, right), and no ALI (n = 9, right).

Supplemental Figure 6



Supplemental Figure 6. Macrophage lineage marker expression in the myeloid cells from airway washes of intubated COVID-19 patients. (A) UMAP embeddings of total myeloid cells from airway of three intubated COVID-19 patients with feature plots showing normalized expression of *CD4* (top, left), *ITGAX* (encoding CD11c) (top, middle), *SIGLEC1* (encoding CD169) (top, right), *IL10* (bottom, left) and *FCGR1A* (encoding CD64), (bottom, right).

Supplemental Table 1.

| | Early (n=8) | Late (n=16) |
|--|--------------------|--------------------|
| Clinical Characteristics | | |
| Age, years median (range) | 71.5 (59-93) | 75.5 (57-90) |
| Sex, male, (%) | 7 (87.5%) | 11 (68.8%) |
| Weight (kg), median (IQR) | 91.7 (72.9-99.7) | 76.7 (67.9-93.3) |
| Body Mass Index, kg/m ² , median (IQR) | 30.0 (26.1-35.1) | 27.6 (23.9-33.2) |
| Intubation, (%) | 6 (75%) | 8 (50%) |
| Hospitalization, Days, median (range) | 0.5 (0-5) | 16 (0 -33) |
| Total time from symptoms to death, Days, median (range) | 2.5 (1 -9) | 19.5 (10- 43) |
| Pathological Characteristics | | |
| Acute Lung Injury | 2 (25%) | 13 (81.3%) |
| Capillary Proliferation | 6 (75%) | 7 (43.8%) |
| N-protein | 4 (50%) | 4 (25%) |
| Race or Ethnic Group, (%) | | |
| Hispanic | 2 (25%) | 9 (56.3%) |
| African American | 1 (12.5%) | 1 (6.3%) |
| White | 0 (0) | 1 (6.3%) |
| Other or Unknown | 5 (62.5%) | 5 (31.3%) |
| Co-Morbidities, (%) | | |
| Hypertension | 8 (100%) | 15 (93.8%) |
| Diabetes | 3 (37.5%) | 9 (56.3%) |
| Preexisting Heart Disease | 4 (50%) | 7 (43.8%) |
| Congestive Heart Failure | 2 (25%) | 3 (18.8%) |
| Coronary Artery Disease | 2 (28.6%) | 6 (37.5%) |
| Preexisting Lung Disease | 2 (25%) | 3 (18.8%) |
| Hyperlipidemia | 2 (25%) | 6 (37.5%) |
| Laboratory Values, Median (range) | | |
| Oxygen saturation % at presentation | 77 (30%-91%) | 83 (66%-99%) |
| Lowest PaO ₂ (mm Hg) | 62 (37-87) | 53 (23-79) |
| Abbreviations: PaO ₂ , arterial partial pressure of oxygen; IQR, interquartile range; N-protein, nucleocapsid protein | | |

Supplemental Table 3.

| Variable | T2AE | | | T1AE | | |
|-------------------------|------------------------|----------|---------|------------------------|----------|---------|
| | Regression coefficient | SE | P value | Regression coefficient | SE | P value |
| Donor age | -0.01272 | 0.004134 | 0.0039 | -0.00236 | 0.004684 | 0.6173 |
| Smoking history | 0.2569 | 0.1612 | 0.1193 | -0.009607 | 0.1826 | 0.9583 |
| Underlying lung disease | -0.7302 | 0.279 | 0.0127 | -0.379 | 0.3162 | 0.238 |

Abbreviations: SE, standard error; T2AE, type 2 alveolar epithelial; T1AE, type 1 alveolar epithelial

Supplemental Table 4.

| Variable | Alveolar epithelial cell density $\ln(\text{TTF-1}^+ \text{ cells/mm}^2)$ | | |
|------------------------------|--|----------|---------|
| | Regression coefficient | SE | P value |
| GZMB ⁺ (% of CD8) | -0.01929 | 0.007198 | 0.0148 |
| Patient age | 0.007893 | 0.01285 | 0.5465 |
| ALI | -0.9576 | 0.2982 | 0.0046 |
| Symptomatic interval (days) | -0.03287 | 0.01228 | 0.0149 |

Abbreviations: SE, standard error; GZMB, granzyme B; ALI, acute lung injury

Supplemental Table 5.

| Variable | Alveolar epithelial cell density ln(TTF-1 ⁺ cells/mm ²) | | |
|--|---|----------|---------|
| | Regression coefficient | SE | P value |
| CD4 ⁺ macrophage (cells/mm ²) | -0.0004747 | 0.000129 | 0.0016 |
| Patient age | 0.01671 | 0.01065 | 0.1332 |
| ALI | -0.958 | 0.257 | 0.0014 |
| Symptomatic interval (days) | -0.009828 | 0.01094 | 0.3802 |

Abbreviations: SE, standard error; ALI, acute lung injury

Supplemental Table 6.

| Variable | Alveolar epithelial cell density $\ln(\text{TTF-1}^+ \text{ cells/mm}^2)$ | | |
|-----------------------------|--|---------|---------|
| | Regression coefficient | SE | P value |
| Macrophage CD4 expression | -1.715 | 0.6556 | 0.017 |
| Patient age | 0.01918 | 0.0119 | 0.1235 |
| ALI | -1.12 | 0.2771 | 0.0007 |
| Symptomatic interval (days) | -0.01044 | 0.01252 | 0.4147 |

Abbreviations: SE, standard error; ALI, acute lung injury

Supplemental Table 7.

| Marker | Application | Clone | Supplier | Cat# |
|---|-----------------------------------|-------------------|-------------------------|---------------|
| Human TTF-1 | IHC | 8G7G3/1 | Cell Marque | 343M-97 |
| Human Napsin A | IHC | Rabbit polyclonal | Biocare Medical | PP434AA |
| ChromoPlex 1 Dual Detection for BOND | IHC | n/a | Leica | DS9665 |
| SARS-CoV/SARS-CoV-2 Nucleocapsid Antibody | IHC | 001 | SinoBiological | 40143-R001 |
| FITC anti-Human IgG | Immunofluorescence | Rabbit polyclonal | Dako | F 0202 |
| Human Napsin A | Flow cytometry | Rabbit polyclonal | ThermoFisher-Invitrogen | PA5-114325 |
| Human Surfactant Protein C | Flow cytometry | Rabbit polyclonal | ThermoFisher-Invitrogen | BS-10067R |
| APC anti-rabbit IgG F(ab') ₂ Fragment | Flow cytometry | Donkey polyclonal | JacksonImmuno | 711-136-152 |
| HTII-280 | Flow cytometry | HTII-280 | Terrace Biotech | TB-27AHT2-280 |
| AF488 anti-mouse IgM F(ab') ₂ Fragment | Flow cytometry | Goat polyclonal | JacksonImmuno | 115-546-075 |
| Brilliant Violet 605™ anti-human CD326 (EpCAM) Antibody | Flow cytometry | 9C4 | Biolegend | 324224 |
| Anti-human CD19 | Multispectral staining (Opal 540) | BT51E | Leica | CD19-163-L-CE |
| Anti-human CD8 | Multispectral staining (Opal 690) | 4B11 | Leica | CD8-4B11-L-CE |
| Anti-human CD163 | Multispectral staining (Opal 650) | 10D6 | Leica | CD163-L-CE |
| Anti-human CD4 | Multispectral staining (Opal 520) | EPR6855 | Abcam | ab133616 |
| Anti-human GzmB | Multispectral staining (Opal 570) | 11F1 | Leica | GRAN-B-L-CE |
| Anti-human MMP9 | Multispectral staining (Opal 620) | L51/82 | Biolegend | 819701 |
| Opal 7-Color Automated IHC Detection Kit | Multispectral staining | n/a | n/a | NEL821001KT |