Atypical B cells consist of subsets with distinct effector functions

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Abstract

Atypical B cells are a population of activated B cells that are commonly enriched in individuals

with chronic immune activation, but are also part of a normal immune response to infection or

vaccination. Prior studies to determine the function of these cells have yielded conflicting results,

possibly due to functional heterogeneity among this B cell population. To better define the role(s)

of atypical B cells in the host adaptive immune response, we performed single-cell sequencing of

transcriptomes, cell surface markers, and B cell receptors in individuals with chronic *Plasmodium*

falciparum exposure, a condition known to lead to accumulation of circulating atypical B cells. Our

studies identified three previously uncharacterized populations of atypical B cells with distinct

transcriptional and functional profiles, that separate into two differentiation pathways. We

identified a set of cell surface markers to distinguish these atypical B cell subsets and confirmed

their presence in malaria-experienced children and adults using flow cytometry. *Plasmodium*

falciparum-specific cells were present in equal proportions within each of these atypical B cell

populations, indicating that all three subsets develop in response to antigen stimulation. However,

we observed marked differences among the three subsets in their ability to produce IgG upon T-

cell-dependent activation. Collectively, our findings help explain the conflicting observations in

prior studies on the functions of atypical B cells and provide a better understanding of their role

in the adaptive immune response in chronic inflammatory conditions.

One sentence summary

45 Atypical B cells consist of three subsets that may play distinct roles in the host adaptive immune

46 response.

INTRODUCTION

Humoral immunity to infection relies on the development of memory B cells that circulate through the blood and secondary lymphoid organs to patrol for antigen, as well as long-lived plasma cells that home to the bone marrow and function as a source of antibodies that inhibit pathogen replication and survival. In humans, memory B cells are defined based on the expression of the surface proteins CD21 and CD27. Upon vaccination or acute infection, other antigen-experienced B cell populations transiently increase in abundance in the circulation, including CD21$^-$CD27$^+$ activated B cells and CD21$^-$CD27$^-$ atypical B cells (also called DN2 cells) (*1-3*). These activated and atypical B cell populations are thought to be part of a normal immune response and peak in abundance within 2 to 4 weeks after antigen exposure, followed by a gradual return to baseline over the course of several months (*1, 4*). However, under conditions of chronic or repetitive immune activation, as seen during HIV or *Plasmodium* infection, and in autoimmune diseases, such as systemic lupus erythematosus (SLE), atypical B cells accumulate and become a more prominent presence in the circulation (*5-8*). In healthy adults, atypical B cells make up approximately 2 - 4% of all circulating B cells, but this can increase to 20 – 40% in individuals with chronic inflammatory conditions (*5, 6, 9*). Whether these atypical B cells contribute to control of infections or negatively affect the host immune response remains incompletely understood. A better understanding of the function of atypical B cells will provide insight into the immune response to chronic infection and may present ways to overcome immune dysfunction or to harness these cells by vaccination.

Studies regarding the functionality of atypical B cells in the immune response have highlighted various differences between atypical B cells and memory B cells. Specifically, atypical B cells display reduced expression of B cell receptor signaling pathway genes and costimulatory molecules, as well as upregulation of inhibitory receptors (*10, 11*). In addition, atypical B cells were less responsive to B cell receptor engagement by soluble antigen and showed reduced

differentiation into antibody-secreting cells under conditions that efficiently induced differentiation

of memory B cells into antibody-secreting cells (*5, 8-10, 12*). These results initially led to the

conclusion that atypical B cells are exhausted and non-responsive to stimulation. However, it was

recently reported that atypical B cells respond robustly to high-affinity membrane-associated

antigen and showed a markedly reduced response to low-affinity antigens, a selective mechanism

which may serve to limit activation of atypical B cells by low-affinity antigens, such as auto-

antigens (*11, 13*). Despite these new findings, the contribution of atypical B cells to the host

immune response remains subject of debate and various functions have been proposed for these

cells. These include (pre-)antibody secreting cells, based on the presence of secretory Ig

transcripts and the overlap in B cell receptor sequences between atypical B cells and plasma

cells, and immune-modulatory cells, based on the upregulation of surface proteins that promote

interactions between B cells and T cells (*9, 11, 14-18*). The multiple and conflicting effector

functions previously assigned to atypical B cells are suggestive of functional heterogeneity among

this population.

Here, we used chronic *P. falciparum* exposure as a model to define the heterogeneity of the

atypical B cell compartment. Over the course of many years of repetitive *P. falciparum* infections,

people living in malaria-endemic regions develop an immune response that protects against

disease. As a result, most cases of malaria occur in children under the age of 10, while adults

with life-long exposure have asymptomatic infections. To study atypical B cells induced by

malaria, we performed single-cell transcriptomic analysis with cell surface marker and B cell

receptor profiling on longitudinal samples obtained from two children following malaria. Based on

these sequencing data, we defined three subsets of atypical B cells with distinct transcriptional

profiles that are likely to play different roles in the immune response. Using flow cytometry, we

then analyzed the longevity and *Plasmodium* antigen-specificity among these subsets in samples

from malaria-experienced children and adults.

RESULTS

Single-cell transcriptomics identifies B cell populations

The atypical B cell population is strongly expanded in the first few weeks after a malaria episode

and slowly contracts to baseline levels over the course of several months (*4*). To study the

identity of atypical B cells induced as a result of the hyperinflammatory immune response during

malaria and following return to baseline conditions, we selected two children (5 and 7 years old)

for whom peripheral blood mononuclear cell (PBMC) samples were collected three weeks after

malaria and six months later (**Figure 1A**, **Table S1**). Both children were free of symptomatic

malaria between the two time points, but had detectable *P. falciparum* parasitemia at both the

three- and six-month time points (**Figure S1**). Asymptomatic *P. falciparum* infections result in

very low immune activation (*19*), and it can therefore be expected that the atypical B cell

population is only minimally affected by these infections, especially in comparison to the strong

inflammatory response during malaria.

We first isolated naïve and antigen-experienced B cells by fluorescence-activated cell sorting

based on the expression of CD21 and CD27 (**Figure 1B**). Naïve B cells typically make up a

large fraction of the total B cell pool (43 – 60% in the samples used here), but are not of interest

when studying the response of B cells to infection. Therefore, we enriched our samples for

antigen-experienced B cells, but added in some naïve B cells to have representation of all B cell

populations in the final cell pool. (**Table S2**). Each sample was then subjected to single-cell

RNA-sequencing in combination with analysis of select cell surface marker expression and B

cell receptor-sequencing on the 10x Genomics platform. Cells that passed quality control (n =

21,439; **Table S3**) were clustered into eleven populations based on gene expression and

visualized by Uniform Manifold Approximation and Projection (UMAP) (**Figure 1C**). UMAP

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Figure 1: Single-cell sequencing of B cells in malaria-experienced children. A) Timeline of
sample collection at three weeks post-malaria (TP1) and six months later (TP2) in two children.
Children did not experience malaria between the first and second sample collection. **B)** Flow
cytometry strategy to enrich for antigen-experienced B cells. A majority of antigen-experienced
B cells were mixed with naïve B cells and used for library preparation using the 10x Genomics
platform. This yielded three different libraries for each sample to study gene expression, V(D)J
sequences, and cell surface marker expression in the same cells. **C)** UMAP of all B cells that
passed quality control (QC+), showing 11 transcriptomic B cell clusters. Major subsets identified
based on the expression of key genes and previously published gene signatures are indicated.
D) Expression levels of genes characteristic for naïve B cells (*IL4R*), memory B cells (*CD27*),
and atypical B cells (*ZBTB32* and *ITGAX*). TP, time point.

visualizes cell clusters in a 2D plot based on similarity in transcriptional profile. Each of the four

samples was well represented in all eleven clusters (**Figure S2; Table S4**). Notably,

immunoglobulin-related genes were excluded during clustering to prevent antibody isotype or

V(D)J-gene segment usage from influencing these results, as was previously proposed by

Stewart *et al.* (*20*). Comparing the expression levels of individual key genes (**Figure 1D**), as well

as gene signatures of various B cell populations generated by others (**Figure S3**) (*11, 20, 21*),

allowed us to identify the location of major B cell populations in the UMAP. This included

transitional B cells in cluster 10, naive B cells (expressing *IL4R*) in cluster 1, and memory B cells

(expressing *CD27*) in cluster 8. In total, 83% of all cells in our data set were found in clusters

with a non-naive transcriptional signature, confirming that our data set was enriched for antigen-

experienced cells. Clusters 3, 5, and 6 expressed genes associated with atypical B cells, such

as *ZBTB32*, encoding a transcription factor, and *ITGAX,* encoding the surface protein CD11c

(**Figure 1D**). Together, these two clusters represented almost 30% of all data (6,088 cells),

making this a rich dataset to study heterogeneity among atypical B cells in malaria-experienced

individuals.

Phenotypically defined atypical B cells have multiple distinct transcriptomic profiles

We next sought to determine how well the atypical B cell clusters that we identified based on

transcriptomic profiles corresponded to CD21⁻CD27⁻ B cells, which is the phenotypic

classification for atypical B cells most commonly used in the malaria field. We therefore used

cell surface markers CD21 and CD27 to 'gate' cells, similar to how this is commonly done in

flow cytometry (**Figure S4**). Nearly all cells in clusters 3 and 6 were CD21⁻CD27⁻, in agreement

with their transcriptomic profile of atypical B cells (**Figure 2A, Figure S5**). However, CD21⁻

CD27⁻ B cells also made up about 50% of cluster 5. Cluster 10 was also comprised of

Figure 2: Phenotypically defined atypical B cells are found in three transcriptionally distinct clusters. A) Distribution of CD21$^{-/+}$ CD27$^{-/+}$ B cells among all transcriptional clusters. **B)** Distribution of CD11c$^{-/+}$ CXCR3$^{-/+}$ B cells among all transcriptional clusters. **C)** Distribution of immunoglobulin heavy chain transcripts among all transcriptional clusters. **D)** Projection of phenotypically defined atypical B cells (shown in red) onto the transcriptomics-based UMAP. All non-atypical B cells are shown in gray. **E)** The distribution of each B cell population over the different clusters (left) and the percentage of phenotypically defined B cell populations within each cluster (right). The direction in which the values in the rows (left) or columns (right) add up to 100% is indicated with an arrow. The atypical B cell population (left heatmap) and clusters 3, 5, and 6 (right heatmap) mentioned in the text are highlighted with borders. Rest., resting; act., activated; NAV, naïve, unswM, unswitched memory; swM, switched memory; DN, double negative.

approximately 50% $CD21^-CD27^-$ cells, which were transitional B cells that have recently

emigrated from the bone marrow and have yet to upregulate CD21 expression (**Figure S3A**).

Additionally, cluster 2 largely consisted of $CD21^-CD27^-$ cells that had not undergone class

switching (see also below). The $CD21^-CD27^-$ cells in clusters 2 and 10 were therefore excluded

from our analysis. In a recent study by Sutton *et al.*, atypical B cells were observed to

predominantly express CD11c and CXCR3 (*3*). We therefore also analyzed the distribution of

$CD11c^{+/-}$ $CXCR3^{+/-}$ populations among the nine B cell clusters (**Figure S6**). The large majority of

cells in clusters 3 and 6 expressed CD11c (75% and 98%, respectively), while expression of

CXCR3 was observed in only ~45% of all cells in these clusters (**Figure 2B, Figure S5**). In

contrast, 79% of cells in cluster 5 were $CXCR3^+$, most of which also expressed CD11c. These

percentages were similar when limiting the analysis to $CD21^-CD27^-$ B cells (**Figure S7**). These

data suggest that CXCR3 marks a subset of atypical B cells but cannot be used as a marker to

identify all atypical B cells. Next, we analyzed the heavy chain sequences from the B cell

receptor-sequencing libraries to determine isotype usage among the different clusters. This

analysis showed that, as expected, the transitional cells in cluster 10 and naïve B cells in cluster

1 were unswitched cells, expressing only *IGHM* and *IGHD*. Atypical B cell clusters 3, 5, and 6

contained larger fractions of class-switched B cells (**Figure 2C, Figure S5**). Cluster 3 in

particular showed a distribution of *IGH* transcripts approaching that of cluster 8 memory B cells,

with the exception of a lack of *IGHA1* expression, suggesting that cluster 3 atypical B cells have

undergone class-switch recombination at similar rates as memory B cells.

To further delineate the distribution of different B cell populations among our transcriptomic

clusters, we identified B cells by phenotype based on the surface expression of CD21, CD27,

CD11c, IgM, and IgG following recently published guidelines (*22*). Because our cell surface

marker analysis did not include IgD, we made two exceptions to these guidelines. First,

unswitched B cells were not identified based on the presence of IgD but that of IgM, which is

usually co-expressed with IgD. Second, switched B cells were identified based on the presence

of IgG instead of the absence of IgD, isotypes that are mutually exclusive. We first used CD27

and IgM or IgG expression to distinguish naive B cells (NAV, CD27$^-$IgM$^+$), unswitched memory B

cells (unswM, CD27$^+$IgM$^+$), and switched memory B cells (swM, CD27$^+$IgG$^+$). These populations

were further divided into resting (CD21$^+$) and activated (CD21$^-$). The majority of resting switched

memory B cells were located in clusters 0, 4, and 8. We also identified DN B cells (CD27$^-$IgG$^+$),

which were divided into DN1 (CD21$^+$CD11c$^-$), DN2 (CD21$^-$CD11c$^+$), DN3 (CD21$^-$CD11c$^-$), and

DN4 (CD21$^+$CD11c$^+$) (**Figure S8**). IgM$^+$ atypical B cells are also known as activated naive B

cells, and IgG$^+$ atypical B cells are equivalent to DN2 B cells. We recently reported substantial

differences in intrinsic properties between IgM$^+$ and IgG$^+$ atypical B cells that are likely related to

their origin and function (*23*). Additionally, CD11c has been identified as the marker that best

delineates atypical B cells (*3, 24*). We therefore decided to use the phenotypic definition of DN2

B cells to identify atypical B cells for the remainder of this study: CD21$^-$CD27$^-$IgG$^+$CD11c$^+$

(**Figure 2D**). Of all phenotypically defined atypical B cells, 47% were found in cluster 3, 23% in

cluster 6, and 17% in cluster 5 (**Figure 2E**). The majority of cells in cluster 3 (77%) and cluster 6

(75%) were atypical B cells (**Figure 2E**). Cluster 5 was more diverse with 23% atypical B cells,

19% activated naïve B cells, 13% resting switched memory B cells, 16% activated switched

memory B cells, and 29% other B cell populations. Of note, clusters 3, 5, and 6 were stable at a

clustering resolution ≥ 0.6. At a clustering resolution below 0.6, cluster 6 was merged with

cluster 2 that predominantly contained activated naïve B cells (**Figure S9**). For this reason, a

resolution of 0.6 was chosen for the analysis presented here. Collectively, these results show

that phenotypically defined class-switched atypical B cells in malaria-experienced children

consist of multiple distinct subsets with unique transcriptional profiles.

Differences in gene expression programs of atypical B cells are associated with different

roles in the immune response

To better understand the identity of the three subsets of atypical B cells identified in this study

found in clusters 3, 5, and 6, we compared the expression of genes that have previously been

described as part of the unique transcriptional profile of atypical B cells (*10-12*). The up or down

regulation of various genes in these clusters as compared to resting switched memory B cells in

cluster 8 was consistent with previous reports (**Figure 3A**). Two manuscripts recently posted on

bioRxiv showed that the transcription factor *ZEB2* acts as an important regulator for the

development of atypical B cells (*25, 26*). ZEB2 was also expressed significantly higher in

clusters 3, 5, and 6 as compared to cluster 8 (**Figure 3A**). In contrast, several atypical B cell-

associated genes were uniquely expressed in only one of the three clusters (**Figure 3B**). For

example, the integrin-encoding genes *ITGB2* and *ITGB7* were predominantly expressed in

cluster 3. In contrast, *CD72*, encoding a surface marker that inhibits B cell responses and

prevents antibody production (*27*), was more abundantly expressed in cluster 6. *CXCR3*

expression was highest in cluster 5, in line with the results of the cell surface marker analysis

(**Figure 2B**). These differences in gene expression highlight that bulk atypical B cells are a

mixture of various subsets and point to functional differences in activation status and the

potential for cell-cell interactions between these subsets.

To gain insight into potential differences in function between cells in clusters 3, 5, and 6, we

performed Reactome pathway analysis using genes that were upregulated or downregulated in

pair-wise comparisons of the three clusters (**Figure 3C-D, Tables S5 – S6**). Atypical B cells in

cluster 6 showed higher expression of 8 out of 99 genes encoding ribosomal proteins (for

example, *RPS8*, *RPS18*, and *RPS19*) and were most strongly enriched for pathways related to

translation. Ribosomal genes were also highly expressed in cluster 8 switched memory B cells,

suggesting that this may be a feature of cells poised to undergo cell differentiation. Atypical B

Figure 3: Phenotypic and functional differences between subsets of atypical B cells. A)
Expression of genes previously identified as part of the unique transcriptional signature of
atypical B cells that are consistently expressed higher or lower in all three subsets of atypical B
cells as compared to class-switched resting memory B cells (swM; cluster 3). **B)** Differential
expression of atypical B cell-associated genes between the three subsets of atypical B cells. **C)**
Selected reactome pathways that were significantly enriched (FDR-corrected P value < 10^{-4}) in
pair-wise comparisons between the three clusters that contain atypical B cells. Key differentially
expressed genes in these pathways that are shown in panel D are indicated. **D)** Select
differentially expressed genes in atypical B cell clusters that were present in enriched Reactome
pathways and are discussed in the text. The four columns represent the four samples subjected
to scRNA-seq analysis. C8, cluster 8; C3, cluster 3; C5, cluster 5; C6, cluster 6

cells in both clusters 3 and 6 upregulated genes in response to stimulation by interferon gamma

and cytokines, but the outcome of this response differed between the two clusters. Atypical B

cells in cluster 6 upregulated genes encoding components of the Activator Protein 1 (AP1)

complex, including *FOS* and *JUN*, as well as interferon-stimulated genes (for example, *ISG20*),

and tubulin genes (for example, *TUBB6*). Additionally, cluster 6 atypical B cells were enriched

for pathways that signified negative regulation of cell cycle progression. Upregulated genes

included the cyclin-dependent kinase inhibitor *CDKN1B*, the anti-proliferative genes *BTG1/2*,

and the transcriptional repressor *NR4A1*. Nuclear receptor 4A1 is part of a family of transcription

factors that was recently implicated in a negative feedback loop that rendered B cells more

dependent on T cell help and promoted peripheral B cell tolerance (*28, 29*). Finally, cluster 6

atypical B cells showed increased expression of variant histones, associated with a pro-

inflammatory stress response resulting in cellular senescence (*30*)(*31, 32*). The transcriptional

profile of atypical B cells in cluster 6 thus pointed to an interferon-driven response that resulted

in senescence or anergy. On the other hand, atypical B cells in cluster 3 were enriched for

pathways related to antigen processing and presentation, and immunoregulation. Among the

genes upregulated in cluster 3 were genes encoding proteins that promote interactions between

B cells and T cells, such as HLA-DR/DQ, CD86, which is downregulated by NR4A1, and CD74*,*

which regulates antigen presentation by class II MHC (*33-35*). In addition, we observed

upregulation of genes encoding class I MHC (*HLA-A* and *HLA-C*) and several genes that are

associated with cytotoxicity, including granzyme M (*GZMM*), cystatin 7 (*CST7*), natural killer cell

granule protein 7 (*NKG7*, a target gene of T-bet), and natural cytotoxicity triggering receptor 3

(*NCR3*). This gene signature suggests that these cells have increased exocytosis activity, which

could affect cell-cell interactions and have an immunomodulatory function. Collectively, our

results indicate that phenotypically defined IgG$^+$ atypical B cells can have one of three different

transcriptional profiles that are associated with different functions within the immune response.

Atypical B cells form two separate compartments

To study the development of the different subsets of atypical B cells, we turned to an analysis of their B cell receptor sequences. We first assessed the amount of affinity maturation each B cell population has undergone by determining the level of somatic hypermutation in each cluster. This revealed that clusters 3 and 5 on average accumulated similar levels of mutations as class-switched memory B cells in cluster 8, while the average mutation frequency in cluster 6 was more than 50% lower (**Figure 4A, Figure S10A**). However, this may in part be caused by the larger fractions of unswitched B cells in cluster 6 (**Figure 2C**). When including only class-switched atypical B cells, we still observed a higher average level of somatic hypermutation in clusters 3 and 5 than in cluster 6, although the difference was slightly smaller (**Figure 4B, Figure S10B**). This difference suggests that cluster 6 atypical B cells have not undergone extensive affinity maturation and seem to be more closely related to naïve B cells. Atypical B cells in clusters 3 and 5 have undergone similar levels of affinity maturation as memory B cells, which could indicate that they are derived from memory B cells or have a similar developmental trajectory. However, while somatic hypermutation and affinity maturation typically occur inside germinal centers, these processes can also occur in extrafollicular sites (*36*) and our results are therefore not direct evidence for the developmental pathway of atypical B cells.

Next, we wished to better understand the developmental relationship between the three subsets. To this end, we first employed RNA velocity analysis to infer the developmental trajectories of the three atypical B cell subsets. This analysis uses the ratio of unspliced and spliced transcripts to identify genes that undergo upregulation (more unspliced than spliced transcripts) or downregulation (more spliced than unspliced transcripts). These transcript dynamics are then used to model the direction and speed of movement of individual cells (*37*). This analysis revealed two dominant developmental trajectories: (1) cluster 6 atypical B cells were mainly derived from activated naïve B cells in cluster 2 and did not develop further, while

Figure 4: Developmental relationships between atypical B cell subsets. A) Levels of somatic hypermutation among the transcriptomics-based B cell clusters. **B)** Levels of somatic hypermutation among phenotypically defined atypical B cells in clusters 3, 5, and 6. In panels A and B, the median is shown as a solid horizontal lines, while the quartiles are represented by dashed horizontal lines. In panel B, a one-way ANOVA was used to test for statistically significant differences between the groups. P values shown are from Tukey's post hoc test. **** P < 0.0001. **C)** Analysis of the developmental trajectory of B cells using scVelo. **D)** Clonal expansion within clusters (along the diagonal in each quadrant of the heatmap) and clonal connections between clusters (off-diagonal cells) for the three clusters that contain atypical B cells at 3 weeks post-malaria (TP1) and six months later (TP2). **E)** The percentage change in clonal expansion/connections between the first and the second time point for the three clusters that contain atypical B cells. TP, time point

(2) cluster 3 atypical B cells seemed to be predominantly derived from memory B cells, with

cluster 5 atypical B cells as an intermediate step in this trajectory (**Figure 4C**). To confirm these

developmental connections between the atypical B cell subsets, we calculated the level of

expansion of clonal B cell lineages within each cluster at the two time points, as well as the

percentage of clonal connections between clusters, as described in more detail previously (*38*).

B cells were considered part of the same lineage when their heavy chain variable region

contained the same *IGHV* and *IGHJ* genes, and shared at least 85% amino acid sequence

identity in the heavy chain (H) CDR3 (*39, 40*). In all three atypical B cell clusters, there was

strong expansion of B cells at 3 weeks post-malaria, with 3 – 14% of B cells within each cluster

belonging to the same lineage (**Figure 4D, Figure S11A**). This was followed by contraction six

months later, resulting in a loss of more than 50% of clonal lineages (**Figure 4D, E**). This

contraction points to a return to a resting state and suggests that minimal immune activation

occurred as a result of the asymptomatic infection at 6-months post-malaria, as compared to the

strong immune response elicited by malaria. At 3 weeks post-malaria, 0.5 – 1.0% of clonal

sharing occurred between cluster 6 and clusters 3/5, but these connections were completely lost

six months later. In contrast, the connectivity between cluster 3 and cluster 5 increased at the

second time point, as compared to the time point shortly after malaria, and this was the only pair

of clusters for which this happened consistently (**Figure 4E, Figure S11B**). These observations

suggest that cluster 6 atypical B cells form a separate compartment from the other atypical B

cell subsets, while cluster 3 and cluster 5 atypical B cells are more strongly connected, in line

with the results of the trajectory analysis. Collectively, these results point to different

developmental pathways for atypical B cells that are connected to different functional roles in

the immune response.

349 **All three atypical B cell subsets are found in malaria-experienced children and adults**

350 **irrespective of parasite exposure levels**

351 The identification of atypical B cell clusters by transcriptomics analysis was based on four

352 samples from two children. To validate our findings in a larger number of malaria-susceptible

353 children and extend our analysis to malaria-protected adults, we turned to an analysis of these

354 cells by flow cytometry. In the single-cell transcriptomics analysis, we observed that the three

355 clusters with atypical B cells could be distinguished by differences in expression level of *ITGAX*

356 (encoding CD11c) and *CD86* (**Figure 5A**). We therefore sorted three subsets of atypical B cells

357 based on expression of CD11c and CD86 (**Figure 5B, Figure S12**) and used bulk RNA-seq

358 analysis to confirm that these subsets have similar gene expression profiles as the three

359 transcriptomics clusters identified by scRNA-seq (**Figure 5C**).

360 Using spectral flow cytometry, we next aimed to study the abundance of each atypical B cell

361 subset and their longevity in the absence of antigen stimulation and infection-driven

362 inflammation. To this end, we included samples from nine children and ten adults collected

363 following known *Plasmodium* exposure and months to years later after a period with low

364 *Plasmodium* exposure due to highly effective insecticide spaying (*41, 42*) (**Figure 5D, Table**

365 **S1**). B cells were phenotyped using a panel of 18 surface and intracellular markers that would

366 allow us to identify the three atypical B cell subsets and analyze these for the expression of

367 markers previously shown to be positively (CD19, CD20, CD11c, FcRL5, CD83, CD86, CD95,

368 CXCR3, T-bet) or negatively (CD24, CD38, CXCR5) associated with activated and atypical B

369 cells (*22*). To find the atypical B cell subsets identified in our transcriptomic analysis, we first

370 gated manually on CD19$^+$CD20$^+$CD21$^-$CD27$^-$IgG$^+$CD11c$^+$ atypical B cells (**Figure S13**). The

371 atypical B cells from all samples were then plotted in a composite UMAP based on the

372 expression of the 12 cell surface and intracellular markers previously shown to be associated

373 with activated and atypical B cells (**Figure S14**).

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Figure 5: Dynamics of atypical B cell subsets in children and adults. A) Gene expression
profiles of differentially expressed genes encoding cell surface proteins CD11c and CD86 in
atypical B cell clusters 3, 5, and 6, as well as resting switched memory B cells (swM, cluster 8),
used to distinguish atypical B cell subsets by flow cytometry. **B)** Gating strategy to sort atypical
B cell subsets based on CD11c and CD86 expression. **C)** Expression of genes that underlie the
different functional profiles of the three atypical B cell clusters (compare with Figure 3D) in flow-
sorted atypical B cells subsets. **D)** Schematic overview of sample collection for children and
adults during known *P. falciparum* (*Pf*) exposure and in the absence of exposure to *P.*
falciparum. **E)** Composite UMAP projection of atypical B cells from all 38 samples. Subsets
were defined based on expression of CD11c and CD86 and were named according to the
corresponding clusters defined by single-cell RNA-sequencing analysis. **F)** CD11c and CD86
expression projected onto the UMAP of all atypical B cells as well as each of the three subsets
individually. **G)** Relative size of each atypical B cell subset in children (n = 9) and adults (n = 10)
at the first time point (TP1; circles) and second time point (TP2; triangles). **H)** Comparison of
relative subset sizes between children and adults at each time point. Statistical analysis was
performed using a Wilcoxon matched-pairs signed rank test for paired data (E) or a Mann-
Whitney test for unpaired data (F) with a 10% false discovery rate using the two-stage step-up
method of Benjamini, Krieger, and Yekutieli. * P < 0.05; ** P < 0.01; *** P < 0.001.
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Next, we used the unsupervised clustering tool FlowSOM to identify three distinct atypical B cell

subsets based on the expression of CD11c and CD86 (**Figure 5E**). Projection of these subsets

onto the UMAP showed that the expression of *ITGAX* and *CD86* matched the cell surface

expression signatures of subset 3 (CD11c^{hi}CD86^{+}), subset 5 (CD11c^{int}CD86^{-}), and subset 6

(CD11c^{hi}CD86^{-}), (**Figure 5F**). We will refer to these subsets with the number corresponding to

the matching transcriptomics cluster, i.e., flow cytometry subset 3 for cells matching

transcriptomics cluster 3. We then determined the relative abundance of these three subsets

among all atypical B cells. In children, most atypical B cells belonged to subset 6 (~50%) and

subset 5 (~40%). The relative abundance of the subsets did not change between time points

(**Figure 5G**, **Figure S15**). This could be the result of the timing of sample collection. At two

months post-malaria in a low transmission setting, transient changes to the atypical B cell

population induced by malaria may have already reverted to baseline. In adults, the first sample

was collected during a period of high *Plasmodium* exposure. Interestingly, the proportion of

subset 3 atypical B cells was larger in adults than in children at the first time point but decreased

to the level seen in children after a period of minimal parasite exposure (**Figure 5H**). This was

also true when expressing the abundance of subset 3 atypical B cells as a percentage of total B

cells (**Figure S15**). Simultaneously, we observed an increase in the relative proportion of subset

5 among all atypical B cells between the two time points in the adults, although the percentage

of subset 5 atypical B cells among total B cells did not change (**Figure 5G**, **Figure S15**).

Collectively, these results demonstrate that we were able to distinguish three subsets of atypical

B cells by flow cytometry and that the composition of the atypical B cell population changes in

relation to parasite exposure.

Atypical B cells express higher levels of CXCR3 and CD95 in adults as compared to

children

To map additional differences in the phenotype between the three subsets of atypical B cells,

we plotted the mean fluorescence intensity of CD21, CD27, and the 12 markers that were

previously observed to be positively or negatively associated with activated or atypical B cells

for all three subsets as well as IgG$^+$ resting memory B cells (CD21$^-$CD27$^-$). We observed that

subset 3 had the most 'atypical' surface marker expression pattern, with the highest expression

of CD19, CD20, CD11c, FcRL5, CD95, and T-bet (**Figure 6A**, **Figure S16**).

We were also interested in potential differences in phenotype between atypical B cells from

malaria-experienced children and adults. At the second time point, after months to years of no

chronic immune activation, the distribution of atypical B cell subsets was similar between

children and adults (**Figure 5H**). However, we noticed that their atypical B cells had a distinct

localization when projected onto the UMAP (**Figure 6B**). This observation suggests that atypical

B cells from children and adults differ in the expression of one or more other markers.

Overlaying the expression of other markers in our flow cytometry panel onto the UMAP revealed

that atypical B cells in adults extended into the UMAP area where cells expressed high levels of

CXCR3 and CD95 (**Figure 6C, D**). To quantify this, we analyzed the percentage of CXCR3$^+$ and

CD95$^+$ cells in each subset. Adults showed more CXCR3$^+$ cells in all atypical B cell subsets as

compared to children (**Figure 6E**), and more CD95$^+$ cells in subsets 5 and 6 (**Figure 6F**).

Collectively, this difference in CXCR3 and CD95 expression between children and adults points

towards additional heterogeneity among atypical B cells that may be connected to differences in

immune status or parasite exposure levels.

All subsets of atypical B cells harbor *P. falciparum*-specific cells

To determine whether the different atypical B cell subsets develop in response to antigen during

infection or through bystander activation, we used antigen tetramers to detect B cells with

444
Figure 6: Expression of T-bet and CXCR3 in atypical B cell subsets. A) Relative median
fluorescence intesity of 14 surface and intracellular markers in subsets (S) 3, 5, and 6 and in
resting switched memory B cells (swM). **B)** Density UMAP plots of atypical B cells detected at
the second time point in children and adults. **C-D)** Projection of CXCR3 (C) and CD95 (D)
expression in atypical B cells at the second time point projected onto the UMAPs for children
and adults. **E-F)** Percentage of CXCR3+ (E) and CD95+ (F) cells within atypical B cell subsets.
For each subset, only individuals with >50 cells at both time points were included in the
analysis. Statistical analysis was performed using a Mann-Whitney test with a 10% false
discovery rate using the two-stage step-up method of Benjamini, Krieger, and Yekutieli. * P <
0.05; ** P < 0.01; *** P < 0.001.
455

specificity to two *P. falciparum* proteins: merozoite surface protein 1 (MSP1) and apical

membrane antigen 1 (AMA1). Both antigens are known to elicit strong IgG responses in children

and adults (*43*). Since both MSP1 and AMA1 tetramers were labeled with the same

fluorochromes, MSP1-specific and AMA1-specific B cells are together referred to as

MSP1/AMA1-specific (**Figure S13**). First, we overlayed the MSP1/AMA1-specific B cells onto

the previously generated UMAPs of subset 3, 5, and 6 atypical B cells. Antigen-specific cells

were identified in all subsets (**Figure 7A**). We then quantified the number of antigen-specific

cells in each of the three atypical B cell subsets and observed that the distribution of

MSP1/AMA1 B cells over the three subsets mirrored their total size (**Figure 7B**). Finally, we

analyzed CXCR3 and CD95 expression among MSP1/AMA1-specific atypical B cells in adults.

Approximately 25 - 40% of all MSP1/AMA1-specific atypical B cells were CXCR3$^+$, with no clear

pattern related to subset identity (**Figure 7C**). In contrast, nearly all MPS1/AMA1-specific

atypical B cells in all three subsets expressed CD95, which was an increase as compared to all

atypical B cells in subsets 5 and 6 (**Figure 7D**). Increased CD95 expression was also observed

in Spike-specific B cells in recovered COVID-19 patients (*44*) and suggests that these cells

recently underwent antigen-driven activation. Collectively, these results suggest that all three

subsets of atypical B cells develop in response to antigen stimulation.

Differences in the level of antibody secretion in atypical B cell subsets receiving T cell

help

Recently, Hopp et al. observed that bulk atypical B cells express higher levels of markers

associated with T cell interactions than memory B cells (*17*). With the help of activated T

follicular helper cells, atypical B cells could be stimulated to secrete antibodies, although

antibody concentrations were much lower than for memory B cells (*17*). Based on our

480
Figure 7: Antigen-specificity and antibody secretion among the three atypical B cell
subsets. A) Projection of MSP1/AMA1-specific B cells (red) onto the UMAPs of atypical B cell
subsets, shown separately for time point 1 (TP1) and time point 2 (TP2) in 9 children and 10
adults. **B)** Distribution of all MSP1/AMA1-specific B cells over the three atypical B cell subsets in
children and adults. Data from both time points were combined. **C)** Percentage of all CXCR3+
antigen-specific cells in each atypical B cell subset for adult samples. **D)** Percentage of all
CD95+ antigen-specific cells in each atypical B cell subset for adult samples. **E)** IgG
concentration in culture supernatant after 14 days of in vitro culture. A one-way ANOVA was
used to test for statistically significant differences between the groups. P values shown are from
Kruskal-Wallis post hoc test. ** P < 0.01; *** P < 0.001; **** P < 0.0001. **F)** Proposed model of
the effector functions and developmental pathways of atypical B cell subsets.

observations that only two out of the three atypical B cell subsets expressed markers involved in

T cell interactions (S3 and S6), we sought to determine which atypical B cell subsets can be

induced to secrete antibody under T-cell dependent activation. To this end, we FACS-sorted the

three atypical B cell subset based on CD11c and CD86 expression, as well as switched memory

B cells from eight malaria-experienced adults (**Figure S12**). We then cultured each B cell

population with CD40L-expressing 3T3 cells supplemented with IL-2 and IL-21 to mimic T-cell

dependent stimulation, and measured IgG production after 7 and 14 days. The same culture

conditions without CD40L-expressing 3T3 cells were included as a negative control. The

distribution of atypical B cells over the three subsets was reflective of high *P. falciparum*

exposure, allowing us to interrogate their function in terms of recent antigen exposure (**Figure**

S17A). We found that both subset 3 and subset 6 secreted IgG in the presence of T-cell help.

On day 7, the IgG concentration was lower than that produced by switched memory B cells

(**Figure S17B**), but this difference disappeared by day 14 (**Figure 7E**). Subset 5 atypical B cells

secreted only minimal amounts of IgG under these conditions. These results suggest that most

but not all atypical B cells can differentiate into antibody-secreting cells upon T-cell dependent

activation.

DISCUSSION

Atypical B cells accumulate in a range of conditions that share chronic immune activation as the

common denominator, including chronic or repetitive infection and autoimmunity. Attempts to

understand the function of these cells have resulted in conflicting observations. We

hypothesized that these different observations are caused by heterogeneity among atypical B

cells and that the underlying subsets are indistinguishable with the markers conventionally used

to define atypical B cells. Here, we used multimodal single-cell measurements to better define

the heterogeneity among atypical B cells using samples from individuals with chronic

Plasmodium exposure. We identified novel subsets of atypical B cells, each with a unique

transcriptional program and cell surface marker signature, that are associated with different

effector functions in the host immune response. Using spectral flow cytometry, we confirmed the

presence of these atypical B cell subsets in a cohort of malaria-experienced children and adults,

determined that they can develop in response to antigen stimulation, and assessed their ability

to differentiate into antibody-secreting cells.

We generated single-cell sequencing data for almost 21,500 B cells, of which we were able to

assign slightly more than 14,000 cells to one of 10 phenotypically defined B cell populations.

Among these were just over 4,000 cells that belonged to three clusters containing

phenotypically defined atypical B cells. Two other recent studies have attempted to assess

potential heterogeneity among atypical B cells using single-cell transcriptomics approaches.

Holla *et al*. subclustered 199 B cells from malaria-experienced individuals with an atypical

transcriptomics profile and observed three subsets that were mainly discriminated by isotype

usage (i.e., IgD$^+$IgM$^+$, IgD$^+$IgM^{lo}, and IgD$^-$IgG$^+$ atypical B cells) (*11*). Too few cells were present

in that data set to observe subclusters within the IgD$^-$IgG$^+$ atypical B cell group, which was the

focus of our study. Sutton *et al.* analyzed a larger number of IgD$^-$ B cells (7,167 cells from

malaria-experienced individuals and 5,813 cells from individuals not exposed to *Plasmodium*

infection) that were divided into three atypical B cell clusters and several other B cell clusters

(*3*). However, reanalysis of this data set did not reveal a clear separation into the same subsets

of atypical B cells that we observed in our data set. The main reason for this observation could

be that Sutton *et al.* used samples from immune adults who had not recently experienced a

malaria episode. Likewise, the gene expression profiles of atypical B cell subsets 3 and 6 from

malaria-experienced adults that were generated in this study were very similar (**Figure S18**),

although differences in expression of genes that underlie the different function profiles of the

three atypical B cells subsets were still apparent (**Figure S5C**). A malaria episode may drive

these functionally distinct gene expression programs, followed by their convergence in the

absence of such a strong stimulus.

Using our single-cell transcriptomics data set of atypical B cells, we confirmed similarities in

gene expression between our three atypical B cell clusters and bulk RNA sequencing

transcriptional programs that have previously been reported for atypical B cells (*10, 12*).

However, we also discovered that some genes previously linked to atypical B cells were

expressed in only one of these three clusters and may be connected to the different functional

profiles of these cells. For example, CD72 negatively regulates B cell activation (*27*). *CD72* was

uniquely expressed in cluster 6 that has a profile of senescence or anergy. Cluster 3, on the

other hand, expressed higher levels of the gene encoding CD68, a transmembrane glycoprotein

that is mainly associated with the endosomal/lysosomal compartment in monocytes and

macrophages, but is also expressed by lymphocytes (*45, 46*). This observation may be related

to the pathways of antigen processing and exocytosis that were upregulated in this cluster.

Using differentially expressed surface markers, we were able to identify three corresponding

subsets of atypical B cells by flow cytometry. All three subsets harbored *P. falciparum*-specific B

cells, suggesting that each of these subsets can develop as part of a specific response to

pathogen-derived antigens and not merely through bystander activation. The lower levels of

somatic hypermutation set cluster 6 apart from clusters 3 and 5. Indeed, RNA velocity and B cell

receptor repertoire analyses suggested that cluster 6 formed a compartment that was mostly

separated from clusters 3 and 5, and followed a different developmental trajectory. The RNA

velocity analysis, the increase in percentage of B cell clones that were shared between clusters

3 and 5 over time as the B cell response contracted to baseline levels, and the observation that

the decrease in subset 3 atypical B cells over time was paralleled by a relative increase in the

size of subset 5 together suggest that atypical B cells in subsets 3 and 5 are developmentally

related.

Based on these data, we propose the following working model (**Figure 7F**). Chronic immune

activation results in the development of three subsets of atypical B cells. Subset 6 is derived

from activated naïve B cells and has relatively low levels of somatic hypermutation. These

characteristics are similar to atypical B cells in SLE patients that arise through extrafollicular

activation. Under conditions that mimic the interaction with CD4$^+$ T cells, subset 6 atypical B

cells can further differentiate into short-lived antibody-secreting cells, although these cells are

likely to have a high activation threshold. The main developmental trajectory of subset 3 atypical

B cells is from memory B cells via an activated subset 5 state. These cells have undergone high

levels of somatic hypermutation, consistent with the normal development of memory B cells.

Subset 3 atypical B cells are primed for interactions with T cells and will differentiate into

antibody-secreting cells upon stimulation by T cells (*47*). Additionally, these cells express

proteins that may modulate the function of T cells in return. Subset 5 atypical B cells express

lower levels of markers typically associated with atypical B cells, such as FcRL5, T-bet and

CD11c, and do not differentiate into by interaction with T cells alone. Other stimuli, such as BCR

engagement, additional cytokines, or TLR engagement may drive the differentiation of this

subset into antibody-secreting cells. Indeed, Sullivan *et al*. reported that a subset of atypical B

cells that expressed lower levels of FcRL5 showed more antibody secretion upon BCR

stimulation than FcRL5$^+$ atypical B cells (*10*). Collectively, the functional profiles of the three

clusters of atypical B cells recapitulate many of the observations that have been made about the

atypical B cell population as a whole. Our results indicate that specific subsets of atypical B cells

are likely responsible for conflicting observations related to anergy/tolerance, immune-

modulation, and the ability to differentiate into antibody-secreting cells.

Comparing atypical B cells between malaria-experienced children and adults revealed additional

heterogeneity. Adults showed a higher percentage of CXCR3$^+$ cells across all three subsets of

atypical B cells, which did not decrease after a two-year period of minimal *P. falciparum*

exposure. Hopp *et al.* reported that expression of *CXCR3* is upregulated in atypical B cells in

response to malaria in children (*17*). The stable expression of CXCR3 in adults suggests that

this marker is acquired as a result of chronic antigen exposure and may play an important role

in the protective immune response against malaria. Sutton *et al.* observed that *Pf*MSP1-specific

B cells in adults expressed higher levels of CXCR3 than the total memory B cell population,

although the majority of these cells did not have a CD21$^-$CD27$^-$ phenotype (*48*). In this study, we

detected CXCR3$^+$ parasite-specific cells but parasite-specific cells were not enriched for CXCR3

expression among atypical B cells. CXCR3 is an interferon-inducible chemokine receptor

specific for the chemokines CXCL9, CXCL10, and CXCL11 that are themselves also induced by

interferon (*49*). Its function has mainly been studied in T cells where it is required for trafficking

of T cells to sites of inflammation (*50*). The profile of trafficking receptor expression in atypical B

cells, including CXCR3, has been linked to the propensity of T-bet^{hi} B cells to take up residency

in the spleen and bone marrow (*51*). While no data is available for the tissue distribution of

atypical B cells in malaria-experienced individuals, it would make sense for parasite-specific B

cells to home to the spleen, since this is the main anatomical location for the removal of

parasite-infected erythrocytes and cellular debris from the circulation. In this regard, it is

interesting to note that the elevated expression of T-bet and CD74 in subset 3 atypical B cells

fits the profile of memory B cells that reside in the spleen (*51, 52*), indicating that the loss of

these cells in the circulation could be the result of migration into the spleen. However, the

observation that the percentage of CXCR3$^+$ atypical B cells does not change over time with

minimal parasite exposure suggests that the expression of this marker by itself does not direct

homing of B cells to tissues. This notion is strengthened by the recent finding that CXCR3

ablation in murine B cells has no effect on the establishment and maintenance of lung-resident

memory B cells (*53*). Instead, CXCR3 should probably be considered a marker of activation or

prior activation.

One of the complications of studying atypical B cells is that different markers have been used to

define atypical B cells. In this study, our definition of atypical B cells is based on how these cells

are typically identified in the HIV and malaria fields (CD21$^-$CD27$^-$) and information from a recent

single-cell RNA sequencing study that reported CD11c as the most informative cell surface

marker for the identification of atypical B cell lineages (*3*). Our definition of atypical B cells as

IgG$^+$CD21$^-$CD27$^-$CD11c$^+$ also fits the definition of DN2 B cells, which is how these cells are

commonly referred to in the autoimmunity field (IgD$^-$CD27$^-$CD21$^-$ CD11c$^+$) and follows recently

published recommendations for how these cells should be defined (*22*). Not all of the cells that

fall within our definition of atypical B cells are T-bet$^+$, which may complicate translating our

findings to studies that use T-bet (with or without CD11c) as a defining marker for atypical B

cells (*48, 54, 55*).

In conclusion, we found that atypical B cells can be divided into at least three functionally

distinct subsets. These findings reconcile many of the conflicting observations that have been

made about atypical B cells and provide insight into their function in the immune response

against infection. Our study also highlights that the composition of the atypical B cell population

can alter with changes in pathogen exposure levels. The selection of individuals and timing of

sample collection therefore warrants careful consideration when analyzing atypical B cells and

their functional profile. Although the transcriptomes of atypical B cells in chronic infections and

autoimmunity are remarkably similar (*11*), our observations about atypical B cells in malaria-

experienced individuals will need to be confirmed in other disease models. Collectively, our

results suggest that a large fraction of atypical B cells may contribute to a productive and

antigen-specific immune response against infection.

MATERIALS AND METHODS

Study design and ethics approval

The objective of this study was to assess transcriptional and functional heterogeneity among

atypical B cells to determine the function of these cells in the host immune response to infection.

Individuals included in this study (n = 29) were residents of the Nagongera sub-county in Tororo

District, Uganda. This region was historically characterized by extremely high malaria

transmission intensity, with an estimated annual entomological inoculation rate of 125 infectious

bites per person per year (*56*). Since 2015, multiple rounds of insecticide spraying (IRS) have

dramatically reduced malaria incidence compared with pre-IRS levels (*41*). Individuals were

selected for inclusion into this study based on age and *P. falciparum* exposure. In addition,

children were selected based on the availability of samples collected at set times relative to a

malaria episode (**Table S1**). All individuals included in this study were enrolled in The Program

for Resistance, Immunology, Surveillance, and Modeling of Malaria (PRISM) program (*57*) and

have provided written consent for the use of their samples for research. The PRISM cohort

study was approved by the Makerere University School of Medicine Research and Ethics

Committee (SOMREC), London School of Hygiene and Tropical Medicine IRB, the University of

California, San Francisco Human Research Protection Program, and the Stanford University

School of Medicine IRB. The use of cohort samples for this study was approved by the

Institutional Review Board of the University of Texas Health Science Center at San Antonio.

667 B cell isolations

Cryopreserved PBMCs were thawed in a 37°C water bath and immediately mixed with pre-

warmed thawing medium (IMDM/GlutaMAX supplemented with 10% heat-inactivated FBS (USA

origin) and 0.01% Universal Nuclease (Thermo, cat. no. 88700). After centrifugation (250 × g, 5

min), the cell pellet was resuspended in thawing medium. A sample of cells was mixed 1:1 (v/v)

with 0.2% trypan blue solution in PBS, and viable cells were counted using a Cellometer Mini

(Nexcelom) automated cell counter. Next, cells were centrifuged (250 × g, 5 min) and

resuspended in isolation buffer (PBS supplemented with 2% heat-inactivated FBS and 1 mM

EDTA) at 50 million live cells/mL and filtered through a 35 μm sterile filter cap (Corning, cat. no.

352235) to break apart aggregated cells. B cells were isolated using the EasySep Human B Cell

Isolation Kit (StemCell, cat. no. 17954) or the MojoSort Human Pan B Cell Isolation Kit

(BioLegend, cat. no. 480082) according to the manufacturer's instructions.

680 Flow cytometry staining for single-cell analysis

Isolated B cells were washed with PBS (250 × g, 5 min), resuspended in 1 ml of PBS containing

1 μl live/dead stain (LIVE/DEAD Fixable Aqua Dead Cell Stain Kit (Thermo Fisher Scientific, cat.

no. L34965), and incubated for 30 min on ice. Subsequently, cells were washed with cold PBS

containing 1% bovine serum albumin (BSA) (250 × g, 5 min) and incubated in labeling buffer

(total volume of 100 μl) containing PBS, 1% BSA, 5 μl Human TruStain FcX (Biolegend, cat. no.

422301) and 1% dextran sulfate (Sigma-Aldrich, cat. no. 42867-5G) for 10 min at 4°C before

incubating a further 30 min at 4°C with an antibody cocktail to label B cell surface markers

(**Table S7**). Before acquisition on a BD FACS AriaII cell sorter, cells were washed with cold PBS

containing 1% BSA, centrifuged (250 × g, 5 min, 4ºC), diluted to 20-30 million cells/mL in cold

PBS containing 1% BSA, and filtered into a FACS tube through a 35 µm sterile filter cap

(Corning, cat. no. 352235) to break apart aggregated cells. Lymphocytes were gated using

forward and sideward scatter, followed by doublet exclusion. Cells were then gated on live cells,

followed by $CD19^+CD10^-CD20^+$ B cells. Naive B cells ($CD21^+CD27^-$) and antigen-experienced B

cells (all other B cells) were separated based on CD21 and CD27 expression and sorted into

cold PBS containing 1% BSA. An average of 37,000 antigen-experienced B cells were mixed

with naïve B cells up to a total of 50,000 B cells (**Table S2**). This resulted in an enrichment of

antigen-experienced cells from an average of 49% in the original B cell pool to an average of

74% in the final cell suspension. Cells were immediately processed for single-cell sequencing.

Single-cell gene expression, V(D)J, and feature barcoding library preparation

B cells were counted with a hemocytometer and run on a Chromium 10x controller (10x

Genomics) in individual lanes with a targeted recovery rate of 10,000 cells per lane, according

to the manufacturer's instructions. Library preparation was completed following the

recommended protocols for Chromium Single Cell 5' Gene Expression kit as well as 5' Feature

Barcode and V(D)J Enrichment kits (**Table S8**). Libraries were sequenced using the Illumina

NovaSeq6000 (paired-end 150 bp) and HiSeq (paired-end 100 bp) platforms.

Single-cell RNA-seq data analysis

Sequencing reads were mapped to the human reference genome (hg38) and assigned to

individual cells of origin using cell-specific barcodes in Cell Ranger (10x Genomics) version

3.1.0. The sequencing data were then processed using Seurat version 3.2.3, following their

default pipeline as follows. Low-quality cells with high (>2500) or low (<200) UMI counts were

filtered from the samples. In addition, to prevent antibody isotype or V(D)J-gene segment usage

from influencing the clustering of cells, we removed all IGH, IGK and IGL transcripts from the

single cell data before clustering and UMAP visualization, as proposed by Steward *et al*. (*20*).

Gene expression levels for each cell were normalized by total expression, multiplied by a scale

factor (10,000), and log-transformed. Cells with > 5% mitochondrial reads were excluded

because these are likely damaged or dying cells that have lost much of their cytoplasmic

mRNA. Gene expression values for all genes in all clusters are provided in **Table S9**. We

determined the top 2000 most variable genes based on their average expression and

dispersion. Principal component analysis was performed on highly variable genes to reduce the

dimensionality of the data. We performed clustering using the Louvain algorithm implemented in

the *FindClusters* function of Seurat (algorithm = 1, resolution = 0.5, dims. use = 1:20) and

displayed the clusters using UMAP. One outlier cluster consisting of 13 cells that were most

likely T cells was removed from further analysis. Because cells from all samples were

distributed evenly across the UMAP (**Figure S3**), no batch corrections were performed. We

identified the cluster-specific marker genes conserved across different samples using the

FindConservedMarkers function (default parameters) from Seurat. To identify differentially

expressed genes between a pair of clusters, we used the *FindMarkers* function from Seurat

(with parameters *min.pct* = 0.20, and log2FC = 0.25), and additionally filtered genes using a

false discovery rate of 0.05. Violin plots, dot plots, and UMAP plots overlaid with gene

expression level were generated using standard Seurat functions. Reactome pathway analysis

was performed using differentially expressed genes that were upregulated in pairwise cluster

comparisons. The top 3 - 5 pathways with FDR-adjusted P value < 0.01 were selected for visual

representation in **Figure 3C**. The full set of Reactome analysis results and differentially

expressed gene lists are provided in **Tables S5** and **S6**. For heatmaps in Figures 3, gene

expression values for the four samples were first divided by the average value for all clusters for

that donor to account for donor-to-donor variation. The data points were then z-scored across all

clusters and samples prior to plotting heatmaps using the color palette 'Hiroshige' from the R

package MetBrewer.

Single-cell RNA-sequencing gene signature score analysis

We performed gene signature score analysis as described in (*11*). Briefly, gene expression data

from the Seurat object were scaled (z-score across each gene) to remove bias towards highly

expressed genes. A cell-specific signature score was computed by first sorting the normalized

scaled gene expression values for each cell followed by summing up the indices (ranks) of the

signature genes. These signature scores were then projected onto the transcriptomics-based

UMAP.

Single-cell surface marker analysis

From the single-cell RNA sequencing Seurat object, we extracted the antibody capture

component (assay = ADT), normalized the antibody matrix using CLR normalization (Seurat

method *NormalizeData*), and then scaled the antibody matrix using Seurat routine *ScaleData*.

This normalized and scaled antibody matrix was then used to define the following populations of

B cells by phenotype: 1) DN1 B cells: $CD27^-IgG^+CD21^+CD11c^-$, 2) DN2 B cells: $CD27^-$

$IgG^+CD21^-CD11c^+$, 3) DN3 B cells: $CD27^-IgG^+CD21^-CD11c^-$, 4) DN4 B cells: $CD27^-$

$IgG^+CD21^+CD11c^+$, 5) Resting naïve B cells: $CD27^-IgM^+CD21^+$, 6) Activated naïve B cells:

CD27$^-$IgM$^+$CD21$^-$, 7) Resting switched memory B cells: CD27$^+$IgG$^+$CD21$^+$, 8) Activated switched

memory B cells: CD27$^+$IgG$^+$CD21$^-$, 9) Resting unswitched memory B cells: CD27$^+$IgM$^+$CD21$^+$,

and 10) Activated unswitched memory B cells: CD27$^+$IgM$^+$CD21$^-$. The UMAP plots highlighting

corresponding cell categories were generated using Seurat. Distributions of cell surface

expression of the markers CD21 and CD27 (**Figure S4**), as well as CD11c and CXCR3 (**Figure**

S6) for individual clusters were plotted using the above mentioned normalized and scaled

antibody matrix, and employing the 2D kernel density function *kde2d* from the R package

MASS.

Single-cell B cell receptor analysis

Single-cell B cell receptor sequencing data was first processed using the command *changeo-*

10x. Single-cell heavy chain variable region sequences were then analyzed using the

Immcantation pipeline. First, the Immcantation package Change-O (v0.4.4) was used to align

lymphocyte receptor sequences to germline sequences for downstream analyses (*58*). Isotype-

specific data files were converted into standardized tab-delimited database files required for

subsequent Change-O modules to operate using IgBLAST (v1.14.0), which is included in

Change-O. The frequency of somatic hypermutations was calculated as described previously

(*23*). Average frequencies for each donor and cluster are reported.

To calculate the percentage of clonal expansion within clusters or clonal connections between

clusters, genotyping was performed using the routine *tigger-genotype*, followed by analysis of

clonally related B cell receptor sequences using a custom Perl script available for download at

https://github.com/embunnik/clonal_scores, as described in detail elsewhere (*38*).

RNA velocity analysis

RNA-velocity analysis was performed by scVelo (*59*), using the scRNA-seq data. First, gene expression matrices from cell ranger were converted to scVelo compatible loom format using the tool Velocyto (*60*). We exported the cluster information and the UMAP coordinates from the Seurat object in .h5ad format, instead of re-computing them in scVelo. RNA-velocity analysis was then performed by the scVelo routine *tl.velocity()* using its default stochastic model. RNA velocity and pseudo-time plots were generated by the default scVelo routines.

Atypical B cell sorting

B cells were isolated by negative selection as described above, washed with PBS (250 × g, 5 min), and resuspended in 1 ml of PBS containing 1 μl live/dead stain (LIVE/DEAD Fixable Aqua Dead Cell Stain Kit (Thermo Fisher Scientific, cat. no. L34965) and incubated for 30 min on ice. Cells were subsequently washed with cold PBS containing 1% BSA (250 × g, 5 min, 4ºC) and incubated at 4°C for 30 min with a B cell surface marker antibody cocktail (**Table S12**), added up to a total volume of 100 μl with PBS containing 1% BSA. Cells were then washed with cold PBS containing 1% BSA, centrifuged (250 × g, 5 min, 4ºC), diluted to 20-30 million cells/mL in cold PBS containing 1% BSA, and filtered into a FACS tube through a 35 μm sterile filter cap (Corning, cat. no. 352235) to break apart aggregated cells. Using a BD FACS Aria Fusion cell sorter, atypical B cell subsets and switched memory cells were sorted into 1.5 mL Eppendorf tubes containing IMDM/GlutaMAX supplemented with 10% heat-inactivated FBS (USA origin). Cells were immediately frozen for RNA-seq or plated for in vitro B cell activation experiments.

Bulk RNA-Sequencing

RNA-seq libraries were generated following the NEBNext Single Cell/Low Input RNA Library

Prep Kit for Illumina (NEB #E6420S) protocol for cells, except that all DNA cleanup steps we

done using SparQ magnetic beads (Quantabio). In brief, 200 cells of each B cell subset were

FACS sorted directly into 1× NEBNext Cell Lysis Buffer in 1.7 ml low binding tubes (Corning

#3207). Cells were then flash frozen in liquid nitrogen for future use. For all samples, cDNA was

synthesized and amplified using 21 cycles. cDNA quantity and quality were assessed by

Invitrogen Qubit and Agilent 2100 Bioanalyzer. PCR enrichment of adaptor-ligated DNA was

performed using NEBext Multiplex Oligos for Ilumina (NEB #E7335S and #E7500S) following

the recommended number of amplification cycles based on the amount of cDNA input used in

the fragmentation/end prep reaction. Library quantity and quality were assessed by Invitrogen

Qubit and Agilent 2100 Bioanalyzer. Eighteen libraries were multiplexed and sequenced on a

NovaSeq600 SP 50PE flow cell. Six libraries were retrospectively removed from data analysis

due to low input cDNA and resulting low gene expression quality. The list of genes that were

differentially expressed between the three atypical B cell clusters in the scRNA-seq data set and

were representative of functional differences between these clusters was filtered for an average

expression level of 100 transcripts per million (tpm) among the remaining samples. Expression

values were z-scored across all samples and plotted in a heatmap.

Staining for spectral flow analysis

C-terminally biotinylated full-length *P. falciparum* 3D7 MSP1 and AMA1 were produced as

described previously (*43*). Antigen tetramers were synthesized by incubating protein with

fluorophore-conjugated streptavidin overnight at 4˚C at a molar ratio of 6:1 with rotation (**Table**

S10). B cells were isolated by negative selection as described above, washed with PBS,

centrifuged (250 × g, 5 min), resuspended in 1 ml of PBS containing 1 µl live/dead stain

(Zombie UV Fixable Viability kit (Biolegend, cat. no. 423107)) and incubated on ice for 30 min.

Cells were subsequently washed with cold PBS containing 1% BSA (250 × g, 5 min, 4ºC),

resuspended with a cocktail of 25 µM of each antigen tetramer diluted in PBS containing 1%

BSA to a volume of 100 µl, and incubated at 4°C for 30 min. Next, the cells were washed twice

with cold PBS containing 1% BSA (250 × g, 5 min, 4ºC) and incubated at 4°C for 30 min with a

B cell surface marker antibody cocktail (**Table S11**) with 10 µl Brilliant Stain Buffer Plus (BD,

cat. No. 566385) diluted in PBS containing 1% BSA up to a volume of 100 µl. The cells were

then washed with cold PBS containing 1% BSA (250 × g, 5 min, 4ºC), resuspended in 1 ml of

Transcription Factor Fix/Perm Concentrate (Tonbo, part of cat. no. TNB-0607-KIT), diluted with

3 parts Transcription Factor Fix/Perm Diluent (Tonbo), and incubated at 4°C for 1 hour. After the

incubation, the cells were washed twice with 3 ml of 1× Flow Cytometry Perm Buffer (Tonbo)

(300 × g, 8 min, 4ºC) and resuspended in 1× Flow Cytometry Perm Buffer with an intracellular

marker antibody (**Table S11**). After an incubation at 4°C for 30 min, the cells were washed twice

with 3 ml cold 1× Flow Cytometry Perm Buffer (300 × g, 8 min, 4ºC) and once with 3 ml cold

PBS containing 1% BSA, resuspended in cold PBS containing 1% BSA to 20 – 30 million

cells/ml and filtered into a FACS tube through a 35 µm sterile filter cap. Cells were analyzed by

flow cytometry immediately following intracellular staining.

Spectral flow cytometry analysis

B cells were analyzed on a Cytek Aurora spectral flow cytometer equipped with five lasers.

SpectroFlo QC Beads (Cytek, cat. no. SKU N7-97355) were run prior to each experiment for

performance tracking. Quality control and LJ tracking reports were used to ensure machine

performance and that settings between different runs were comparable. Paired samples were

processed in the same experiment and experiments performed on separate days contained

technical replicates. B cells isolated from pooled PBMCs from two malaria-naïve US donors

were used for the compensation of the live/dead stain, for the unstained control, and for

technical replicates. Between runs, the expression of cell surface and intracellular markers

showed a high correlation between these technical replicates (Spearman r = 0.98, **Figure S19**).

UltraComp eBeads Plus Compensation Beads (Thermo, cat. No. 01-3333-41) were used for

compensation of all other fluorophores. The cytometry analysis software OMIQ (Dotmatics) was

used for the integration and dimension reduction analysis. In short, atypical B cells were first

pre-gated on single/live/CD19$^+$/CD20$^+$/CD21$^-$/CD27$^-$/CD11c$^+$/IgG$^+$ cells. UMAPs were then

created using the expression of CD19, CD20, CD24, CD38, CD83, CD86, CD95, CXCR3,

CXCR5, CD11c, FcRL5, and T-bet as features with default parameters (neighbors = 15,

minimum distance = 0.4, metric = Euclidean, random seed = 9258) and included all 38 Ugandan

donor samples used in this study for initial projection. To define the three atypical B cell subsets,

FlowSOM (*61*) was used to identify three clusters based on CD11c, FcRL5, and CD86

expression using the default parameters (metric = Euclidean, random seed = 1226). For the

projection of antigen-specific B cells onto the UMAP, gates were manually set to identify

populations of interest using two-dimensional displays, which were then overlaid onto the UMAP

projection. Mean fluorescence intensities of cell surface and intracellular markers in select B cell

subsets were calculated for each sample individually in OMIQ, and then averaged across

samples. To visualize mean fluorescence intensities in a heatmap, the average value for each B

cell subset was expressed as a percentage of the highest mean fluorescence intensity among

all subsets.

B cell cultures

One day prior to sorting B cells, wells of a 96-well plate were each seeded with 30,000

adherent, CD40L-expressing 3T3 cells (kind gift from Dr. Mark Connors, NIH) in 100 µl

IMDM/Glutamax/ 10% FBS containing 2× MycoZap Plus-PR (Lonza #VZA-2021), 100 ng/ml

human IL-2 (GoldBio #1110-02-50), and 100 ng/ml human IL-21 (GoldBio #1110-21-10) to

promote expansion and differentiation of B cells into antibody-secreting cells. As a control, one

plate was prepared with 100 µl IMDM/Glutamax/ 10% FBS containing 2× MycoZap Plus-PR

(Lonza #VZA-2021), 100 ng/ml human IL-2 (GoldBio #1110-02-50), and 100 ng/ml human IL-21

(GoldBio #1110-21-10), without 3T3 cells. Plates were incubated O/N at 37°C and 8% CO_2.

Immediately after B cell sorting, 100 cells of each B cell subset were resuspended in 100 µl

IMDM/Glutamax/ 10% FBS, added to the 100 µl culture media with supplements already

present in the plates to a total volume of 200 µl, and incubated at 37°C and 8% CO_2. After

seven days, 80 µl of supernatant was removed and replenished with 100 µl IMDM/Glutamax/

10% FBS containing 2× MycoZap Plus-PR (Lonza #VZA-2021), 100 ng/ml human IL-2 (GoldBio

#1110-02-50), 100 ng/ml human IL-21 (GoldBio #1110-21-10). At day 14, the IgG concentration

in the supernatant was determined by enzyme-linked immunosorbent assay (ELISA).

Enzyme-Linked Immunosorbent Assays

To detect IgG, 96-well ELISA plates (Corning #3361) were coated with goat anti-human IgG

(Sigma #I2136) antibody at a concentration of 4 µg/ ml diluted in PBS, at a total volume of 100

µl per well. After a one-hour incubation at 37°C or O/N at 4°C, each well was washed once

using slowly running (approximately 900 ml/min.) deionized water. All subsequent washes were

performed this way. 150 µl blocking buffer (one-third Non-Animal Protein (NAP)- Blocker (G-

Biosciences #786-190P) and two-thirds PBS) was added to each well to prevent non-specific

binding. After one hour of incubation at 37°C, the wells were washed three times and 5 µl B cell

culture supernatant diluted 1:20 in dilution buffer (1% NAP Blocker in PBS; total volume 100 µl)

was added per well. Plates were incubated for two hours at 37°C and washed five times. Then,

100 µl 1:2500 diluted (1% NAP Blocker in PBS) HRP-conjugated anti-human IgG antibody

(BioLegend #410902) was added to each well. After incubation for one hour at 37°C and three

washes, HRP activity was detected using 50 µl TMB (Thermo #PI34024). Plates were incubated

in the dark at RT and the oxidation reaction was stopped by adding 50 µl 0.18 M H_2SO_4 (Fisher

#FLA300-212) per well when the negative controls (wells that received buffer when test wells

received culture supernatant) started to color. Absorbance was measured at 450 nm using a

BioTek Synergy H4 microplate reader. A human IgG (Sigma #I2511) standard curve (ten three-

fold serial dilutions starting at 20 µg/ml) was used to quantify samples.

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Author contributions

GB performed single-cell sequencing experiments and data analysis. RAR performed bulk RNA-

sequencing experiments, spectral flow cytometry experiments, *in vitro* B cell cultures, ELISAs

and data analysis. PD and FA analyzed single-cell sequencing data. ABR analyzed somatic

hypermutation data. RG provided critical feedback on the manuscript. IS, PJ, MEF, and BG

provided clinical samples. RAR, GB, SB, and EMB wrote the manuscript with input from all other

co-authors. All authors contributed to the article and approved the submitted version.

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1174　**Competing interests**

1175　The authors declare that they have no competing interests.

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1177　**Data availability**

1178　All sequencing files will be available from the NCBI Sequencing Read Archive under BioProject

1179　accession no. TBD.

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