

Supplemental Materials

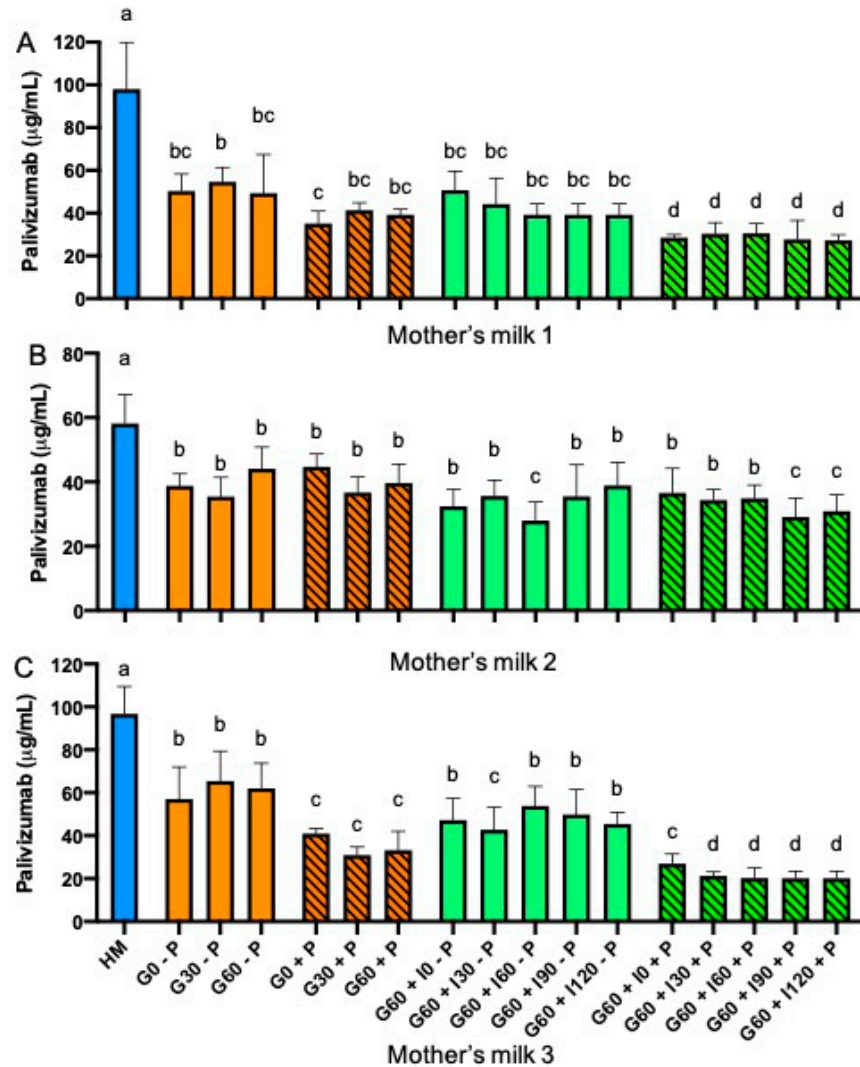


Figure S1A–C. Binding capacity of palivizumab across simulated term infant digestion in three different mother's milk samples. (A–C) Palivizumab concentration in human milk (HM) during simulated infant digestion; in gastric conditions at 0 min (G0 – P), at 30 min (G30 – P) and at 60 min (G60 – P) without protease (pepsin); in intestinal conditions at 0 min (G60 + I0 – P), at 30 min (G60 + I30 – P), 60 min (G60 + I60 – P), 90 min (G60 + I90 – P) and 120 min (G60 + I120 – P) without protease (pancreatin). Palivizumab concentration in human milk (HM) during simulated infant digestion; in gastric conditions at 0 min (G0 + P), at 30 min (G30 + P) and at 60 min (G60 + P) with protease (pepsin); and in intestinal conditions at 0 min (G60 + I0 + P), at 30 min (G60 + I30 + P), 60 min (G60 + I60 + P), 90 min (G60 + I90 + P) and 120 min (G60 + I120 + P) with protease (pancreatin). Values are mean \pm SD from 6 replicates for each condition. Letters a, b, c and d show statistically significant differences between groups ($P < 0.05$) using one-way ANOVA followed by Tukey's multiple comparison tests.

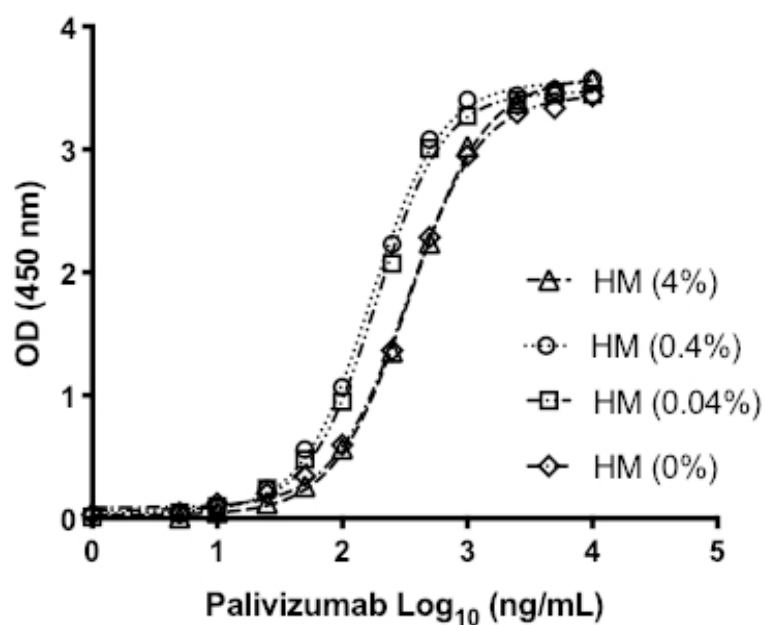


Figure S2. Standard curve with palivizumab detection in binding buffer (PBST + 10% human serum) containing 0–4% of mixed human milk.

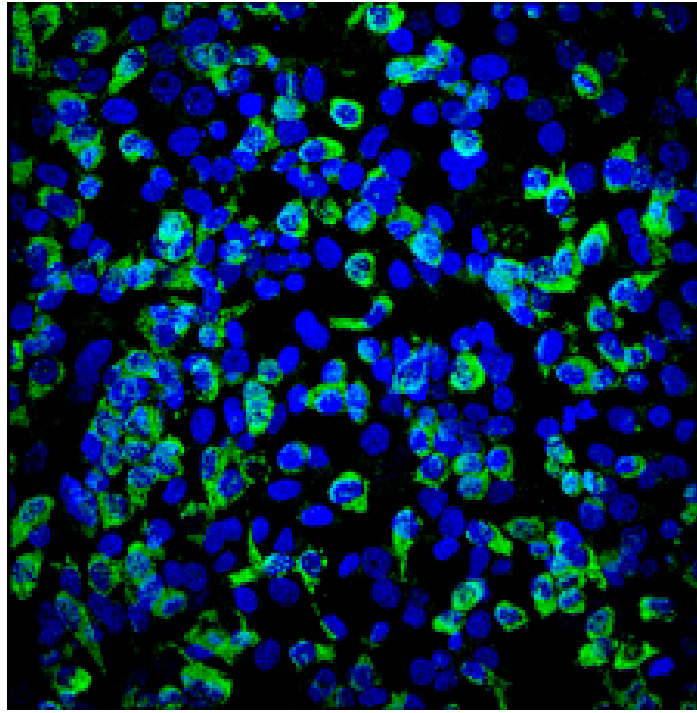


Figure S3. Hep-2 cells infected for day 3 incubated with RSV-GFP (50% tissue culture infectious dose: 3.4×10^4 focus forming units/mL) using the confocal microscope 3-D image (40x objective).