- SUPPLEMENTAL INFORMATION (Cross-reactive immunity against the SARS-CoV-2 Omicron variant is low in pediatric patients with prior COVID-19 or MIS-C)
- 3

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- 45 These individuals provided study oversight, identified and enrolled patients, collected samples,
- 46 processed samples, and otherwise contributed to the acute, MIS-C and convalescent sample and data
- 47 collection at Boston Children's Hospital with oversight from the Institutional Center for Clinical and
- 48 Translational Research (ICCTR).
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Supplementary Table S1: Patient demographics and clinical data

Patient	Acute				MIS-C		Convalescent		
Demographics and	< 5 5-11 12-21			< 5 5–11 12-21			< 5 5-11 12-21		
Characteristics	Years	Years	Years	Years	Years	Years	Years	Years	Years
N (%)	(n=22)	(n=14)	(n=26)	(n=22)	(n=20)	(n=23)	(n=11)	(n=17)	(n=22)
Male	11 (50)	8 (57)	11 (42)	10 (45)	12 (60)	15 (65)	3 (27)	12 (71)	11 (50)
Age, Median	0.4	8.2	15.9 (14.5,	3	8.2	14.8	1.7	8.6	15.5
(IQR)	(0.1, 1.8)	(7.1, 8.9)	17.6)	(1.5, 4.1)	(7.2, 10)	(14, 17)	(1.2, 2.7)	(6.7, 9.7)	(14.7, 19)
Hispanic or Latino	8 (36)	5 (36)	11 (42)	7 (32)	7 (35)	3 (13)	4 (36)	5 (29)	10 (45)
Race									
White	11 (50)	6 (43)	7 (27)	9 (41)	6 (30)	12 (52)	3 (27)	1 (6)	7 (32)
Black/African									
American	6 (27)	3 (21)	5 (19)	7 (32)	5 (25)	6 (26)	0	3 (18)	3 (14)
Asian	0	1 (7)	1 (4)	0	0	0	0	0	2 (9)
American Indian or									
Alaska Native	0	0	0	0	0	0	1 (9)	2 (12)	0
Mixed, Other, Refused	5 (22)	4 (20)	10 (50)		0 (15)	5 (22)		11 ((7))	
or Don't know	5 (23)	4 (29)	13 (50)	6 (27)	9 (45)	5 (22)	7 (64)	11 (65)	10 (45)
SARS-CoV-2 PCR+	22 (100)	14 (100)	26 (100)	7 (32)	12 (60)	12 (52)	11 (100)	17 (100)	22 (100)
Previously Healthy	16 (73)	3 (21)	6 (23)	19 (86)	11 (55)	12 (52)	6 (55)	4 (24)	9 (41)
Underlying Conditions*									
Obesity	0	2(14)	10 (29)	1 (5)	2(15)	5 (22)	1 (0)	4 (24)	1 (5)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2 (14)	10 (38)	1 (5)	3 (15)	5 (22)	1 (9)	4 (24)	1 (5)
Respiratory disorders	2 (9)	3 (21)	8 (31)	1 (5)	4 (20)	2 (9)	1 (9)	3 (18)	4 (18)
Cardiovascular	<b>a</b> (0)	1 (7)	2 (12)	0	1 (5)	1 (1)	0	0	1 (5)
disorders	2 (9)	1 (7)	3 (12)	0	1 (5)	1 (4)	0	0	1 (5)
Neurologic or	4 (10)	5 (20)	5(10)	2 (0)	1 (5)	2 (0)	2(10)	4 (24)	5 (22)
neuromuscular	4 (18)	5 (36)	5 (19)	2 (9)	1 (5)	2 (9)	2 (18)	4 (24)	5 (23)
Hematologic disorder	4 (18)	0	3 (12)	0	0	1 (4)	0	3 (18)	0
Gastrointestinal or									
hepatic	3 (14)	3 (21)	6 (23)	0	0	2 (9)	1 (9)	2 (12)	1 (5)
Metabolic or genetic	3 (14)	2 (14)	13 (50)	1 (5)	4 (20)	5 (22)	1 (9)	6 (35)	4 (18)
Other disorders**	0	4 (29)	9 (35)	0	1 (5)	3 (13)	1 (9)	1 (6)	3 (14)
ICU Admission	8 (36)	6 (43)	14 (54)	16 (73)	14 (70)	17 (74)			
Received any		, , , , , , , , , , , , , , , , , , ,							
respiratory support	6 (27)	5 (36)	16 (62)	10 (45)	10 (50)	12 (52)			
Mechanical ventilation									
(invasive/									
noninvasive)	3 (14)	3 (21)	6 (23)	2 (9)	1 (5)	5 (22)			
Median days in-	2.5	3	5.5	5	6	6			
hospital (IQR)	(1, 5.8)	(2, 5.8)	(2.3, 7.8)	(3.3, 8)	(4.8, 9)	(5, 9)			
Hospital mortality	0	0	0	0	0	0			

* 2 patients deemed 'not previously healthy' but no underlying conditions were disclosed. ** Other underlying conditions include active or prior oncologic issues, autoimmune disorder, renal or urologic 

dysfunction, and endocrine disorders. 

#### 61 Supplementary Table S2. Timing of pediatric sample collection relative to hospital admission or

#### **PCR positive test.**

	Acute	PCR+		Admit	Estimated Exposure	Convalescent	PCR Positive	Sample Collection
Stats	Inpatient	Date	MIS-C	Date	Date*	Outpatient	Date	Date
Median	<5 y	Nov 2020	<5 y	Nov 2020	Oct 2020	<5 y	Oct 2020	Dec 2020
IQR (25%)	n=22	Oct 2020	n=22	Aug 2020	July 2020	n=11	May 2020	Aug 2020
IQR (75%)		Dec 2020		Jan 2021	Dec 2020		Dec 2020	Feb 2021
Range, First		June 2020		Apr 2020	Mar 2020		May 2020	July 2020
Range, Last		Jan 2021		Feb 2021	Jan 2021		Jan 2021	Mar 2021
Median	5-11 y	Oct 2020	5-11 y	Oct 2020	Sept 2020	5-11 y	Oct 2020	Nov 2020
IQR (25%)	n=14	Aug 2020	n=20	June 2020	May 2020	n=17	May 2020	Aug 2020
IQR (75%)		Dec 2020		Jan 2021	Dec 2020		Nov 2020	Jan 2021
Range, First		May 2020		Apr 2020	Mar 2020		Apr 2020	June 2020
Range, Last		Jan 2021		Feb 2021	Jan 2021		Dec 2020	Feb 2021
Median	12-21 y	Sept 2020	12-21 y	Dec 2020	Nov 2020	12-21 y	Oct 2020	Dec 2020
IQR (25%)	n=26	July 2020	n=23	Oct 2020	Sept 2020	n=22	Oct 2020	Nov 2020
IQR (75%)		Nov 2020		Jan 2021	Dec 2020		Nov 2020	Jan 2021
Range, First		Apr 2020		May 2020	Apr 2020		Apr 2020	Aug 2020
Range, Last		Jan 2021		Feb 2021	Jan 2021		Jan 2021	Mar 2021

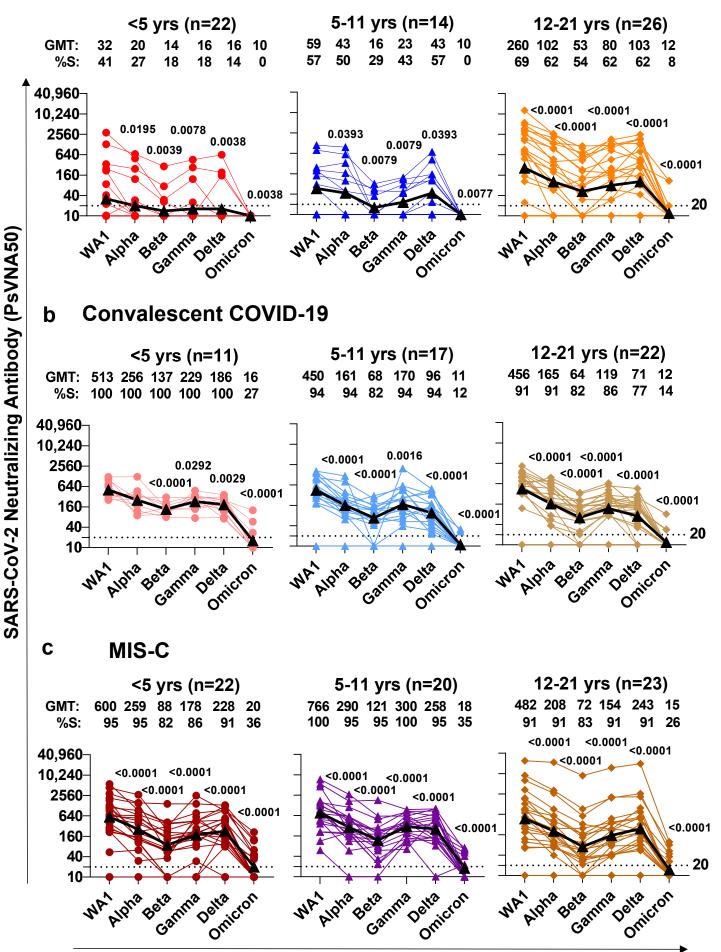
*30 days prior to hospital admission

⁶⁵ Supplementary Table S3: SARS-CoV-2 variants mutations introduced in the spike plasmid for production of SARS-CoV-2 pseudovirions for analysis in PsVNA.

SARS-CoV-2 variant	Mutations constructed in the spike plasmids
Alpha (B.1.1.7)	H69-V70del, Y144del, N501Y, A570D, D614G, P681H, T716I, S982A, and D1118H
Beta (B.1.351)	L18F, D80A, D215G, L242-244del, R246I, K417N, E484K, N501Y, D614G, and A701V
Gamma (P.1)	L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, H655Y, T1027I, D614G, V1176F
Delta (B.1.617.2)	T19R,G142D,E156del,F157del,R158G,L452R,T478K,D614G,P681R,D950N
Omicron (B.1.1.529)	A67V, H69-70del, T95I, G142D, V143-145del, Y145D, N211del, L212I, ins214EPE, G339D, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A, Q493R, G496S, Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y, N856K, Q954H, N969K, L981F

#### **Supplementary Figure S1**

## a Acute COVID-19

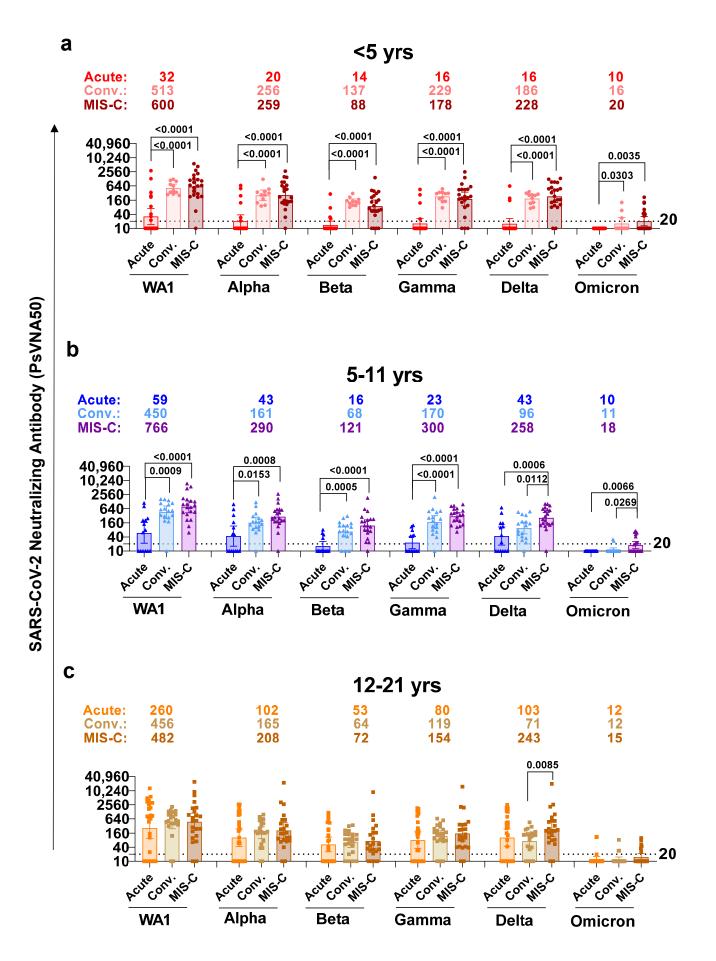


SARS-CoV-2 strains

# Supplementary Figure S1. Neutralizing antibody titers of serum/plasma from children with COVID-19 or MIS-C against SARS-CoV-2 WA1 and VOCs.

(A-C) SARS-CoV-2 neutralizing antibody titers in 177 children sera/plasma with either acute COVID-19 (a), convalescent COVID-19 (b) or MIS-C (c) as determined by pseudovirus neutralization assay in 293-ACE2-TMPRSS2 cells with SARS-CoV-2 WA1 and VOCs: Alpha (B.1.17), Beta (B.1.351), Gamma (P.1), Delta (B.1.617.2) and Omicron (B.1.1.529). PsVNA50 (50% neutralization titer) titers for younger children (<5 years), 5-11 years and adolescents (12-21 years). PsVNA50 GMTs are shown as black triangles and are presented for each age group against the SARS-CoV-2 WA1 and VOCs on top of the panel. Sample with PsVNA50 titer  $\geq$  1:20 is defined as seropositive. Percent seropositivity (%S) for each group was calculated as number of seropositive samples in the group divided by total number of samples x 100 in the group. The PsVNA is a qualified assay where all samples are run with set of internal standards in every plate of the neutralization assay and conforms with assay performance. All PsVNA experiments were performed in duplicate and the researchers performing the assay were blinded to sample identity. The variations for duplicate runs were <7%. The data shown are average values of two experimental runs. Statistical differences were analyzed in R (version 4.1.2) using a permutation-based approach and the two-sided statistically significant p-values are shown. The p-values are not corrected for multiple comparisons.

### **Supplementary Figure S2**



# Supplementary Figure S2: Comparison of neutralizing antibodies in different age group children with acute COVID-19 vs convalescent COVID-19 vs MIS-C against various SARS-CoV-2 strains.

Geometric mean titer (GMT) values <u>+</u> 95% CI of PsVNA50 (50% neutralization) titers for sample from young children (<5 years; in a), school-age children (5-11 years, in b), and adolescent (12-21 years, in c), with either acute COVID-19 (in red), convalescent COVID-19 (in black) or MIS-C (in blue), against SARS-CoV-2 WA1 or the VOCs Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), Delta (B.1.617.2) and Omicron (B.1.1.529) by pseudovirus neutralization assay in 293-ACE2-TMPRSS2 cells. The GMT values for PsVNA50 titers against the SARS-CoV-2 WA1 and VOCs and are color coded for each of the disease group matching the colors in the graph. Data shown for acute COVID-19 patients, either children with acute COVID-19; <5 years;(n=22), 5-11 years (n=14), 12-21 years (n=26); or convalescent COVID-19 patients, either children with MIS-C; <5 years (n=22), 5-11 years (n=20) and 12-21 years (n=23). All PsVNA experiments were performed twice and the researchers performing the assay were blinded to sample identity. The variations for duplicate runs was <7%. The data shown are average values of two experimental runs. Statistical differences were analyzed in R (version 4.1.2) using a permutation-based approach and the two-sided statistically significant p-values are shown. The p-values are not corrected for multiple comparisons.