Broadly neutralizing SARS-CoV-2 antibodies through

epitope-based selection from convalescent patients

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SUMMARY

Emerging variants of concern (VOCs) are threatening to limit the efficacy of SARS-CoV-2 monoclonal antibodies and vaccines currently used in clinical practice; broadly neutralizing antibodies and strategies for their identification are therefore urgently required. Here we demonstrate that broadly neutralizing antibodies can be isolated from peripheral blood mononuclear cells (PBMCs) of convalescent patients using SARS-CoV-2 receptor binding domains (RBDs) carrying epitope-specific mutations. This is exemplified by two human antibodies, GAR05, binding to epitope class 1, and GAR12, binding to a new epitope class 6 (located between class 3 and class 5). Both antibodies broadly neutralize VOCs, exceeding the potency of the clinical monoclonal sotrovimab (mAb S309) by orders of magnitude. They also provide potent prophylactic and therapeutic *in vivo* protection of hACE2 mice against viral challenge. Our results indicate that exposure to Wuhan SARS-CoV-2 induces antibodies that maintain potent and broad neutralization against emerging VOCs using two unique strategies: either by targeting the divergent class 1 epitope in a manner resistant to VOCs (ACE-2 mimicry, as illustrated by GAR05 and mAbs P2C-1F11/S2K14); or alternatively, by targeting rare and highly conserved epitopes, such as the new class 6 epitope identified here (as illustrated by GAR12). Our results provide guidance for next generation monoclonal antibody development and vaccine design.

INTRODUCTION

The coronavirus SARS-CoV-2, the causative agent of the global COVID-19 pandemic, has resulted in the death of over 6 million people worldwide [1]. Upon SARS-CoV-2 infection, the human adaptive immune response generates antibodies against the viral spike surface glycoprotein[2]. Most of the neutralizing antibodies bind the spike receptor binding domain (RBD), and in particular class 1 and 2 epitopes within the receptor binding motif (RBM), directly blocking interaction with the human angiotensin converting enzyme receptor 2 (ACE2) [3-6]. Such RBD- and RBM-targeted antibodies are also generated upon vaccination [7], but often lack neutralization potential against emerging variants of concern (VOCs) [8-10]. More recently, broadly neutralizing antibodies have been identified that bind outside the RBM region [11-15]. Such antibodies generally bind to regions conserved among sarbecoviruses (class 3, 4 and 5 epitopes) and are expected to be more resilient to VOCs. However, it is also evident that such antibodies are rare in most vaccinated individuals and convalescent patients [5,14].

In addition to vaccination, the use of recombinant antibodies has proven successful for therapy and prevention of COVID-19 and several monoclonal antibodies have obtained regulatory approval [16-18]. However, increased resistance to antibody neutralization is being observed for SARS-CoV-2 VOCs, especially for variants carrying mutations within the RBM region (including Beta and Omicron variants) [8-10]. To overcome such resistance, research has focused on the development of broadly neutralizing antibodies, such as sotrovimab (S309), which targets the class 3 epitope, which is conserved in sarbecoviruses [19]. In addition, antibody cocktails, targeting multiple non-overlapping epitopes on the surface of the RBD have been developed to overcome resistance [20,21].

Here we outline a strategy based on the sorting of convalescent patient B cells in an

epitope-specific manner, in combination with structural characterization by X-ray

crystallography, cryo-electron microscopy (cryo-EM), live virus neutralization and

animal models. Using recombinant RBD proteins carrying epitope-specific mutations,

we identified neutralizing antibodies binding to diverse epitope classes. Our approach

identified a panel of three non-overlapping antibodies (GAR05, GAR12, and GAR20)

binding to epitopes classes 1, 6 and 4) that potently neutralize live virus *in vitro* and

protect K18-hACE2 mice from intranasal challenge. Although these monoclonals had

been isolated from convalescent patients infected early in the pandemic (Wuhan strain),

all three potently neutralized the immune evasive Delta VOC, with two of the three

(GAR05, GAR12) also potently neutralizing all analyzed Omicron subvariants,

highlighting the robustness of the approach. In addition to the previously described

class 1-5 epitopes of RBD, our work identified a new epitope class conserved in

sarbecoviruses, that we define as class 6, located between class 3 (exemplified by the

antibody S309 [19]) and class 5 (exemplified by the antibody S2H97[12]) epitopes. Taken

together, our approach identified new broadly neutralizing antibodies from

convalescent patients and outlined a new RBD epitope class (class 6), highlighting the

potential of the strategy for our understanding of the SARS-CoV-2 antibody response

and for future vaccine and therapeutic applications.

RESULTS

Epitope-based selection of human memory B cells using mutant SARS-CoV-2

RBDs

We utilized peripheral blood mononuclear cells (PBMCs) from convalescent patients

from the COSIN study (New South Wales COVID-19 patient cohort) [22], at 1- and 4-

months post SARS-CoV-2 infection. In order to rapidly identify antibodies binding to different epitopes, we sorted memory B cells based on their capacity to bind to RBD variants carrying epitope class-specific mutations. We initially investigated whether to utilize full spike glycoprotein (trimeric; Wuhan strain [23]; randomly biotinylated) or recombinant RBD (single biotin-tag) to select human memory B cells. Using fluorescently-labeled tetramerized spike and tetramerized RBD, we observed a population of CD3$^-$CD19$^+$CD20$^+$CD10$^-$IgD$^-$IgG$^+$ B cells with a high mean of fluorescence intensity (MFI) for both the RBD and spike (albeit lower MFI for spike, Fig. 1A and Supp. Fig. 1 - Sort 1). Subsequent sorting (Sort 2 and Sort 3; Fig 1A, Supp Fig 1) focused on the use of tetramerized RBD and a series of SARS-CoV-2 RBD mutants to target different epitope classes. We specifically designed RBD mutants to differentiate antibodies blocking the ACE2 interactions and antibodies binding outside the ACE2 binding site. For this purpose, we utilized the following mutant SARS-CoV-2 RBDs: Mut1 (T500A/N501A/Y505A), perturbing the ACE2 binding site (targeting class 1 and 2 antibody binders); Mut2 (L455A/F456A), blocking a different surface of the ACE2 binding site (further targeting further class 1 and 2 binders); and Mut3 (K378S), blocking the CR3022 antibody epitope (targeting class 4 binders) (Fig. 1B) [24]. In addition to mutants RBDs, we also utilized SARS-CoV-1 RBD in order to identify broadly neutralizing antibodies (all RBDs were tetramerized with four distinct fluorescent dyes (Supp. Fig. 1B)). Having observed RBD/spike cross-specificity (Sort 1), the next strategy (Sort 2) employed SARS-CoV-1, SARS-CoV-2 and Mut1 and Mut3 RBDs, classifying cells as falling into class 1/2, 4 or unknown epitope classes (Fig 1 and Supp Fig 1). We consolidated these findings using a third sorting strategy (Sort 3) employing WT SARS-CoV-2, Mut1, Mut2 and Mut3 (Fig. 1A and Supp. Fig. 1 – Sort 3), strengthening delineation of binders that compete with the ACE2 interface.

Epitope binning and characterization of human monoclonal antibodies

Following the indexed sorting strategies, human antibody variable regions were

amplified from isolated B lymphocytes, cloned into human IgG1 expression vectors,

and the encoded monoclonal antibodies expressed and purified [25,26]. For an initial

screen, we assessed antibody binding by ELISA and found that 80% (16/20) of the

antibodies selected bound to WT SARS-CoV-2 RBD (Supp. Fig. 2A). We then

measured the antibody binding affinities to SARS-CoV-2 RBD by BioLayer

Interferometry (BLI), which ranged from 290 nM to 200 pM (Fig. 1C and Supp. Fig.

2B).

To further validate class 1/2 antibodies, we performed BLI competition assays with

recombinant human ACE2. Amongst the 16 antibodies screened, we identified seven

that competed with ACE2 and thus could be considered as class 1/2 candidates

(GAR04, 05, 06, 07, 09, 15 and 20) (Supp. Fig. 3). All but one of these (GAR04) were

capable of binding the E484K RBD mutant (Supp. Fig. 3), a residue pivotal to the

binding mode of many class 2 binders [6], hence we tentatively assigned GAR04 as a

class 2 binder, while the other six antibodies were assigned as class 1 binders (Fig 1D).

IGHV3-53, IGHV1-2 and IGHV3-30 germlines have been commonly observed among

class 1 and class 2 SARS-CoV-2 binders[27] , and we also observed these germlines

among several of these selected clones (including GAR01, GAR04, and GAR15).

To further validate class 4 antibodies, we first investigated cross-reactivity with other

sarbecovirus RBDs, which are known to be relatively conserved within this epitope

(SARS-CoV-1, pangolin CoV and bat RaTG12-CoV) [12,13]. We performed BLI binding

experiments with these three sarbecovirus RBDs and identified seven cross-reactive

antibodies (GAR01, 03, 11, 13, 14, 16 and 20) (Supp. Fig. 4). BLI competition assays

performed on these cross-reactive antibodies with the class 4 monoclonal antibody

CR3022 [28,29](known to bind both SARS-CoV-1 and SARS-CoV-2), confirmed that all,

except GAR01 and GAR03, bind to the class 4 epitope (Supp. Fig. 3). In addition to

competing with CR3022, GAR20 also blocked binding of recombinant ACE2 to SARS-

CoV-2 RBD, as observed for antibody 3467 [14], however this was not observed for the

other class 4 antibodies.

The finding that GAR01 and GAR03 are broadly cross-specific and bind to epitopes

conserved in SARS-CoV-2, SARS-CoV-1, pangolin CoV and bat RaTG12-CoV (but

do not compete with ACE2 nor CR3022) indicate that these two antibodies may be rare

binders falling into the class 5 epitope bin. To investigate this hypothesis, we performed

BLI competition assays with the class 5 antibody S2H97 [12], and confirmed that binding

of both antibodies is indeed consistent with the class 5 classification (Supp. Fig. 3).

Overall, our epitope-binning strategy assigned most of the antibodies to established

class 1-5 epitope bins (Fig. 1C)[30]. In addition, antibodies originally sorted into unknown

epitope bins were further identified as falling either into epitope class 1/2 (unaffected

by T500A/N501A/Y505A and L455A/F456A RBD mutations) or alternately as falling

into a new epitope class (class 6, as below).

Next, we evaluated the capacity of these antibodies to neutralize live virus. We

observed that 12/16 of the monoclonal antibodies neutralized SARS-CoV-2 Wuhan

(D614G) strain with IC_{50}s ranging from 20 μg/ml to 12 ng/ml (Fig. 1C, Fig. 1D).

Several (6/16) antibodies also neutralized the Delta VOC (GAR05, GAR07, GAR09,

GAR12, GAR15 and GAR20) (Fig. 1E). Three of these antibodies, GAR05, GAR12

and GAR20, were particularly broad in their specificity and neutralized all analyzed

variants of concern, with GAR05 neutralizing with $IC_{50}s$ ranging from 115 to 26 ng/ml,

and GAR12 and GAR20 neutralizing with $IC_{50}s$ ranging from 255 to 128 ng/ml and 12

to 4 µg/ml respectively (Supp. Fig. 5).

GAR05 is a broadly neutralizing class 1 antibody

Based on its potent and broad neutralization potential, antibody GAR05 was further

characterized by cryo-EM and X-ray crystallography. For cryo-EM studies, GAR05

Fab was incubated with stabilized D614G Wuhan trimeric spike ("VFLIP") [31] at a 3:1

molar ratio. The complex was subsequently flash-frozen and examined using cryo-EM

(Supp. Fig. 6 and Supp Table 2). The cryo-EM map of GAR05 bound to trimeric spike

(Fig. 2A, Supp Table 2) shows three antibody Fabs bound to the RBD domains of the

trimeric spike, where all three RBDs are in the up conformation, consistent with its

classification as a class 1 antibody (similarly to what has been observed for antibody

C105 [32]). We also solved the crystal structure of GAR05 as a Fab fragment in complex

with SARS-CoV-2 RBD to 3.2 Å resolution (Fig 2B, Supp. Table 1), essentially

confirming the binding mode suggested by the cryo-EM map. GAR05 straddles the

middle of the saddle-like RBD surface known to interact with the ACE2 receptor (Fig.

2B). The antibody forms a large RBD-interface (~1275 $Å^2$, green surface in Figure 2D),

815 $Å^2$ of which is contributed by the heavy chain. Heavy-chain complementarity

determining regions form a cleft bordered on one side by two finger-like loops (CDRs

H1 and H2), opposite a thumb-like loop (extended CDR H3) between which the saddle

of the RBD (residues 470-492, Fig. 2C) is bound. CDRs L1 and L3 of the light chain

also contact the RBD, forming an additional cleft accommodating the side chain of

residue Y505, which projects from the surface of the RBD (Fig. 2C). The large surface

area buried at the interface is at the upper end of what is commonly observed for

antibody/antigen interactions [33,34]. This large interaction surface is reflective of the high

affinity of GAR05 (540 pM) and is also likely key to its broad neutralization potential,

despite its epitope covering a cluster of RBD residues commonly mutated in VOCs

(Fig. 2D, residues colored in yellow).

The binding mode of GAR05 is similar to that of mAb P2C-1F11, which has been

described as an ACE2 mimetic due to sharing extensive steric clash volume with ACE2

[35]. A primary difference, however, is the higher affinity and extremely long HCDR3

loop of GAR05, which wraps further than P2C-1F11around the RBD saddle targeted

by ACE2 (Supp. Fig. 7, top panels). A further class I targeting antibody, S2K146 [36],

has also been described as an ACE2 mimetic as it targets multiple evolutionarily

conserved residues utilised by ACE2, and displays broad resistance to VOCs. The

overall binding mode of S2K146 resembles that of GAR05, with the notable exception

that the orientation of the antibody heavy and light chains are reversed (approximately

180-degree rotation; Supp. Fig. 7, lower panels).

Structural identification of a novel class 6 epitope

We next performed structural studies on two broadly cross-reactive antibodies, GAR03

and GAR12, binding conserved epitopes in proximity to that of antibody S2H97 [12].

Initial cryo-EM studies using a GAR03-spike mix that had been incubated for 30 min

were unsuccessful due to significant aggregation and sample degradation. However, a

shorter 1 min incubation of GAR03:spike at a 3:1 ratio improved sample integrity and

this preparation was utilized to solve the structure of GAR03 bound to spike

glycoprotein (Supp. Fig. 6 and Supp. Table 2). Examination of the cryo-EM maps

revealed that density could not be observed for the N-terminal domain and RBD of one

of the three protomers (essentially an S1 domain), with the GAR03 Fab instead

occupying the space of the N-terminal domain while being bound to the RBD of an

adjacent protomer (Fig. 3A). Given that the S2 domain of all three protomers are

visible, we hypothesize that binding of GAR03 to an RBD causes the N-terminal

domain and RBD of an adjacent protomer to be displaced and become flexible, with

the averaging methods employed in single particle analysis cryo-EM making their

location unidentifiable. Subsequently, we crystalized GAR03 Fab in complex with the

RBD and solved the structure by X-ray crystallography to 2.75 Å resolution (Figure

3A, middle and right-hand panels), confirming the binding mode suggested by cryoEM,

whereby the bulk of the contact interface is mediated by the antibody light chain.

Competition binding assays suggested that GAR03 binds to an epitope shared with the

class 5 antibody S2H97 (Supp. Fig. 3). Surprisingly, however, mapping of the GAR03

structure onto the S2H97-RBD structure (PDB 7m7w) [12] revealed that, although

GAR03 and S2H97 block each other from binding to the RBD, the epitope overlap is

minimal (Fig. 3C and 3D – overlap colored green). More specifically, the GAR03

epitope occupies RBD surface extending from the class 5 epitope exemplified by

S2H97 to the class 3 epitope site, exemplified by the monoclonal antibody Sotrovimab)

(S309, PDB 7r6x[12], Fig. 3C – S2H97 in yellow and S309 in pink). This epitope is highly

conserved among sarbecoviruses, as highlighted by the cross-reactivity of GAR03 with

SARS-CoV-2, SARS-CoV-1, Pangolin CoV and Bat RaTG12-CoV RBD. BLI

competition experiments revealed that two other potently neutralizing antibodies,

GAR12 and GAR17, competed both with GAR03 and S309 (class 3 epitope) (Supp.

Fig. 8). However, the lack of competition with S2H97 suggests that GAR12 and

GAR17 presumably target regions more oriented towards the class 3 epitope site (Fig.

1C). To validate this hypothesis, we solve the crystal structure of GAR12 Fab in

complex with the RBD by X-ray crystallography to 2.25 Å resolution. Indeed, GAR12

binds to an epitope on the surface of the RBD that overlaps with S309 and abuts the

ACE2 contact surface (Fig. 3B-D, orange cartoon and surfaces). The GAR12 epitope

broadly avoids residues mutated in VOCs, thus demonstrating the broad and potent

neutralization of this antibody (Fig. 3B). We designate this epitope, spanning a

triangular surface between class 5, class 3 and class 1, as class 6 (Fig. 3C).

Superposition of GAR12, GAR03 and GAR05 antibodies to the trimeric spike protein

with the RBDs in the down position indicates that GAR12 is unimpeded and capable

of binding to spike in the fully down position (Fig. 3E – orange Fab cartoons). In

contrast, neither GAR03 (blue Fab cartoons) nor GAR05 (green Fab cartoons) can

access their respective RBD epitopes in the down position due to steric obstruction from

either neighboring N-terminal (both) or RBD domains (of adjacent protomers

(GAR05)) within the spike trimer (Fig. 3E).

Live virus challenge in the K18-hACE2 mouse model

To further validate monoclonal antibodies identified in this study, live virus challenge

experiments were carried out using the K18-hACE2 mouse model of SARS-CoV-2

infection in prophylaxis and therapeutic treatments [37,38]. For this purpose, we selected

three monoclonal antibodies with broad neutralization of variants of concern (Fig. 1C,

Fig. 1E, Supp. Fig. 5) and non-overlapping epitopes (Supp. Fig. 8), to enable future

application as combination therapy. More specifically, we selected GAR05 for class 1,

GAR12 for class 6 and GAR20 for class 4.

We initially evaluated the antibodies in a prophylaxis model using live SARS-CoV-2

virus (Wuhan). Mice were injected intraperitoneally with 30 mg/kg of monoclonal

antibody three days prior to challenge with 1×10^3 PFU live virus. Mice administered

with monoclonal antibodies maintained consistent body weight throughout the

challenge compared to mice administered with human IgG1 isotype control (Fig. 4A).

Moreover, treatment provided considerable protection from clinical symptoms, with

only control mice displaying severe scores (Fig. 4B). Viral titers in lung homogenates

from mice treated with monoclonal antibodies were significantly reduced compared to

isotype control and generally below the detection limit (Fig. 4C). Investigation of the

bronchoalveolar lavage fluids (BALF) revealed that all three treatment groups had

statistically significant reductions in inflammatory innate immune cells (macrophages

and neutrophils), while maintaining undetectable levels of lymphocytes (Supp. Fig. 9).

In a subsequent study, mice were challenged with Wuhan SARS-CoV-2 in a therapeutic

setting, with GAR05 administered post-viral challenge at 30 mg/kg. This experiment

revealed that, as had been observed in a prophylactic setting, mice treated with GAR05

were fully protected from viral challenge with no measurable weight loss (Fig. 4D),

reduction in clinical scores (Fig. 4E) or detectable lung viral titers (Fig. 4F). In a third

in vivo setting, GAR05 was used as a prophylactic modality (as above), and mice

challenged with the Delta (B.1.617.2) VOC. As had been observed for the initial live

virus challenge (Wuhan), mice treated with GAR05 were protected from the viral

challenge with the Delta VOC: indeed, no measurable reduction of either weight (Fig.

4G), clinical scores (Fig. 4H) could be observed, with undetectable viral titers in the

prophylaxis group (Fig. 4I).

Taken together, these findings demonstrate that the monoclonal antibodies developed

here, targeting non-overlapping epitopes, broadly and potently protect human ACE2

mice from SARS-CoV-2 live virus challenge, highlighting their potential for

therapeutic applications.

Broad neutralization of Omicron VOCs

The Omicron VOC and its subvariants have caused worldwide outbreaks, highlighting

the importance of broad antibody neutralization and mutational resistance [39,40]. When

Omicron BA.1 (B.1.1.529) first emerged in November 2021, we and others had shown

that only 1/6 monoclonal antibodies in clinical practice fully maintained activity,

namely the broadly neutralizing class 3 monoclonal Sotrovimab (S309) [10,41,42]. To

assess the potency of GAR05 and GAR12 against Omicron BA.1 and subvariants, we

performed *in vitro* neutralization assay using live virus. We observed that GAR05 and

GAR12 maintained their activity against the analyzed Omicron VOCs with IC_{50} values

ranging from 16.17 ng/ml to 337.6 ng/ml , with IC_{50}s considerably exceeding those of

Sotrovimab (S309)[41], particularly for the BA.2 subvariant which is not neutralized by

Sotrovimab (Fig. 5B).

DISCUSSION

The emergence of new SARS-CoV-2 VOCs, including Omicron variants, with

increased transmission and immune evasion, has triggered waves of infection

throughout the world [43]. Although existing vaccines remain protective against emerging

variants (albeit with reduced efficacy) [44], the vast majority of monoclonal antibodies do

not maintain activity against Omicron VOCs [10,45]. We show here that a sorting strategy

based on convalescent patient PBMCs, and RBDs bearing class-specific mutations, can

select for sarbecovirus cross-specific antibodies, including those binding to epitopes

outside the ACE2-binding site [14,46,47]. Such epitope-based sorting strategies using

mutant RBD may provide an efficient method to rapidly identify specific antibodies

against future variants of concern using variant RBDs or, alternately, those of ancestral

strains. This is exemplified by the work outlined here, based on convalescent patients

infected with the ancestral Wuhan strain, which allowed for the identification of

antibodies neutralizing a wide range of VOCs. In addition to broadly neutralizing

antibodies within each single epitope bin, our strategy allowed for the identification of

antibodies in multiple non-overlapping epitope bins, as highlighted by the identification

of three non-competing antibodies (GAR05, GAR12 and GAR20) that protect K18-

hACE2 mice from live SARS-CoV-2 challenge. This suggests possible future use for

combination therapy to increase efficacy and prevent mutational escape. Using cryo-

EM and crystallography, we define a new and highly conserved class 6 RBD epitope

on the surface of SARS-CoV-2 RBD, located between class 3 and class 5 epitopes.

While detailed mechanisms of action remain unknown, our data suggests that binding

of antibodies to this epitope may induce spike conformational rearrangements or

degradation, similarly to what has been observed for the antibody S2H97 [12]. Our results

also suggest that exposure to the original Wuhan SARS-CoV-2 RBD (through infection

or immunization) induces antibodies in patients that maintain potent and broad

neutralization potential against emerging VOCs. This is achieved by either targeting

the class 1/2 epitope in a manner resistant to VOCs (as illustrated by GAR05) or

alternatively by targeting rare and highly conserved epitopes, such as the novel class 6

epitope described here (as illustrated by GAR12), providing important guidance for

vaccine design. We conclude that epitope-based selection of SARS-CoV-2 neutralizing

antibodies from convalescent patients enables the identification of promising new

antibodies and epitopes against emerging variants of concern.

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AUTHOR CONTRIBUTIONS

R.R., J.Y.H., R.A.B., D.C. and designed the project; J.Y.H. and H.B. performed human B-cell sorting; R.R. generated SARS-CoV-2 proteins and amplified VH and VL from single B-cells; M.S., S.H.J.B. and A.G.S. performed cryo-EM; D.B.L. performed X-ray crystallography; M.D.J and P.M.H. performed animal experiments; G.W., S.G.T. and W.D.R. performed neutralization experiments; R.R., J.Y.H., H. L., J.J., S.U., O.M. and P.S. performed antibody production and BLI experiments; R.R., J.Y.H., D.B.L. and D.C. wrote the manuscript with input from all other authors.

DECLARATION OF INTERESTS

402   The authors declare no competing financial interest.

 FIGURE LEGENDS

Figure 1: PBMC single cell sorting strategy and antibody characterization. A:

Memory B cells were selected from convalescent patient PBMCs by gating on $CD3^-$

$CD19^+CD20^+CD10^-IgD^-IgG^+$ cells and single cells sorted by binding to fluorescently

labeled SARS-CoV-2 RBD or trimeric spike initially (left panel). In addition, using B:

mutant RBD protein (mutations colored in orange), single cells were sorted based on

FACS epitope bins. Red dots represent the B cells for which monoclonal antibodies

were amplified and characterized. C: Monoclonal antibodies analyzed, showing affinity

for SARS-CoV-2 RBD (Wuhan strain), neutralization potential and epitope class

(initial FACS epitope bin and validation). nn = non neutralizing. C: *In vitro*

neutralization of live SARS-CoV-2 virus (n=4).

Figure 2: Structural characterization of the broadly neutralizing class 1 antibody

GAR05. A: Cryo-EM structure of GAR05 Fab bound to trimeric spike showing full

antibody Fab occupancy of all the RBDs in the "up" conformation. B: Structure of

GAR05 bound to SARS-CoV-2 RBD based on the X-ray crystal structure, outlining the

antibody bound to the ACE2 "saddle" of the RBD. C: Interaction of the CDR regions

of the VH and VL domains with the RBD saddle and the Y505 side chain of the RBD.

D: Comparison of the ACE2 interface on the surface of RBD and the GAR05 epitope,

showing high overlap within the ACE2 saddle region. The large, buried surface area of

GAR05 (1275 $Å^2$) indeed blankets many key residues identified in VOCs, colored in

yellow, yet remarkably still binds all VOCs with potency.

Figure 3: Structural identification of a novel class 6 epitope. A: Cryo-EM structure of spike trimer (three shades of grey surface) complexed with GAR03 (blue cartoon and transparent surface) revealing a single GAR03 antibody Fab bound to trimeric spike (left panel). Binding displaces the S1 domain (N-terminal domain and RBD) of one of the protomers (disordered and not visible in the cryo-EM map), with the GAR03 Fab binding to the RBD of the adjacent protomer. Middle and right panels show two perspectives of the RBD-GAR03 crystal structure. The binding interface is dominated by the GAR03 light chain (light blue cartoon; CDRs L1, L2 and L3) with more minor contribution from the heavy chain (dark blue; CDR H3). The ACE2 interface of the RBD (grey surface and cartoon) is shaded black, whilst omicron VOC mutation positions are indicated by yellow sticks and surface B: Crystal structure of GAR12 (heavy and light chains colored dark and light orange) in complex with RBD (grey cartoon and surface, with ACE2 interface colored black, and omicron VOCs colored yellow). Two perspectives are shown. C: Global juxtaposition of GAR03 (blue surfaces) and GAR12 (orange surfaces) with class 5 representative S2H97 (yellow) and class 3 representative S309 (pink) shown against the RBD surface (grey, and black indicating the RBD-ACE2 interface). D: RBD-interface comparisons. Left and middle panels including GAR03 (blue) and S2H97 (yellow) and their overlap (green). The right panel additionally includes the GAR12 (orange) and S309 interfaces (pink), and their overlap (red). E. Spike trimer (three shades of grey surface) presented with all three RBDs in the down conformation (PDB entry 6xm5) as viewed down the approximate 3-fold axis (left and middle panels); docked Fabs (middle panel) GAR03 (blue cartoons), GAR05 (green cartoons), GAR12 (orange cartoons), as well as the primary helix from ACE2 (yellow cartoon). Modelling indicates that only GAR12 is capable of

binding to spike with RBD in the down conformation (right panel, viewed from the side).

Figure 4: Protection of K18-hACE2 mice from live viral challenge. Animals were injected interperitoneally with 30 mg/kg of GAR05, GAR12, GAR20 or human IgG1 isotype control on d-3 prior to viral challenge for prophylactic studies (A-C,G-I) or d1 post challenge for therapeutic studies (D-F). Mice were challenged (d0) with $1\text{x}10^3$ PFU of intranasal Wuhan SARS-CoV-2 (A-C n=4, D-F n=6) or Delta VOC (B.1.167.2) (G-I n=6) virus and monitored for 6 days, and euthanized (d6) for tissue collection. Measurements of weight (percentage loss from initial weight, A/D/G), clinical score (weight loss, eye closure, appearance of fur and posture, and respiration, B/E/H), and viral titers (lung homogenates; plaque assay, C/F/I) shown.

Figure 5: Neutralization of the Omicron VOCs. A: SARS-CoV-2 neutralization (live virus), Wuhan (A.2.2), Omicron VOCs BA1, BA2, BA5 (n=4). B: IC_{50} values (ng/ml) reported for S309, GAR05 and GAR12 on Wuhan and Omicron VOCs. nn = non-neutralizing.

SUPPLEMENTARY FIGURE LEGENDS

Supplementary Figure 1: Overview of the PBMC sorting strategy. Representative flow cytometric plots of circulating IgD- CD27+ memory B cells in a convalescent patient one month after SARS-CoV-2 infection. The cells were also stained with fluorescent tetramers of SARS-CoV-2 RBD and SARS-CoV-2 spike protein for the Sort 1 strategy. For the Sort 2 and Sort 3 strategies, cells were strained with WT RBD, Mut1, Mut3 and SARS-CoV-1 RBD (replaced by Mut2 RBD in Sort 3).

Supplementary Figure 2: Binding of monoclonal antibodies to SARS-CoV-2 RBD.

A. Purified antibodies were initially screened by ELISA for their binding to RBD. RBD was coated on a maxisorp ELISA plate at 2 µg/ml, incubated first with the purified antibody at 100 µg/ml and then with HRP conjugated with anti-human IgG. B. Affinity measurements by BLI. Streptavidin sensors were coated with biotinylated antibodies at 40 µg/ml, and association and dissociation constants measured using 2-fold serial dilutions of the SARS-CoV-2 RBD from 400 to 50 nM. Raw binding curves are represented in red and the fitted curves in black (K_D values in Figure 1C).

Supplementary Figure 3: Epitope mapping through BLI competition. Antibodies were initially assessed for binding to the RBD (500 nM) pre-incubated with human ACE2 Fc (1 µM) to identify class 1 and 2 antibodies. Additive binding signal indicates co-binding while a decrease or absence of signal indicates competition. Non-class 1 and 2 antibodies were then evaluated for binding to RBD (500 nM) pre-incubated with CR3022 IgG or with S2H97 IgG (1 µM) to identify the class 4 or 5 antibodies, respectively. Finally, class 1/2 antibodies were evaluated for binding to the RBD E484K mutant (500 nM) to suggest class 2 antibodies.

Supplementary Figure 4: Cross reactivity to other sarbecovirus RBDs. Monoclonal antibodies were evaluated for binding to SARS-CoV-1, Bat RaTG13 and Pangolin CoV by BLI. Biotinylated antibodies were captured onto streptavidin sensors and incubated with the RBDs at 500 nM.

Supplementary Figure 5: Neutralization of SARS-CoV-2 VOCs. Antibodies were evaluated for *in vitro* live SARS-CoV-2 virus neutralization in Vero E6 cells or HEK293T cells expressing hACE2 (for the Delta variant only) (n=4).

Supplementary Figure 6: Cryo-EM data processing flowchart. Cryo-EM data processing strategy along with the Fourier shell correction (FSC) curves on the final maps.

Supplementary Figure 7: S309 IgG, GAR03 and GAR12 BLI competition assay. A: To assess antibody epitopes, biotinylated antibodies were captured onto streptavidin sensors and incubated with RBD (500 nM) pre-incubated with S309 IgG (1 µM) or GAR03 IgG (1 µM). B: BLI assay demonstrating the non-overlapping binding of GAR05, GAR12 and GAR20 on the surface of RBD. Biotinylated GAR12 was captured onto streptavidin sensors and incubated with RBD, RBD pre-incubated with GAR05, RBD pre-incubated with GAR20 or RBD pre-incubated with GAR05 and GAR20. Increased binding curve shows that the antibodies do not compete.

Supplementary Figure 8: BALF Differential cell counts from *in vivo* studies. Differential leukocyte (macrophages, neutrophils and lymphocytes) cell counts isolated from bronchoalveolar lavage fluid (BALF) of Wuhan SARS-CoV-2 (A: prophylaxis, and B: therapeutic model) or (C) Delta SARS-CoV-2 prophylactic model.

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METHODS

Antigen production and purification

DNA encoding SARS-Cov-2 RBD (residues 319-541) was gene synthesized

(Genscript) and cloned into the pCEP4 mammalian expression vector (Invitrogen)

encoding a N-terminal IgG leader sequence and C-terminal Avi- and His-tag. RDB

mutants were generated by site-directed mutagenesis and splice-overlapping PCR.

Plasmids were transfected into Expi293 cells (Thermo Scientific) according to the

manufacturer's protocol and the protein expressed for 7 days at 37°C, 8% CO_2. Cell

cultures were clarified by centrifugation, dialyzed with PBS and the protein captured

with Talon resin (Thermo Scientific). The RBDs were eluted with 150 mM imidazole

in PBS, dialyzed with PBS and the purity assessed by visualization on SDS-PAGE. The

protein concentration was determined by measuring the Abs_{280nm}. For biotinylation of

the Avi-tag, the proteins were buffer exchanged into 20 mM HEPES pH 7.5 + 50 mM

NaCl using Zeba Spin desalting columns (Thermo Scientific). Then 10 mM ATP, 10

mM $MgCl_2$, 150 μM D-biotin and 3 μM BirA enzyme (purified in-house) in 50 mM

bicine buffer pH 8.3 was added to the protein and incubated for 1 h at 30°C. The

biotinylated protein was finally buffer exchanged back into PBS and the concentration

determined by measuring the Abs_{280nm}. The plasmid encoding the Wuhan SARS-CoV-

2 spike protein with C-terminal trimerization domain and His tag was kindly provided

by the Krammer lab (BEI Resources). The plasmid encoding the D614G VFLIP spike

protein with a C-terminal trimerization domain and Strept-tag was kindly provided by

the Saphire lab (La Jolla Institute of Immunology). The spike plasmids were transfected

into ExpiCHO and the protein expressed for 7 days at 32°C, 8% CO_2. After expression,

culture media were clarified by centrifugation and dialysed against 50 mM Tris pH 7.5

+ 150 mM NaCl, and the Wuhan spike protein was purified using Talon Resin (Thermo

Scientific) while the D614G VFLIP spike was purified on a StrepTrap XT column (GE

Healthcare), according to the manufacturer's protocols. The spike proteins were further

purified on a Superose 6 gel filtration column (GE Healthcare) in 25 mM Tris pH 7.5

+ 150 mM NaCl using an AKTA Pure FPLC instrument (GE Healthcare) to isolate the

trimeric protein (and remove S2 pre-fusion protein for the Wuhan spike). Finally, the

fractions containing the protein were concentrated using Amicon concentrators

(Merck), the protein concentration determined by measuring Abs_{280nm} and purity

assessed by visualization on SDS-PAGE gel. The spike protein was biotinylated using

EZ-Link NHS-PEG4-Biotin reagent (Thermo Scientific) as follows. Purified spike

protein was buffer exchanged into PBS using equilibrated Zeba Spin columns. The

protein concentration was determined and the spike biotinylated with EZ-Link NHS-

PEG4-Biotin at a 10:1 biotin-to-protein molar ratio for 30 min at room temperature.

Free biotin was removed from the spike by repeating the buffer exchange step in a

second Zeba Spin column equilibrated with 25 mM Tris pH 7.5 + 150 mM NaCl.

Human B-cell sorting

SARS-CoV-2 specific memory B cells were characterized and sorted via flow

cytometric tetramer assay essentially as previously described [2]: biotinylated SARS-

CoV-2 RBD (including mutant variants), spike and SARS-CoV-1 RBD were incubated

with Streptavidin-APC (BD), Streptavidin-PE (BD), Streptavidin-BB515 (BD) or

BV650-PE (BD) at a 4:1 molar ratio. Streptavidin conjugated fluorophores were titrated

onto biotinylated antigen in $1/10^{th}$ volume increments for 10 min per increment at 4°C.

Cryopreserved PBMCs from five convalescent patients were thawed and suspended in

pre-warmed RPMI-1640 media containing 10% FBS (sigma), 2 mM L-glutamine, 50

IU/ml penicillin and 50 µg/ml streptomycin. A maximum of $1x10^7$ cells were

resuspended in Fixable Viability Stain 700 (BD) diluted to 1:1000 in PBS and incubated

at 4°C for 20 min. Cells were washed twice with FACS buffer (PBS + 0.1% BSA) and

incubated with Human Fc block (5µl per 2x10^6 cells; BD) at room temperature for 10

min. Cells were then washed twice with FACS buffer and resuspended in RBD or spike

tetramers at 1µg/ml (per tetramer) and incubated at 4°C for 30 min and washed twice

more with FACS buffer. Cells were finally suspended in a cell surface staining mix

containing (per test): 50 µl brilliant staining buffer (BD), 5 µl anti-human CD21

BV421, 5 µl anti-human IgD BV510, 5 µl anti-human CD19 BV711, 5 µl anti-human

CD20 APC-H7, 8 µl anti-human IgG BV786, 2 µl anti-human CD27 PE-CF594, 2 µl

anti-human CD38 PE-Cy7 and 0.5µl anti-human CD3 BB700 (all antibodies sourced

from BD). Surface staining incubation was performed at 4°C for 30 min, washed twice

and resuspended in FACS buffer for sorting. Immunophenotyping and index sorting

was performed on a BD FACSAria III where a minimum of 300,000 events were

acquired for each sample. Data analysis was performed using FlowJo version 10.7.1

(FlowJo LLC).

Monoclonal antibody production and purification

Sorted single B cells were collected into 96-well PCR plates containing 2 µL of Triton

X-100 (0.1%), dNTPs (5 nmol), oligo-dT primer (2.5 pmol) and RNAse inhibitor (1U

– Clontech). cDNA generation and amplification was performed following the

SmartSeq2 approach [26]. DNA encoding the antibody variable domains was amplified

by nested-PCR following the Tiller protocol [25]. DNA encoding VH and VL domains

were cloned into pCEP4 vectors encoding human IgG1 and light chains. After

validation by Sanger sequencing, plasmids were transfected into ExpiCHO (Thermo

Scientific) according to the manufacturer's protocol (1 µg DNA/ml of cells; 2:1 ratio

of heavy chain to light chain; following the maximum titer protocol). After 14 days,

cell culture media was clarified by centrifugation and the IgG captured using Protein G

resin (Genscript). The IgG were eluted from the Protein G resin using 100 mM glycine

pH 3.0, dialyzed with PBS and the purity assessed by visualization on SDS-PAGE. For

Fab production, the DNA encoding the VH domain was cloned into an in-house human

CH1 pCEP4 vectors with a C-terminus His tag. The production was performed in

ExpiCHO as for IgG. After 14 days, the cell culture media was clarified by

centrifugation, dialyzed against PBS and the Fab captured using Talon resin. The Fab

was eluted with 150 mM imidazole in PBS, dialyzed with PBS and the purity assessed

by visualization on SDS-PAGE. ACE2 fused to human IgG1 Fc domain was gene

synthesized (Genscript) and cloned into pCEP4. Expression was carried out in Expi293

cells for 7 days at 37°C, 8% CO_2. After expression, the ACE2 Fc fusion protein was

purified by Protein G resin as for human monoclonal antibody.

Monoclonal antibody ELISA

Maxisorp plates were coated with SARS-CoV-2 RBD at 2 µg/ml in carbonate coating

buffer overnight at 4ºC. The following day, plates were washed twice with PBS and

blocked in 4% milk in PBS-T (0.1% Tween 20) for 2 h. Plates were washed 3x with

PBS-T and incubated with the monoclonal antibodies diluted to 100 µg/ml in PBS for

1 h. Plates were then washed 3x with PBS-T and incubated with HRP-conjugated goat

Anti-human IgG/M antibody (Abcam) for 1h. Plates were finally washed 2x with PBS-

T and 1x with PBS and incubated with TMB substrate (Perkin Elmer) until the reaction

was quenched HCl. Plates were read at Abs 450nm (ClarioStar – BMG Labtech).

Monoclonal antibody affinity measurements and competition assays by biolayer

interferometry (BLI)

Purified monoclonal antibodies were buffer exchanged into PBS using equilibrated

Zeba Spin columns. The protein concentration was determined and the antibodies

biotinylated by incubating for 30 min at room temperature with EZ-Link NHS-PEG4-

Biotinylation reagent (Thermo Scientific) at a 10:1 biotin-to-protein ratio. Free biotin

was removed by repeating the buffer exchange step in a second Zeba Spin column

equilibrated with PBS. Affinity of interactions between biotinylated antibodies and

purified soluble RBD proteins were measured by Biolayer Interferometry (BLItz,

ForteBio). Streptavidin biosensors were rehydrated in PBS containing 0.1% BSA for 1

h at room temperature. Biotinylated antibody was loaded onto the sensors "on-line"

using an advanced kinetics protocol, and global fits were obtained for the binding

kinetics by running associations and dissociations of RBD proteins at a suitable range

of molar concentrations (2-fold serial dilution ranging from 800 nM to 50 nM). The

global dissociation constant (K_D) for each 1:1 binding interaction was determined using

the BlitzPro 1.2.1.3 software. For competition assays, RBD at 400 nM was pre-

incubated with competitor (ACE2 Fc or unconjugated antibody) at 1 μM for 10 min at

room temperature.

SARS-CoV2 neutralization assay

Serial 2-fold dilutions of test monoclonal antibody were prepared, and neutralization

assay was performed in Vero E6 cells (HEK293T cells over-expressing the human

ACE2 receptor for the Delta VOC), as previously described [48].

X-ray crystallography

Antibody Fab fragments were purified further via size-exclusion chromatography using

an S200 increase 10/30 column (GE Healthcare) equilibrated with 25 mM Tris (pH

8.0), 200 mM NaCl. C-terminally His-tagged SARS-CoV-2 RBD (residues 333-528)

was expressed and purified as for the other RBDs. Fab and RBD were

stoichiometrically combined and concentrated to approximately 5 mg/ml. Solutions

were combined with an equal volume (2 µL) of well solution in a vapor diffusion

hanging drop crystallization format. For the RBD-GAR05 complex, the well solution

comprised 100 mM citrate pH 4.25, 500 mM LiCl and 13% (w/v) PEG 6000. For the

RBD-GAR12 complex, the well solution comprised 100 mM of the MMT buffer

system (pH 6.6) (Molecular Dimensions; comprising malic acid, 2-ethanesulfonic acid

and trisaminomethane), and 19% (w/v) PEG6K. To facilitate crystallization this

complex also included an additional antibody Fab (10G4) which binds to a different

epitope of the RBD (to be described elsewhere; Mazigi et al). For the RDB-GAR12

complex the well solution comprised 100 mM ammonium citrate (pH 5.5), 20% (w/v)

PEG3350. Crystals were flash frozen in liquid nitrogen with no cryoprotection regime.

Diffraction data were collected at the Australian Synchrotron on beamline MX2 using

a Dectris Eiger X16M detector. For all crystals a 360° sweep of data were deconvoluted

into 3600 x 0.1° oscillation images which were indexed and integrated by XDS [49].

Space groups were determined with Pointless [50] and scaling and merging performed

with Aimless [51], both components of CCP4 [52]. Structures were determined by

molecular replacement using Phaser [53], using generic human Fab fragments (containing

kappa light chain for Fabs GAR05, GAR12 and 10G4, and containing a lambda light

chain for GAR03) and SARS-CoV-2 RBD as search models. All structures contained

one complex (1:1, or 1:1:1 for GAR03) in the asymmetric unit. Structure refinement

was performed using Refmac [54] then phenix.refine [55] between rounds of manual

inspection and model adjustment using Coot [56]. The electron density for many parts of

the GAR05 model, in particular, was poorly defined, commensurate with the low

resolution and very high B-factors, hence refinement employed a combination of

reference model and secondary structure restraints, however some of the best density

exists at the interface between the antibody and the RBD, providing confidence in the

Fab-RBD juxtaposition. Model validation was performed using the Molprobity server

[57]. Diffraction data and model refinement statistics are shown in Supplementary Table

1.

Cryo-electron microscopy

For sample preparation, D614G VFLIP spike trimer and Fab (molar ratio of 1:3) was

incubated at room temperature for either 30 min (GAR05 or 1 min (GAR03) before

application to holey gold grids and freezing. 3.5 µl of each sample was applied to

1.2/1.3 UltrAuFoil grids (Quantifoil) which had been glow-discharged for 1 min at 15

mA in an EasiGlow (Pelco). Plunge freezing was performed using a Vitrobot Mark IV

(Thermo Scientific) with 0 blot force, 4 s blot time and 100% humidity at 22 °C. Grids

were initially screened on a Talos Arctica Electron Microscope (Thermo Scientific) and

assessed for particle concentration, integrity, and ice thickness. For final data

collection, grids were transferred to a Titan Krios Electron Microscope (Thermo

Scientific) operating at 300 kV equipped with a BioQuantum K2 (Gatan) with the slit

set to 20 ev. Movies were recorded using EPU with a calibrated pixel size of 1.08 Å, a

total dose of 50 electrons spread over 50 frames and a total exposure time of 5 s. All

processing was performed in cryoSPARC [58]. Initial particles were picked using the

"blob" protocol, and these 2D classified to create templates to pick the datasets.

Extracted particles were subjected to multiple rounds of 2D classification, *ab initio*

reconstruction and heterogenous refinement to sort the particles into discrete structures

(Supp. Fig. 6). In the case of the D614G VFLIP spike trimer bound to GAR03, focussed

refinement was utilised on the region corresponding to GAR03:RBD in order to

increase the detail in this area (Supp. Fig. 6). An atomic model for GAR03 Fv was

generated using ABodyBuilder [59], the constant domains CH1 and lambda CL added

using PDB ID 7m3i [60], and fitted into the focussed map. This model was combined with

an atomic model for the entire spike complex (PDB ID 6xlu [61]), introducing the D614G

VFLIP mutations and removing regions with little to no density. This model was then

used to create a combined map (with the focussed and unfocussed maps) in Phenix [62]

and the model was fitted/refined using Coot [56], ISOLDE [63] and Phenix. Supp. Fig. 6

provides a summary of the data collection and refinement statistics.

Animal experiments

All mouse experiments were performed according to ethical guidelines as set out by the

Sydney Local Health District (SLHD) Animal Ethics and Welfare Committee, which

adhere to the Australian Code for the Care and Use of Animals for Scientific Purposes

(2013) as set out by the National Health and Medical Research Council of Australia.

SARS-CoV-2 mouse infection experiments were approved by the SLHD Institutional

Biosafety Committee. For Wuhan SARS-CoV-2 prophylaxis assays, 4 female

hemizygous K18-hACE2 mice (B6.Cg-Tg(K18-hACE2)2Prlmn/J, stock Nb. 034860,

Jackson Lab) were injected on day -3 (prior to intranasal viral challenge with 1 x

10^3 PFU of Wuhan SARS-CoV-2 (Isolate AUS/VIC01/2020)) intraperitoneally with

30mg/kg for each individual antibody (GAR05, GAR12, GAR20 and a human IgG1

isotype control (Bio X Cell) at 3mg/ml in PBS) in a 200 µl volume. For Wuhan SARS-

CoV-2 therapeutic assays, 6 female hemizygous K18-hACE2 mice (B6.Cg-Tg(K18-

hACE2)2Prlmn/J, stock Nb. 034860, Jackson Lab) were injected on day 1 (post

intranasal viral challenge with 1 x 10^3 PFU of Wuhan SARS-CoV-2 (Isolate

AUS/VIC01/2020)) intraperitoneally with 30mg/kg GAR05 or a human IgG1 isotype

control (Bio X Cell) at 3mg/ml in PBS) in a 200 µl volume. For Delta SARS-CoV-2

prophylaxis assays, 6 female hemizygous K18-hACE2 mice (B6.Cg-Tg(K18-

hACE2)2Prlmn/J, stock Nb. 034860, Jackson Lab) were injected on day -3 (prior to

intranasal viral challenge with 1 x 10^3 PFU of Delta SARS-CoV-2 (B1.617.2))

intraperitoneally with 30mg/kg GAR05 and a human IgG1 isotype control (Bio X Cell)

at 3mg/ml in PBS) in a 200 µl volume. On day 0, treated mice were moved to the

PC3/BSL3 lab and intranasally inoculated with 1 x 10^3 PFU of Wuhan SARS-CoV-2

(Isolate AUS/VIC01/2020) or Delta SARS-CoV-2 (B1.617.2) in a 30 µl volume as

previously described [38]. Mice were weighed, monitored and scored for clinical

symptoms (weight loss, eye closure, appearance of fur and posture, and respiration)

daily and any mice that reached the ethical endpoints were humanely euthanised. On

day 6, all mice were humanely euthanised. Multi-lobe lungs were tied off and BALF

was collected from the single lobe via lung lavage with 1 mL HANKS solution using a

blunted 19-gauge needle inserted into the trachea. BALF was centrifuged (300 g, 4 °C,

7 min), and supernatants collected and snap frozen. Cell pellets were treated with

200 µL Red Blood Cell Lysis Buffer (Thermo Scientific) for 5 min, followed by

addition of 700 µL HANKS solution to inactivate the reaction and then centrifuged

again. Cell pellets were resuspended in 160 µL HANKS solution and enumerated using

a haemocytometer (Sigma-Aldrich). Differential cell BALF counts were performed by

loading 70 µl of the BALF cell pellet into a cytospin funnel and centrifuging (300×g,

7 min) and were left to airdry overnight. Following drying, slides were stained using

the Quick Dip stain kit (POCD Scientific) as per manufacturer's instructions. Multi-

lobe lungs were collected and snap frozen on dry ice. Lung homogenates were prepared

fresh, with the third multi-lobe lungs placed into a gentleMACS C-tube (Miltenyi

Biotec) containing 2 mL HANKS solution. Tissue was homogenised using a

gentleMACS tissue homogeniser, after which homogenates were centrifuged ($300 \times g$,

7 min) to pellet cells, followed by collection of supernatants for plaque assays. The

significance of differences between experimental groups was evaluated by one-way

analysis of variance (ANOVA), with pairwise comparison of multi-grouped data sets

achieved using Tukey's or Dunnett's *post-hoc* test. Differences were considered

statistically significant when $p \leq 0.05$.

Supplementary Table 1: Diffraction data and model refinement statistics. Values
in parentheses represent values for the highest resolution shell.

Supplementary Table 2: Cryo-EM data collection and refinement.

REFERENCES

1   World Health Organization Coronavirus (COVID-19) Dashboard.
2   Abayasingam, A. *et al.* Long-term persistence of RBD(+) memory B cells
encoding neutralizing antibodies in SARS-CoV-2 infection. *Cell Rep Med* **2**, 100228,
doi:10.1016/j.xcrm.2021.100228 (2021).
3   Seow, J. *et al.* Longitudinal observation and decline of neutralizing antibody
responses in the three months following SARS-CoV-2 infection in humans. *Nat*
Microbiol **5**, 1598-1607, doi:10.1038/s41564-020-00813-8 (2020).
4   Noy-Porat, T. *et al.* A panel of human neutralizing mAbs targeting SARS-
CoV-2 spike at multiple epitopes. *Nat Commun* **11**, 4303, doi:10.1038/s41467-020-
18159-4 (2020).
5   Piccoli, L. *et al.* Mapping Neutralizing and Immunodominant Sites on the
SARS-CoV-2 Spike Receptor-Binding Domain by Structure-Guided High-Resolution
Serology. *Cell* **183**, 1024-1042 e1021, doi:10.1016/j.cell.2020.09.037 (2020).
6   Barnes, C. O. *et al.* SARS-CoV-2 neutralizing antibody structures inform
therapeutic strategies. *Nature* **588**, 682-687, doi:10.1038/s41586-020-2852-1 (2020).
7   Greaney, A. J. *et al.* Antibodies elicited by mRNA-1273 vaccination bind
more broadly to the receptor binding domain than do those from SARS-CoV-2
infection. *Sci Transl Med* **13**, doi:10.1126/scitranslmed.abi9915 (2021).
8   Wang, P. *et al.* Increased resistance of SARS-CoV-2 variant P.1 to antibody
neutralization. *Cell Host Microbe* **29**, 747-751 e744, doi:10.1016/j.chom.2021.04.007
(2021).
9   Wang, P. *et al.* Antibody resistance of SARS-CoV-2 variants B.1.351 and
B.1.1.7. *Nature* **593**, 130-135, doi:10.1038/s41586-021-03398-2 (2021).
10   Aggarwal, A. *et al.* SARS-CoV-2 Omicron: evasion of potent humoral
responses and resistance to clinical immunotherapeutics relative to viral variants of
concern. *medRxiv*, 2021.2012.2014.21267772, doi:10.1101/2021.12.14.21267772
(2021).
11   Robbiani, D. F. *et al.* Convergent antibody responses to SARS-CoV-2 in
convalescent individuals. *Nature* **584**, 437-442, doi:10.1038/s41586-020-2456-9
(2020).
12   Starr, T. N. *et al.* SARS-CoV-2 RBD antibodies that maximize breadth and
resistance to escape. *Nature* **597**, 97-102, doi:10.1038/s41586-021-03807-6 (2021).
13   Onodera, T. *et al.* A SARS-CoV-2 Antibody Broadly Neutralizes SARS-
related Coronaviruses and Variants by Coordinated Recognition of a Virus
Vulnerable Site. *Immunity*, doi:10.1016/j.immuni.2021.08.025 (2021).
14   Burnett, D. L. *et al.* Immunizations with diverse sarbecovirus receptor-binding
domains elicit SARS-CoV-2 neutralizing antibodies against a conserved site of
vulnerability. *Immunity*, doi:10.1016/j.immuni.2021.10.019 (2021).
15   Rappazzo, C. G. *et al.* Broad and potent activity against SARS-like viruses by
an engineered human monoclonal antibody. *Science* **371**, 823-829,
doi:10.1126/science.abf4830 (2021).
16   Cohen, M. S. *et al.* Effect of Bamlanivimab vs Placebo on Incidence of
COVID-19 Among Residents and Staff of Skilled Nursing and Assisted Living
Facilities: A Randomized Clinical Trial. *JAMA* **326**, 46-55,
doi:10.1001/jama.2021.8828 (2021).
17   Chen, P. *et al.* SARS-CoV-2 Neutralizing Antibody LY-CoV555 in
Outpatients with Covid-19. *N Engl J Med*, doi:10.1056/NEJMoa2029849 (2020).

18   Group, R. C. *et al.* Casirivimab and imdevimab in patients admitted to hospital
with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial.
medRxiv, 2021.2006.2015.21258542, doi:10.1101/2021.06.15.21258542 (2021).
19   Pinto, D. *et al.* Cross-neutralization of SARS-CoV-2 by a human monoclonal
SARS-CoV antibody. *Nature* **583**, 290-295, doi:10.1038/s41586-020-2349-y (2020).
20   Ku, Z. *et al.* Molecular determinants and mechanism for antibody cocktail
preventing SARS-CoV-2 escape. *Nat Commun* **12**, 469, doi:10.1038/s41467-020-
20789-7 (2021).
21   Sun, Y. *et al.* Structure-based development of three- and four-antibody
cocktails against SARS-CoV-2 via multiple mechanisms. *Cell Res* **31**, 597-600,
doi:10.1038/s41422-021-00497-7 (2021).
22   COSIN.study. https://kirby.unsw.edu.au/project/natural-history-cohort-
following-sars-cov-2-infection. (2020).
23   Amanat, F. *et al.* A serological assay to detect SARS-CoV-2 seroconversion in
humans. *Nat Med* **26**, 1033-1036, doi:10.1038/s41591-020-0913-5 (2020).
24   Rouet, R. *et al.* Potent SARS-CoV-2 binding and neutralization through
maturation of iconic SARS-CoV-1 antibodies. *MAbs* **13**, 1922134,
doi:10.1080/19420862.2021.1922134 (2021).
25   Tiller, T. *et al.* Efficient generation of monoclonal antibodies from single
human B cells by single cell RT-PCR and expression vector cloning. *J Immunol*
Methods **329**, 112-124, doi:10.1016/j.jim.2007.09.017 (2008).
26   Picelli, S. *et al.* Full-length RNA-seq from single cells using Smart-seq2. *Nat*
Protoc **9**, 171-181, doi:10.1038/nprot.2014.006 (2014).
27   Yuan, M. *et al.* Structural basis of a shared antibody response to SARS-CoV-
2. *Science* **369**, 1119-1123, doi:10.1126/science.abd2321 (2020).
28   Tian, X. *et al.* Potent binding of 2019 novel coronavirus spike protein by a
SARS coronavirus-specific human monoclonal antibody. *Emerg Microbes Infect* **9**,
382-385, doi:10.1080/22221751.2020.1729069 (2020).
29   Yuan, M. *et al.* A highly conserved cryptic epitope in the receptor binding
domains of SARS-CoV-2 and SARS-CoV. *Science* **368**, 630-633,
doi:10.1126/science.abb7269 (2020).
30   Jette, C. A. *et al.* Broad cross-reactivity across sarbecoviruses exhibited by a
subset of COVID-19 donor-derived neutralizing antibodies. *Cell Rep* **37**, 110188,
doi:10.1016/j.celrep.2021.110188 (2021).
31   Olmedillas, E. *et al.* Structure-based design of a highly stable, covalently-
linked SARS-CoV-2 spike trimer with improved structural properties and
immunogenicity. *bioRxiv*, 2021.2005.2006.441046, doi:10.1101/2021.05.06.441046
(2021).
32   Barnes, C. O. *et al.* Structures of Human Antibodies Bound to SARS-CoV-2
Spike Reveal Common Epitopes and Recurrent Features of Antibodies. *Cell* **182**, 828-
842 e816, doi:10.1016/j.cell.2020.06.025 (2020).
33   Davies, D. R. & Cohen, G. H. Interactions of protein antigens with antibodies.
Proc Natl Acad Sci U S A **93**, 7-12 (1996).
34   Ramaraj, T., Angel, T., Dratz, E. A., Jesaitis, A. J. & Mumey, B. Antigen-
antibody interface properties: composition, residue interactions, and features of 53
non-redundant structures. *Biochim Biophys Acta* **1824**, 520-532,
doi:10.1016/j.bbapap.2011.12.007 (2012).
35   Ge, J. *et al.* Antibody neutralization of SARS-CoV-2 through ACE2 receptor
mimicry. *Nat Commun* **12**, 250, doi:10.1038/s41467-020-20501-9 (2021).

36   Park, Y. J. *et al.* Antibody-mediated broad sarbecovirus neutralization through
ACE2 molecular mimicry. *Science* **375**, 449-454, doi:10.1126/science.abm8143
(2022).
37   Johansen, M. D. *et al.* Animal and translational models of SARS-CoV-2
infection and COVID-19. *Mucosal Immunol* **13**, 877-891, doi:10.1038/s41385-020-
00340-z (2020).
38   Counoupas, C. *et al.* A single dose, BCG-adjuvanted COVID-19 vaccine
provides sterilising immunity against SARS-CoV-2 infection. *NPJ Vaccines* **6**, 143,
doi:10.1038/s41541-021-00406-4 (2021).
39   Dyer, O. Covid-19: South Africa's surge in cases deepens alarm over omicron
variant. *BMJ* **375**, n3013, doi:10.1136/bmj.n3013 (2021).
40   Pulliam, J. R. C. *et al.* Increased risk of SARS-CoV-2 reinfection associated
with emergence of the Omicron variant in South Africa. *medRxiv*,
2021.2011.2011.21266068, doi:10.1101/2021.11.11.21266068 (2021).
41   Touret, F., Baronti, C., Bouzidi, H. S. & de Lamballerie, X. In
vitro evaluation of therapeutic antibodies against a SARS-CoV-2 Omicron
B.1.1.529 isolate. *bioRxiv*, 2022.2001.2001.474639, doi:10.1101/2022.01.01.474639
(2022).
42   Cameroni, E. *et al.* Broadly neutralizing antibodies overcome SARS-CoV-2
Omicron antigenic shift. *bioRxiv*, doi:10.1101/2021.12.12.472269 (2021).
43   Tao, K. *et al.* The biological and clinical significance of emerging SARS-
CoV-2 variants. *Nat Rev Genet*, doi:10.1038/s41576-021-00408-x (2021).
44   Lopez Bernal, J. *et al.* Effectiveness of Covid-19 Vaccines against the
B.1.617.2 (Delta) Variant. *N Engl J Med* **385**, 585-594, doi:10.1056/NEJMoa2108891
(2021).
45   Falcone, M. *et al.* Efficacy of Bamlanivimab/Etesevimab and
Casirivimab/Imdevimab in Preventing Progression to Severe COVID-19 and Role of
Variants of Concern. *Infect Dis Ther* **10**, 2479-2488, doi:10.1007/s40121-021-00525-
4 (2021).
46   Feldman, J. *et al.* Naive human B cells engage the receptor binding domain of
SARS-CoV-2, variants of concern, and related sarbecoviruses. *Sci Immunol* **6**,
eabl5842, doi:10.1126/sciimmunol.abl5842 (2021).
47   Shinnakasu, R. *et al.* Glycan engineering of the SARS-CoV-2 receptor-
binding domain elicits cross-neutralizing antibodies for SARS-related viruses. *J Exp
Med* **218**, doi:10.1084/jem.20211003 (2021).
48   Tea, F. *et al.* SARS-CoV-2 neutralizing antibodies: Longevity, breadth, and
evasion by emerging viral variants. *PLoS Med* **18**, e1003656,
doi:10.1371/journal.pmed.1003656 (2021).
49   Kabsch, W. Xds. *Acta Crystallogr D Biol Crystallogr* **66**, 125-132,
doi:10.1107/S0907444909047337 (2010).
50   Evans, P. R. An introduction to data reduction: space-group determination,
scaling and intensity statistics. *Acta Crystallogr D Biol Crystallogr* **67**, 282-292,
doi:10.1107/S090744491003982X (2011).
51   Evans, P. R. & Murshudov, G. N. How good are my data and what is the
resolution? *Acta Crystallographica Section D* **69**, 1204-1214,
doi:doi:10.1107/S0907444913000061 (2013).
52   Winn, M. D. *et al.* Overview of the CCP4 suite and current developments.
Acta Crystallogr D Biol Crystallogr **67**, 235-242, doi:10.1107/S0907444910045749
(2011).

53 McCoy, A. J. Solving structures of protein complexes by molecular
replacement with Phaser. *Acta Crystallogr D Biol Crystallogr* **63**, 32-41,
doi:10.1107/S0907444906045975 (2007).
54 Murshudov, G. N. *et al.* REFMAC5 for the refinement of macromolecular
crystal structures. *Acta Crystallogr D Biol Crystallogr* **67**, 355-367,
doi:10.1107/S0907444911001314 (2011).
55 Afonine, P. V. *et al.* Towards automated crystallographic structure refinement
with phenix.refine. *Acta Crystallogr D Biol Crystallogr* **68**, 352-367,
doi:10.1107/S0907444912001308 (2012).
56 Emsley, P., Lohkamp, B., Scott, W. G. & Cowtan, K. Features and
development of Coot. *Acta Crystallogr D Biol Crystallogr* **66**, 486-501,
doi:10.1107/S0907444910007493 (2010).
57 Chen, V. B. *et al.* MolProbity: all-atom structure validation for
macromolecular crystallography. *Acta Crystallogr D Biol Crystallogr* **66**, 12-21,
doi:S0907444909042073 [pii]
10.1107/S0907444909042073 (2010).
58 Punjani, A., Rubinstein, J. L., Fleet, D. J. & Brubaker, M. A. cryoSPARC:
algorithms for rapid unsupervised cryo-EM structure determination. *Nat Methods* **14**,
290-296, doi:10.1038/nmeth.4169 (2017).
59 Leem, J., Dunbar, J., Georges, G., Shi, J. & Deane, C. M. ABodyBuilder:
Automated antibody structure prediction with data-driven accuracy estimation. *MAbs*
8, 1259-1268, doi:10.1080/19420862.2016.1205773 (2016).
60 Jennewein, M. F. *et al.* Isolation and characterization of cross-neutralizing
coronavirus antibodies from COVID-19+ subjects. *Cell Rep* **36**, 109353,
doi:10.1016/j.celrep.2021.109353 (2021).
61 Zhou, T. *et al.* Cryo-EM Structures Delineate a pH-Dependent Switch that
Mediates Endosomal Positioning of SARS-CoV-2 Spike Receptor-Binding Domains.
bioRxiv, doi:10.1101/2020.07.04.187989 (2020).
62 Liebschner, D. *et al.* Macromolecular structure determination using X-rays,
neutrons and electrons: recent developments in Phenix. *Acta Crystallogr D Struct Biol*
75, 861-877, doi:10.1107/S2059798319011471 (2019).
63 Croll, T. I. ISOLDE: a physically realistic environment for model building
into low-resolution electron-density maps. *Acta Crystallogr D Struct Biol* **74**, 519-
530, doi:10.1107/S2059798318002425 (2018).
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Figure 1

Figure 2

Figure 3

Figure 4

Figure 5