Systemic and mucosal adaptive immunity to SARS-CoV-2 during the Omicron wave in patients with chronic lymphocytic leukemia

Hanna M. Ingelman-Sundberg,^{1,2} Lisa Blixt,^{1,3+} David Wullimann,⁴⁺ Jinghua Wu,⁴⁺ Yu Gao,⁴⁺ Katie Healy,⁵ Sandra Muschiol,^{6,7} Gordana Bogdanovic,^{6,7} Mikael Åberg,⁸ Christian Kjellander,⁹ Alba Grifoni,¹⁰ Alessandro Sette,^{11,12} Soo Aleman,^{13,14} Puran Chen,⁴ Ola Blennow,^{15,16} Lotta Hansson,^{1,3} Hans-Gustaf Ljunggren,⁴ Margaret Sällberg Chen,⁵ Marcus Buggert⁴ and Anders Österborg^{1,3}

¹Department of Oncology-Pathology, Karolinska Institutet, Stockholm, Sweden; ²Department of Oncology, Karolinska University Hospital Solna, Stockholm, Sweden; 3Department of Haematology, Karolinska University Hospital Solna, Stockholm, Sweden; ⁴Center for Infectious Medicine, Department of Medicine Huddinge, Karolinska Institutet, Stockholm, Sweden; ⁵Department of Dental Medicine, Karolinska Institutet, Huddinge, Sweden; ⁶Department of Clinical Microbiology, Karolinska University Hospital, Stockholm, Sweden; ⁷Department of Microbiology, Tumor and Cell Biology, Karolinska Institutet, Stockholm, Sweden; ⁸Department of Medical Sciences, Clinical Chemistry and Science for Life Laboratory, Uppsala University, Uppsala, Sweden; ⁹Department of Internal Medicine, Capio St Göran Hospital, Stockholm, Sweden; ¹⁰Department of Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden; ¹¹Center for Infectious Disease and Vaccine Research, La Jolla Institute for Immunology, La Jolla, CA, USA; ¹²Department of Medicine, Division of Infectious

Diseases and Global Public Health, University of California, San Diego (UCSD), La Jolla, CA, USA; ¹³Department of Medicine Huddinge, Infectious Diseases, Karolinska Institutet, Stockholm, Sweden; ¹⁴Department of Infectious Diseases, Karolinska University Hospital, Stockholm, Sweden; ¹⁵Department of Infectious Diseases, Department of Transplantation, Karolinska University Hospital, Stockholm, Sweden and ¹⁶Department of Clinical Science, Intervention and Technology, Karolinska Institutet, Stockholm, Sweden

⁺LB, DW, JW and YD contributed equally.

Correspondence:

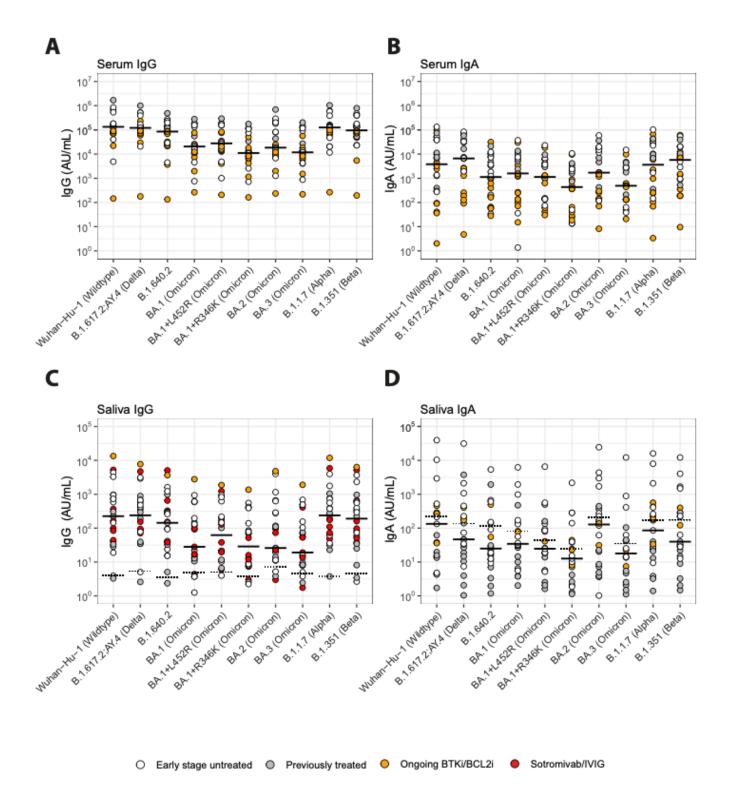
H.M. INGELMAN-SUNDBERG - hanna.muren-ingelman-sundberg@ regionstockholm.se

https://doi.org/10.3324/haematol.2023.282894

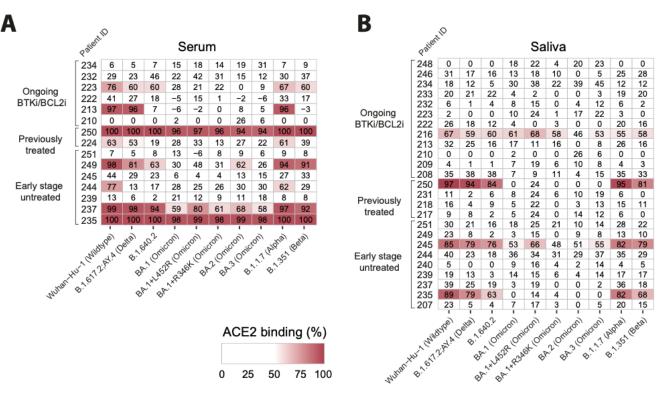
Received: February 13, 2023. Accepted: August 24, 2023. Early view: August 31, 2023.

©2024 Ferrata Storti Foundation Published under a CC BY-NC license © • •

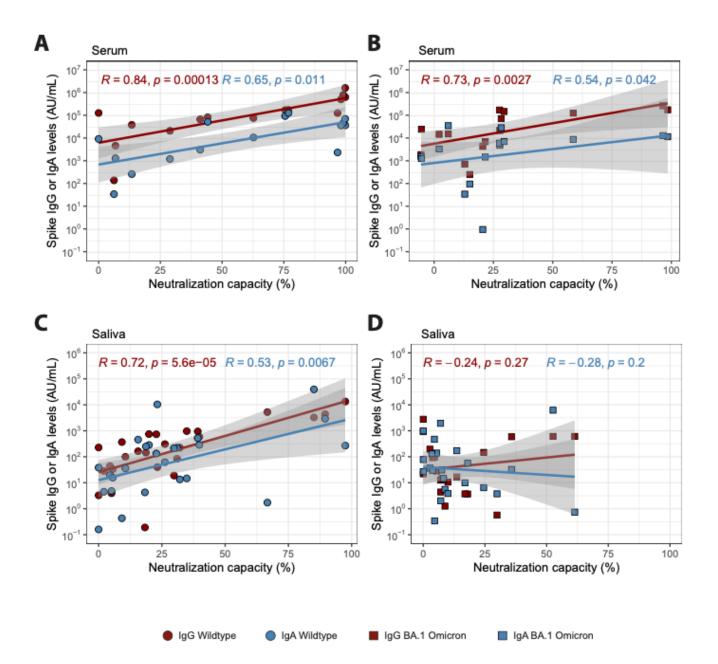
SUPPLEMENTAL FIGURES



Supplementary figure S1. Serum and saliva levels of IgG and IgA reactive against 10 different SARS-CoV-2 variants after clinical recovery from Omicron infection. Serum IgG (A) and IgA (B) and saliva IgG (C) and IgA (D) levels for all CLL subgroups. Patients who had received sotrovimab or IVIG were not included in the serum IgG analyses, but were included in the saliva IgG analyses, and are highlighted (red) in the panel. Median levels are indicated with solid lines. Cut-off levels (dotted lines) for positive responses in saliva against Spike protein were defined as the mean plus 6x standard deviation of the intensity signals of 27 negative control saliva samples (pre-pandemic and seronegative saliva from 2020), and were as follows: anti-wild-type IgA: 226.7 AU/ml; anti-Delta IgA: 137.0 AU/ml; anti-B.1.640.2 IgA: 119.0 AU/ml; anti-Omicron BA.1 IgA: 81.8 AU/ml; anti-Omicron BA.1+L452R IgA: 43.7 AU/ml; anti-Omicron BA.1+R346K IgA: 24.8 AU/ml; anti-Omicron BA.2 IgA: 203.2 AU/ml; anti-Omicron BA.3 IgA: 35.4 AU/ml; anti-Alpha IgA: 168.6 AU/ml; anti-Beta IgA: 175.5 AU/ml; anti-Wild-type IgG: 4.01 AU/ml; anti-Delta IgG: 5.41 AU/ml; anti-B.1.640.2 IgG: 3.51 AU/ml; anti-Omicron BA.1 IgG: 4.98 AU/ml; anti-Omicron BA.2 IgG: 7.33 AU/ml; anti-Omicron BA.3 IgG: 4.66 AU/ml; anti-Alpha IgG: 3.77 AU/ml; anti-Omicron BA.2 IgG: 7.49 AU/ml; anti-Omicron BA.3 IgG: 4.66 AU/ml; anti-Alpha IgG: 3.77 AU/ml; anti-Omicron BA.2 IgG: 4.49 AU/ml.



Supplementary figure S2. Heat map of Spike neutralization capacity of serum and saliva after clinical recovery from Omicron infection. Numbers signify percent blocking of Spike-ACE2 binding by serum (A) and saliva (B) from individual patients. Samples blocking at least 50% of Spike proteins are colored. Serum samples from patients who had received IVIG or sotrovimab were not included in the analysis.



Supplementary figure S3. Correlation between Ab levels and neutralization capacity in serum and saliva samples after clinical recovery from Omicron infection. Specific IgG and IgA levels against wild-type Spike in serum (A) and saliva (C) and against Omicron BA.1 in serum (B) and saliva (D) were correlated with the sample's ability to block ACE2 binding (% neutralization capacity). There was a strong correlation between serum IgG and IgA levels and the corresponding neutralization capacity of the wild-type virus variant (r=0.84, p<0.0001 and r=0.65, p=0.011). The same correlations in serum for Omicron BA.1 Spike variant were strong (r=0.73, p=0.0027 and moderate r=0.54, p=0.042). Saliva IgG and IgA anti-wild-type Spike levels correlated with neutralization capacity (r=0.72, p<0.0001 and r=0.53, p=0.0067), but this was not the case for Omicron BA.1 anti-Spike (r=-0.27, p=0.20 and r=-0.28, p=0.17).

Serum samples from patients who had received sotrovimab or IVIG were not included in the analysis. Statistics was assessed with Spearman's rank correlation (R).