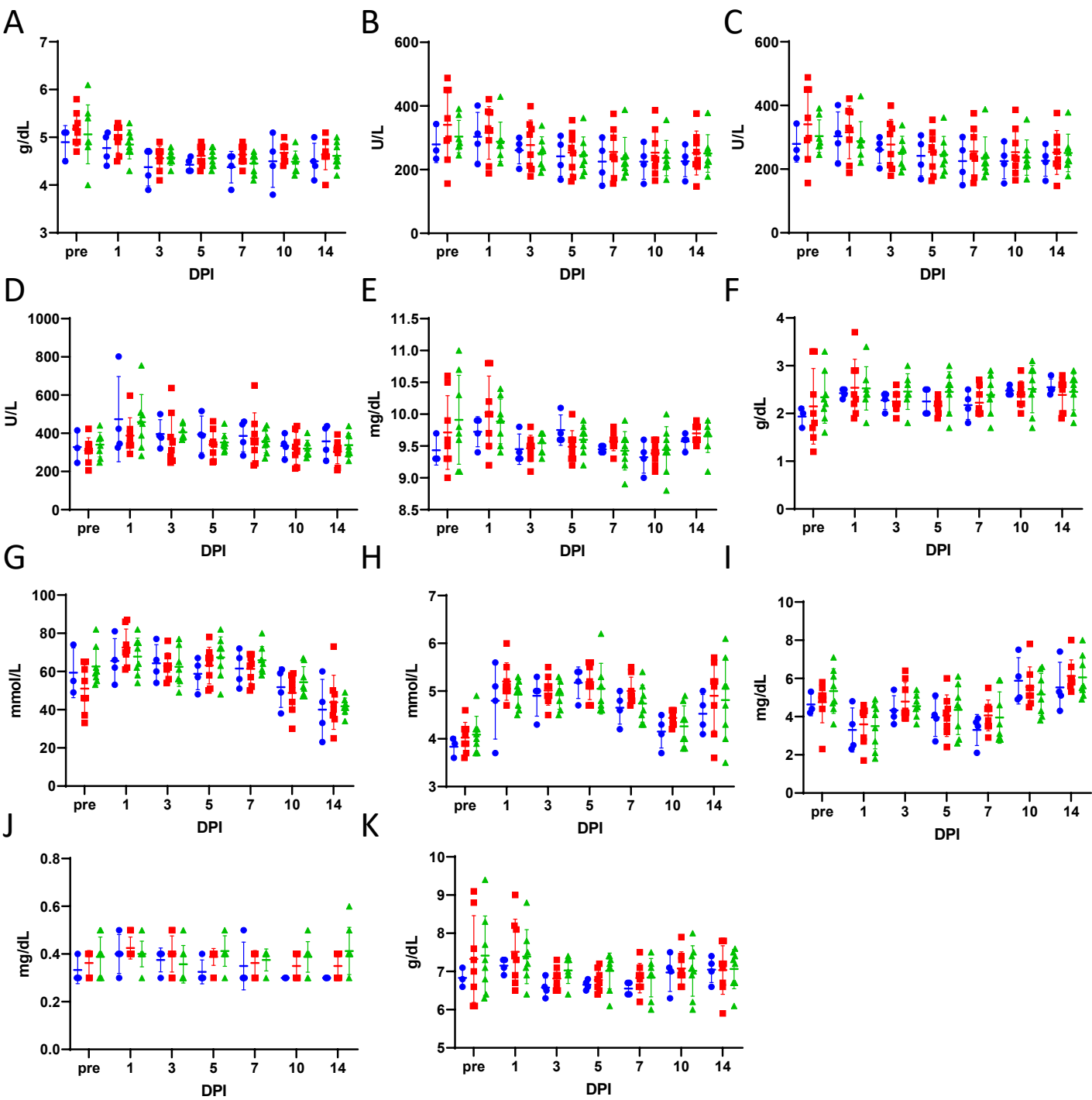
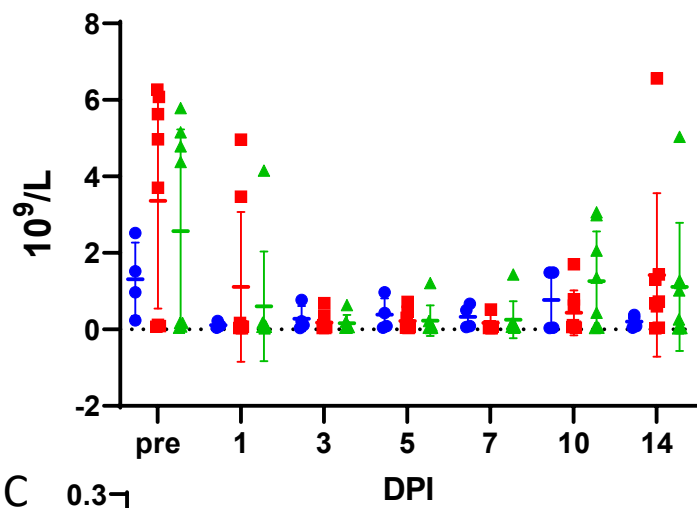
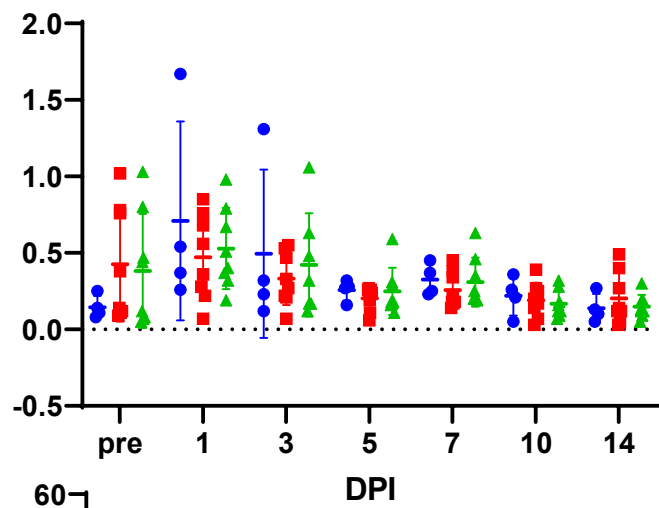
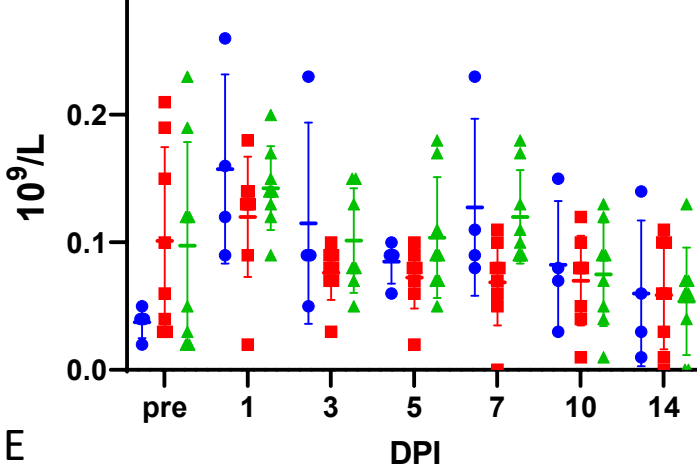
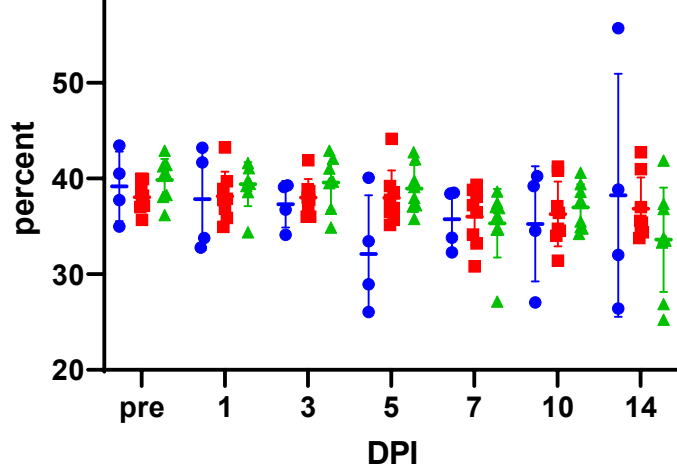
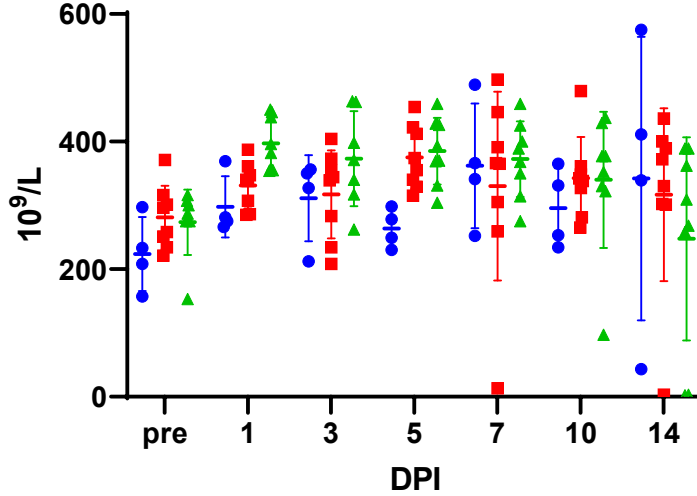
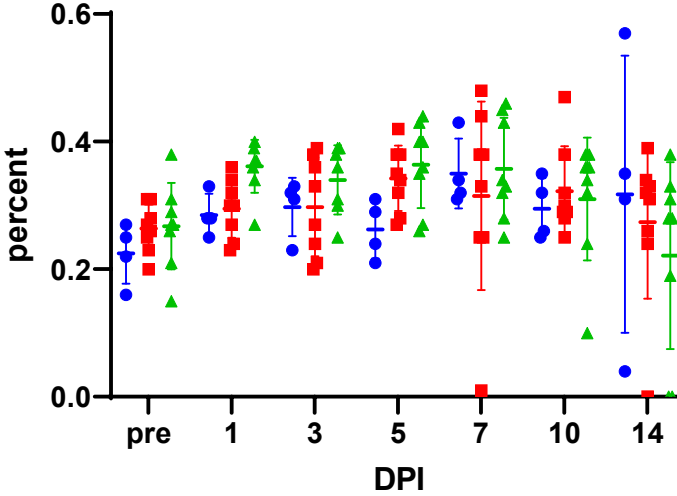


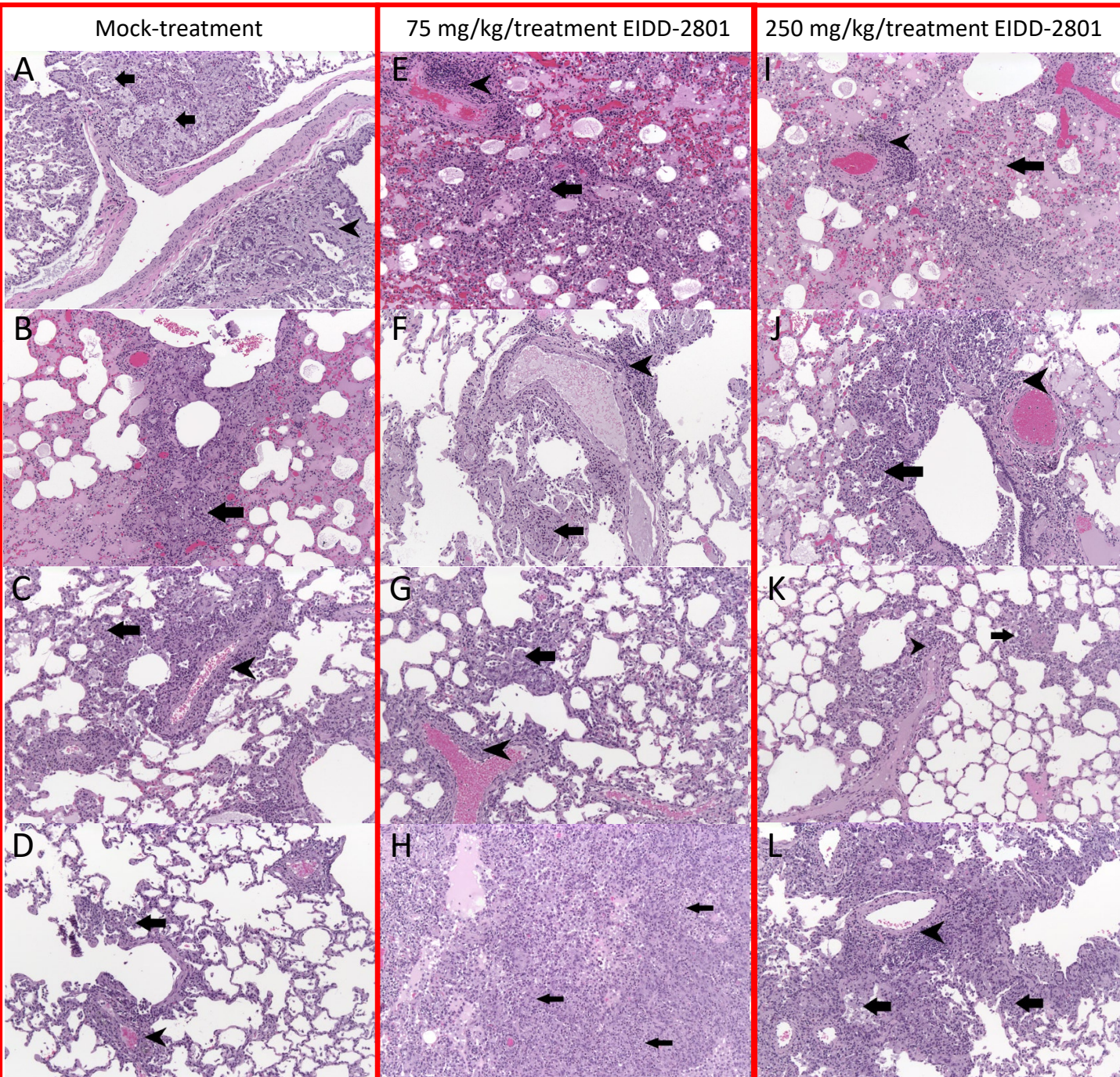
# Supplemental figure 1



# Supplemental figure 2

**A****B****C****D****E****F**

# Supplemental figure 3



# Table 1

Cohort	Group	ID	Sex	Challenge Dose	Treatment Dose
1	1	RA3691	F	5.15x10 <sup>6</sup> TCID <sub>50</sub>	mock
		RA3886	M		
	2	T152322	F		75 mg/kg EIDD-2801
		RA3621	F		
		RA3885	M		
		RA3900	M		
	3	RA3466	F		250 mg/kg EIDD-2801
		RA3626	F		
		RA3887	M		
		T151543	M		
2	1	RA3489	F	6.08x10 <sup>6</sup> TCID <sub>50</sub>	mock
		RA3903	M		
	2	RA3453	F		75 mg/kg EIDD-2801
		RA3675	F		
		RA3883	M		
		T152211	M		
	3	RA3446	F		250 mg/kg EIDD-2801
		RA3662	F		
		RA3882	M		
		T151807	M		

Supp  
Table 2

Treatment	ID	Radiographic findings
<b>Mock</b>	RA3691	Progressive diffuse interstitial infiltrates with concern for right cranial alveolar and perihilar alveolar disease, the former of which is most severe in the Study Day 10 and the latter of which is no longer identified on the Study Day 7. The pulmonary pattern is improved on Study Day 14
	RA3886	Progressive interstitial pulmonary disease noted throughout the study, most severe on the Stud Day 10, with questionable mild improvement on the Study Day 14 and with concern for mild alveolar disease of the left lung on Study Days 1, 3, and 5.
	RA3489	Mild, progressive interstitial infiltrates without evidence of alveolar infiltrates or pleural disease. A mild interstitial pattern in a young patient can be incidental and highly accentuated by radiographic technique, obliquity, and degree of pulmonary inflation although it does appear to be mildly progressive through the study.
	RA3903	Progressive diffuse interstitial infiltrates centered on the airways, most severe on Study Day 7 and with evidence of aerophagia (suggestive of respiratory distress), mild pleural effusion, and concern for early alveolar infiltration of the caudodorsal lung.
<b>75 mg/kg/ treatment EIDD-2801</b>	T152322	Progressive interstitial infiltrates are noted throughout the study, seemingly most severe Study Day 10 although no distinct alveolar infiltrates are identified
	RA3621	Progressive pulmonary interstitial disease that is most severe on the Study Day 5 and with concurrent concern for mild alveolar disease in the region of the accessory lung lobe and possible scant pleural effusion versus focal interstitial to alveolar disease extending to the pleural margin. Pulmonary interstitial disease then appears to decrease in severity on the on Study Days 7 and 10.
	RA3885	Progressive diffuse interstitial infiltrates, most severe on the May 30, 2020 and June 3, 2020 studies and with possible left cranial alveolar disease on the May 27, 2020 study although the appearance of an alveolar pattern may be artifactual.
	RA3900	The initial bronchointerstitial pattern may represent a normal variant for the patient or could be secondary to viral pneumonia. Interstitial infiltrates are initially identified on the Study Day 3, mildly progressed on the Study Day 10, and mildly improved on the Study Day 14.
	RA3453	Mild diffuse broncho-interstitial pattern, which could be a normal variant for this young NHP and does not appear progressive on these studies. The visualization of the pleural fissure between the right middle caudal lung lobe may be a normal variant for this young patient. Scant effusion is unlikely.
	RA3675	There is concern for a mild interstitial pattern on the June 8, 2020 study although no convincing evidence of interstitial disease is appreciated on the other studies and this may be a normal variant or technique-related in this young patient.
	RA3883	Progressive interstitial infiltrates, initially most severe in the left lung with progressing right caudal interstitial infiltrates most severe on Study Day 7. The appearance of a mild alveolar pattern in the caudal segment of the left cranial lung lobe on the Study Day 5 is not confirmed and likely artifactual.
	T152211	A progressive interstitial to bronchial pattern is noted throughout the study to the Stud Day 5 and appears slightly less severe on the last Study Day 7. Definitive alveolar infiltrates cannot be confirmed on these studies
<b>250 mg/kg/ treatment EIDD-2801</b>	RA3466	Progressive interstitial infiltrates centered on the lower airways with concern for early patchy alveolar disease of the cranial lung lobes and left caudal lung lobe on Study Day 10, which subsequently improves on Study Day 14. A pleural fissure is visualized between the left lung lobes on Study Days 1, 3, and 5 and may represent scant pleural effusion or may be secondary to acute pulmonary infiltrates adjacent the pleural margin.
	RA3626	Diffuse bronchointerstitial pattern is essentially unchanged until Study Day 10 in which a prominent bronchial pattern is appreciated diffusely but is diminished in severity on Study Day 14. No alveolar infiltrates are identified throughout the study. Pleural fissures could be due to scant pleural effusion or acute pulmonary infiltrates adjacent the pleural margin.
	RA3887	Progressive diffuse interstitial disease, most severe on Study Day 10 and partially resolved on Study Day 14. The appearance of patchy alveolar infiltrates on the Study Days 3 and are likely artifactual due to marked obliquity.
	T151543	Progressive interstitial pattern is noted on the Study Day 3 but is unchanged to resolved at later time points. Given this only mild pattern, this could be technique-related
	RA3446	Mild diffuse interstitial pattern which appears most prominent on the Study Day 5. No alveolar infiltrates or pleural effusion are identified throughout this study.
	RA3662	Progressive interstitial pattern which represents a bronchial pattern on the latter Study Days with development of pleural fissure visualization, secondary to scant pleural effusion or perhaps acute pulmonary infiltrates adjacent the pleural margin. While there is concern for development of a mild alveolar pattern on the Study Day 3 and 5, this is not confirmed.
	RA3882	Mild diffuse progressive interstitial pattern, most severe in the Study Day 3 which appears nearly resolved on the last study
	T151807	Development of a mild alveolar pattern of the right caudal lung on the Study Day 1 which is decreased in severity throughout the remainder of the study. A bronchial pattern with the appearance of an acute inhalant bronchitis is noted on the Study Day 3 but subsequently improves.