# nature research

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Last updated by author(s): Jun 1, 2021

# **Reporting Summary**

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see our Editorial Policies and the Editorial Policy Checklist.

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.

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n/a	Confirmed
	$\square$ The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
	A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
	The statistical test(s) used AND whether they are one- or two-sided  Only common tests should be described solely by name; describe more complex techniques in the Methods section.
$\boxtimes$	A description of all covariates tested
$\boxtimes$	A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons
	A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)
	For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i> ) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted <i>Give P values as exact values whenever suitable.</i>
$\boxtimes$	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
$\boxtimes$	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
$\boxtimes$	Estimates of effect sizes (e.g. Cohen's <i>d</i> , Pearson's <i>r</i> ), indicating how they were calculated
	. Our web collection on statistics for biologists contains articles on many of the points above.

### Software and code

Policy information about <u>availability of computer code</u>

Data collection

IRIS by iMedRIS version 11.01 for clinical data collection and management; BD FACSDiva Software Version 8.0.2 for flow sorting; Glomax Navigator Promega V.3 for neutralization assays; Omega 5.11 by BMG Labtech was used for Elisa Assays.

Data analysis

FlowJo 10.6.2 for FACS analysis; GraphPad Prism V\_9.1; Microsoft Excel 16.36; MacVector 17.5.4 for sequence analysis; Omega MARS V2.10 by BMG Labtech for luminometer; Glomax Navigator V.3 from Promega, Adobe Illustrator 2020, Igblastn v.1.14 and Translator X v.1.1 for antibody sequences analysis; scripts and the data used to process antibody sequences are available on GitHub (https://github.com/stratust/igpipeline), GCTree for phylogenetic trees construction, ImageXpress Micro XLS for Imaging, ForteBio for Octet data analysis.

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Research guidelines for submitting code & software for further information.

#### Data

Policy information about <u>availability of data</u>

All manuscripts must include a data availability statement. This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A list of figures that have associated raw data
- A description of any restrictions on data availability

Data are provided in SI Table 1-8. The raw sequencing data and computer scripts associated with Figure 2 has been deposited at Github (https://github.com/stratust/igpipeline). This study uses mammalian expression vectors encoding the RBDs of SARS-CoV-2 (GenBank MN985325.1), and uses data from "A Public Database of Memory and Naive B-Cell Receptor Sequences" (https://doi.org/10.5061/dryad.35ks2), and from "High frequency of shared clonotypes in human B cell receptor repertoires" (https://doi.org/10.1038/s41586-019-0934-8).

Field-spe	ecific reporting			
Please select the o	ne below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.			
☐ Behavioural & social sciences ☐ Ecological, evolutionary & environmental sciences				
For a reference copy of t	the document with all sections, see <u>nature.com/documents/nr-reporting-summary-flat.pdf</u>			
Life scier	nces study design			
All studies must dis	close on these points even when the disclosure is negative.			
Sample size	Sample size of 63 individuals was based on how many of our initial (1.3/6.2 months) study participants we were able to recruit for a return visit for blood donation between February 8 to March 26, 2021			
Data exclusions	No data were excluded from the analysis.			
Replication	All experiments successfully performed at least twice.			
Randomization	This is not relevant as this is an observational study.			
Blinding	This is not relevant as this is an observational study.			
Reportin	g for specific materials, systems and methods			
We require informati	on from authors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material,			
	sed is relevant to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.  Derimental systems  Methods			
Materials & experimental systems  n/a Involved in the study  Methods  n/a Involved in the study				
Antibodies ChIP-seq				
Eukaryotic cell lines Flow cytometry				
Palaeontology and archaeology MRI-based neuroimaging				
Animals and other organisms				
Human research participants				
Clinical data				
Dual use research of concern				
Antibodies				
Antibodies used	Mouse anti-human CD20-PECy7 (BD Biosciences, 335793), clone L27			
	Mouse anti-human CD3-APC-eFluro 780 (Invitrogen, 47-0037-41), clone OKT3  Mouse anti-human CD8-APC-421eFluro 780 (Invitrogen, 47-0086-42), clone OKT8			
	Mouse anti-human CD16-APC-eFluro 780 (Invitrogen, 47-0168-41), clone eBioCB16			
	Mouse anti-human CD14-APC-eFluro 780 (Invitrogen, 47-0149-4), clone 61D3  Mouse anti-human IgG-PECF594 (BD biosciences, 562538),			
	Mouse anti-human IgM-AF700 (Biolegend, 314538), Mouse anti-human IgA-Viogreen (Miltenyi Biotec, 130-113-481).			
	Zombie NIR (BioLegend, 423105)			
	Peroxidase Goat anti-Human IgG Jackson Immuno Research 109-036-088 Peroxidase Goat anti-Human IgM Jackson Immuno Research 109-035-129			
	Peroxidase Goat anti-Human IgA Sigma A0295			
Validation	No validation statements for the antibodies that are commercially available.			

# Eukaryotic cell lines

Policy information about <u>cell lines</u>

Cell line source(s)

293T(CRL-11268) and HT1080(CCL-121) have been obtained from the ATCC. Based one these cell lines, we generated the 293T/ACE2\* and HT1080/ACE2.cl14 cells, which are described in (Robbiani, D. et al. Nature 584, doi.org/10.1038/s41586-020-2456-9)and (Schmidt, F. et al. J Exp Med 217, doi:10.1084/jem.20201181).

Authentication

Not authenticated after purchase from ATCC.

Mycoplasma contamination

The cells were checked for mycoplasma contamination by Hoechst staining, and tested negative.

Commonly misidentified lines (See ICLAC register)

No commonly misidentified cell lines were used.

### Human research participants

Policy information about studies involving human research participants

Population characteristics

Previously enrolled study participants were asked to return for a 12-month follow-up visit at the Rockefeller University Hospital in New York from February 8 to March 26, 2021. Eligible participants were adults aged 26-73 years and were either diagnosed with SARS-CoV-2 infection by RT-PCR (cases), or were close contacts (e.g., household, co-workers, members of same religious community) with someone who had been diagnosed with SARS-CoV-2 infection by RT-PCR (contacts). We analyzed 36 males and 27 females with an average age of 47 years. Exclusion criteria included presence of symptoms suggestive of active SARS-CoV-2 infection. Participants that presented with persistent symptoms attributable to COVID-19 were identified on the basis of chronic shortness of breath or fatigue, deficit in athletic ability and/or three or more additional long-term symptoms such as persistent unexplained fevers, chest pain, new-onset cardiac sequalae, arthralgias, impairment of concentration/mental acuity, impairment of sense of smell/taste, neuropathy or cutaneous findings as previously described.

Recruitment

Study participants were recruited at the Rockefeller University Hospital in New York between February 8 to March 26, 2021. Most study participants were residents of the Greater New York City tri-state region and were asked to return approximately 12 months after the time of onset of COVID-19 symptoms. Participants presented to the Rockefeller University Hospital for blood sample collection and were asked about potential symptom persistence since their 6.2 month study visit, laboratory-confirmed episodes of reinfection with SARS-CoV-2, and whether they had received any COVID-19 related treatment or SARS-CoV-2 vaccination in the interim. Other than these criteria no other parameters were used to exclude or include patients. Therefore, we cannot identify any factors that would lead to self-selection bias.

Ethics oversight

Institutional Review Board (IRB) at the Rockefeller University, protocol DRO-1006.

Note that full information on the approval of the study protocol must also be provided in the manuscript.

## Flow Cytometry

#### Plots

Confirm that:

The axis labels state the marker and fluorochrome used (e.g. CD4-FITC).

The axis scales are clearly visible. Include numbers along axes only for bottom left plot of group (a 'group' is an analysis of identical markers).

All plots are contour plots with outliers or pseudocolor plots.

A numerical value for number of cells or percentage (with statistics) is provided.

### Methodology

Sample preparation

Whole blood samples were obtained from study participants recruited through Rockefeller University Hospital. Peripheral blood mononuclear cells (PBMCs) were separated by Ficoll gradient centrifugation. Prior to sorting, PBMCs were enriched for B cells using a Miltenyi Biotech pan B cell isolation kit (cat. no. 130-101-638) and LS columns (cat. no. 130-042-401).

Instrument

FACS Aria III (Becton Dickinson)

Software

BD FACSDiva Software Version 8.0.2 and FlowJo 10.6.2

Cell population abundance

Sorting efficiency ranged from 40% to 80%. This is calculated based on the number of IgG-specific antibody sequences that could be PCR-amplified successfully from single sorted cells from each donor.

Gating strategy

Cells were first gated for lymphocytes in FSC-A (x-axis) versus SSC-A (y-axis). We identify single cells in FSC-A versus FSC-H, and then SSC-A versus SSC-W. We then select for CD20+ Dump- B Cells in dump (anti-CD3-eFluro 780, anti-CD16-eFluro 780, anti-CD8-eFluro 780, anti-CD14-eFluro 780, Zombie NIR) versus CD20 (anti-CD20-PE-Cy7); dump-negative was considered to be signal less than 250, and CD20-positive was taken to be signal greater than 100. We then gate for Ova- B cells in FSC-A versus Ova-BV711; Ova-negative was considered to be all cells with signal less than 100. Select for Sars-CoV-2 RBD double-positive cells in RBD PE versus RBD AlexaFluor 647; this gate was made along the 45° diagonal, above 1000 on both axes.

Tick this box to confirm that a figure exemplifying the gating strategy is provided in the Supplementary Information.