

**Table S1: Acute Infection Cohort**

Participant ID	Birth Yr.	Age (Yr.)	Sex
ACU141	1995	25	M
ACU142	1966	53	F
ACU143	1966	54	M
ACU144	1990	29	F
ACU146	1966	53	F
ACU150	1972	47	F
ACU151	1979	40	M
ACU153	2000	20	F

All participants were PCR-positive for SARS-CoV-2 infection and presented with mild symptoms. All participants were enrolled in May 2020. "Age (Yr.)" column indicates age at enrolment.

**Table S2: Coronavirus Multiplex Antigen Panel**

Protein	Group	Virus
S	$\beta$ -CoV	SARS-CoV-2
		SARS-CoV (2003)
		HCoV-OC43
		HCoV-HKU1
	$\alpha$ -CoV	HCoV-229E
		HCoV-NL63
N	$\beta$ -CoV	SARS-CoV-2
		SARS-CoV (2003)
		HCoV-OC43
		HCoV-HKU1
	$\alpha$ -CoV	HCoV-229E
		HCoV-NL63
RBD*	$\beta$ -CoV	SARS-CoV-2 (cat. #40592-V08H)
S1*		SARS-CoV-2 (cat. #40591-V08H)
S2*		SARS-CoV-2 (cat. #40590-V08H)

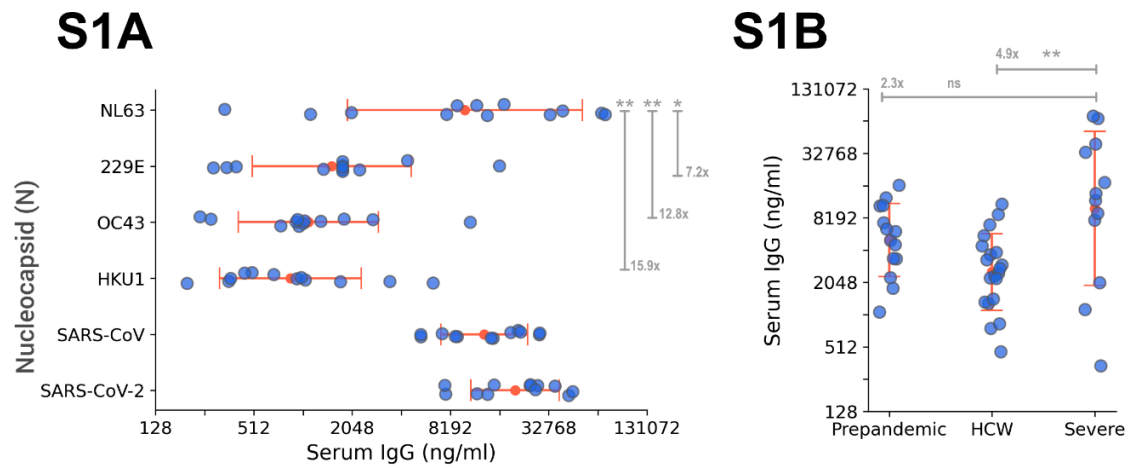
\*Reagents purchased from SinoBiological.

Other reagents were expressed in-house using baculovirus expression system (Wang et al. 2021, Front. Immunol.).

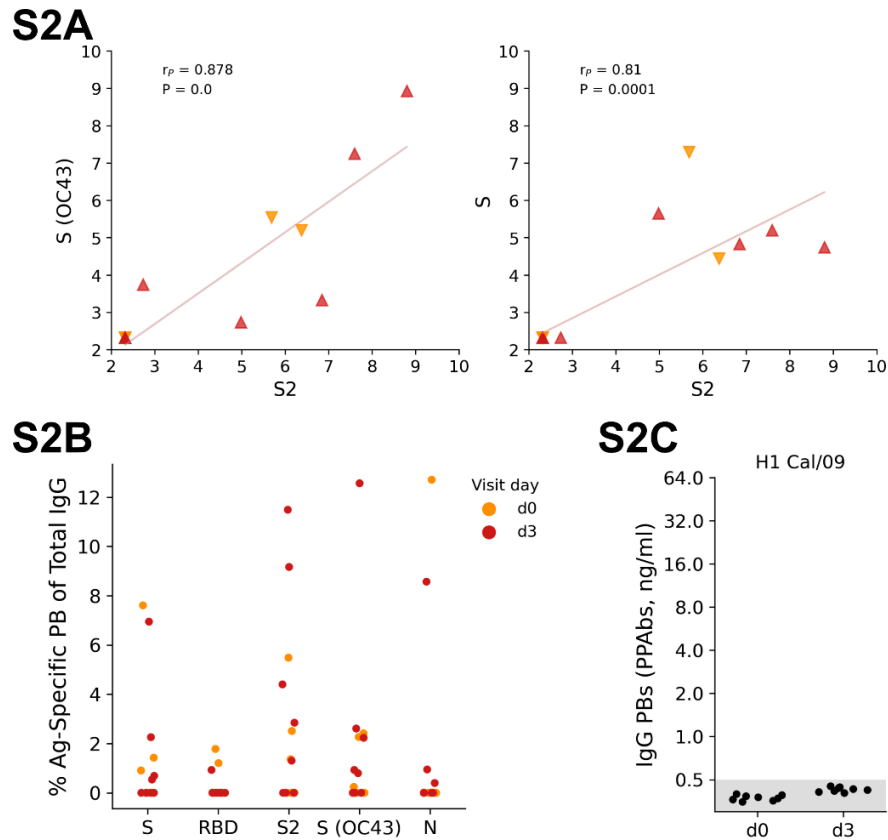
**Table S3: Severely Infected Cohort**

<b>Participant ID</b>	<b>Age (Yr.)</b>	<b>Sex</b>
HD2187	76	M
HD2188	83	M
HD2189	20	F
HD2190	47	M
HD2191	81	F
HD2192	58	M
HD2193	73	F
HD2194	77	M
HD2195	82	F
HD2196	56	F
HD2197	67	F
HD2198	59	M

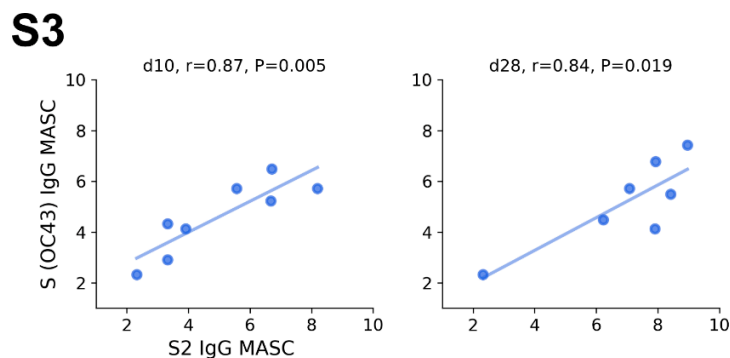
All participants were PCR-positive for SARS-CoV-2 infection and presented with severe symptoms (between March 2020 – June 2020) and required hospitalization, all received remdesivir treatment for a clinical study. All participants were enrolled in August 2020 as healthy donors. “Age (Yr.)” column indicates age at enrolment.



**Supplemental Figure S1** | Characterization of serum IgG response reactive to nucleocapsid (N) proteins by multiplex-based assay. **(S1A)** Comparison of serum IgG response reactive to six N proteins of individuals that were severely infected (n=12). **(S1B)** Comparison of the levels of N (NL63)-reactive serum IgG concentration between prepandemic, healthcare worker (HCW), and severely infected cohorts. Range shows geometric mean  $\times/\div$  geometric standard deviation. Significance (\*,  $P < 0.05$ ; \*\*,  $P < 0.01$ ; \*\*\*,  $P < 0.001$ ; \*\*\*\*,  $P < 0.0001$ ) was determined by Kruskal-Wallis ANOVA followed by Dunn's multiple comparisons test. The difference between levels is indicated as fold-change.

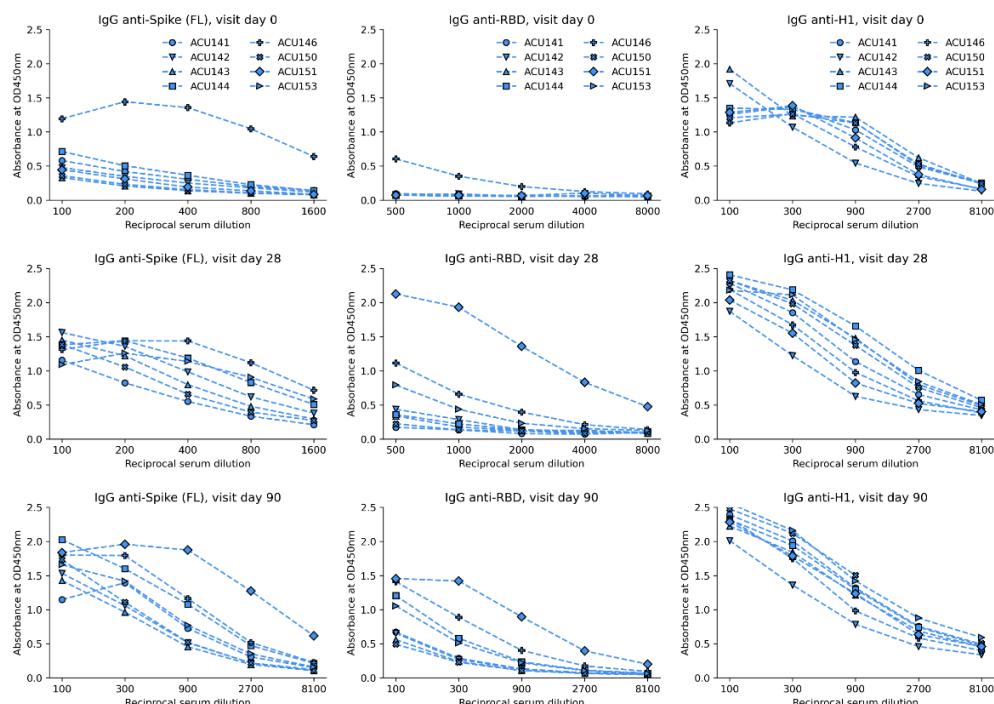


**Supplemental Figure S2 |** Coronavirus-specific IgG plasmablast (PB) response in acutely infected cohort. (**S3A**) Correlation analysis of the S2-reactive IgG PB against S (OC43) and full-length S. Correlation was tested by Pearson's  $r$  on the  $\log_2$ -transformed IgG PB frequency per million PBMCs. Orange and red triangles represent IgG PB frequency readout on visit days 0 and 3, respectively. (**S3B**) Fraction proportion of antigen-specific IgG PB from the total IgG-producing cells for both visit days 0 and 3. (**S3C**) Assessing the reactivity of IgG PB (by ELISA on the PB-derived polyclonal Abs [PPAbs]) reactive to H1 control protein.

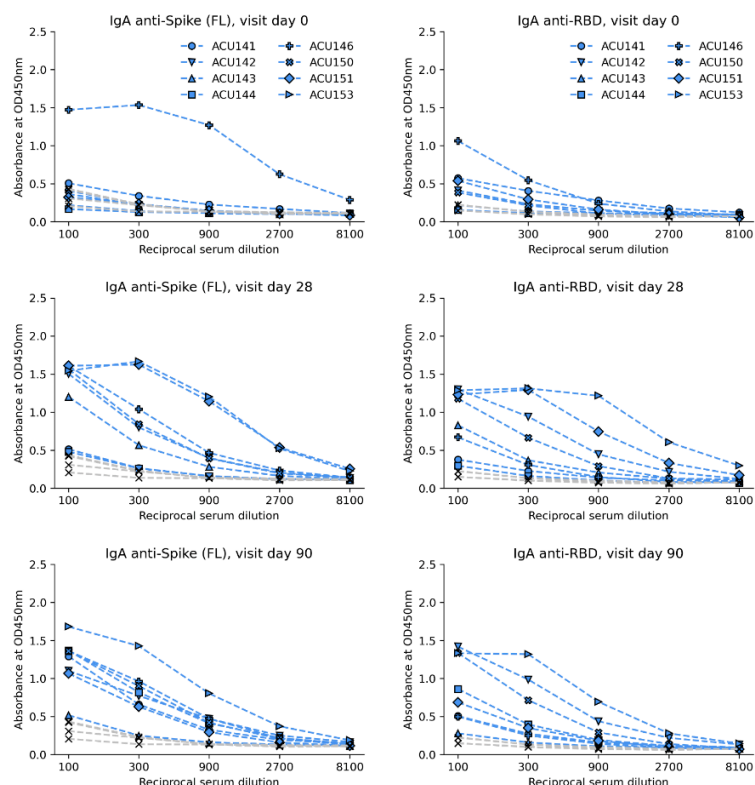


**Supplemental Figure S3 |** Correlation between the frequency of SARS-CoV-2 S2- and S (OC43)-reactive IgG MASCs as enumerated by ELISpot for samples collected on visit days 0, 10, 28, and 90. Values shown are  $\log_2$ -transformed of the IgG MASC per million PBMCs. Correlation was tested by Pearson  $r$ .

## S4A



## S4B



**Supplemental Figure S4 |** Validation of ELISA performance for protein constructs expressed in-house for (A) IgG and (B) IgA. 5-point serially-diluted sera (acutely infected cohort) were measured for reactivity against SARS-CoV-2 S (full-length), RBD, and H1 Cal/09. For IgA ELISA, COVID-negative controls (from healthcare worker cohort, indicated as gray lines) were included.