

Supporting information

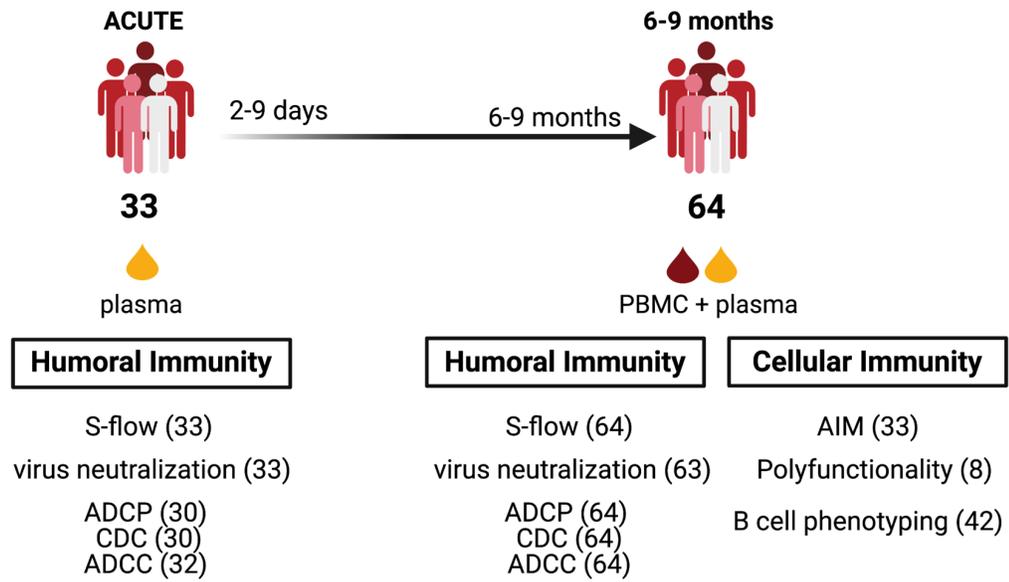
S1 Table. Cohort Description

	SARS-CoV-2-infected patients (n=64)
Age (y), median (min-max, IQR)	36 (12-75, 18.5)
Sex (%)	
<i>Male</i>	55 (86)
<i>Female</i>	9 (14)
<i>Smoker (%)</i>	8 (13)
<i>Comorbidities (%)</i>	
Diabetes	2 (3)
High blood pressure	7 (11)
<i>Clinical spectrum (%)</i>	
Asymptomatic	19 (30)
Symptomatic	45 (70)
<i>Dysosmia and dysgeusia</i>	15 (23)
<i>Dyspnea</i>	16 (25)
<i>Fever</i>	23 (36)
<i>Cough or sore throat or running nose</i>	35 (55)
<i>Days from SARS-CoV-2 positive RT-PCR to sample collection, median (min-max)</i>	
Acute	5 (2-9)
6-9 months	203 (166-258)
<i>Time of SARS-CoV-2 RNA shedding (%)</i>	
< 10 days positive	30 (47)
≥ 10 days positive	34 (53)

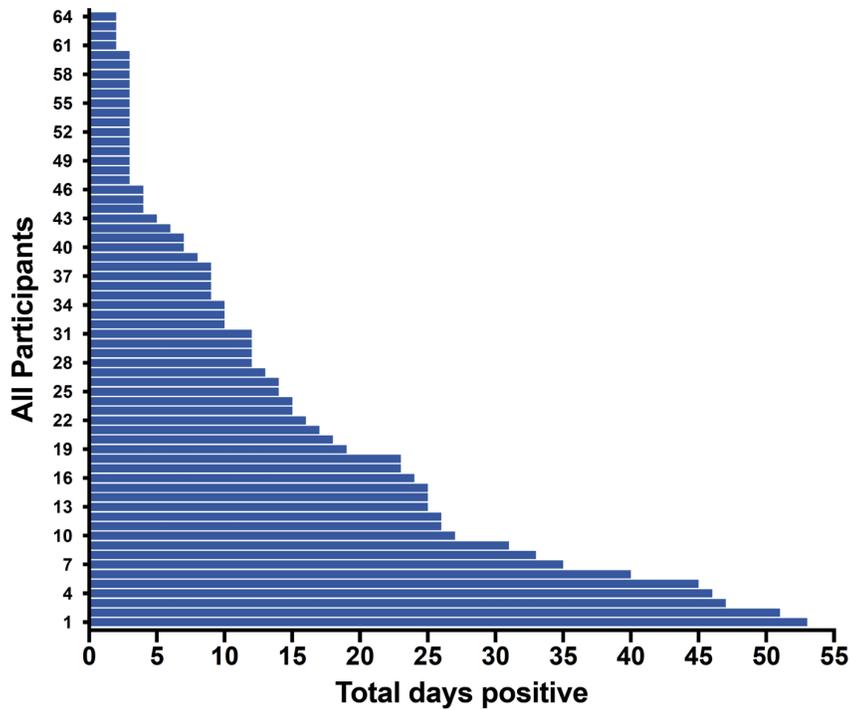
S2 Table. Monoclonal antibody list

Marker	Fluorochrome	Supplier	Catalog N.
C3/C3b/iC3b	APC	Cedarlane	CL7503APC
CCR6	BB515	BD Biosciences	564479
CCR7	APC	Biolegend	353214
CD107a	APC	BD Biosciences	560664
CD134	BB700	BD Biosciences	566559
CD137	PE-Cy7	Biolegend	309818
CD138	BV785	Biolegend	356538
CD19	APC/Cy7	Biolegend	302218
CD27	PerCP/Cy5.5	Biolegend	356408
CD3	BUV395	BD Biosciences	564001
CD3	Per-Cp5-5	Biolegend	317336
CD38	BV 605	Biolegend	303532
CD4	BUV496	BD Biosciences	612936
CD45RA	BV421	Biolegend	304130
CD56	BV421	Biolegend	362552
CD69	BV786	Biolegend	310932
CD69	PE-Cy7	Biolegend	310912
CD8	AF700	Biolegend	344724
CD8	APC-H7	BD Biosciences	560179
CXCR3	BV711	Biolegend	353732
IFN- γ	BV605	Biolegend	502536
IFN- γ	PE	Biolegend	506507
IgA	APC	Miltenyi Biotec	130-113-472
IgA	AF 647	Jackson ImmunoResearch	109-605-011
IgD	BV711	BD Biosciences	740794
IgG	APC	Life technology	A21445
IgG	FITC	Biolegend	410720
IgM	PE	Biolegend	314508
IgM	BV421	Biolegend	314515
IL-17	BV711	Biolegend	512328
IL-2	PerCP/Cy.5	Biolegend	500322
IL-4	BUV737	BD Biosciences	612835
IL-6	PE	Biolegend	501107
TNF- α	APC-Cy7	Biolegend	502944

A

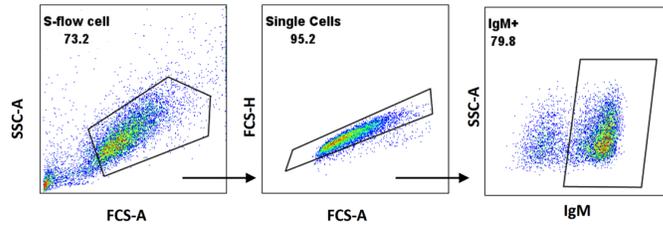
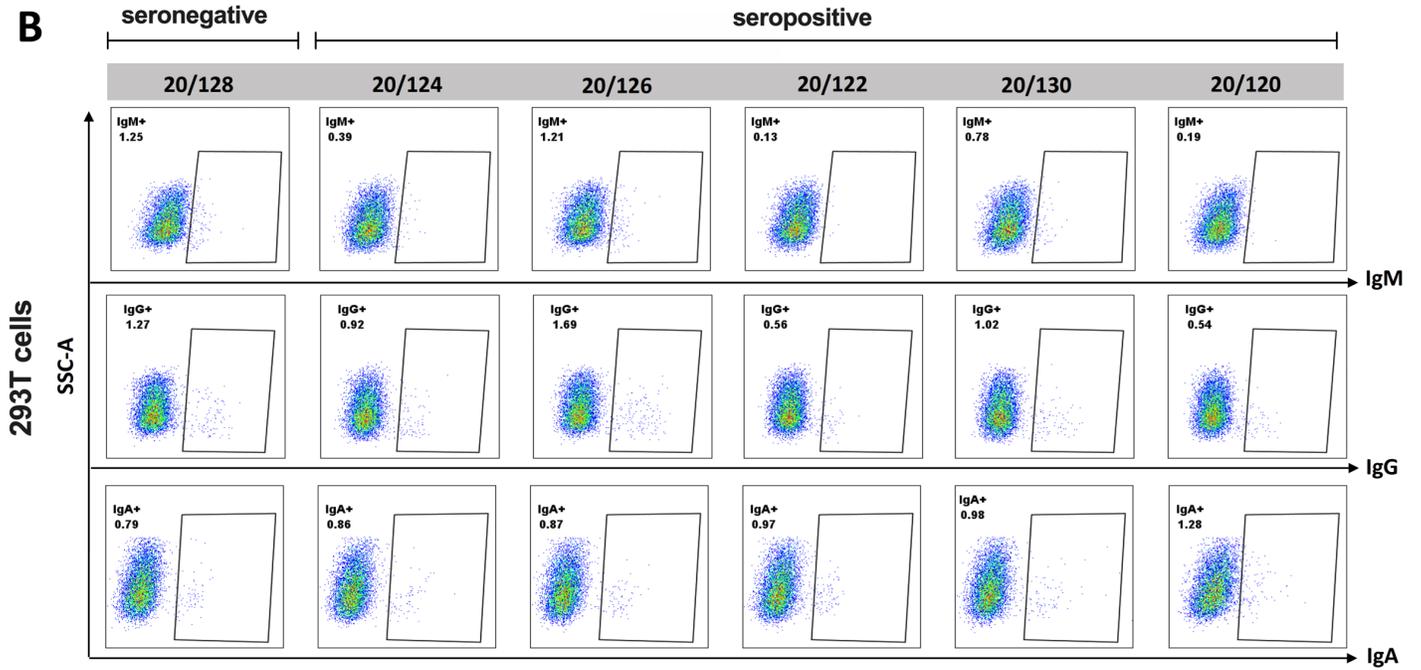
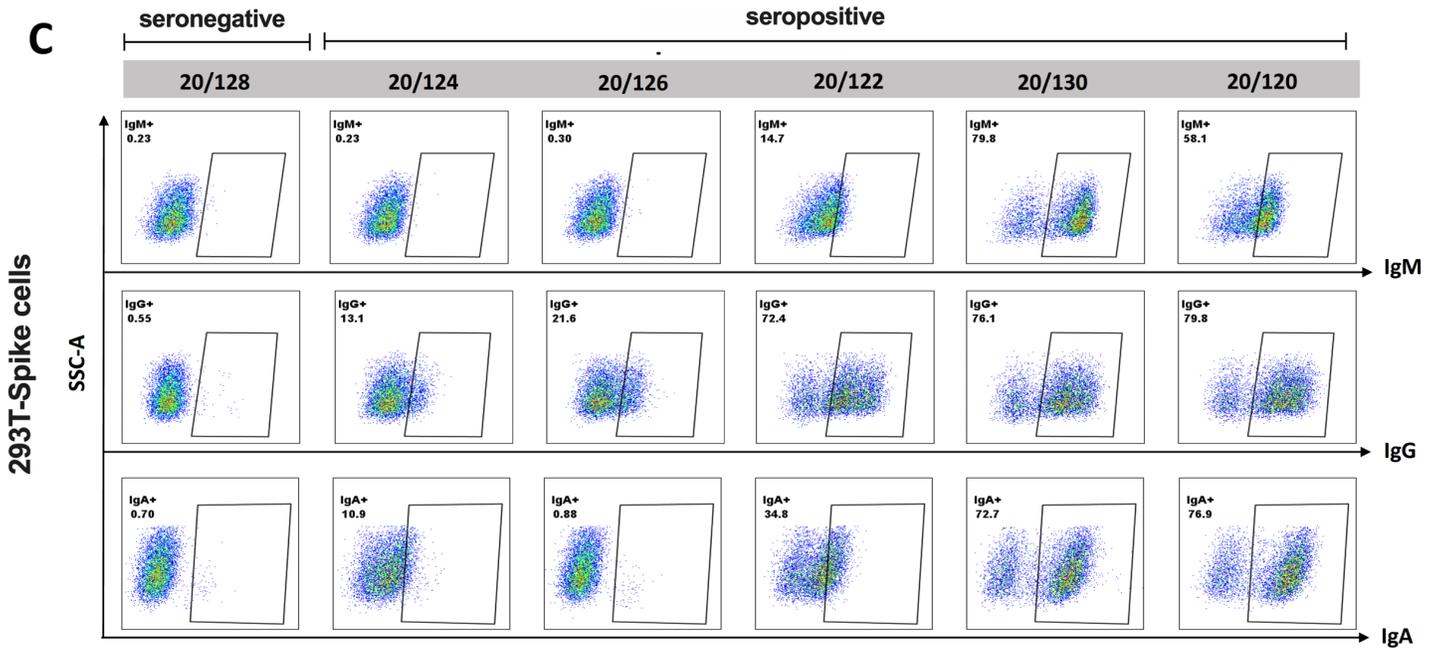


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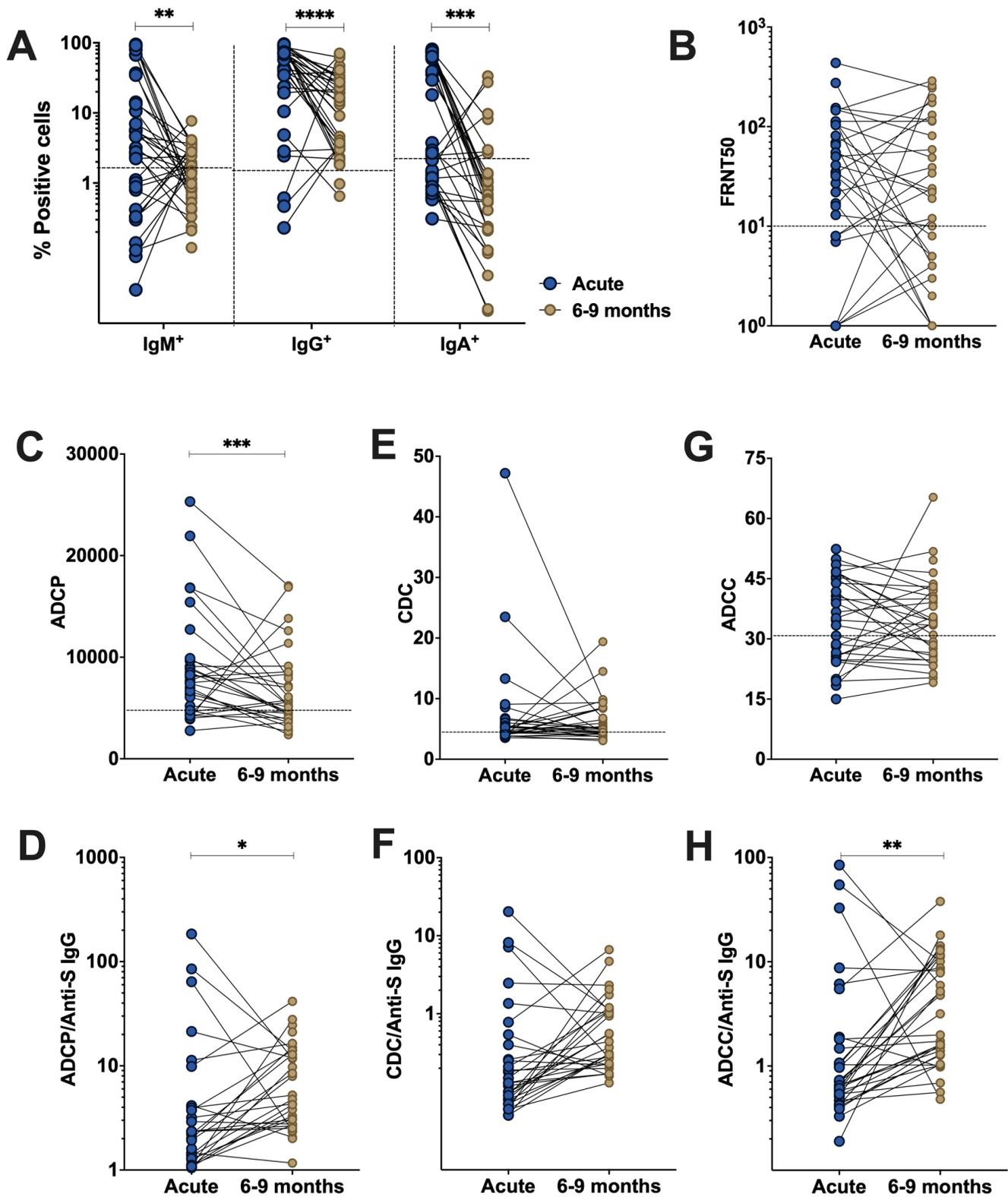
S1 Figure. Characterization of the cohort

(A) Graphical summary of the assays performed on samples of the different time points. (B) Length of RNA shedding in the patients.

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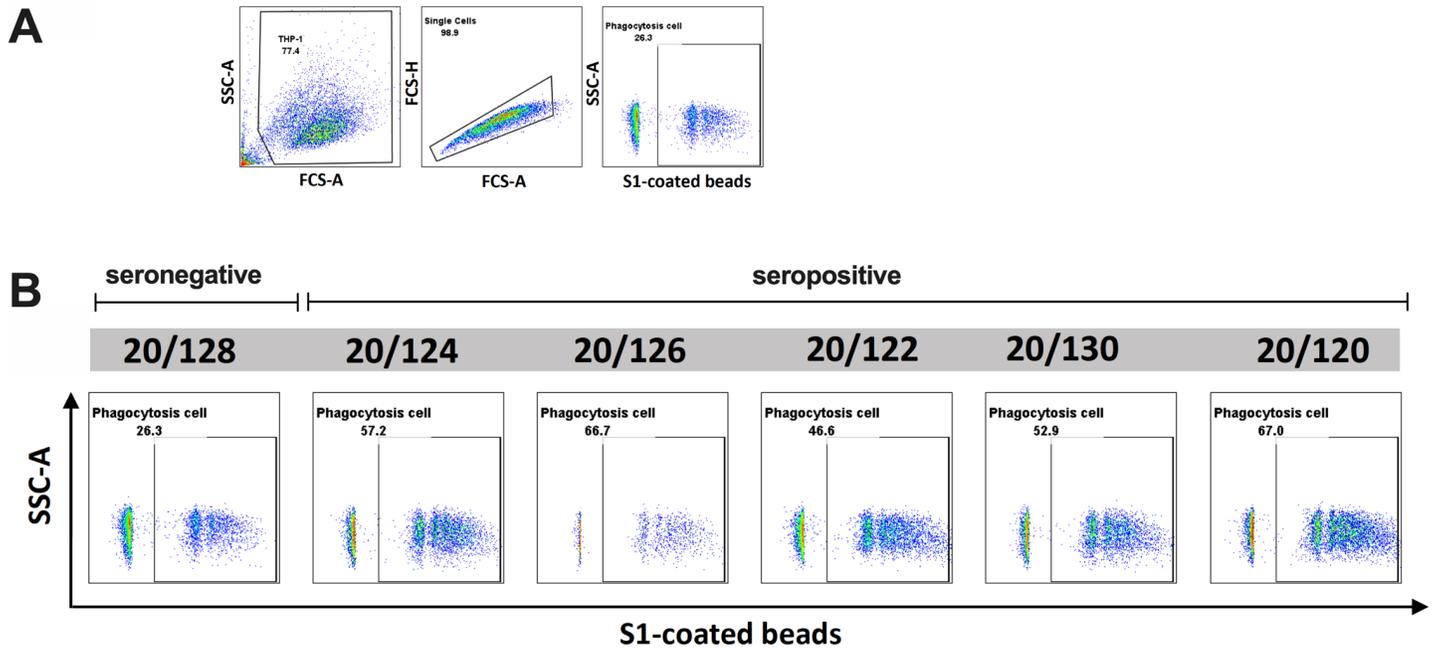
S2 Figure. Measurement of anti-S-binding antibodies using S-Flow

(A) Representative gating strategy (B-C) Percentages of spike-binding Ig were measured in plasma as percentage of cells, which are positive for anti-IgM, anti-IgG or anti-IgA. Specific binding was calculated as $100 \times (\% \text{ binding on S-expressing 293T cells} - \% \text{ binding on 293T control cells}) / (100 - \% \text{ of binding to 293T control cells})$. Graph shows data from triplicate testing of the COVID-19 reference plasma panel (NIBSC 20/120, 20/124, 20/124, 20/126, 20/128, 20/130) obtained from the NIBSC.



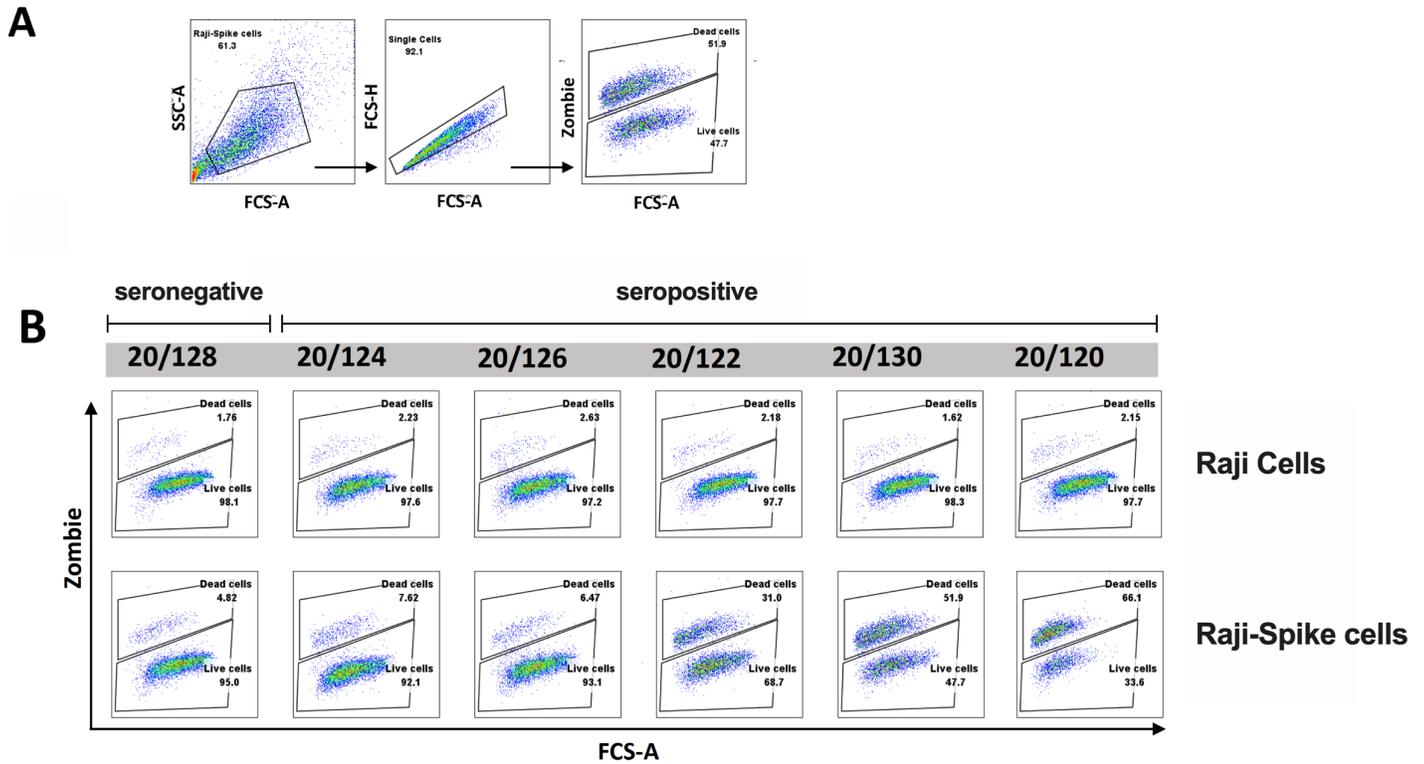
S3 Figure. Analysis of antibody features in paired patient samples

Individuals were sampled 2-9 days post laboratory confirmation and 6-9 months later. **(A)** Amount of antibodies against spike protein were reported as percentage of spike-expressing 293T cells bound by IgM, IgG, IgA in the S-Flow assay. **(B)** SARS-CoV-2 neutralizing activity was calculated as FRNT50 titer in foci reduction neutralization test. **(C)** Comparison of ADCP activity in SARS-CoV-2-infected individuals in the acute phase of infection and 6-9 months post-infection. **(D)** Ratio of ADCP to anti-spike IgG measured by S-Flow. **(E)** Comparison of CDC activity in SARS-CoV-2-infected individuals in the acute phase of infection and 6-9 months post infection. **(F)** Ratio of CDC to anti-spike IgG measured by S-Flow. **(G)** Comparison of ADCC activity in SARS-CoV-2-infected individuals in the acute phase of infection and 6-9 months post infection. **(H)** Ratio of ADCC to anti-spike IgG measured by S-Flow. Statistical comparisons were performed by Wilcoxon test. The dashed line indicates the cutoff for positivity based on values calculated following formula: cut-off = % mean positive cells from 19 pre-pandemic samples + 3x standard deviation. Each dot represents result from a single individual. Lines represent median and IQR. Each dot represents one individual. Lines represent median and IQR. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, and **** $p < 0.0001$. IgM/IgA/IgG antibody: $n=33$, Neutralization: $n=33$, ADCP: $n=30$, CDC: $n=30$, ADCC $n=32$.



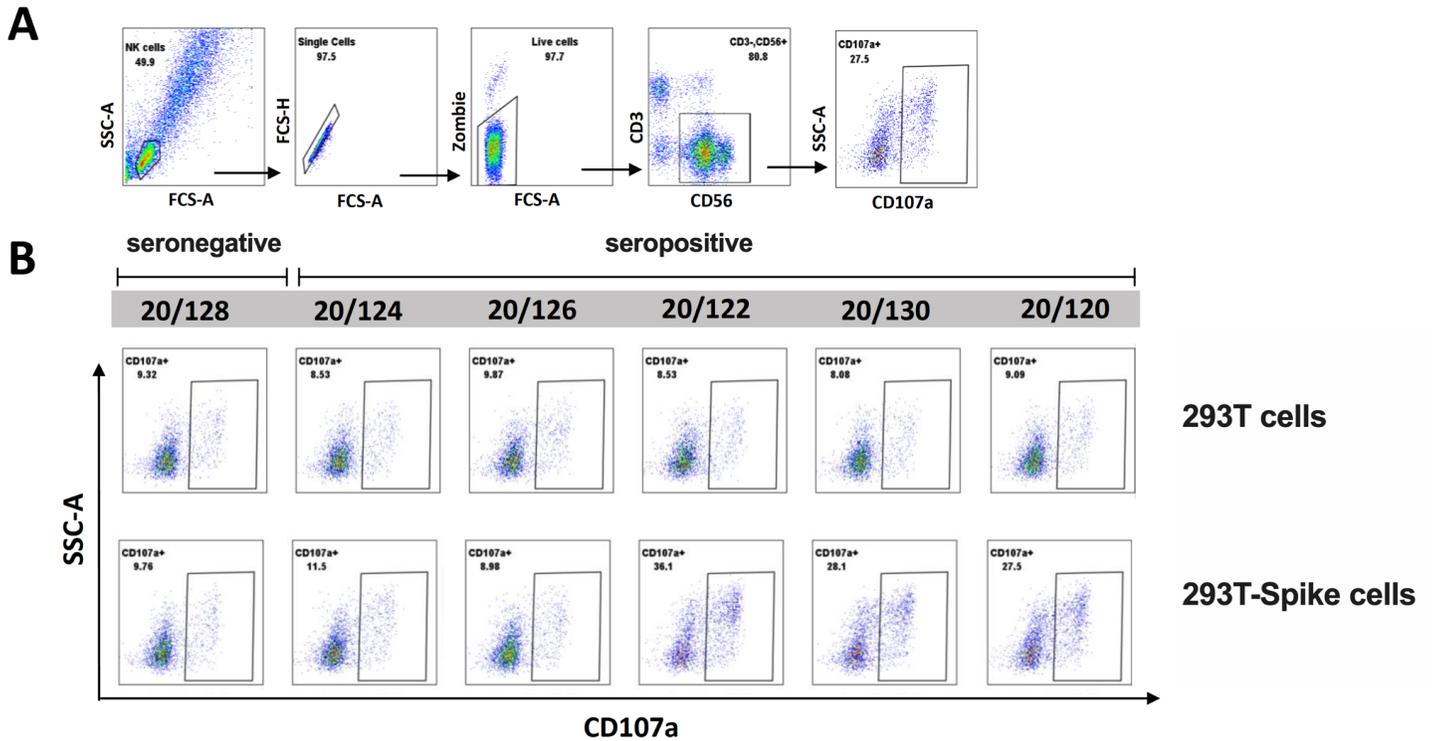
S4 Figure. Antibody-dependent cellular phagocytosis (ADCP) assay

Quantification of the S1-coated beads engulfed by THP-1 cells. **(A)** Representative gating strategy. **(B)** ADCP was defined by the percentages of THP-1 cells which are positive for FITC-neutravidin beads coated with biotinylated S1 protein. Representative ADCP assay using the COVID-19 reference plasma panel (NIBSC 20/120, 20/124, 20/124, 20/126, 20/128, 20/130) obtained from the NIBSC. The ADCP activity represents the integrate mean fluorescence intensity (iMFI) value (% positive fluorescence THP-1 cells x MFI of the positive fluorescence THP-1 cells). The experiment was performed in duplicate.



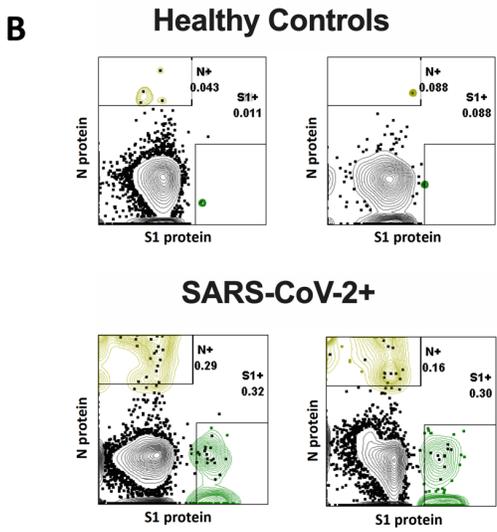
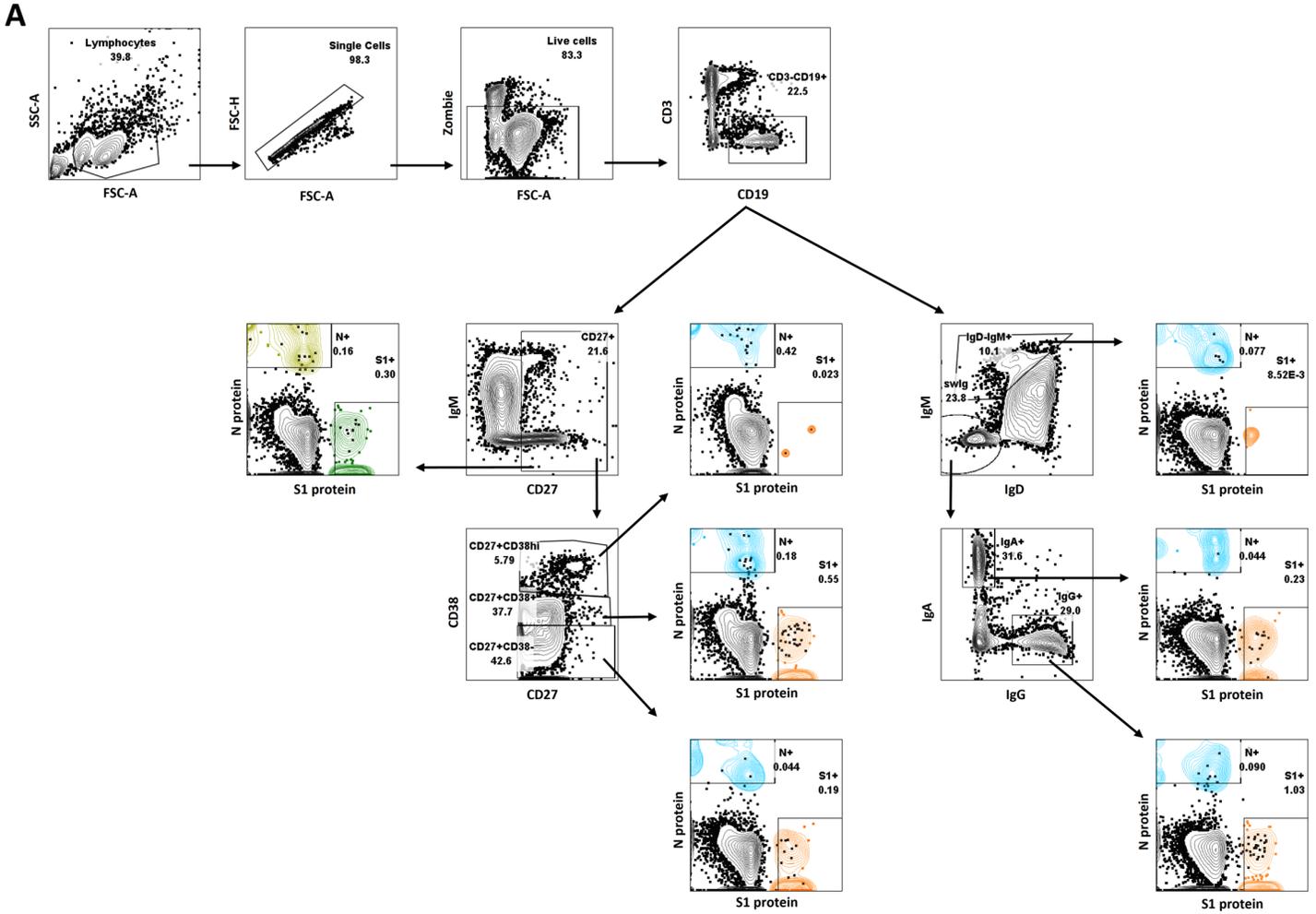
S5 Figure. Complement-dependent cytotoxicity (CDC) assay

SARS-CoV-2 plasma induces C3 deposition and cell death in spike-expressing Raji cells. (A) Representative gating strategy. (B) CDC assay was performed by using spike-expressing Raji cells as target cells, serum (pooled from 3 healthy donors) as complement source and heat-inactivated plasma from SARS-CoV-2 patients or from reference panel as antibody source. CDC activity was measured as the percentage of C3⁺Zombie⁺ spike-expressing Raji cells after incubation with plasma and complement. Representative CDC assay using the COVID-19 reference plasma panel (NIBSC 20/120, 20/124, 20/124, 20/126, 20/128, 20/130) obtained from the NIBSC. Complement-induced cell death was calculated as percentage of C3⁺ dead cells of total cells using spike-expressing Raji cells as target cell. The experiment was performed in duplicate.



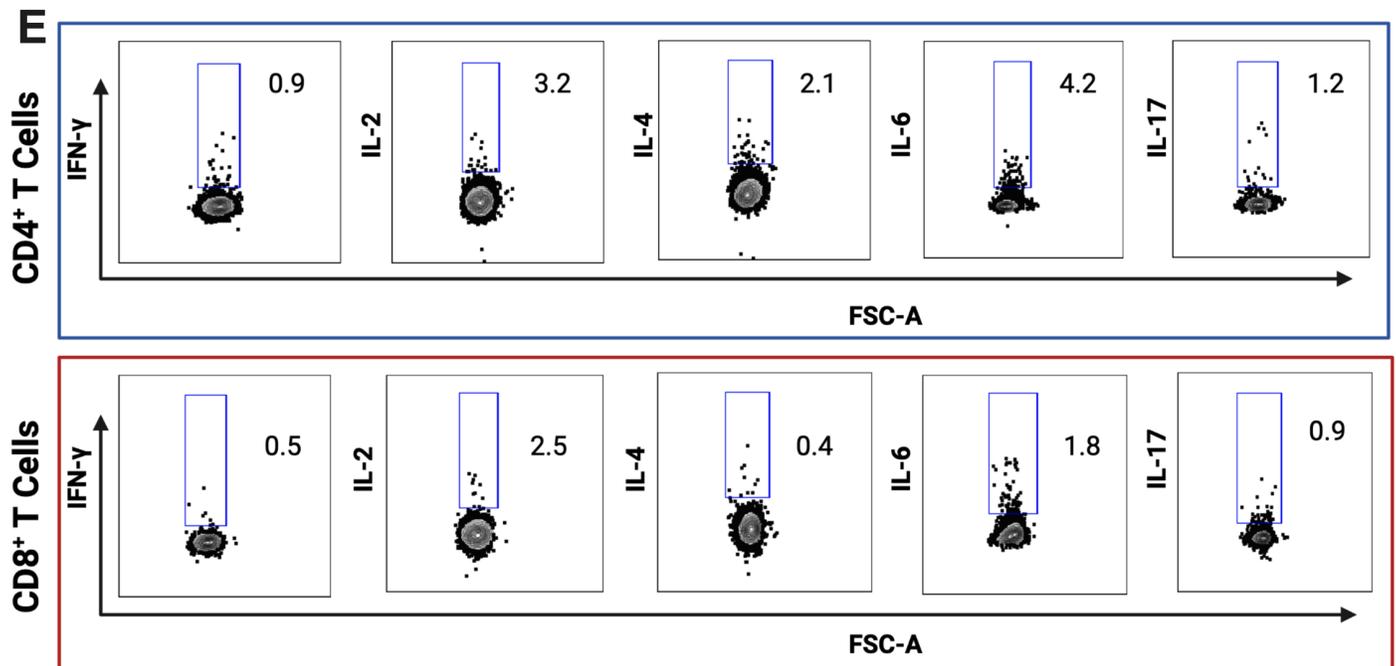
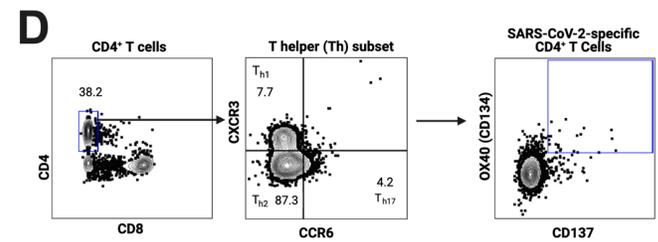
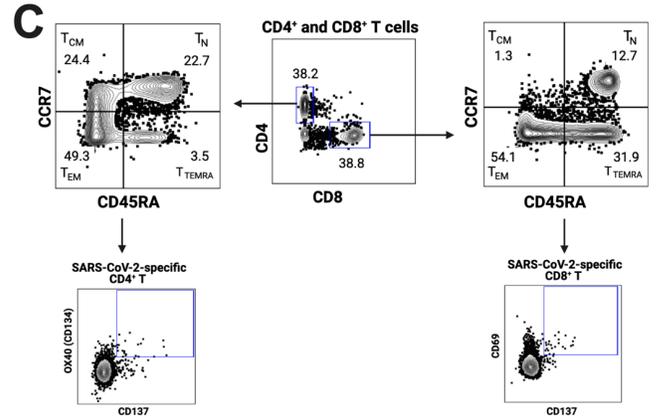
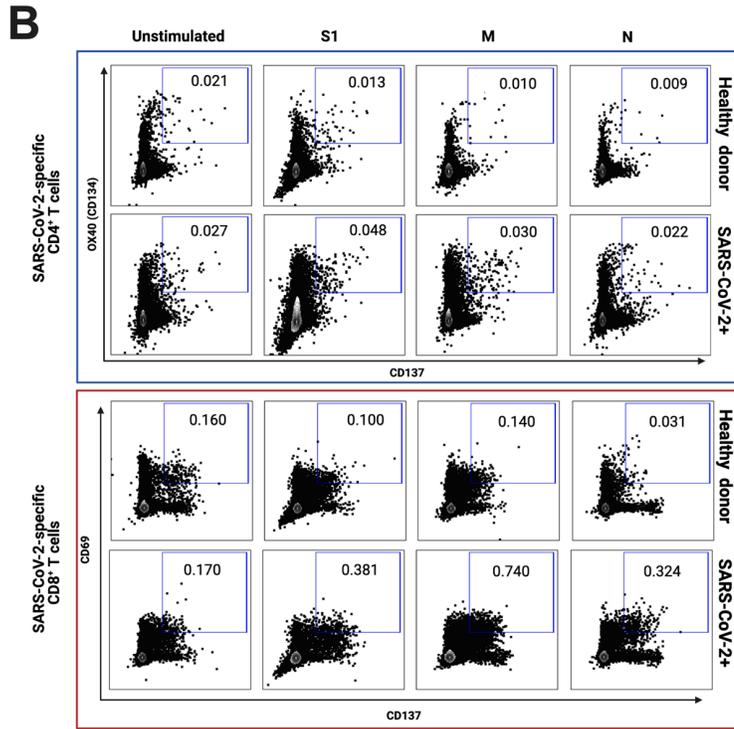
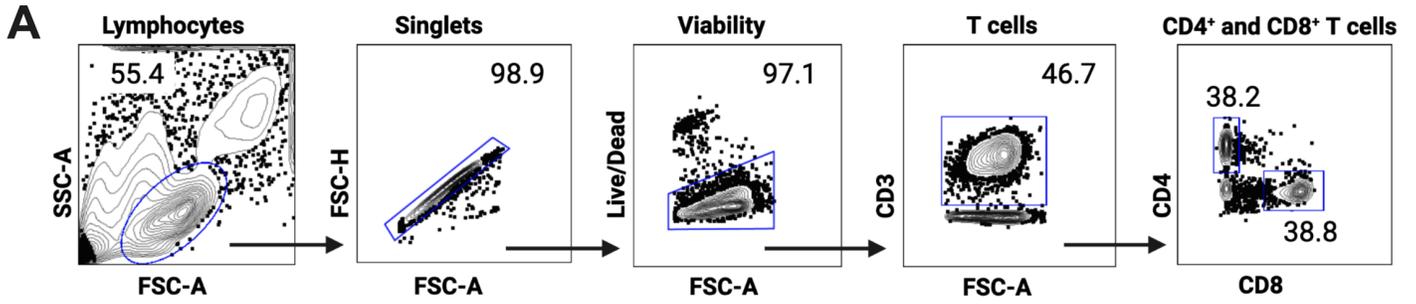
S6 Figure. Antibody-dependent cellular cytotoxicity (ADCC) assay

(A). Representative gating strategy. NK cells were identified by lymphocyte morphology, singlet, live cell and CD3⁻CD56⁺. The ADCC activity was defined based on NK cell degranulation (CD107⁺). (B-C) ADCC activity of NK cells induced by incubation with COVID-19 reference plasma panel (NIBSC 20/120, 20/124, 20/124, 20/126, 20/128, 20/130) obtained from the NIBSC in the presence of 293T-spike cells or 293T control cells. The experiment was performed in duplicate.



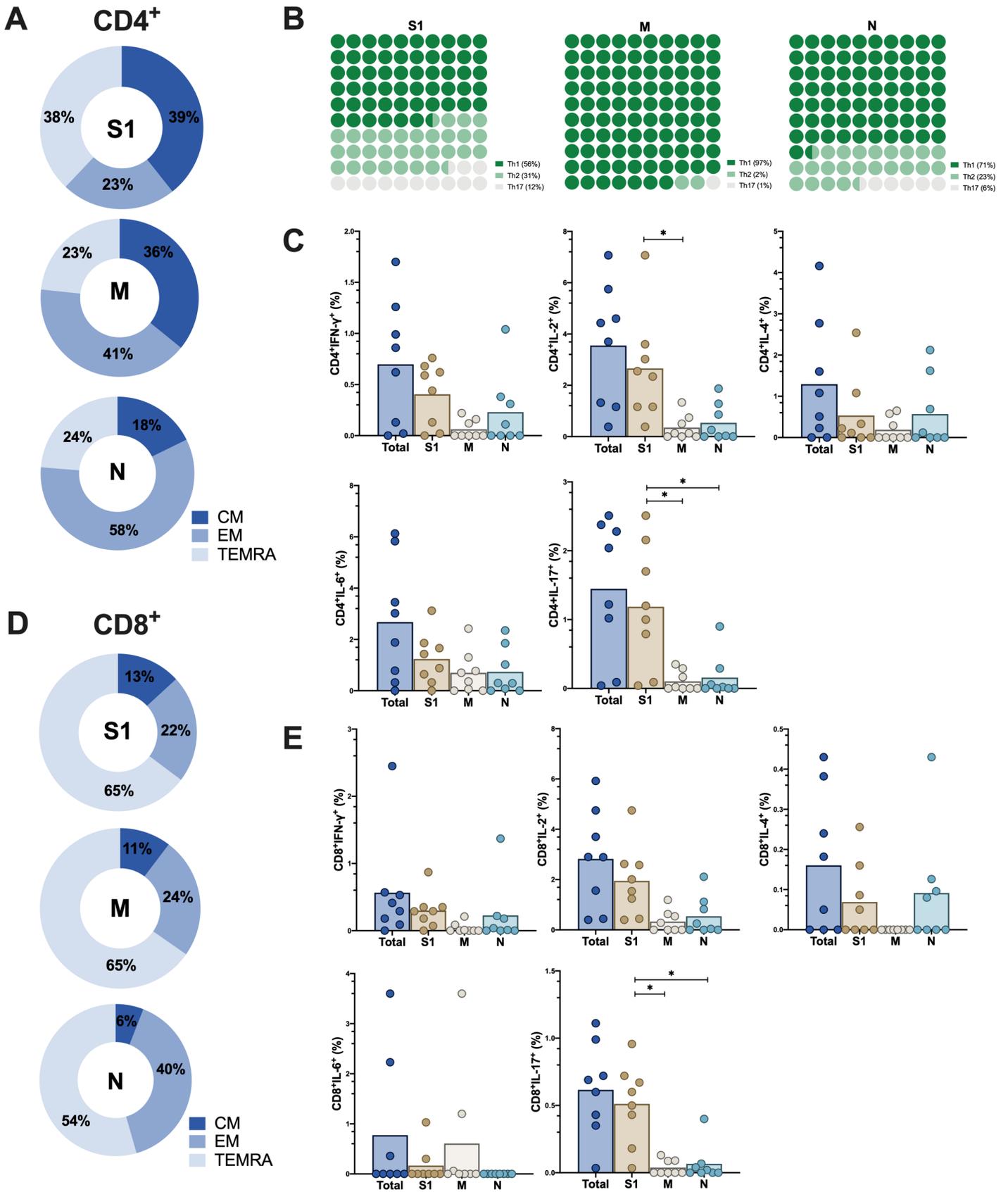
S7 Figure. Representative gating strategy used to define antigen-specific B cells

(A) B cells were defined from the gates of morphology of lymphocytes, singlets, viability and CD3⁻CD19⁺. Total B cells (CD19⁺) were further gated for B cell subsets including resting memory B cells (CD27⁺CD38⁻), activated memory B cells (CD27⁺CD38⁺) and plasma blasts (CD27⁺CD38^{hi}). S1-specific B cells and N-specific B cells were determined. Total B cells (CD19⁺) were further separated into non-class-switched mature cells (IgD⁻IgM⁺) and class-switched IgM⁻IgD⁻IgA⁺ and IgM⁻IgD⁻IgG⁺ cells. The S1-specific B cells and N-specific B cells were determined. (B) Representative image comparing S1- and N-specific B cells in 2 different healthy controls and 2 different SARS-CoV-2-infected patients 6-9 months post infection.



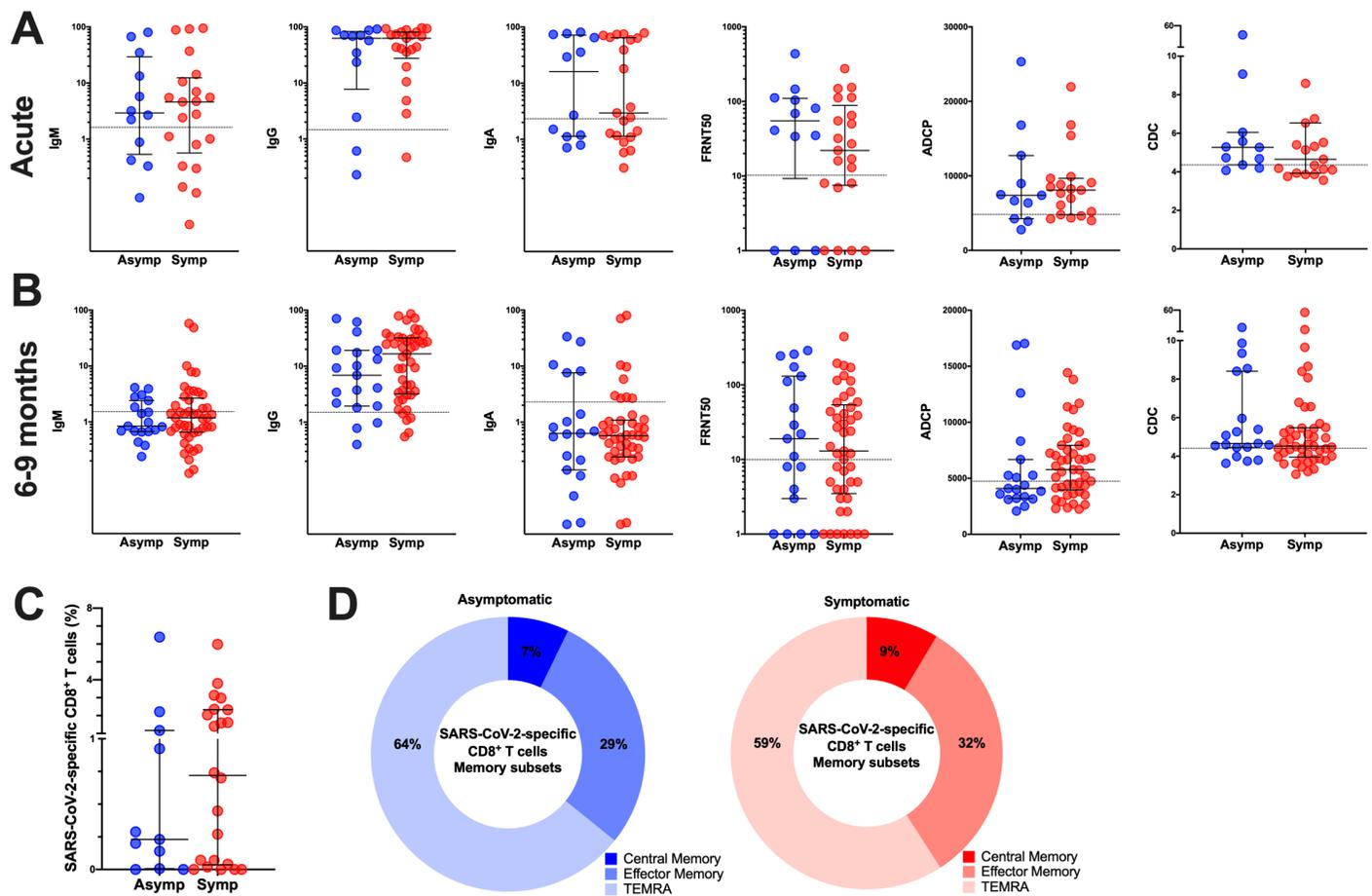
S8 Figure. Representative gating strategy used for the T cells assays

(A) T cells were defined from the gates of morphology of lymphocytes, singlets, viability and CD3⁺. **(B)** Gating strategy used in the CD4⁺ and CD8⁺ T cell activation induced marker (AIM) assay to assess the SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells after overnight stimulation with S, M and N peptide pools. Representative image comparing S-, M- and N-specific CD4⁺ and CD8⁺ T cells in a healthy control and a SARS-CoV-2-infected patient 6-9 months post infection. **(C)** Gating strategy used in the CD4⁺ and CD8⁺ T cell activation induced marker (AIM) assay to assess the SARS-CoV-2-specific memory CD4⁺ and CD8⁺ T cell subsets. Distribution of central memory (TCM), effector memory (TEM), and terminally differentiated effector memory cells (TEMRA) among total SARS-CoV-2-specific T cells. **(D)** Gating strategy used in the CD4⁺ T cell activation induced marker (AIM) assay to assess SARS-CoV-2-specific T helper (Th) subsets. **(E)** Gating strategy used in the CD4⁺ and CD8⁺ T cell intracellular staining assay to assess the cellular cytokine profile after 6 hours stimulation with S, M and N peptide pools.



S9 Figure. Characterization of SARS-CoV-2-specific T Cells

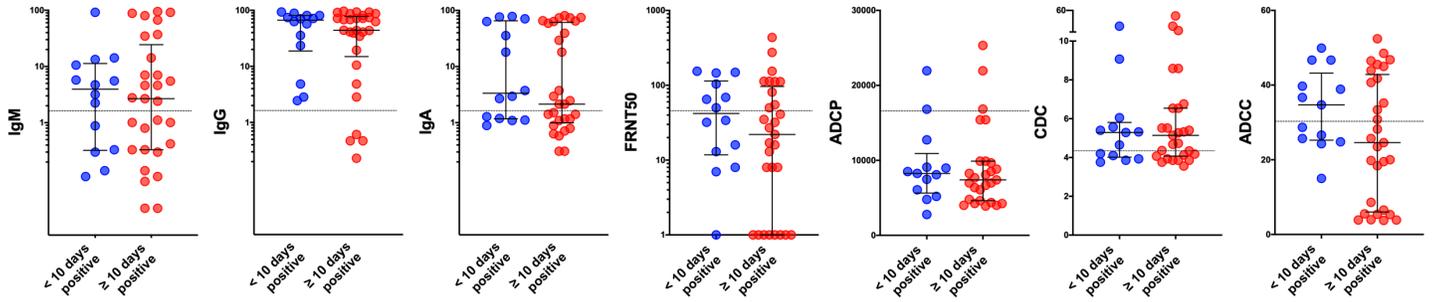
(A) Distribution of central memory (TCM), effector memory (TEM), and terminally differentiated effector memory cells (TEMRA) CD4⁺ T cells targeting different proteins of SARS-CoV-2 after overnight stimulation with different peptide pools. **(B)** The CD4⁺ Th differentiation, targeting different proteins of SARS-CoV-2, after overnight stimulation with different peptide pools. **(C)** Cytokine profile of CD4⁺ T cells after 6 hours stimulation with S, M and N peptide pools. **(D)** Distribution of central memory (TCM), effector memory (TEM), and terminally differentiated effector memory cells (TEMRA) CD8⁺ T cells targeting different proteins of SARS-CoV-2, after overnight stimulation with different peptide pools. **(E)** Cytokine profile of CD8⁺ T cells after 6 hours stimulation with S, M and N peptide pools.



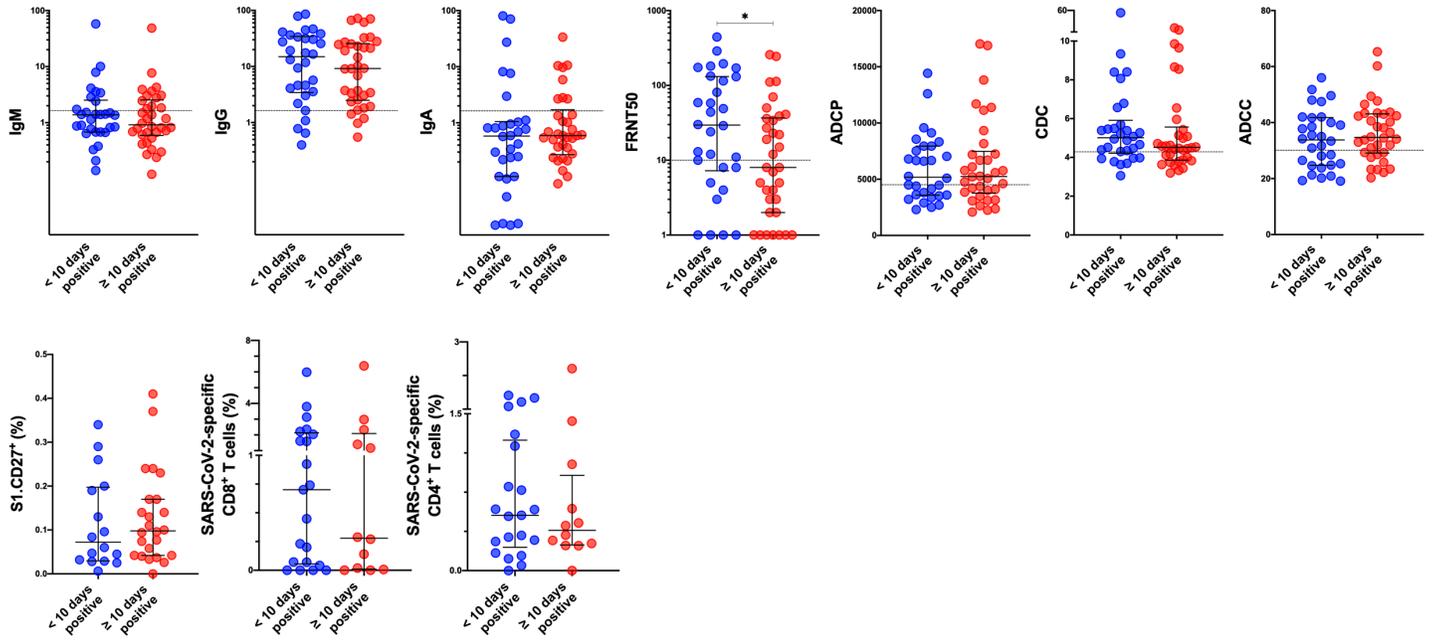
S10 Figure. Comparison of immune parameters in asymptomatic and symptomatic individuals

Comparison of anti-S antibody titers, FRNT50 titers and anti-S mediated effector functions in the **(A)** acute phase and **(B)** late convalescent phase after infection. **(C)** Comparison of the frequency of total SARS-CoV-2-specific CD8⁺ T cells after overnight stimulation with peptide pools in asymptomatic individuals (asyp; n=11) and symptomatic patients (symp; n=22) at late convalescence. **(D)** Comparison of CD8⁺ T cell memory phenotype between asymptomatic individuals (asyp; n=11) and symptomatic patients (symp; n=22).

A. Acute



B. 6-9 months



S11 Figure. Comparison of immune parameters according to time of SARS-CoV-2 shedding: < 10 days or ≥ 10 days. (A) Comparison of anti-S IgM, IgG and IgA antibody titers (n=33), FRNT50 titers (n=33) and anti-S mediated effector functions (ADCP and CDC n=30; ADCC n=32) in the acute phase and (B) comparison of anti-S IgM, IgG and IgA antibody titers (n=64), FRNT50 titers (n=64), anti-S mediated effector functions (n=64) and frequency of S1-specific CD19⁺CD27⁺ B cells (n=40), and total SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells (n=33) in the late convalescent phase after infection.