1 **Direct *ex vivo* gene expression profiling of malaria patients reveals common virulence**
2 **gene expression in first-time infected patients and severe cases**
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26 Running title: In host expression of *var* genes
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Abstract

Sequestration of *Plasmodium falciparum*-infected erythrocytes to host endothelium through

the parasite-derived *Pf*EMP1 adhesion proteins is central to the development of malaria path-

ogenesis. *Pf*EMP1 proteins have diversified and expanded to encompass many sequence var-

iants conferring the same array of human endothelial receptor binding phenotypes. Here, we

analyzed RNA-seq profiles of parasites isolated from 32 *P. falciparum* infected travelers re-

turning to Germany. Patients were categorized into either malaria naïve (n=15) or pre-exposed

(n=17), and into severe (n=8) or non-severe (n=24) cases. Expression analysis of *Pf*EMP1-

encoding *var* genes showed that severe malaria was associated with *Pf*EMP1 containing the

endothelial protein C receptor (EPCR)-binding CIDRα1 domain, whereas CD36-binding

*Pf*EMP1 was linked to non-severe malaria outcomes. In addition, gene expression-guided de-

termination of parasite age suggested that circulating parasites from non-severe malaria pa-

tients were older than parasites from severe malaria patients. First-time infected patients were

also more likely to develop severe symptoms and tended to be infected for a longer period,

which thus appeared to select for parasites with more efficient sequestration and therefore

more pathogenic *Pf*EMP1 variants.

Keywords: *P. falciparum*, *Pf*EMP1, RNA-seq, transcriptomics, variant surface antigens

Introduction

Despite considerable efforts during recent years to combat malaria, the disease remains a

major threat to public health in tropical countries. The most severe clinical courses of malaria

are due to infections with the protozoan species *Plasmodium falciparum.* In 2018, there were

229 million cases of malaria worldwide, resulting in more than 400,000 deaths (WHO, 2020).

Currently, about half of the world's population lives in infection-prone areas, and more than

90% of the malaria deaths occur in Africa. In particular, children under five years of age and

pregnant women suffer from severe disease. The virulence of *P. falciparum* is linked to the

infected erythrocytes binding to endothelial cell surface molecules expressed on blood vessel

walls. This phenomenon, known as sequestration, prevents the passage of infected erythro-

cytes through the spleen, which would otherwise remove the infected erythrocytes from the

circulation and kill the parasite (Saul, 1999). The membrane proteins mediating sequestration

are exposed to the host's immune system and through evolution *P. falciparum* parasites have

acquired several multi-copy gene families coding for variant surface antigens (VSAs) allowing

immune escape through extensive sequence polymorphisms. Endothelial sequestration is me-

diated by the *P. falciparum* erythrocyte membrane protein 1 (*Pf*EMP1) family, which members

have different binding capacities for host vascular tissue receptors such as CD36, EPCR,

ICAM-1, PECAM1, receptor for complement component C1q (gC1qR) and CSA (Magallón-Tejada *et al*, 2016; Turner *et al*, 2013; Rowe *et al*, 2009). The long, variable, extracellular *Pf*EMP1 region responsible for receptor binding contains a single N-terminal segment (NTS; main classes A, B and pam) and a variable number of different Duffy-binding like (DBL; main classes DBLα-ζ and pam) and cysteine-rich inter-domain region domains (CIDR; main classes CIDRα-δ and pam) (Rask *et al*, 2010). These domains were initially allocated to subclasses (e.g., the DBLβ subclasses 1 – 13), however, due to frequent recombination between members of the different subclasses, many of these are indistinct and poorly defined (Otto *et al*, 2019). *Pf*EMP1 molecules have been grouped into four categories (A, B, C and E) depending on the type of N-terminal domains (the *Pf*EMP1 "head structure") as well as the 5' upstream se-quence, the chromosomal localization and the direction of transcription of their encoding *var* gene (Rask *et al*, 2010; Kyes *et al*, 2007; Kraemer & Smith, 2003; Lavstsen *et al*, 2003). Each parasite possesses about 60 *var* genes with approximately the same distribution among the different groups (Rask *et al*, 2010).

About 20% of *Pf*EMP1 variants belong to group A and are typically longer proteins with a head-structure containing DBLα1 and either a EPCR-binding CIDRα1 domain or a CIDRβ/γ/δ do-main of unknown function. The group A includes two conserved subfamilies: the *var1* subfam-ily, found in two different variants in the parasite population (3D7- and IT-type) (Otto *et al*, 2019), and the *var3* subfamily, the shortest *var* genes with only two extracellularly exposed domains (DBLα1.3 and DBLε8). Group B and C includes most, about 75% of *Pf*EMP1, and typically have DBLα0-CIDRα2-6 head structures binding CD36, followed by a DBLδ1-CIDRβ/γ domain combination. A particular subset of B-type proteins, also known as group B/A chimeric genes, possess a chimeric DBLα0/1 domain (a.k.a. DBLα2) and an EPCR-binding CIDRα1 domain. Thus, the head structure confers mutually exclusive binding properties, either to EPCR, CD36 or to an unknown receptor via the CIDRβ/γ/δ domains. C-terminally to the head-structure, most group A and some group B and C *Pf*EMP1 have additional DBL domains, of which specific subsets of DBLβ domains of group A and B *Pf*EMP1 bind ICAM-1 (Lennartz *et al*, 2017; Janes *et al*, 2011) and other, DBLβ12, have been suggested to bind gC1qR (Magallón-Tejada *et al*, 2016).

The consistent co-occurrence of specific domain subsets in same *Pf*EMP1 gave rise to the definition of domain cassettes (DC) (Otto *et al*, 2019; Berger *et al*, 2013; Rask *et al*, 2010). The best example of this is the VAR2CSA *Pf*EMP1 (group E, DC2), which binds placental CSA and causes pregnancy-associated malaria (Salanti *et al*, 2004). The VAR2CSA proteins share domain composition, their encoding genes are less diversified than other *var* groups and all parasites possess one or two *var2csa* copies. Another example is the chimeric group B/A *Pf*EMP1 also known as DC8, which includes the DBLα2, specific CIDRα1.1/8 subtypes and typically DBLβ12 domains.

Group A *var* gene expression has been associated with severe forms of malaria, whereas mild

malaria may be associated with group C expression (Avril *et al*, 2012; Claessens *et al*, 2012;

Lavstsen *et al*, 2012; Falk *et al*, 2009; Warimwe *et al*, 2009; Kyriacou *et al*, 2006; Rottmann *et*

al, 2006; Jensen *et al*, 2004; Kirchgatter & Del Portillo, 2002). Conflicting results were reported

on group B expression during severe disease. However, this is likely explained by the B/A-

type *Pf*EMP1 sharing the EPCR receptor-binding phenotype with A-type *Pf*EMP1. Indeed, con-

sensus from a range of gene expression studies is that severe malaria is associated with ex-

pression of *Pf*EMP1 with EPCR-binding CIDR α1 domains (Jespersen *et al*, 2016; Kessler *et*

al, 2017; Storm *et al*, 2019; Shabani *et al*, 2017; Mkumbaye *et al*, 2017; Bernabeu *et al*, 2016;

Magallón-Tejada *et al*, 2016). No other domain has been consistently associated with severity

of disease, but elevated expression of dual EPCR and ICAM-1-binding *Pf*EMP1 (Lennartz *et*

al, 2017) and the group A associated DC5 and DC6 have been associated with severe disease.

(Bernabeu *et al*, 2016; Magallón-Tejada *et al*, 2016; Berger *et al*, 2013; Avril *et al*, 2013, 2012;

Claessens *et al*, 2012; Lavstsen *et al*, 2012).

In this study, we applied genome-wide expression profiling using RNA-seq to study gene ex-

pression, in particular *var* gene expression, in parasites from hospitalized travelers returning

from malaria endemic countries with certified *P. falciparum* infections. Individuals were clus-

tered into i) first-time infected and ii) pre-exposed individuals on the basis of serological data

or into iii) severe and iv) non-severe cases according to medical reports. Our multi-dimensional

analysis reveals a clear association of domain cassettes with EPCR-binding properties with a

naïve immune status and severe malaria, whereas CD36-binding *Pf*EMP1 proteins and the

conserved *var1*-3D7 variant were expressed at higher levels in pre-exposed patients and non-

severe cases. Interestingly, circulating parasites from severe cases tended to be younger than

parasites from non-severe cases, indicating that the EPCR-binding phenotype confers more

efficient sequestration of infected erythrocytes.

Results

Cohort characterization

This study is based on a cohort of 32 malaria patients hospitalized in Hamburg, Germany.

Parasitemia, recorded clinical symptoms and patient sub-grouping are summarized in Table

1. For ten patients, the present malaria episode was their first recorded *P. falciparum* infection.

Nine individuals had previously experienced malaria episodes according to the medical re-

ports, whereas malaria exposure was unknown for 13 patients. In order to determine if patients

already had an immune response to *P. falciparum* antigens, indicative of previous exposure to

malaria, plasma samples were analyzed by a Luminex-based assay displaying the antigens

AMA1, MSP1 and CSP (Table S1). Immune responses to AMA1 and MSP1 are known to be

long-lasting and seroconversion to AMA1 is assumed to occur after only a single or very few

infections (Drakeley *et al*, 2005). Principal component analysis of the Luminex data resulted in
separation of the patients into two discrete groups corresponding to first-time infected adults
('naïve cluster') and malaria pre-exposed individuals ('pre-exposed cluster') (Figure 1A). The
13 patients with unknown malaria exposure status could be grouped into either the naïve or
pre-exposed groups defined by the PCA of the antigen reactivity. The only outlier in the clus-
tering was a 19-year-old patient (#21) from Sudan, who reported several malaria episodes
during childhood, but clustered with the malaria-naïve patients.
Plasma samples were further subjected to i) a merozoite-directed antibody-dependent respir-
atory burst (mADRB) assay (Kapelski *et al*, 2014), ii) a parasitophorous vacuolar membrane-
enclosed merozoite structures (PEMS)-specific ELISA and iii) a protein microarray with 228
P. falciparum antigens (Borrmann, 2020). Analysis of these serological assays in relation to
the patient clustering confirmed the expected higher and broader antigen recognition by
ELISA, protein microarray, and stronger ability to induce burst of neutrophils by serum from
the group of malaria pre-exposed patients (Figure 1B–D, Table S1). Data from all the serolog-
ical assays were next used for an unsupervised random forest machine learning approach to
build models predictive of individual's protective status. A multidimensional scaling plot was
used to visualize cluster allocation (Figure 1E) confirming the classification of patient #21 as
being non-immune (Figure 1E). The patient #26, positioned at the borderline to pre-exposed
patients, was grouped into the naïve cluster in accordance with the Luminex data and the
medical report showing that this patient from Jamaica was infected during his first trip to Africa.
The calculated variable importance highlighted the relevance of the mADRB assay, the ELISA
and the Luminex to allocate patients into cluster (Figure 1F).
Using protein microarrays, the antibody response against described antigens was analyzed in
detail. As expected, pre-exposed individuals showed significantly elevated IgG antibody re-
sponses against a broad range of parasite antigens, especially typical parasite blood stage
markers, including MSP1, MSP2, MSP4, MSP10, EBA175, ring exported protein 1 (REX1),
and AMA1 (Figure 1D, upper panel). Markers for a recent infection, MSP1, MSP4, GLURP and
Early transcribed membrane protein 5 (ETRAMP5) (Van Den Hoogen *et al*, 2019), were sig-
nificantly elevated in the pre-exposed individuals in comparison to the defined first-time in-
fected group. In addition, further members of the ETRAMP family, including ETRAMP10,
ETRAMP14, ETRAMP10.2 and ETRAMP4, and also antibodies against pre-erythrocytic anti-
gens, such as CSP, STARP and LSA3, were highly elevated. Similar effects were detectable
for IgM antibodies; previous exposure to the malaria parasite led to higher antibody levels
(Figure 1D, lower panel).
Based on medical reports eight patients from the malaria-naïve group were considered as
more severe cases, having a substantially higher parasitemia and an impaired function of di-
verse organs especially the brain (Table 1). Patient #1 was included into the severe group due

to increasing parasitemia during hospitalization and circulating schizonts indicative of a very
high sequestering parasite biomass associated with severity (Bernabeu *et al*, 2016). The re-
maining 24 cases were summarized into the non-severe malaria group. Comparing the IgG
antibody response of severe and non-severe cases within the previously malaria-naïve group,
elevated antibody levels were found in the severe subgroup. The highest fold change was
observed for antibodies directed against intracellular proteins, such as DnaJ protein, GTPase-
activating protein or heat shock protein 70 (Figure S1). Interestingly, IgM antibodies against
ETRAMP5 were detectable in the severely infected individuals, suggesting they were infected
for a prolonged period of time compared to the mild malaria population (Helb *et al*, 2015; Van
Den Hoogen *et al*, 2019).

RNA-seq transcriptomics
Parasites were isolated from the venous blood of all patients for subsequent transcriptional
profiling. Transcriptome libraries were sequenced for all 32 patient samples (NCBI BioProject
ID: PRJNA679547). The number of trimmed reads ranged between 29,142,684 and
82,000,248 (median: 41,383,289) within the individual libraries derived from patients. The pro-
portion of total reads specific for *P. falciparum* were 87.7% (median; IQR: 76.7–91.3) for the
30 samples included in the *de novo* assembly (Table S2). Variation in parasite ages in the
different patient samples was analyzed with a mixture model in accordance to Tonkin-Hill *et*
al. (Tonkin-Hill *et al*, 2018) using published data from López-Barragán *et al.* as a reference
(López-Barragán *et al*, 2011). Parasites from first-time infected and pre-exposed patients re-
vealed no obvious difference in the proportion of the different parasite stages (Figure 2A) or in
median age (Figure 2B, Table 2). However, a small bias towards younger parasites in the
severe cases was observed with a median age of 8.2 hpi (IQR: 8.0–9.8) in comparison to
9.8 hpi in the non-severe cases (IQR: 8.2–11.4) (Figure 2C, D, Table 2). None of the samples
revealed high proportions of late trophozoites (all <3%), schizonts (0%) or gametocytes (all
<6%) (Figure 2A, C).

Genome-wide analysis of differential gene expression
Global gene expression analysis according to Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018) identi-
fied 420 genes to be higher and 236 to be lower expressed (p ≤ 0.05) in first-time infected
patients, together corresponding to 11.3% of all *P. falciparum* genes (Table S3). Similar, 362
genes were significantly higher and 219 lower expressed in severe cases. A gene set enrich-
ment analysis (GSEA) of the differentially expressed genes using Gene Ontology (GO) terms
and KEGG pathway annotations showed that the KEGG pathway 03410 'base excision repair'
facilitating the maintenance of genome integrity by repairing small bases lesions in the DNA
was expressed at significantly higher levels in first-time infected patient samples (Figure 3A,

Figure S2). In total, six out of 15 *P. falciparum* genes included in this KEGG pathway were
found to be statistically significant enriched upon first-time infection, including the putative en-
donuclease III (PF3D7_0614800) from the short-patch pathway and the putative A-/G-specific
adenine glycosylase (PF3D7_1129500), the putative apurinic/apyrimidinic endonuclease
Apn1 (PF3D7_1332600), the proliferating cell nuclear antigens 1 (PF3D7_1361900), the cat-
alytic (PF3D7_1017000) and small (PF3D7_0308000) subunits from the DNA polymerase
delta from the long-patch pathway (Figure 3B). Additionally, a significantly lower expression
level for genes associated with several GO terms involved in antigenic variation and host cell
remodeling was found in first-time infected patients (Figure 3A, Table S3) and severe cases
(Table S4). However, as variant surface antigens like *var*, *rif*, *stevor*, *surf* and *pfmc-2tm* are
largely clone-specific, analysis of reads from the clinical isolates mapping to homologous re-
gions in 3D7 genes would be distorted and flawed. Therefore, we analyzed *var* gene expres-
sion by first *de novo* assembling *var* genes from the RNA-seq data and subsequently analyzing
the expression of specific *var* gene subsets or according to the domains encoded. In addition,
we manually screened differentially expressed genes known to be involved in *var* gene regu-
lation or correct display of *Pf*EMP1 at the host cell surface (Table S3, S4).
230
Differential* var *gene expression
To correlate individual *var* genes with a naïve immune status or disease severity, differential
var gene expression was analyzed according to Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018). First,
var gene assembly was performed by assembling each sample separately, which reduces the
risk for generating false chimeric genes and results in longer contigs compared to a combined
all sample assembly approach. In total, 6,441 contigs with over 500 bp-length were generated
with an N50 of 2,302 bp and a maximum length of 10,412 bp (Data S1). One or more DBL or
CIDR domains could be annotated to 5,488 of the contigs, whereas the remaining contigs
could only be annotated by these domains smaller building blocks, the so-called homology
blocks defined by Rask *et al.* (Rask *et al*, 2010) (Table S5, S6).
241
Differential var *gene expression by specific transcript sequence*
A median of 200 contigs (IQR: 137–279) with >500 bp was assembled per sample. Around
half (47.2%: 2,592) of the domain-annotated contigs shared >98% nucleotide identity over
least 80% of the length of a known *var* gene found in the database varDB (Otto, 2019) (Table
S6). The Salmon RNA-seq quantification pipeline (Patro *et al*, 2017), which identifies equiva-
lence classes allowing reads to contribute to the expression estimates of multiple transcripts,
was used to estimate expression levels for each transcript. As a result, it accounts for the
redundancy present in our whole set of *var* gene contigs from all separate sample-specific

assemblies. We compared this approach with Corset (Davidson & Oshlack, 2014) which pre-
viously has been used to investigate differential expression of *var* genes in severe malaria and
found it gave similar results (see methods) (Tonkin-Hill *et al*, 2018). However, due to the high
diversity in *var* genes, both of these approaches are only able to identify significant associa-
tions between transcripts and phenotypes when there is sufficient similarity within the associ-
ated sequences.

By comparing transcripts expressed in first-time infected patients with those from parasites
isolated from pre-exposed patients using the Salmon approach, transcript levels were higher
for twelve and lower for three contigs in malaria-naïve hosts (Table 3, Figure 4A, B, Table S8).
Assembled transcripts of the conserved *var1*, *var2csa* and *var3* gene families were also found
at higher frequencies in first-time infected patients. Notably, the *var1-IT* variant was expressed
at higher levels in parasites from first-time infected patients, whereas the *var1-3D7* variant was
expressed at higher levels in parasites from pre-exposed and non-severe patients (Figure 4,
Table 3, 4). This was confirmed by mapping normalized reads from all patients to both *var1*
variants as well *as var2csa* (Figure S3). Several *var* fragments from B- or C-type *var* genes
were associated with a naïve immune status and three transcripts from A, DC8 and B-type *var*
genes as well as *var2csa* were linked to severe malaria patients (Figure 4, Table 3, 4, Table
S8, S9).

Differential var *gene expression on domain level:*
To assess differential expression of specific *var* domains, read counts corresponding to do-
mains with the same classification was calculated to provide domain level read counts. This
showed that different EPCR-binding CIDRα1 domain variants and other domains found in DCs
with CIDRα1 domains were expressed at significantly higher levels in first-time infected pa-
tients (Table 5, Figure 5A, B, Table S8). Thus, besides domains from DC8 (DBLα2, CIDRα1.1,
DBLβ12) and DC13 (DBLα1.7, CIDRα1.4), the CIDRα1.7 and DBLα1.2 (DC15) were increased
upon infection of malaria-naïve individuals. The DBLα1.2 domain was in all of the 32 gene
assemblies flanked by an EPCR-binding CIDRα1 domain, 56% of these were a CIDRα1.5
domain (Table S5, S6). In addition, parasites from first-time infected patients showed signifi-
cantly more transcripts encoding the CIDRδ1 domain of DC16 (DBLα1.5/6-CIDRδ1/2) (Table
5, Figure 5), and the DBLβ6 domain. The DBLβ6 is associated with A-type *var* genes and often
found adjacent to DC15 and DC16 (Otto *et al*, 2019), supporting the association of both domain
cassettes with a naïve immune status. In general, all domains associated with the same do-
main cassettes showed the same trend even if some domains did not reach statistical signifi-
cance set at $p < 0.05$ (Table S8).

Domains found expressed at lower levels in malaria-naïve included group B and C N-terminal
head structure domains NTSB, DBLα0.13/22/23 and CD36-binding CIDR domains

(CIDRα2.8/9,6) as well as the C-terminal CIDRγ11 domain and domains of the *var1-3D7* vari-
ant (DBLα1.4, DBLγ15, DBLε5) (Table 5, Figure 5A, B).

When comparing severe to the non-severe cases, domains of DC8 (DBLα2, CIDRα1.1,
DBLβ12), DC15 (DBLα1.2) and DC16 (DBLα1.6) were found associated with severe disease
(Table 6, Figure 5C, D, Table S9). Domain types expressed at significantly higher levels in
non-severe cases included N-terminal head structure domains, DBLα0.23, CIDRα2.4/9 from
group B and C *Pf*EMP1, DC16 (DBLα1.5) and the CIDRα1.3 domain from the *var1-3D7* allele
(Table 6, Figure 5C, D).

As DBL and CIDR sub-classes are poorly defined (Otto *et al*, 2019) and different domain sub-
classes confer the same binding phenotype (Higgins & Carrington, 2014), the domains of the
N-terminal head structure were grouped according to their binding phenotype and the normal-
ized read counts (TPM) were summarized for each patient (Figure 5E, F). This showed clear
differences for domains associated with EPCR- or CD36-binding *Pf*EMP1. As expected, do-
mains associated with EPCR-binding as well as the CIDRγ3 domain were expressed at higher
levels in naïve and more severe cases, whereas domains associated with the CD36-binding
phenotype were higher expressed in pre-exposed and non-severe patients.

Differential var *gene expression on homology block level:*
*Pf*EMP1 domains have been described as composed of 628 homology blocks (Rask *et al*,
2010). Homology block expression levels were obtained by aggregating read counts for each
block after first identifying all occurrences of the block within the assembled contigs. Tran-
scripts encoding blocks number 255, 584 and 614, all typically located within DBLβ domains
of DC8 and CIDRα1-containing type A *Pf*EMP1 (Table 7, Figure 6A, B, Table S8), number
557, located in the inter-domain region between DBLβ and a DBLγ domains (no *Pf*EMP1 type
association) and block number 155 found in NTSA, were found associated with a naïve im-
mune status. Conversely, transcripts encoding block 88 from DBLα0 domains and 269 from
ATSB were found at lower levels in malaria-naïve patients indicating that B- and C-type genes
are more frequently expressed in pre-exposed individuals (Table 7, Figure 6A, B). No homol-
ogy blocks were associated with severe cases, but two blocks, 591 and 559, found in group B
*Pf*EMP1 were found to be lower expressed in severe malaria cases (Table 8, Figure 6C, D,
Table S9).

Var expression profiling by DBLα-tag sequencing
To supplement the RNA-seq analysis with an orthogonal analysis, we conducted deep se-
quencing of RT-PCR-amplified DBLα expression-tags from 30 of the patient samples
(Lavstsen *et al*, 2012). Between 851 to 3,368 reads with a median of 1,666 over all samples
were analyzed. Identical DBLα-tag sequences were clustered to generate relative expression

levels of each unique *var* gene tag. Overall, the relative expression levels were similar for sequences found in both the RNA-seq and the DBLα-tag approach with a mean log2(DBLα-PCR/RNA-seq) ratio of 0.4 (CI of 95%: -2.5–3.3) determined by Bland-Altman plotting (Figure S4). Around 82.6% (median) of all unique DBLα-tag sequences detected with >10 reads (92.9% of all DBLα-tag reads) were found in the RNA-seq approach; and 81.8% of the upper 75th percentile of RNA-seq contigs (spanning across the DBLα-tag region) were found by the DBLα-tag approach.

Using the Varia tool (Mackenzie *et al*, 2020) the domain composition of the *var* genes from which the DBLα-tag sequences originated were predicted. The tool searches the varDB version V1.1 (Otto, 2019) containing >200K annotated *var* genes for genes with near identical DBLα-tag sequences and returns the consensus domain annotation among the hit sequences, if such exists. A partial domain annotation was made for ~85% of the DBLα-tag sequences (Table S10). In line with the RNA-seq data, this analysis showed that DBLα1 and DBLα2 sequences were enriched in first-time infected and severe malaria patients. Conversely, a significant higher proportion of DBLα0 sequences was found in pre-exposed individuals and mild cases (Figure 7A, B). No difference was observed in the number of reads or unique DBLα-tags detected between patient groups, although a trend towards more DBLα-tag clusters was observed in first-time infected patients and severe cases (Figure 7A, B). A prediction of the NTS and CIDR domains flanking the DBLα domain showed a significantly higher proportion of NTSA in severe cases as well as EPCR-binding CIDRα1 domains in first-time infected and severe cases. Expression of *var* genes encoding NTSB and CIDRα2-6 domains were significantly associated with in pre-exposed and non-severe cases (Figure 7A, B). Subsequent analysis of *var* expression in relation to other domains, showed *var* transcripts with DBLβ, γ and ζ or CIDRγ domains were more frequently expressed in first-time infected and severe malaria patients whereas those encoding DBLδ and CIDRβ were less frequent (Figure 7C, D). Assessing expression in relation to domain subtype, CIDRα1.1/5, DBLβ12, DBLγ2/12 and DBLα2 were found associated with severe malaria, while CIDRα3.1/4, DBLα0.12/16, and DBLδ1 associated with non-severe cases (Figure 7D).

Overall, these data corroborate the main observations from the RNA-seq analysis, confirming the association of EPCR-binding *Pf*EMP1 variants with development of severe malaria symptoms and CD36-binding *Pf*EMP1 variants with establishment of less severe infections in semi-immune individuals. A summary of the differential *var* gene expression data on the multi-, single- and subdomain level from the RNA-seq and DBLα-tag approaches is shown in Figure 8.

Correlation of* var *gene expression with antibody levels against head structure CIDR domains

A detailed analysis of the antibody repertoire of the patients against head structure CIDR do-
mains of *Pf*EMP1 was carried out using a panel of 19 different EPCR-binding CIDRα1 do-
mains, 12 CD36-binding CIDRα2–6 domains, three CIDRδ1 domains as well as a single
CIDRγ3 domain (Obeng-Adjei *et al*, 2020; Bachmann *et al*, 2019). Additionally, the minimal
binding region of VAR2CSA was included. In general, plasma samples from malaria-naïve as
well as severe cases showed lower MFI values for all antigens tested in comparison to samples
from pre-exposed or non-severe cases with significant differences for CIDRα2–6, CIDRδ1 and
CIDRγ3, but not for EPCR-binding CIDRα1 domains (Figure 9A, B).
The data was also analyzed using the average MFI reactivity (plus two standard deviations) of
an Danish control cohort as a cut off for seropositivity to calculate the coverage of antigen
recognition (Cham *et al*, 2010). In this analysis, almost half of the tested antigens were recog-
nized by pre-exposed (median: 46.3%) and non-severe patients (median: 45.1%), but only 1/4
of the antigens were recognized by first-time infected patients (median: 24.4%) and 1/20 by
severely ill patients (median: 4.9%). *Pf*EMP1 antigens recognized by over 60% of the pre-
exposed and/or non-severe patient sera were i) four CIDRα1 domains capable of EPCR-
binding (CIDRα1.5, CIDRα1.6, CIDRα1.7 and the DC8 domain CIDRα1.8), ii) two CD36-
binding CIDRα domains (CIDRα2.10, CIDRα3.1) and iii) two CIDR domains with unknown
binding phenotype (CIDRδ1 and CIDRγ3) (Figure 9C, Table S1).
378
379 **Discussion**
380
Analysis of blood samples from travelers returning to Germany and hospitalized with *P. falci-*
parum malaria for the first time, allows studies of parasites' development and gene expression
unaffected by host immune responses elicited in previous *Plasmodia* infections. Here we an-
alyzed gene expression in 32 such patients using direct *ex vivo* RNA-seq to exclude transcrip-
tional adaptation through *in vitro* cultivation. Most of the returning travelers studied were in-
fected with a single or very few parasite genotypes, which likely simplified the analysis of *var*
gene expression due to the restricted genomic repertoire. We were able to distinguish retro-
spectively between first-time infected and pre-exposed patients by medical history and as-
sessing the presence of antibodies to *P. falciparum* antigens. Eight out of 15 first-time infected
patients were classified as severe malaria cases due to impaired organ function according to
their medical reports. Despite the relatively low number of patient samples, our RNA-seq ap-
proach confirmed previously reported associations between transcripts encoding type A and
B EPCR-binding *Pf*EMP1 and infections in naïve hosts and disease severity (Table S6,
S7)(Duffy *et al*, 2019; Tonkin-Hill *et al*, 2018; Kessler *et al*, 2017; Bernabeu *et al*, 2016;
Jespersen *et al*, 2016; Lavstsen *et al*, 2012).

Overall, there was a high degree of consensus between observations made on *var* expression

analyzed at different levels of *Pf*EMP1 domain annotation. Stratifying *var* gene expression ac-

cording to different main and subtype of DBL and CIDR domains, showed only A- and DC8-

type *Pf*EMP1 domains, and predominantly those linked to EPCR-binding *Pf*EMP1, to be asso-

ciated with first-time infections. Conversely, domains typical for CD36-binding *Pf*EMP1 pro-

teins was found at higher levels in malaria-experienced patients. Specifically, expression of

*Pf*EMP1 domains included in DC8, DC13 and DC15 as well as all EPCR-binding CIDRα1 do-

mains were associated with first time infections, whereas DBLα0 and CD36-binding CIDRα2-

6 domains were linked to pre-exposed individuals. These differences were in large due to the

differential expression between the first-time infected patients with more severe symptoms and

patients with non-severe malaria. Here, domains of DC8 and DC15 as well as all DBLα1/2 and

CIDRα1 domains were associated with severe symptoms, while NTSB, DBLα0, CIDRα2-6 do-

mains including specific subsets of CIDRα2 were linked to non-severe symptoms. These con-

clusions were closely mirrored in the DBLα tag analysis, and was further corroborated by the

differential RNA-seq expression stratified according to the smaller homology blocks, which

identified mainly homology blocks of DBLβ1, 3, 5 and 12 DBLβ domains to be associated with

first-time infected patients. These DBLβ domains are parts of DCs associated with EPCR-

binding, so it is hard to distinguish between co-occurring domains and clear associations.

In addition, three other group A *Pf*EMP1-associated domains, CIDRγ3, CIDRδ from the DC16

and DBLβ9 from DC5, were found associated with first-time infected patients. DC5 could have

been detected due to its presence C-terminally to some EPCR-binding *Pf*EMP1. However, the

CIDRδ domain of DC16 (DBLα1.5/6-CIDRδ1/2) constitute a different subset of A-type *Pf*EMP1,

which together with CIDRβ2 and CIDRγ3-containing group A *Pf*EMP1 (found in DC11) may be

associated with rosetting (Carlson *et al*, 1990; Ghumra *et al*, 2012). Direct evidence that any

of these CIDR domains have intrinsic rosetting properties is lacking (Rowe *et al*, 2002). Rather,

their association with rosetting may be related to their tandem expression with DBLα1 at the

N-terminal head (Ghumra *et al*, 2012). The DC16 group A signature was not associated with

severe disease outcome in previous DBLα-tag studies or qPCR studies by Lavstsen *et al.*

(Lavstsen *et al*, 2012) and Bernabeu *et al.* (Bernabeu *et al*, 2016), but DBLα1.5/6 and CIDRδ

of DC16 were enriched in cerebral malaria cases with retinopathy in the study of Shabani *et*

al. (Shabani *et al*, 2017) and Kessler *et al.* (Kessler *et al*, 2017) using the same qPCR primer

set. Also, association of DC11 with severe malaria in Indonesia was found using the same

RNA-seq approach as used here (Tonkin-Hill *et al*, 2018). Rosetting is thought to enhance

microvascular obstruction but its role in severe malaria pathogenesis remains unclear

(McQuaid & Rowe, 2020). Together with previous observations, our data suggest that pediatric

cerebral malaria infections are dominated by the expansion of parasites expressing EPCR-

binding domains accompanied by parasites expressing other group A *Pf*EMP1, possibly acting

as rosetting variants. Also, this aligns with pre-exposed patients recognized several CIDRα1
domains more frequently than CIDRα2-6 domains, similar to what has been observed malaria
endemic populations, indicating that IgG against EPCR-binding CIDR domains were acquired
before IgG to other CIDR domains (Obeng-Adjei *et al*, 2020; Cham *et al*, 2009, 2010; Turner
et al, 2015).

Data from immunologically naïve malaria patients are limited, restricting our comparison mainly
to studies of severe malaria in malaria endemic regions. However, a recent study explored *var*
gene expression during infancy in Kenyan children and found that the waning of maternal an-
tibodies correlated with increasing transcription of DC8, DC13 and A-type *var* genes. After the
first year of life the amount of these transcripts decreased with age and acquired immunity
(Kivisi *et al*, 2019). A high expression of A-type *var* genes in naïve malaria cases imported to
France and an association of DC4, 8 and 13 with disease severity has also been reported
(Argy *et al*, 2017). Both qPCR studies are in agreement with the RNA-seq data from our cohort
of immunologically malaria-naïve adults, although we here in addition found a higher expres-
sion of DC15 (EPCR binding) and DC16 (putative rosetting variants) *var* genes in malaria-
naïve patients.

To the best of our knowledge, this study is the first description of expression differences be-
tween the two *var1* variants, 3D7 and IT. The *var1-IT* variant was found enriched in parasites
from first-time infected patients, whereas several transcripts of the *var1*-3D7 variant were in-
creased in pre-exposed and non-severely ill patients. Expression of the *var1* gene was previ-
ously observed to be elevated in malaria cases imported to France with an uncomplicated
disease phenotype (Argy *et al*, 2017). In general, the *var1* subfamily is ubiquitously transcribed
(Winter *et al*, 2003; Duffy *et al*, 2006), atypically late in the cell cycle after transcription of *var*
genes encoding the adhesion phenotype (Kyes *et al*, 2003; Duffy *et al*, 2002) and is annotated
as a pseudogene in 3D7 due to a premature stop codon. Similarly, numerous isolates display
frame-shift mutations often in exon 2 in the full gene sequences (Rask *et al*, 2010). However,
none of these studies addressed differences in the two *var1* variants that were recently identi-
fied by comparing *var* gene sequences from 714 *P. falciparum* genomes (Otto *et al*, 2019),
and to date it is still unclear if both variants fulfill the same function or have the same charac-
teristics previously described. Overall, the *var1* gene – and the first 3.2 kb of the 3D7 variant
in particular – seems to be under high evolutionary pressure (Otto *et al*, 2019) and both vari-
ants can be traced back before the split of *P. reichenowi* from *P. praefalciparum* and *P. falci-*
parum (Otto *et al*, 2018b). Our data indicate that the two variants, VAR1-3D7 and VAR1-IT,
may have different roles during disease, however, this remains to be determined in future
studies.

A recent study showed that parasites isolated from symptomatic infections were on average
younger than blood-circulating parasites from asymptomatic infections presumably due to a

more efficient sequestration of parasites in the symptomatic cases (Andrade *et al*, 2020).
Based on this and our findings we hypothesize that parasites circulating in severely ill patients
are younger due to the expression of EPCR and ICAM-1-binding *Pf*EMP1 variants, whereas
parasites in non-severe patients may circulate longer due to their expression of *Pf*EMP1 bind-
ing to CD36. Although affinity of the CIDR domains to each of these receptors is similar with
median K_d values of 12 nM for CD36 (Hsieh *et al*, 2016) and 16.5 nM for EPCR (Lau *et al*,
2015), recent papers describe a rolling binding phenotype of infected red blood cells over
CD36 and a static binding for EPCR and ICAM-1 under flow conditions (Lubiana *et al*, 2020;
Bernabeu *et al*, 2019; Dasanna *et al*, 2017; Herricks *et al*, 2013). Due to their biconcave shape
trophozoites seem to roll less stable by flipping over CD36-expressing cells, whereas schizonts
roll over longer distances at different shear stresses applied. This might explain why young
trophozoites, but not older trophozoites or schizont stages, are found in blood samples from
non-severe cases (Tonkin-Hill *et al*, 2018).
The parasite population in first-time infected individuals may have broader binding potential
after liver release as there is no pre-existing immunity to clear previously experienced *Pf*EMP1
variants. During the blood stage infection EPCR- and ICAM-1-binding and rosetting-mediating
variants may confer a parasite growth advantage in malaria-naïve hosts, and increase the risk
for severe malaria, and selection towards these variants may already have occurred in our
severe malaria patients. This assumption is supported by: (i) the observation that the severe
cases within the malaria-naïve patient group appeared to be have been infected for a longer
period (ii) the difference in parasite age between severe and non-severe malaria cases calcu-
lated by matching RNA-seq data to a reference data set (López-Barragán *et al*, 2011); (iii) the
correlation with a higher *var1* expression in parasite from non-severe and pre-exposed pa-
tients, which expression is not suppressed in trophozoites (Kyes *et al*, 2003); (iv) the expres-
sion of EPCR- & ICAM-1-binding variants in parasites from severe and first-time infected pa-
tients is significantly increased, conversely transcripts of CD36-binding variants are found
more frequently in parasites from non-severe and pre-exposed patients. For the parasite's
survival and transmission, it may be highly beneficial to have more less virulent *Pf*EMP1 vari-
ants able to bind CD36. This interaction may not, or is less likely to, lead to obstruction of blood
flow, inflammation and organ failure at least of the brain, where CD36 is nearly absent.
500
501 **Material and methods**
502
Ethics statement
The study was conducted according to the principles of the Declaration of Helsinki in its 6th
revision as well as International Conference on Harmonization–Good Clinical Practice (ICH-
GCP) guidelines. All patients, aged 19 to 70 years, provided written informed consent for this

study, which was approved by the Ethical Review Board of the Medical Association of Ham-
burg (reference number PV3828).

Blood sampling and processing
Blood samples from *P. falciparum* malaria patients collected either at the diagnostic unit of the
Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany, or at the Medical Clinic
and Polyclinic of University Clinic Hamburg-Eppendorf, Hamburg, Germany, were used in this
study. EDTA blood samples (1–30 mL) were obtained from the patients. The plasma was sep-
arated by centrifugation and immediately stored at -20°C. Erythrocytes were isolated by Ficoll
gradient centrifugation followed by filtration through Plasmodipur filters (EuroProxima) to clear
the remaining granulocytes. An aliquot of erythrocytes (about 50–100 µl) was separated and
further processed for gDNA purification. At least 400 µl of purified erythrocytes were rapidly
lysed in 5 volumes pre-warmed TRIzol (ThermoFisher Scientific) and stored at -80°C until fur-
ther processing (*ex vivo* samples, n = 32).

Serological assays
Luminex assay
The Luminex assay was conducted as previously described using the same plex of antigens
tested (Bachmann *et al*, 2019). In brief, plasma samples from patients were screened for indi-
vidual recognition of 19 different CIDRα1, 12 CIDRα2–6, three CIDRδ1 domains and a single
CIDRγ3 domain as well as of the controls AMA1, MSP1, CSP, VAR2CSA (VAR2), tetanus
toxin (TetTox) and BSA. The data are shown as mean fluorescence intensities (MFI) allowing
comparison between different plasma samples, but not between different antigens. Alterna-
tively, the breadth of antibody recognition (%) was calculated using MFI values from Danish
controls plus two standard deviations (SD) as cut off.

Merozoite-triggered antibody-dependent respiratory burst (mADRB)
The assay to determine the mADRB activity of the patients was set up as described before
(Kapelski *et al*, 2014). Polymorphonuclear neutrophil granulocytes (PMNs) from one healthy
volunteer were isolated by a combination of dextran-sedimentation and Ficoll-gradient centrif-
ugation. Meanwhile, 1.25×10^6 merozoites were incubated with 50 µl of 1:5 diluted plasma
(decomplemented) for 2 h. The opsonized merozoites were pelleted (20 min, 1500 g), re-sus-
pended in 25 µl HBSS and then transferred to a previously blocked well of an opaque 96 well
high-binding plate (Greiner Bio-One). Chemiluminescence was detected in HBSS using 83.3
µM luminol and 1.5×10^5 PMNs at 37°C for 1 h to characterize the PMN response, with read-
ings taken at 2 min intervals using a multiplate reader (CLARIOstar, BMG Labtech). PMNs
were added in the dark, immediately before readings were initiated.

ELISA

Antibody reactivity against parasitophorous vacuolar membrane-enclosed merozoite struc-
tures (PEMS) was estimated by ELISA. PEMS were isolated as described before (Llewellyn *et
al*, 2015). For the ELISA, 0.625×10^5 PEMS were coated on the ELISA plates in PBS. Plates
were blocked using 1% Casein (Thermo Scientific #37528) and incubated for 2 h at 37°C. After
washing using PBS/0.1% Tween, plasma samples were added at two-fold dilutions of 1:200 to
1:12800 in PBS/0.1% Casein. The samples were incubated for 2 h at room temperature (RT).
IgG was quantified using HRP-conjugated goat anti-human IgG at a dilution of 1:20,000 and
incubated for 1 h. For the color reaction, 50 µl of TMB substrate was used and stopped by
adding 1 M HCl after 20 min. Absorbance was quantified at 450 nm using a multiplate reader
(CLARIOstar, BMG Labtech).

Protein microarray

Microarrays were produced at the University of California Irvine, Irvine, California, USA
(Doolan *et al*, 2008). In total, 262 *P. falciparum* proteins representing 228 unique antigens
were expressed using an *E. coli* lysate *in vitro* expression system and spotted on a 16-pad
ONCYTE AVID slide. The selected *P. falciparum* antigens are known to frequently provide a
positive signal when tested with sera from individuals with sterile and naturally acquired im-
munity against the parasite (Obiero *et al*, 2019; Dent *et al*, 2016; Doolan *et al*, 2008; Felgner
et al, 2013). For the detection of binding antibodies, secondary IgG antibody (goat anti-human
IgG QDot™800, Grace Bio-Labs #110635), secondary IgM antibody (biotin-SP-conjugated
goat anti-human IgM, Jackson ImmunoResearch #109-065-043) and Qdot™585 Streptavidin
Conjugate (Invitrogen #Q10111MP) were used (Taghavian *et al*, 2018).
Study serum samples as well as the European control serum were diluted 1:50 in 0.05X Super
G Blocking Buffer (Grace Bio-Labs, Inc.) containing 10% *E. coli* lysate (GenScript, Piscataway,
NJ) and incubated for 30 minutes on a shaker at RT. Meanwhile, microarray slides were rehy-
drated using 0.05X Super G Blocking buffer at RT. Rehydration buffer was subsequently re-
moved and samples added onto the slides. Arrays were incubated overnight at 4°C on a shaker
(180 rpm). Serum samples were removed the following day and microarrays were washed
using 1X TBST buffer (Grace Bio-Labs, Inc.). Secondary antibodies were then applied at a
dilution of 1:200 and incubated for two hours at RT on the shaker, followed by another washing
step and a one-hour incubation in a 1:250 dilution of Qdot™585 Streptavidin Conjugate. After
a final washing step, slides were dried by centrifugation at 500 g for 10 minutes. Slide images
were taken using the ArrayCAM® Imaging System (Grace Bio-Labs) and the ArrayCAM 400-
S Microarray Imager Software.

Microarray data were analyzed in R statistical software package version 3.6.2. All images were
manually checked for any noise signal. Each antigen spot signal was corrected for local back-
ground reactivity by applying a normal-exponential convolution model (McGee & Chen, 2006)
using the RMA-75 algorithm for parameter estimation (available in the LIMMA package
v3.28.14) (Silver *et al*, 2009). Data was log2-transformed and further normalized by subtraction
of the median signal intensity of mock expression spots on the particular array to correct for
background activity of antibodies binding to *E. coli* lysate. After log2 transformation data ap-
proached normal distribution. Differential antibody levels (protein array signal) in the different
patient groups were determined by Welch-corrected Student's t-test. Antigens with $p < 0.05$ and
a fold change >2 of mean signal intensities were defined as differentially recognized between
the tested sample groups. Volcano plots were generated using the PAA package (Turewicz *et*
al, 2016) and GraphPad Prism 8. Individual antibody breadths were defined as number of
seropositive features with signal intensities exceeding an antigen-specific threshold set at six
standard deviations above the mean intensity in negative control samples.
594
Unsupervised random forest model
An unsupervised random forest (RF) model, a machine learning method based on multiple
classification and regression trees, was calculated to estimate proximity between patients.
Variable importance was calculated, which shows the decrease in prediction accuracy if values
of a variable are permuted randomly. The *k*-medoids clustering method was applied on the
proximity matrix to group patients according to their serological profile. Input data for random
forest were Luminex measurements for MSP1, AMA1 and CSP reduced by principal compo-
nent analysis (PCA; first principal component selected), mADRB, ELISA, and antibody breadth
of IgG and IgM determined by protein microarray were used to fit the RF model. Multidimen-
sional scaling was used to display patient cluster. All analyses were done with R (4.02) using
the packages randomForest (4.6-14) to run RF models and cluster (2.1.0) for k-medoids clus-
tering.
607
608   **DNA purification and MSP1 genotyping**
609   Genomic DNA was isolated using the QIAamp DNA Mini Kit (Qiagen) according to the manu-
610   facturer's protocol. To assess the number of *P. falciparum* genotypes present in the patient
611   isolates, MSP1 genotyping was carried out as described elsewhere (Robert *et al*, 1996).
612
RNA extraction, RNA-seq library preparation, and sequencing
TRIzol samples were thawed, mixed rigorously with 0.2 volumes of cold chloroform and incu-
bated for 3 min at room temperature. After centrifugation for 30 min at 4°C and maximum

speed, the supernatant was carefully transferred to a new tube and mixed with an equal vol-
ume of 70% ethanol. Afterwards the manufacturer's instruction from the RNeasy MinElute Kit
(Qiagen) were followed with DNase digestion (DNase I, Qiagen) for 30 min on column. Elution
of the RNA was carried out in 14 μl. Human globin mRNA was depleted from all samples
except from samples #1 and #2 using the GLOBINclear kit (ThermoFisher Scientific). The
quality of the RNA was assessed using the Agilent 6000 Pico kit with the Bioanalyzer 2100
(Agilent) (Figure S5), the RNA quantity using the Qubit RNA HA assay kit and a Qubit 3.0
fluorometer (ThermoFisher Scientific). Upon arrival at BGI Genomics Co. (Hong Kong), the
RNA quality of each sample was double-checked before sequencing. The median RIN value
over all *ex vivo* samples was 6.75 (IQR: 5.93–7.40) (Figure S5), although this measurement
has only limited significance for samples containing RNA of two species. Customized library
construction in accordance to Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018) including amplification
with KAPA polymerase and HiSeq 2500 100 bp paired-end sequencing was also performed
by BGI Genomics Co. (Hong Kong).
630
RNA-seq read mapping and data analysis
Differential expression of core genes
Differential gene expression analysis of *P. falciparum* core genes was done in accordance to
Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018) by applying the script as given in the Github repository
(https://github.com/gtonkinhill/falciparum_transcriptome_manuscript/tree/master/all_gene_an
alysis). In brief, subread-align v1.4.6 (Liao *et al*, 2013) were used to align the reads to the
H. sapiens and *P. falciparum* reference genomes. Read counts for each gene were obtained
with FeatureCounts v1.20.2 (Liao *et al*, 2014). To account for parasite life cycle, each sample
is considered as a composition of six parasite life cycle stages excluding the ookinete stage
(López-Barragán *et al*, 2011). Unwanted variations were determined with the 'RUV' (Remove
Unwanted Variation) algorithm implemented in the R package ruv v0.9.6 (Gagnon-Bartsch &
Speed, 2012) adjusting for systematic errors of unknown origin by using the genes with the
1009 lowest p-values as controls as described in (Vignali *et al*, 2011). The gene counts and
estimated ring-stage factor, and factors of unwanted variation were then used as input for the
Limma /Voom (Law *et al*, 2014; Smyth, 2005) differential analysis pipeline.
646
Functional enrichment analysis of differentially expressed core genes
Genes that were identified as significantly differentially expressed (defined as -1<logFC>1,
p<0.05) during prior differential gene expression analysis were used for functional enrichment
analysis using the R package gprofiler2 (Kolberg *et al*, 2020). Enrichment analysis was per-
formed on multiple input lists containing genes expressed significantly higher (logFC > 1, P <
0.05) and lower (logFC < - 1, P < 0.05) between different patient cohorts. All *var* genes were

excluded from the enrichment analysis. For custom visualization of results, gene set data

sources available for *P. falciparum* were downloaded from gprofiler (Raudvere *et al*, 2019).

Pathway data available in the KEGG database (https://www.kegg.jp/kegg/) was accessed via

the KEGG API using KEGGREST (Tenenbaum, 2020) to supplement gprofiler data sources

and build a custom data source in Gene Matrix Transposed file format (*.gmt) for subsequent

visualization. Functional enrichment results were then output to a Generic Enrichment Map

(GEM) for visualization using the Cytoscape EnrichmentMap app (Merico *et al*, 2010) and

RCy3 (Gustavsen *et al*, 2019). Bar plots of differential gene expression values for genes of

selected KEGG pathways were generated using ggplot2 (Wickham, 2016) and enriched KEGG

pathways were visualized using KEGGprofile (Zhao S, Guo Y, 2020).

Var *gene assembly*

Samples from patient #1 and #2 not subjected to globin-mRNA depletion due to their low RNA

content after multiple rounds of DNase treatment showed low percentages of *P. falciparum*

specific reads (12.4% and 15.68%) (Table S2). Consequently, less than one million *P. falcipa-*

rum reads were obtained for each of these samples and they were omitted from assembly due

to low coverage, but included in the differential gene expression analysis.

Var genes were assembled using the pipeline described in Tonkin-Hill *et al.* (Tonkin-Hill *et al*,

2018). Briefly, non-*var* reads were first filtered out by removing reads that aligned to *H. sapi-*

ens, *P. vivax* or non-*var P. falciparum*. Assembly of the remaining reads was then performed

using a pipeline combining SOAPdenovo-Trans and Cap3 (Xie *et al*, 2014; Huang & Madan,

1999; Liao *et al*, 2013). Finally, contaminants were removed from the resulting contigs and

they were then translated into the correct reading frame. Reads were mapped to the contigs

using BWA-MEM (Li, 2013) and RPKM values were calculated for each *var* transcript to com-

pare individual transcript levels in each patient. Although transcripts might be differentially cov-

ered by RNA-seq due to their variable GC content, this seems not to be an issue between *var*

genes (Tonkin-Hill *et al*, 2018).

Var *transcript differential expression*

Expression for the assembled *var* genes was quantified using Salmon v0.14.1 (Patro *et al*,

2017) for 531 transcripts with five read counts in at least 3 patient isolates. Both the naïve and

pre-exposed groups as well as the severe and non-severe groups were compared. The com-

bined set of all *de novo* assembled transcripts was used as a reference in addition to the coding

regions of the 3D7 reference genome. The Salmon algorithm identifies equivalence sets be-

tween transcripts allowing a single read to support the expression of multiple transcripts. This

enables it to account for the redundancy present in our dataset. To confirm the suitability of

this approach we also ran the Corset algorithm as used in Tonkin-Hill *et al.*, (Tonkin-Hill *et al*,

2018; Davidson & Oshlack, 2014). Unlike Salmon which attempts to quantify the expression
of transcripts themselves, Corset copes with the redundancy present in *de novo* transcriptome
assemblies by clustering similar transcripts together using both the sequence identify of the
transcripts as well as multi-mapping read alignments. Of the transcripts identified using the
Salmon analysis 5/15 in the naïve versus pre-exposed and 4/13 in the severe versus non-
severe were identified in the significant clusters produced using Corset. As the two algorithms
take very different approaches and as Salmon is quantifying transcripts rather than the 'gene'
like clusters of Corset this represents a fairly reasonable level of concordance between the
two methods. In both the Salmon and Corset pipelines differential expression analysis of the
resulting *var* expression values was performed using DESeq2 v1.26 (Love *et al*, 2014). The
Benjamini-Hochberg method was used to control for multiple testing (Benjamini & Hochberg,
1995).

To check differential expression of the conserved *var* gene variants *var1*-3D7, *var1*-IT and
var2csa raw reads were mapped with BWA-MEM (AS score >110) to the reference genes from
the 3D7 and the IT strains. The mapped raw read counts (bam files) were normalized with the
number of 3D7 mappable reads in each isolate using bamCoverage by introducing a scaling
factor to generate bigwig files displayed in Artemis (Carver *et al*, 2012).

Var *domain and segment differential expression*
Differential expression analysis at the domain and segment level was performed using a similar
approach to that described previously (Tonkin-Hill *et al*, 2018). Initially, the domain families
and homology blocks defined in Rask *et al.* were annotated to the assembled transcripts using
HMMER v3.1b2 (Rask *et al*, 2010; Eddy, 2011). Domains and segments previously identified
to be significantly associated with severe disease in Tonkin-Hill *et al.,* 2018 were also anno-
tated by single pairwise comparison in the assembled transcripts using USEARCH v11.0.667
(Tonkin-Hill *et al*, 2018; Edgar, 2010). Overall, 336 contigs (5.22% of all contigs >500 bp) pos-
sess partial domains in an unusual order, e.g., an NTS in an internal region or a tandem ar-
rangement of two DBLα or CIDRα domains. This might be caused by *de novo* assembly errors,
which is challenging from transcriptome data. Therefore, in both cases the domain or segment
with the most significant alignment was taken as the best annotation for each region of the
assembled *var* transcripts (E-value cutoff of 1e⁻8). The expression at each of these annotations
was then quantified using featureCounts v1.6.4 before the counts were aggregated to give a
total for each domain and segment family in each sample. Finally, similar to the transcript level
analysis, DESeq2 was used to test for differences in expression levels of both domain and
segment families in the naïve versus pre-exposed groups as well as the severe versus non-
severe groups. Again, more than five read counts in at least three patient isolates were re-
quired for inclusion into differential expression analysis.

DBLα-tag sequencing

For DBLα-tag PCR the forward primer varF_dg2 (5'-tcgtcggcagcgtcagatgtgtataagaga-cagGCAMGMAGTTTYGCNGATATWGG-3') and the reverse primer brlong2 (5'-gtctcgtgggctcggagatgtgtataagagacagTCTTCDSYCCATTCVTCRAACCA-3') were used resulting in an amplicon size of 350-500 bp (median 422 bp) plus the 67 bp overhang (small type). Template cDNA (1 µl) was mixed with 5x KAPA HiFi buffer, 0.3 µM of each dNTP, 2 µM of each primer and 0.5 U KAPA HiFi Hotstart Polymerase in a final reaction volume of 25 µl. Reaction mixtures were incubated at 95°C for 2 min and then subjected to 35 cycles of 98°C for 20 s, 54°C for 30 s and 68°C for 75 s with a final elongation step at 72°C for 2 min. For the first 5 cycles cooling from denaturation temperature is performed to 65°C at a maximal ramp of 3°C per second, then cooled to 54°C with a 0.5°C per second ramp. Heating from annealing temperature to elongation temperature was performed with 1°C per second, all other steps with a ramp of 3°C per second. Agarose gel images taken afterwards showed clean amplicons. The DBLα-tag primers contain an overhang, which was used to conduct a second indexing PCR reaction using sample-specific indexing primers as described in Nag *et al.* (Nag *et al*, 2017). The overhang sequence also serves as annealing site for Illumina sequencing primers and indexing primers include individual 8-base combinations and adapter sequences that will allow the final PCR product to bind in MiSeq Illumina sequencing flow cells. Indexing PCR reactions were performed with a final primer concentration of 0.065 µM and 1 µl of first PCR amplicon in a final volume of 20 µl; and by following steps: Heat activation at 95 °C, 15 min, 20 cycles of 95 °C for 20 s, 60 °C for 1 min and 72 °C for 1 min, and one final elongation step at 72 °C for 10 min. Indexing PCR amplicons were pooled (4 µl of each) and purified using AMPure XP beads (Beckman Coulter, California, United States) according to manufacturer's protocol, using 200 µl pooled PCR product and 0.6 x PCR-pool volume of beads, to eliminate primer dimers. The purified PCR pool were analyzed on agarose gels and Agilent 2100 Bioanalyser to verify elimination of primer dimers, and correct amplicon sizes. Concentration of purified PCR pools was measured by Nanodrop2000 (Thermo Fisher Scientific, Waltham, MA, USA) and an aliquot adjusted to 4 nM concentration was pooled with other unrelated DNA material and added to an Illumina MiSeq instrument for paired end 300 bp reads using a MiSeq v3 flow cell.

DBLα-tag sequence analysis

The paired-end DBLα-tag sequences were identified and partitioned into correct sample origin based on unique index sequences. Each indexed raw sequence-pair were then processed through the *Galaxy* webtool (usegalaxy.eu). Read quality checks was first performed with *FastQC* to ensure a good NGS run (sufficient base quality, read length, duplication etc.). Next,

the sequences were trimmed by the Trimmomatic application, with a four base sliding window
approach and a *Phred* quality score above 20 to ensure high sequence quality output. The
trimmed sequences were then paired and converted, following analysis using the Varia tool for
quantification and prediction of the domain composition of the full-length *var* sequences from
which the DBLα-tag originated (Mackenzie *et al*, 2020). In brief, Varia clusters DBLα-tags with
99% sequence identity using *Vsearch* program (v2.14.2), and each unique tag is used to
search a database consisting of roughly 235,000 annotated *var* genes for near identical *var*
sequences (95% identity over 200 nucleotides). The domain composition of all "hit" sequences
is checked for conflicting annotations and the most likely domain composition is retuned. The
tool validation indicated prediction of correct domain compositions for around 85% of randomly
selected *var* tags, with higher hit rate and accuracy of the N-terminal domains. An average of
2,223.70 reads per patient sample was obtained and clusters consisting of less than 10 reads
were excluded from the analysis. The raw Varia output file is given in Table S10. The propor-
tion of transcripts encoding a given *Pf*EMP1 domain type or subtype was calculated for each
patient. These expression levels were used to first test the hypothesis that N-terminal domain
types associated with EPCR are found more frequently in first-time infections or upon severity
of disease, while those associated with non-EPCR binding were associated with pre-exposed
or mild cases. Secondly, quantile regression was used to calculate median differences (with
95%-confidence intervals) in expression levels for all main domain classes and subtypes be-
tween severity and exposure groups. All analyses were done with R (4.02) using the package
quantreg (5.73) for quantile regression.

For the comparison of both approaches, DBLα-tag sequencing and RNA-seq, only RNA-seq
contigs spanning the whole DBLα-tag region were considered. All conserved variants, the sub-
families *var1*, *var2csa* and *var3*, detected by RNA-seq were omitted form analysis since they
were not properly amplified by the DBLα-tag primers. To scan for the occurrence of DBLα-tag
sequences within the contigs assembled from the RNA-seq data we applied BLAST (basic
local alignment search tool) v2.9.0 software (Altschul *et al*, 1990). Therefore, we created a
BLAST database from the RNA-seq assemblies and screened for the occurrence of those
DBLα-tag sequence with more than 97% percent sequence identity using the "megablast op-
tion".

Calculation of the proportion of RNA-seq data covered by DBLα-tag was done with the upper
75th percentile based on total RPKM values determined for each patient. Vice versa, only
DBLα-tag clusters with more than 10 reads were considered and percent coverage of reads
and clusters calculated for each individual patient.

For all samples the agreement between the two molecular methods DBLα-tag sequencing and
RNA-seq was analyzed with a Bland-Altman plot, each individually and summarized. The ratio

between %-transformed measurements are plotted on the y-axis and the mean of the respective DBLα-tag and RNA-seq results are plotted on the x-axis. The bias and the 95% limits of agreement were calculated using GraphPad Prism 8.4.2.

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1123 **Figure legends**

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Figure 1: Subgrouping of patients into first-time infected and pre-exposed individuals
based on antibody levels against *P. falciparum*. In order to further characterize the patient
cohort plasma samples (n=32) were subjected to Luminex analysis with the *P. falciparum* an-
tigens AMA1, MSP1, CSP known to induce a strong antibody response in humans. With ex-
ception of patient #21 unsupervised clustering of the PCA-reduced data clearly discriminates
between first-time infected (naïve) and pre-exposed patients with higher antibody levels
against tested *P. falciparum* antigens and also assigns plasma samples from patients with
unknown immune status into naïve and pre-exposed clusters (**A**). Classification of patient #21

into the naïve subgroup was confirmed using different serological assays assessing antibody

levels against *P. falciparum* on different levels: a merozoite-directed antibody-dependent res-

piratory burst (mADRB) assay (Kapelski *et al*, 2014) (**B**), a PEMS-specific ELISA (**C**) and a

262-feature protein microarray covering 228 well-known *P. falciparum* antigens detecting re-

activity with individual antigens and the antibody breadth of IgG (upper panel) and IgM (lower

panel) (**D**). The boxes represent medians with IQR; the whiskers depict minimum and maxi-

mum values (range) with outliers located outside the whiskers. Serological assays revealed

significant differences between patient groups (Mann Whitney U test). Reactivity of patient

plasma IgG and IgM with individual antigens in the protein microarray is presented as volcano

plot highlighting the significant hits in red. Box plots represent antibody breadths by summa-

rizing the number of recognized antigens out of 262 features tested. Data from all assays were

used for an unsupervised random forest approach (**E**). The variable importance plot of the

random forest model shows the decrease in prediction accuracy if values of a variable are

permuted randomly. The decrease in accuracy was determined for each serological assay

indicating that the mADRB, ELISA and Luminex assays are most relevant in the prediction of

patient clusters (**F**). Patients with known immune status based on medical reports were marked

in all plots with filled circles in blue (naïve) and grey (pre-exposed), samples from patients with

unknown immune status are shown as open circles. ELISA: Enzyme-linked immunosorbent

assay, IQR: interquartile range, PCA: Principal component analysis

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Figure 2: Estimated stage proportions for each sample. Patient samples consist of a com-

bination of different parasite stages. To estimate the proportion of different life cycle stages in

each sample a constrained linear model was fit using data from López-Barragán *et al.* (López-

Barragán *et al*, 2011). The proportions of rings (8 hpi), early trophozoites (19 hpi), late tropho-

zoites (30 hpi), schizonts (42 hpi) and gametocytes stages shown in the columns of the bar

plots must add to 1 for each sample. Shown are the comparisons between first-time infected

(naïve; blue) and pre-exposed samples (grey) (**A**) and severe (red) and non-severe cases

(grey) (**B**). A bias towards the early trophozoite appears in the non-severe malaria sample

group, which was confirmed by calculating the age in hours post infection (hpi) for each para-

site sample. The boxes represent medians with IQR; the whiskers depict minimum and maxi-

mum values (range) with outliers located outside the whiskers (**C**, **D**). IQR: interquartile range

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Figure 3: Differential all gene expression analysis. Gene set enrichment analysis (GSEA)

of GO terms and KEGG pathways indicate gene sets deregulated in first-time infected malaria

patients. GO terms related to antigenic variation and host cell remodeling are significantly

down-regulated, only the KEGG pathway 03410 'base excision repair' shows a significant up-

regulation in malaria-naïve patients (**A**). Log fold changes (logFC) for the 15 *P. falciparum*

genes assigned to the KEGG pathway 03410 'base excision repair' are plotted with the six
significant hits marked with * for p<0.05 and ** for p<0.01 (**B**).

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Figure 4: Analysis of RNA-seq data at the level of *var* gene transcripts using the sepa-
rate assembly approach. RNA-seq reads of each patient sample were matched to *de novo*
assembled *var* contigs with varying length, domain and homology block composition. Shown
are significant differently expressed *var* gene contigs with an adjusted p-value of <0.05 in first-
time infected (blue) and pre-exposed patient samples (grey) (**A**, **B**) as well as severe (red) and
non-severe cases (grey) (**C**, **D**). Data are displayed as heatmaps showing expression levels
in log transformed normalized Salmon read counts for each individual sample (**A**, **C**) or as box
plot with median log transformed normalized Salmon read counts and interquartile range (IQR)
for each group of samples (**B**, **D**). Normalized Salmon read counts for all assembled transcripts
are available in Table S4.

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Figure 5: Analysis of RNA-seq data via *de novo* assembly at the level of *var* gene do-
mains. RNA-seq reads of each patient sample were matched to *de novo* assembled *var* con-
tigs with varying length, domain and homology block composition. Shown are significantly dif-
ferently expressed *Pf*EMP1 domain subfamilies from Rask *et al.* (Rask *et al*, 2010) with an
adjusted p-value of <0.05 in first-time infected (blue) and pre-exposed patient samples (grey)
(**A**, **B**) as well as severe (red) and non-severe cases (grey) (**C**, **D**) using HMMER3 models.
The N-terminal head structure (NTS-DBLα -CIDRα β/γ/δ) confers a mutually exclusive bind-
ing phenotype either to EPCR-, CD36-, CSA- or an unknown receptor. Expression values of
the N-terminal domains were summarized for each patient and differences in the distribution
among patient groups were tested using the Mann-Whitney U test (**E**, **F**). Data are displayed
as heatmaps showing expression levels in log transcripts per million (TPM) for each individual
sample (**A**, **C**) or as box plot with median log TPM and interquartile range (IQR) for each group
of samples (**B**, **D, E, F**).

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Figure 6: Analysis of RNA-seq data via *de novo* assembly at the level of *var* gene ho-
mology blocks. RNA-seq reads of each patient sample were matched to *de novo* assembled
var contigs with varying length, domain and homology block composition. Shown are signifi-
cantly differently expressed homology blocks from Rask *et al.* (Rask *et al*, 2010) with an ad-
justed p-value of <0.05 in first-time infected (blue) and pre-exposed patient samples (grey) (**A**,
B) as well as severe (red) and non-severe cases (grey) (**C**, **D**). Data are displayed as heatmaps
showing expression levels in log transcripts per million (TPM) for each individual sample (**A**,
C) or as box plot with median log TPM and interquartile range (IQR) for each group of samples
(**B**, **D**).

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Figure 7: Verification of RNA-seq results using DBLα-tag sequencing. Amplified DBLα-
tag sequences were blasted against the ~2,400 genomes on varDB (Otto, 2019) to obtain
subclassification into DBLα0/1/2 and prediction of adjacent head-structure NTS and CIDR do-
mains and their related binding phenotype. Proportion of each NTS and DBLα subclass as well
as CIDR domains grouped according to binding phenotype (CIDRα1.1/4-8: EPCR-binding,
CIDRα2-6: CD36-binding, CIDRβ/γ/δ unknown binding phenotype/rosetting) was calculated
and shown separately on the left, number of total reads and individual sequence cluster with
n ≥10 sequences are shown on the right. Differences in the distribution among first-time in-
fected (blue) and pre-exposed individuals (grey) (**A**) as well as severe (red) and non-severe
cases (grey) (**B**) were tested using the Mann-Whitney U test. The boxes represent medians
with IQR; the whiskers depict minimum and maximum values (range) with outliers located out-
side the whiskers. Quantile regression was applied to look for differences between patient
groups on the level of domain main classes (left) and subdomains (right). Shown are median
differences with 95%-confidence intervals of domains with values unequal 0. Domains with
positive values tend to be higher expressed in naïve (**C**) and severe patients (**D**).

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Figure 8: Summary of *Pf*EMP1 transcripts, domains, and homology blocks that were
found more or less frequently in malaria-naïve and severely ill patients. A schematic
presentation of typical *Pf*EMP1 domain compositions (**A**). The N-terminal head structure con-
fers mutually exclusive receptor binding phenotypes: EPCR (yellow: CIDRα1.1/4-8), CD36
(salmon CIDRα2-6), CSA (VAR2CSA) and yet unknown phenotypes (orange: CIDRβ/γ/δ, red:
CIDRα1.2/3 from VAR1, VAR3). Group A includes the conserved subfamilies VAR1 and VAR3,
EPCR binding variants and those with unknown binding phenotypes sometimes associated
with rosetting. Group B *Pf*EMP1 can have EPCR-binding capacities, but most variants share
a four-domain structure with group C-type variants capable of CD36-binding. Dual binder can
be found within group A and B with an DBLβ domain responsible for ICAM-1- (DBLβ1/3/5) or
gC1qr-binding (DBLβ12). Inter-strain conserved tandem arrangements of domains, so called
domain cassettes (DC), can be found within all groups as selectively indicated.
Transcripts, domains and homology blocks according to Rask *et al.* (Rask *et al*, 2010) found
significant differently expressed (p-value <0.05) between patient groups of both comparisons:
first-time infected (blue) versus pre-exposed (black) cases and severe (red) versus non-severe
(black) cases (**B**).
ATS: acidic terminal sequence, CIDR: cysteine-rich interdomain region, CSA: chondroitin sul-
phate A, DBL: Duffy binding-like, DC: domain cassette, EPCR: endothelial protein C receptor,
gC1qr: receptor for complement component C1q, ICAM-1: intercellular adhesion molecule 1,
NTS: N-terminal segment, TM: transmembrane domain

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Figure 9: Correlation of *var* gene expression with antibody levels against head structure

CIDR domains. Patient plasma samples (n=32) were subjected to Luminex analysis with 35

*Pf*EMP1 head structure CIDR domains. The panel includes EPCR-binding CIDRα1 domains

(n = 19), CD36-binding CIDRα2–6 domains (n = 12) and CIDR domains with unknown binding

phenotype (CIDRγ3: n = 1, CIDRδ1: n = 3) as well as the minimal binding region of VAR2CSA

(VAR2). Box plots showing mean fluorescence intensities (MFI) extending from the 25th to the

75th percentiles with a line at the median indicate higher reactivity of the pre-exposed (**A**) and

non-severe cases (**B**) with all *Pf*EMP1 domains tested. Significant differences were observed

for recognition of CIDRα2–6, CIDRδ1 and CIDRγ3; VAR2CSA recognition differed only be-

tween severe and non-severe cases (Mann Whitney U test). Furthermore, the breadth of IgG

recognition (%) of CIDR domains for the different patient groups was calculated and shown as

a heat map (**C**).

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1258 **Table 1: Characteristics and classification of malaria patients.**

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1260 **Table 2: Patient groups data.**

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1262 **Table 3: *var* transcripts up- and down-regulated in first-time infected patients.**

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1264 **Table 4: *var* transcripts up- and down-regulated in severe cases.**

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1266 **Table 5: *var* domains defined by Rask *et al.* (Rask *et al*, 2010) up- and down-regulated**

1267 **in first-time infected patients.**

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1269 **Table 6: *var* domains defined by Rask *et al.* (Rask *et al*, 2010) up- and down-regulated**

1270 **in severe cases.**

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1272 **Table 7: *var* blocks defined by Rask *et al.* (Rask *et al*, 2010) up- and down-regulated in**

1273 **first-time infected patients.**

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1275 **Table 8: *var* blocks defined by Rask *et al.* (Rask *et al*, 2010) down-regulated in severe**

1276 **cases.**

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1278 **Supplement**

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Supplement figure 1: Early immune response in mild and severe malaria within the naïve patient cluster. Antibody reactivity against individual antigens within the three subgroups 'naïve with mild symptoms', 'naïve with severe symptoms' and 'pre-exposed with mild symptoms'. Sera from all volunteers were assessed on protein microarrays and data normalized to control spots containing no antigen (no DNA control spots). Median reactivity of the mild infected malaria-naïve, severely infected malaria-naïve as well as the mild infected with pre-exposure to malaria are represented as bar-charts. IgG data is given for all 262 *P. falciparum* proteins spotted on the microarray representing 228 unique antigens (**A**). To estimate differences in immune response in mild and severe malaria within the malaria-naïve population, normalized IgG (**B**) and IgM (**C**) antibody responses were compared in the two subpopulations. Differentially recognized antigens (p <0.05 and fold change >2) are depicted in red.

Supplement figure 2: The base excision repair (KEGG:03410) in *P. falciparum*. Orthologues present in *P. falciparum* are indicated by gene IDs, log fold changes (logFC) are indicated by color code (red: up-regulated, blue: down-regulated) (**A**). Summary of logFC in gene expression in first-time infected relative to pre-exposed patients and p-values for the logFC.

Supplement figure 3: Differential expression of the *var1* variants 3D7 and IT and *var2csa* between patient groups. RNA-seq reads from each patient were normalized against the number of mappable reads to the 3D7 genome and aligned to the *var1*-3D7 and *var1*-IT variants as well as *var2csa*. The resulting bigwig files were displayed in Artemis (Carver *et al*, 2012). Individual samples are colored according to the patient group: first-time infected in blue (A), severe in red (B) and the respective pre-exposed or non-severe samples in grey.

Supplement figure 4: Comparison of the DBLα-tag sequencing with RNA-seq analysis. DBLα-tag sequencing and RNA-seq data compared in Bland-Altman plots for all patients summarized (**A**) and for each individual patient (**B**), where the mean log expression of each gene is indicated on the X-axis and the log ratio between normalized DBLα-tag (% of reads) and RNA-seq values (% of RPKM from all contigs containing both DBLα-tag primer binding sites) on the y-axis. The mean (equal to bias) of all ratios (line) and the confidence interval (CI) of 95% (dotted lines) are indicated. Data points with negative values for one of the approaches are displayed in dependence of their mean log expression on top (DBLα-tag sequence clusters not detected by RNA-seq) or bottom (RNA-seq contigs not found within DBLα-tag sequence cluster) of the graph.

Supplement figure 5: RNA quality. The Bioanalyzer automated RNA electrophoresis system was used to characterize the total RNA quality prior library synthesis. The calculated RIN value is provided, although this measurement is questionable for samples from mixed species. From the four rRNA peaks visible in all samples, the inner peaks represent *P. falciparum* 18S and 28S rRNA, the outer peaks are of human origin.

Data S1: Sequences of assembled *var* contigs from all patient isolates.

Supplement table 1: Data from Luminex, mADRB, ELISA and protein microarray. Seroprevalence of head-structure CIDR domains determined by applying a cut off from Danish controls (mean + 2 STD) to the Luminex data.

Supplement table 2: Raw read counts by sample for *H. sapiens*, *P. falciparum*, *var* exon 1 and percentage of reads that mapped either to *P. falciparum* or *var* exon 1 as well as the number of assembled *var* contigs >500 bp in length.

Supplement table 3: Differentially expressed genes excluding *var* genes (all gene analysis) between first-time infected and pre-exposed patient samples.

Supplement table 4: Differentially expressed genes excluding *var* genes (all gene analysis) between severe and non-severe patient samples.

Supplement table 5: Features of the assembled *var* fragments annotated in accordance with Rask *et al.* . (Rask *et al*, 2010) and Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018). The reading frame used for translation is given after the contig ID, the position of each annotation is provided by starting and ending amino acid followed by the p-value from the blast search against the respective database. For annotations in accordance with Tonkin-Hill *et al.* (Tonkin-Hill *et al*, 2018) either the short ID or 'NA' (not applicable) is listed at the end. Short IDs are only available for significant differently expressed domains and blocks between severe and non-severe cases (Tonkin-Hill *et al*, 2018).

Supplement table 6: Summary of *var* gene fragments assembled for each patient isolate showing length, raw read counts, RPKM, blast hits, domain and block annotations in accordance with Rask *et al.* . (Rask *et al*, 2010). The RPKM for the contigs was calculated as number of mapped reads and normalized by the number of mapped reads against all transcript in each isolate, respectively. Therefore, RPKM expression values are only valid to compare within a single sample since RNA-seq reads were mapped only to the contigs of the

1353 respective patient isolate using BWA-MEM (Li, 2013). Further, the amount of blast hits with
1354 500 bp or 80% of overlap against the ~2400 samples from varDB (Otto, 2019) with an identity
1355 cutoff of 98%. Further hits of 1 kb (>98% identity) against the *var* genes from the 15 reference
1356 genomes (Otto *et al*, 2018a) are listed. The last two column show the annotations from Rask
1357 *et al.* (Rask *et al*, 2010) associated to each contig.
1358
1359 **Supplement table 7: Log transformed normalized Salmon read counts for assembled**
1360 ***var* transcripts, TPM for collapsed domains and homology blocks from each patient iso-**
1361 **late.** Normalized counts and TPM values calculated for transcripts, domains and blocks with
1362 expression in at least three patient isolates with more than five read counts.
1363
1364 **Supplement table 8: Differently expressed *var* transcripts, domains and homology**
1365 **blocks between first-time infected and pre-exposed patient samples.**
1366
1367 **Supplement table 9: Differently expressed *var* transcripts, domains and homology**
1368 **blocks between severe and non-severe patient samples.**
1369
1370 **Supplement table 10: Data from DBLα-tag sequencing.**

Figure 5

A

B

Binding phenotype	DC	First-time infected – Pre-exposed / Severe – Non-severe							
		Transcripts	Domains	Homology blocks	DBLα-tag	Transcripts	Domains	Homology blocks	DBLα-tag
Rosetting/ Unknown	DC16		CIDRδ1 DBLβ6	155 (NTSA)			DBLα1.6 DBLα1.5 DBLβ6		NTSA DBLα1
EPCR	DC8, DC15		DBLα1.2 DBLα2 CIDRα1.1 CIDRα1.7 DBLβ6 DBLβ12	155 (NTSA)	DBLα2 CIDRα1	S_L7_20_Contig5132	DBLα1.2 DBLα2 CIDRα1.1 DBLβ6 DBLβ12		NTSA DBLα1 DBLα2 CIDRα1
EPCR & ICAM-1	DC13		DBLα1.7 CIDRα1.4	155 (NTSA) 584 (DBLβ3)					
CD36 & ICAM-1 / CD36		S_L8_68_Contig4767 NS_L1_88_Contig17086 NS_L7_29_Contig31477	NTSB DBLα0.13 DBLα0.22 DBLα0.23 CIDRα2.8 CIDRα2.9 CIDRα6	88 (DBLα0) 69 (ATSB)	NTSB DBLα0 CIDRα2-6	S_L8_68_Contig4767 S_L3_13_Contig2037	DBLα0.23 CIDRα2.4 CIDRα2.9	591 (CIDRβ/γ-ATSB)	NTSB DBLα0 CIDRα2-6
Unknown	DC1-3D7 / DC1-IT	NS_L8_65_Contig2160 NS_L6_18_Contig1987 S_L7_16_Contig1649 S_L8_56_Contig2546 NS_L1_80_Contig36393	DBLα1.4 DBLγ15 DBLε5	155 (NTSA)		NS_L6_24_Contig8626 NS_L6_18_Contig1987 S_L8_56_Contig7448 NS_L8_65_Contig2160 NS_L8_59_Contig4567	CIDRα1.3		
CSA	DC2	S_L7_42_Contig2378 NS_L8_59_Contig2262				S_L7_42_Contig2378 NS_L8_50_Contig1847			
Unknown	DC3	S_L7_16_Contig3710		155 (NTSA)					
Others		NS_L1_88_Contig54310 NS_L7_17_Contig4771 NS_L7_27_Contig7034	DBLβ9 CIDRγ11	557 (DBLβ-DBLγ) 614 (DBLβ12/3) 255 (DBLβ12/3/1/5)		S_L6_19_Contig4243		559 (DBLζ6)	