Repeated Omicron infection alleviates SARS-CoV-2 immune imprinting

Ayijiang Yisimayi[1,2,3,#,] Weiliang Song[1,2,3,#,] Jing Wang[1,2,3,#,] Fanchong Jian[1,2,4,#,] Yuanling Yu[2,#,]

Xiaosu Chen[5], Yanli Xu[6], Sijie Yang[1,7], Xiao Niu[1,3], Tianhe Xiao[1,8], Jing Wang[2], Lijuan Zhao[2],

Haiyan Sun[2], Ran An[2], Na Zhang[2], Yao Wang[2], Peng Wang[2], Lingling Yu[2], Qingqing Gu[2], Fei Shao[2],

Ronghua Jin[6], Zhongyang Shen[9], Xiaoliang Sunney Xie[1,2], Youchun Wang[2,10], Yunlong Cao[1,2,3*]

[1]Biomedical Pioneering Innovation Center (BIOPIC), Peking University, Beijing, P.R. China.

[2]Changping Laboratory, Beijing, P.R. China.

[3]School of Life Sciences, Peking University, Beijing, P.R. China.

[4]College of Chemistry and Molecular Engineering, Peking University, Beijing, P.R. China.

[5]Institute for Immunology, College of Life Sciences, Nankai University, Tianjin, P. R. China.

[6]Beijing Ditan Hospital, Capital Medical University, Beijing, P.R. China.

[7]Peking-Tsinghua Center for Life Sciences, Tsinghua University, Beijing, P.R. China.

[8]Joint Graduate Program of Peking-Tsinghua-NIBS, Academy for Advanced Interdisciplinary Studies, Peking University, Beijing, P.R. China.

[9]Organ Transplant Center, NHC Key Laboratory for Critical Care Medicine, Tianjin First Central Hospital, Nankai University, Tianjin, P. R. China.

[10]Division of HIV/AIDS and Sex-transmitted Virus Vaccines, Institute for Biological Product Control, National Institutes for Food and Drug Control (NIFDC), Beijing, P.R. China.

*Correspondence: Yunlong Cao (yunlongcao@pku.edu.cn).

#These authors contributed equally.

Abstract

The continuous emergence of highly immune evasive SARS-CoV-2 variants, like XBB.1.5[1,2] and

XBB.1.16[3,4], highlights the need to update COVID-19 vaccine compositions. However, immune

imprinting induced by wildtype (WT)-based vaccination would compromise the antibody response

to Omicron-based boosters[5-9]. Vaccination strategies that can counter immune imprinting are

critically needed. In this study, we investigated the degree and dynamics of immune imprinting in

mouse models and human cohorts, especially focusing on the role of repeated Omicron stimulation.

Our results show that in mice, the efficacy of single Omicron-boosting is heavily limited by immune

imprinting, especially when using variants antigenically distinct from WT, like XBB, while the

concerning situation could be largely mitigated by a second Omicron booster. Similarly, in humans,

we found that repeated Omicron infections could also alleviate WT-vaccination-induced immune

imprinting and generate high neutralizing titers against XBB.1.5 and XBB.1.16 in both plasma and

nasal mucosa. By isolating 781 RBD-targeting mAbs from repeated Omicron infection cohorts, we

revealed that double Omicron exposure alleviates immune imprinting by generating a large

proportion of highly matured and potent Omicron-specific antibodies. Importantly, epitope

characterization using deep mutational scanning (DMS) showed that these Omicron-specific

antibodies target distinct RBD epitopes compared to WT-induced antibodies, and the bias towards

non-neutralizing epitopes observed in single Omicron exposures due to imprinting was largely

restored after repeated Omicron stimulation, together leading to a substantial neutralizing epitope

shift. Based on the DMS profiles, we identified evolution hotspots of XBB.1.5 RBD and

demonstrated the combinations of these mutations could further boost XBB.1.5's immune-evasion

capability while maintaining high ACE2 binding affinity. Our findings suggest the WT component

should be abandoned when updating COVID-19 vaccine antigen compositions to XBB lineages,

and those who haven't been exposed to Omicron yet should receive two updated vaccine boosters.

Main

SARS-CoV-2 continues to evolve, and new mutants constantly emerge under humoral immune pressure[10,11]. New variants, such as the XBB lineages, can evade antibodies induced by vaccination or infection, resulting in repeated infections among populations[5,7,12,13]. Therefore, it is critical to develop updated vaccines that can elicit strong immune responses against the latest variants.

mRNA vaccine platforms can quickly adapt to new SARS-CoV-2 variants[14-17]. However, since the majority of the population was vaccinated with the ancestral SARS-CoV-2 strain, immune imprinting induced by WT vaccination presents a major challenge to the performance of updated boosters[18,19]. This is because boosting with a variant antigenically distinct from WT would majorly recall memory B cells induced by WT vaccination and masks the *de novo* generation of variant-specific B cells, which would hinder the generation of satisfying humoral immune responses toward new variants[6,7,9,20-23].

It is crucial to explore vaccination strategies that can counter immune imprinting. In this paper, we investigate the dynamics of immune imprinting in both mouse models and longitudinal human cohorts, with a particular focus on how repeated exposure to Omicron variants could alleviate immune imprinting.

Alleviation of immune imprinting in mice

First, we investigated the effects of WT-vaccination-induced SARS-CoV-2 immune imprinting in mice. Two doses of 3 μg CoronaVac (an inactivated vaccine derived from the wildtype SARS-CoV-2) were used as primary immunization and variant Spike proteins were used as boosters[24]. All Spike proteins contained six proline substitutions (S6P) and alanine substitutions in the furin cleavage site to stabilize in prefusion conformation[25].

Indeed, mice that received a single booster of 10 μg Spike protein, including BA.1, BA.5, BQ.1.1, XBB, and SARS-CoV-1, had significantly lower serum 50% neutralizing titers (NT50s) (VSV-based pseudovirus) against the boosting variants compared to D614G, revealing substantial immune imprinting at serum level (Fig. 1a and Extended Data Fig.1a). This is consistent with the

observations in humans[6,7,20,21,26], as well as previous findings of immune imprinting in influenza

viruses[27,28]. Importantly, as the antigenic distance between the boosting variant and the wildtype

increased, the overall serum neutralizing activity decreased, and the fold changes between the NT50

against the D614G and the boosting variants increased (Fig. 1a and Extended Data Fig. 1b).

Importantly, single-dose XBB Spike boosting exhibited the lowest overall neutralizing response. To

ensure that the results were not specific to CoronaVac priming, we administered mice with two

doses of 10 μg mRNA encoding Spike as primary immunization (Fig. 1b and Extended Data Fig.

2a-b). mRNA vaccines also used S6P and alanine substitutions for prefusion-stablization. Similar

results were observed when the mRNA vaccines were used as the priming agent, and there were

even larger fold changes between NT50s against D614G and the boosting variants (Fig. 1b). To

investigate whether prolonging the interval between the primary WT immunization and the variant

booster could alleviate immune imprinting, we further tested boosting mice 3-month and 6-month

after CoronaVac priming (Fig. 1c). It was observed that 3-month and 6-month intervals between

WT-priming and variant-boosting slightly increased overall NT50s, but the fold-change between

NT50s against D614G and the boosting variants remained high, especially for XBB (Fig. 1c). This

suggests that longer intervals between the priming and Omicron-boosting, which allows the

maturation of WT-induced antibodies, may not be sufficient to alleviate immune imprinting.

Since the efficacy of the first Omicron booster is heavily limited by immune imprinting, it's crucial

to examine how a second Omicron booster performs. We started by boosting CoronaVac-primed

mice with two doses of the variant Spike protein over a one-month interval (Fig. 1d). Importantly,

the second boosters resulted in greatly increased NT50s against the corresponding variants, as well

as substantially reduced fold-changes between the D614G and variants, when compared to the first

boosters (Fig. 1d). However, NT50s against the variants still remained lower than those against

D614G, and the neutralizing titers against the boosting varirants induced by two Omicron-boosters

after priming were even lower than those induced by two doses of variant Spike protein priming,

clearly indicating the interference caused by immune imprinting (Extended Data Fig. 3a and Fig.

1e). Notably, among the Omicron variants tested, XBB double boosting exhibited the lowest overall

titers (Fig. 1d and Extended Data Fig. 3b). Interestingly, these variant boosters, whether protein or

mRNA, exhibit different levels of immunogenicity in mice, with XBB demonstrating the lowest

(Fig. 1e and Extended Data Fig. 3c).

We also tested whether prolonged intervals between Omicron-boosters would facilitate the

maturation of variant-specific B cells and enhance the alleviation of immune imprinting (Extended

Data Fig.3d). Indeed, a 3-month interval between Omicron boosters resulted in improvements in

NT50s against all the corresponding boosting variants, and the fold-change between the NT50s

against D614G and the boosting variants substantially decreased, with the XBB boosting group even

exhibiting comparable titers to XBB primary (Fig.1d and Extended Data Fig.3a). Interestingly, we

observed that prolonging the interval between the first Omicron-booster and the priming series

could also improve the performance of the second Omicron-booster (Extended Data Fig. 4a-e).

However, the improvement is not as substantial as the ones observed by increasing the time

interval between Omicron-boosters, which highlights that the maturation of B cells induced by

Omicron-boosting versus those induced by WT-vaccination are more beneficial for immune

imprinting mitigation.

Since mRNA vaccines encoding Spike have proved to be capable of quick adaptation to new

variants, it is critical to test how updated mRNA variant boosters perform, especially when the

higher immunogenicity of mRNA vaccine might help alleviate immune imprinting when served

as Omicron boosters. Therefore, we tested 1 μg or 10 μg mRNA vaccines encoding BA.5,

BQ.1.1, and XBB Spike as boosters in replacement of protein boosters (Extended Data Fig. 5a-

d). As expected, 1 μg or 10 μg mRNA vaccine demonstrated higher immunogenicity than the

protein vaccine (Fig. 1e). Similarly, the performance of one-dose mRNA Omicron-boosters is

still heavily interfered by immune imprinting despite higher immunogenicity, while two mRNA

Omicron-boosters would significantly increase antibody titers (Fig. 1f and Extended Data Fig.

5a-d). Interestingly, we found that by increasing the dosage of mRNA boosters, repeated mRNA

Omicron-boosting can achieve even higher NT50s than 2-dose mRNA priming against the

boosting variant, especially demonstrated by XBB mRNA boosting (Extended Data Fig. 5e).

This suggests raising the immunogenicity of variant boosters could help to counter immune

imprinting brought by WT-vaccination, although this strategy might not be practical in the real

world due to safety concerns.

Together, our results observed in mice emphasize that the efficacy of the first Omicron booster is severely limited by immune imprinting, especially for those with long antigenic distance from WT, such as XBB, while a second booster is almost mandatory to alleviate immune imprinting and generate high antibody responses.

Mitigating immune imprinting in humans

To verify whether the findings from mice also apply to humans, we recruited cohorts with repeated Omicron breakthrough infections (BTIs), including individuals with post-vaccination BA.1 or BA.2 BTI followed by BA.5/BF.7 reinfection (BTI+reinfection) and compared them to previously reported BA.1, BA.2, BA.5, BF.7 one-time BTI cohorts[7,26,29]. Importantly, we also included individuals who had no history of SARS-CoV-2 vaccination before repeated infection (vaccination-naïve reinfection) as controls. Detailed information about the cohorts can be found in Supplementary Table 1. We first tested neutralizing titers against exposed variants of these cohorts (Fig. 2a). Similar to mice immunization results, plasma neutralizing titers induced by one-time Omicron BTIs against the corresponding infecting variant were significantly lower than those against D614G, consistent with our previous report[7], and the fold changes between the NT50 against D614G and those against corresponding variants also increased as the antigenic distance increases (Fig. 2a). As expected, in the repeated Omicron infection group, with or without SARS-CoV-2 vaccination history, the neutralizing titers against Omicron variants significantly increased compared to one-time BTIs (Fig. 2a-b). More importantly, BA.1 or BA.2 BTI followed by BA.5/ BF.7 reinfections demonstrate comparable NT50 between exposed Omicron variants and D614G, indicating immune imprinting alleviation by the second Omicron exposure (Fig. 2a). However, the NT50s of vaccination-naïve reinfection group against Omicron variants were the highest among these cohorts (Fig. 2a), suggesting that repeated BTIs were still subjected to WT-vaccination-induced immune imprinting. Compared to one-time BTIs, repeated Omicron infection also led to an increase in the neutralizing titers against highly immune-evasive CH.1.1, BQ.1.1, XBB, XBB.1.15, XBB.1.16, and XBB.1.5.10 (Fig. 2b and Extended Data Fig. 6a-c), indicating that repeated Omicron infections may broaden the breadth of antibody response. In addition, we found that the nasal swab samples from individuals with repeated Omicron infection exhibited exceptionally high neutralizing titers against Omicron variants, suggesting strong nasal mucosal humoral immunity has been

established (Fig. 2c and Extended Data Fig. 6d-f).

Neutralization data from both mice and human studies underscore the crucial role of secondary

Omicron exposure in mitigating immune imprinting and generating potent antibody responses to

immune-evasive variants such as XBB and its sublineages. We propose that this is largely

attributable to the further expansion of Omicron-specific memory B cells *de novo* generated by the

first Omicron exposure. To assess this hypothesis, we first analyzed the Omicron specificity of

RBD-specific memory B cells from BTIs, BTIs+reinfection, and vaccine-naive reinfection cohorts

through fluorescence-activated cell sorting (FACS). As we previously reported, in one-time

Omicron BTI cohorts, more than 70% of the RBD-binding memory B cells also binded to WT,

indicating that post-vaccination Omicron infection mainly recalls cross-reactive memory B cells

elicited by WT-based vaccination, but rarely contains BA.1/BA.2-specific B cells (Fig. 3a).

Subsequently, following an extended duration of time (8 months) after the first Omicron BTI, the

proportion of cross-reactive cells declined while that of Omicron-specific cells increased,

suggesting that longer B cell maturation periods elevated the proportion of Omicron-specific

memory B cells (Fig. 3b). Nevertheless, at 8 months post-BA.1 BTI, the plasma neutralizing titers

were very low due to antibody waning, and thus required a secondary Omicron boosting via either

vaccination or infection to increase the antibody levels (Extended Data Fig. 6g). Importantly, for

Omicron BTI+reinfection cohorts, the proportion of cross-reactive cells declined further but still

remained higher than that observed in the vaccination-naïve reinfection cohort (Fig. 3c-d). These

results are highly correlated with the plasma NT50s of the cohorts, which suggests that Omicron-

specific antibodies are a major contributor for the increased antibody breadth and neutralization

capability after repeated Omicron infection.

To further investigate the potency, breadth, and epitopes of these antibodies, the BA.1 RBD-binding

cells and BA.2 RBD-binding cells from above various BA.1/BA.2 infection cohorts were sorted and

sequenced by high throughput single-cell V(D)J sequencing. Antibodies were then expressed *in*

vitro as human IgG1 monoclonal antibodies (mAbs) (Supplementary Table 2). For one-time

Omicron BTI cohorts, enzyme-linked immunosorbent assay (ELISA) confirmed that only

approximately 20% of the isolated mAbs specifically bind to the BA.1/BA.2 RBD and were not

cross-reactive to the WT RBD, which was consistent with FACS results (Fig. 3e). Furthermore,

long-term sampling (8 months) after BA.1 BTI yielded an increased proportion of BA.1 RBD-

specific mAbs compared to short-term (2 months) sampling. Moreover, reinfection with BA.5/BF.7

further increased the proportion of BA.1/BA.2 RBD-specific mAbs to around 50%, but this was still

lower than that in vaccination-naïve reinfection groups (Fig. 3e). Notably, the somatic

hypermutation (SHM) rates of BA.1/BA.2 specific antibodies in BTI+reinfection cohorts were

higher than that in one-time BTI cohorts, indicating that BA.1/BA.2 specific antibodies from

repeated Omicron infection are more affinity-matured than those without reinfection (Fig. 3f), and

the increased affinity maturation of BA.1/BA.2-specific antibodies in response to repeated Omicron

infection may contribute to their increased potency against Omicron variants. Together, these data

indicate that long-term maturation after one-time Omicron BTI and repeated Omicron infections

could significantly raise the proportion and maturation of Omicron-specific antibodies, greatly

contributing to the increased plasma neutralization potency against Omicron variants.

Epitope analyses of Omicron-specific mAbs

To further interrogate the composition of antibodies elicited by Omicron BA.5/BF.7 BTI and

reinfection, and deciphering the molecular mechanism behind the broadly neutralizing capability of

convalescent plasma from reinfection, we determined the binding sites and escaping mutations on

RBD of these mAbs using deep mutational scanning (DMS)[30,31]. As the proportion of Omicron-

specific antibodies is indispensable in reinfection cohorts, and the last exposure of all cohorts

involved in this study is BA.5/BF.7, we built a yeast display mutant library based on BA.5 RBD and

performed DMS for these mAbs in a high-throughput manner, akin to our previously described WT-

based methods[31]. To enhance the sampling of Omicron-specific NAbs to facilitate the epitope

characterization of these unprecedented antibodies, we specifically isolated an additional panel of

RBD-targeting mAbs that do not cross-bind to WT according to the feature barcode counting during

the 10x VDJ sequencing and determined their BA.5-based DMS data. We also determined the BA.5-

based DMS data for all BA.5-RBD binding mAbs from previous collections isolated from various

immune backgrounds (Supplementary Table 2). In total, a comprehensive panel consisting of 1350

mAb BA.5-based DMS is collected.

By graph-based unsupervised clustering on the determined escape scores over sites on RBD, we

identified 12 major epitope groups on BA.5 RBD and embedded the mAbs using UMAP for

visualization (Fig. 4a). Names of the epitope groups are generally assigned in line with the epitope

groups on WT RBD defined previously[7,26]. Neutralizing activities against SARS-CoV-2 D614G,

BA.1, BA.2, BA.5, BA.2.75, BQ.1.1, and XBB.1.5 are determined using VSV-based pseudovirus

neutralization assays. In general, neutralization is highly correlated with targeting epitopes of mAbs.

Antibodies in epitope groups F3, A1, A2, B, C/D1, D2, D3, D4, and E1/E2.1 target neutralizing

epitopes, while antibodies in the other three groups, E2.2, E3, F1, exhibit weak or no neutralization

activity (Fig. 4b and Extended Data Fig. 7b). Consistent with the plasma neutralization results, BA.5

or BF.7 BTI exhibited substantially imprinted antibody response, leading to over 50% antibodies

that target conserved weakly neutralizing epitopes. In contrast, convalescent individuals who

experienced BA.5 or BF.7 reinfection after prior BA.1 or BA.2 BTI induce only ~20% antibodies

targeting such epitopes, indicating striking alleviation of immune imprinting (Fig. 4c and Extended

Data Fig. 7a). Interestingly, prior BA.1 or BA.2 BTI leads to Omicron-specific antibodies targeting

distinct epitopes after reinfection. Prior BA.1 BTI induces a higher level of Group D3, while BA.2

BTI cohorts consist of more antibodies in Group F3, indicating that the Omicron infection history

during repeated Omicron infections would also introduce new Omicron-based immune imprinting.

Among the 12 identified epitope groups, A1, D2, E1/E2.1, E2.2, E3, and F1 are similar to their

corresponding WT-based groups and mainly consist of WT-reactive antibodies (Fig. 4d-e and

Extended Data Fig. 7c-d)[26,32]. As expected, BA.5-based epitope landscape also defines novel groups

that mainly comprise Omicron-specific mAbs, including Group A2, D3, D4, and F3. Notably, most

antibodies in Group F3 here are not cross-reactive to WT RBD as well, which is different from the

rare sarbecovirus-neutralizing broad NAbs in Group F3 from SARS convalescents described

previously, such as SA55 and BD55-3372[33]. Compared to A1, which mainly contains IGHV3-53/3-

66 public antibodies (also known as class 1 or site Ia)[34,35], mAbs in Group A2 are susceptible to

mutations on 417 and 505, including the reversions. Group D3 and D4 target an epitope near Group

D2 (targeted by LY-CoV1404), but exhibited distinct escape profiles or interacting residues[36]. D3 is

susceptible to N439 and K440 mutations, and thus escaped by WT due to N440, while the footprint

of D4 is closer to the receptor-binding motif (RBM), interacting with G447, Y449, and R498 (Fig.

4d-e). Antibodies in WT-based Group B, C, and D1 have been mostly escaped by L452R, E484A,

and F486V in BA.5. B and C/D1 here comprise both WT-reactive and Omicron-specific antibodies,

where Group B is more focused on N487 and Y489, and C/D1 mainly focus on F490, which is

largely escaped by F490S in XBB variants (Fig. 4d-e and Extended Data Fig. 7c-d). Among the 12

groups, A1, A2, B, D3, especially D4 and F3 consist of a substantial proportion of NAbs exhibiting

broad neutralization against BQ.1.1 and XBB.1.5 (Fig. 4f). C/D1, D2, and E1/E2.1 also consist of

a small proportion of XBB.1.5-neutralizing mAbs (Extended Data Fig. 7f). Considering the recent

emergence and prevalence of XBB subvariants harboring F456L (XBB.1.5.10) or K478R

(XBB.1.16), which are crucial sites for NAbs in Group A1 and A2, or B and C/D1, respectively, we

tested the neutralization of XBB.1.5-neutralizing antibodies from these groups against these two

mutants. As expected, F456L escapes or dampens the neutralization of most XBB.1.5-neutralizing

antibodies in Group A1 or A2, and XBB.1.16 (E180V+K478R) also escapes a large proportion of

NAbs in B and C/D1 (Extended Data Fig. 7e). Overall, these results demonstrate that Omicron

repeated infection stimulates a higher level of Omicron-specific neutralizing antibodies targeting

neutralizing epitopes compared to one-time Omicron BTI, indicating substantial alleviation of

immune imprinted on antibody epitope level. And that these Omicron-specific mAbs have distinct

RBD epitopes and escaping mutations compared to WT-induced mAbs would introduce a large

neutralizing epitope shift, contributing majorly to the broadly neutralizing capability against

XBB.1.5.

Evolutionary hotspots on XBB.1.5 RBD

Encouraged by the successful rationalization of the prevalence of F456L and K478R based on DMS,

we desire to systematically investigate the evolutionary preference of other RBD mutations. To

integratively evaluate the preference of each mutation considering their impacts on neutralizing

antibody escape, hACE2 binding, RBD stability, and codon constraints, we previously calculated a

weighted preference score for RBD mutations using WT-based DMS profiles and neutralizing

activities against BA.5 to predict the convergent evolution of BA.5 RBD[7] (Extended Data Fig. 8).

We desire to utilize similar approach with BA.5-based profiles and neutralization against XBB.1.5

to identify the evolutionary trends of XBB.1.5 RBD. When considering antibodies from BA.5/BF.7 BTI only, the most significant sites include R403S/K, N405K, N417Y, Y453S/C/F, L455W/F/S, F456C/V/L, and Y505H/D, corresponding to escape hotspots of Group A1, A2, and F3 (Fig. 5a). With antibodies from repeated Omicron infection included in the analysis, scores of N439K, K440N/E, K444N/E, and P445S/H/R/L become higher, corresponding to Group D3 and D4, which are consistent with the epitope distributions of mAbs from each cohort (Fig. 5b). Notably, N405D and N417K reversions should hardly appear in the real world due to the potential recovery of previously escaped NAbs in Group F2 and A, respectively. K478 mutations are not identified in the calculation, which is also a limitation of our model due to the low proportion of XBB-neutralizing antibodies in Group B or C/D1 in our cohorts.

Based on the analysis above, we wonder if the combination of multiple escape mutations against major XBB.1.5-effective epitope groups could essentially evade the broadly neutralizing capability of plasma from repeated Omicron infection while retaining high ACE2 binding affinity. Besides the two emerging mutations K478R and F456L, we selected seven additional substitutions, including H505Y, R403K, K444T, K440N, A484P, Y453F, and N405K, which are sequentially added to XBB.1.5, and constructed seven pseudoviruses named XBB.1.5-S1 to XBB.1.5-S7 (Fig. 6a). The mutations are selected from a larger set of mutation candidates considering their impacts on hACE2-binding affinity as determined by surface plasmon resonance (SPR) and the capability of escaping the neutralization of a panel of 131 potent XBB.1.5-neutralizing antibodies from 8 epitope groups (Fig. 6b-c and Extended Data Fig. 9a). XBB.1.5-S7 successfully escapes the most of NAbs in the panel, except for a small group of broad NAbs from Group F3, A1, and D4, including SA55, a therapeutic antibody under clinical development[33]. Then, we evaluated the neutralization titers of convalescent plasma from individuals who experienced Omicron BTI or repeated Omicron infection against the designed escape mutants. As expected, XBB.1.5-S7 could significantly escape plasma samples from all tested cohorts. Plasma from BA.5 or BF.7 BTI are significantly escaped upon the inclusion of F456L, and nearly negative against XBB.1.5-S7 (Extended Data Fig. 9b). Plasma from repeated Omicron infections is much more resistant to escape mutations. Interestingly, plasma from BA.5/BF.7 reinfection with prior BA.1 BTI or BA.2 BTI exhibited distinct neutralization to different

escape mutants. The former samples are largely evaded by K444T and K440N, but not strongly

affected by H505Y, while the latter samples are significantly evaded by H505Y (Fig. 6d-e). This is

consistent with the observation that reinfection with prior BA.1 BTI elicits more Group D3

antibodies, while reinfection with prior BA.2 BTI elicits more Group F3 antibodies (Fig. 4c).

Unvaccinated reinfection cohorts exhibited higher neutralization against XBB.1.5 compared to

vaccinated cohorts, but equivalently escaped by XBB.1.5-S7. The most significant reduction occurs

upon the inclusion of H505Y, K440N, and N405K, indicating a high proportion of Omicron-specific

antibodies in Group D3 and F3 (Fig. 6f).

In summary, our findings suggest that secondary Omicron exposure is necessary to mitigate the

immune imprinting conferred by previous ancestral virus exposure and to elicit higher levels of

Omicron-specific antibodies. Accordingly, our recommendation is to administer two booster doses

of Omicron-based vaccines to individuals who have not received prior Omicron-based vaccinations

or who have not been previously infected with the Omicron variant. Moreover, administering the

second booster shot after a prolonged interval can provoke a wider and more efficient immune

response, while incorporating the wildtype virus into subsequent vaccine designs may worsen

immune imprinting[23]. Furthermore, it is imperative to incorporate the XBB variants into vaccine

design to achieve broad-spectrum protection, given its potential to mutate and evade vaccines based

on previous Omicron variants.

Recently, several fast-growing XBB lineages, such as the variant of interest (VOI) XBB.1.16

(K478R), XBB.2.3.5 (K478N), and XBB.2.3.4 (K478Q), have acquired RBD mutations on K478.

However, the K478 mutation did not emerge in our prediction of evolutionary trends for XBB.1.5

RBD. This contradiction may be attributed to the fact that our mutational prediction model primarily

relies on the cohorts we recruited, and we haven't captured the immune background that introduced

K478 mutation. One possible background that may give rise to K478 is repeated BA.5/BQ.1.1/XBB

exposure, as F486 could mask the immunogenicity of K478. Another potential source of K478 is

Delta-imprinted convalescents who experienced BA.5/BQ.1.1/XBB infections, which could result

in the generation of abundant K478X-sensitive mAbs, given that Delta carries T478K. This may

explain why K478X is mostly observed in India[4,37].

The degree of immune imprinting might be different between mRNA and inactivated vaccination.

Recent studies have shown that subsequently exposed to Omicron twice after two doses of WT-

based mRNA vaccines still produce significantly low levels of Omicron-specific antibodies, despite

the enhanced neutralization breadth against BQ.1.1 and XBB variants[38,39]. Additionally, individuals

who have received two doses of mRNA vaccines and experienced two rounds of Omicron infection

also have low levels of Omicron-specific antibodies[38]. This indicates that mRNA vaccines may

generate a stronger immune imprinting effect compared to inactivated vaccines, potentially due to

its stronger primary humoral immune response[8,40]. However, a head-to-head comparison is needed

for validation.

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 Figure Legends

Fig. 1 | Humoral immune imprinting in mice.

a, Neutralizing antibody response after priming with 2 doses of 3 μg CoronaVac followed by

boosting with 10 μg SARS-CoV-1 Spike protein or SARS-CoV-2 variant Spike proteins in mice. **b**,

Neutralizing antibody response after priming with 2 doses of 10 μg WT-mRNA followed by

boosting with 10 μg SARS-CoV-2 variant Spike proteins. **c**, Neutralizing antibody response after

immunization with 2 doses of 3 μg CoronaVac followed by boosting with 10 μg SARS-CoV-2

variant Spike proteins with 3 months or 6 months time interval in mice. **d**, Neutralizing antibody

response after priming with 2 doses of 3 μg CoronaVac followed by boosting twice with 10 μg

SARS-CoV-2 variant Spike proteins with different time intervals in mice. Mice were boosted twice

with intervals between boosters of either 1 month or 3 months. **e**, Neutralizing antibody response

after priming with 2 doses of 10 μg variant Spike proteins or 1 μg or 10 μg variant Spike mRNAs.

f, Neutralizing antibody response after priming with 2 doses of 3 μg CoronaVac followed by

boosting twice with 1 μg or 10 μg of SARS-CoV-2 variant Spike mRNAs. 10 mice were immunized

and analyzed in each group (n= 10). All Spike protein and mRNA contained six proline substitutions

(S6P) and alanine substitutions in the furin cleavage site to stabilize in prefusion conformation. The

time interval between the two priming doses is 2 weeks, unless stated otherwise. The interval

between priming and boosting is 4 weeks. Sera were collected one week after the last dose.

Geometric mean titers (GMT) were labeled. For paired samples in **a-d** and **f**, statistical significance

was determined using two-tailed Wilcoxon signed-rank tests. For independent samples in **e**,

statistical significance were determined using two-tailed Wilcoxon rank sum tests. $*p < 0.05$, $**p < $

0.01, and not significant (NS) $p > 0.05$. All neutralization assays were conducted in at least two

independent experiments.

Fig. 2 | Humoral immune imprinting after repeated Omicron infections in humans.

a, Examination of immune imprinting after Omicron breakthrough infections and repeated Omicron

infections. Plasma antibody titers against pseudotyped D614G and variants were measured. Fold

changes between titers against variants and D614G were calculated and shown above the line.

Statistical significance was determined using the Wilcoxon signed-rank test. BA.1, BA.2, BA.5,

BF.7 BTI: post-vaccination Omicron breakthrough infection (BTI). BA.1, BA.2 BTI+ BA.5/BF.7

infection: post-vaccination Omicron breakthrough infection followed by BA.5/BF.7 reinfection.

BA.1/BA.2+ BA.5/BF.7 infection: BA.1/BA.2 infection followed by BA.5/BF.7 reinfection with no

vaccination history. Blood samples were collected 1-2 months after the last infection. Detailed

information about the cohorts is in Supplementary Table 1. **b**, Plasma antibody breadth after

repeated Omicron infections. Plasma antibody titers against circulating pseudotyped variants were

measured. Fold changes between titers of different cohorts were calculated and shown above the

line. Statistical significance was determined using the Wilcoxon rank sum tests. **c**, Nasal swab

antibody breath after repeated Omicron infections. Nasal swab antibody titers against pseudotyped

variants were measured. Fold changes between titers of different cohorts were calculated and shown

above the line. Statistical significance was determined using the Wilcoxon rank sum test. Geometric

mean titers (GMT) are labeled in (**a**). Geometric mean ± SD are labeled in (**b, c**). Dashed lines

indicate the limit of detection (LOD, NT50 = 20).   *$p < 0.05$, **$p < 0.01$, ***$p<0.001$,

****$p<0.0001$, and not significant (NS) $p > 0.05$. All neutralization assays were conducted in at

least two independent experiments.

Fig. 3 | B cell immune imprinting after repeated Omicron infections.

a–d, Flow cytometry analysis of pooled B cells from Omicron infection convalescent individuals.

BA.1 (up) and BA.2 (down) RBD double-positive CD20+, IgM-, IgD-, CD27+ B cells were isolated

for paired-single-cell V(D)J sequencing. Flow cytometry analyses were performed in cohorts of the

following: (**a**) 2 months after BA.1 (up) or BA.2 (down) breakthrough infections, (**b**) 8 months after

BA.1 (up) or BA.2 (down) breakthrough infections, (**c**) 1 month after BA.5/BF.7 reinfection after

BA.1 (up) and BA.2 (down) breakthrough infections, (**d**) 2-3 months after BA.5/BF.7 reinfection

after BA.1 (up) or BA.2 (down) infection without SARS-CoV-2 vaccination history. APC,

allophycocyanine; FITC, fluorescein isothiocyanate; PE, phycoerythrin. BV605, Brilliant Violet

605. **e**, Proportions of WT-binding and non-WT-binding antibodies from Omicron breakthrough

infection and repeated Omicron infection cohorts. Binding specificity was determined by ELISA.

The antibodies were expressed in vitro using the sequence of the RBD-binding memory B cells from

various cohorts. **f**, The heavy-chain variable domain somatic hypermutation rate of the mAbs from

various cohorts. Statistical tests were determined using two-tailed Wilcoxon rank-sum tests. Boxes

display the 25th percentile, median and 75th percentile, and whiskers indicate median ± 1.5 times

the interquartile range. Violin plots show kernel density estimation curves of the distribution. The

numbers and ratios of samples in each group are labeled above the violin plots. $*p < 0.05$, $**p <$

0.01, $***p<0.001$, $****p<0.0001$, and not significant (NS) $p > 0.05$.

Fig. 4 | Epitope distribution and characterization of mAbs elicited by Omicron BTI and

reinfection

a, UMAP embedding of epitope groups of monoclonal antibodies (mAbs) binding BA.5 RBD

isolated from convalescent individuals who experienced BA.5/BF.7 BTI or reinfection (n=1350). **b**,

Neutralization activities, denoted as IC50 values, against SARS-CoV-2 D614G (n = 1349), BA.4/5

(n = 1322), and XBB.1.5 (n = 1346) spike-pseudotyped vesicular stomatitis viruses (VSV), as well

as ACE2 competition levels determined by ELISA (n = 1344), are projected onto the UMAP

embedding space. **c**, Distribution of mAbs across epitope groups is shown for BA.5 Breakthrough

Infection (BTI), BF.7 BTI, BA.1 BTI with reinfection, and BA.2 BTI with reinfection. Epitope

groups predominantly comprising non-neutralizing or weakly neutralizing mAbs (E2.2, E3, and F1)

are highlighted with dashed boxes. The percentage of antibodies in these three groups is labeled on

each bar. **d**, Average DMS escape scores of the crucial epitope groups contributing to neutralization

against XBB.1.5 are illustrated on the structure model of the SARS-CoV-2 BA.5 RBD (PDB:

7XNS). Key residues with high escape scores for each group are labeled. **e**, The average DMS

escape scores for the key epitope groups are represented as sequence logos; residues are depicted

using the standard one-letter code and colored based on their chemical properties. The height of

each letter corresponds to the escape score of the respective mutation. **f**, Pseudovirus-neutralization

activities of mAbs within the six crucial epitope groups (A1 [n = 170], A2 [n = 60], B [n = 33], F3

[n = 129], D3 [n = 155], and D4 [n = 80]) are shown against SARS-CoV-2 D614G, BA.5, BQ.1.1,

and XBB.1.5. Geometric mean IC50 values are displayed as bars and labeled above each group of

data points.

Fig. 5 | Estimate the evolutionary trends of XBB.1.5 RBD from DMS profiles.

Normalized average DMS escape scores weighted by IC50 against XBB.1.5 using DMS profiles of

mAbs from BA.5/BF.7 BTI (**a**), and mAbs from BA.5/BF.7 BTI and BA.1/BA.2 BTI with

BA.5/BF.7 reinfection (**b**). The impacts of each mutation on ACE2 binding and RBD expression,

and the codon constraints on each residue, are also considered (see Methods). Residues with high

estimated preferences are labeled, and their corresponding mutation scores are shown as logos.

Fig. 6 | Combination of escape mutations evades XBB.1.5-neutralizing antibodies from

reinfection.

a, SARS-CoV-2 XBB.1.5-based pseudoviruses harboring combinations of critical mutations

identified through analysis of DMS profiles are generated. **b**, hACE2-binding affinity for various

RBD mutants of SARS-CoV-2 is assessed using SPR. Geometric mean dissociation constants (KD)

from at least four independent replicates are shown, with statistical significance in comparison to

XBB.1.5 RBD's KD labeled above the bars. P-values are determined using a two-tailed t-test on

log-transformed KD values. **c**, IC50 values for representative potent XBB.1.5-neutralizing

antibodies from different epitope groups against XBB.1.5 variants carrying individual or multiple

escape mutations are displayed. Fold changes in IC50 against the mutants relative to XBB.1.5 are

presented as a heatmap. **d-f**, Pseudovirus 50% neutralization titers (NT50) for SARS-CoV-2

XBB.1.5-based mutants are shown using plasma from convalescent individuals who experienced

BA.5 or BF.7 reinfection: BA.1 BTI prior to BA.5/BF.7 reinfection (n = 26) (**d**); BA.2 BTI prior to

BA.5/BF.7 reinfection (n = 19) (**e**); and reinfection with BA.5 or BF.7 after BA.1 or BA.2 infection

without vaccination (n = 12) (**f**). Key mutations   diminishing neutralization are labeled above their

corresponding lines. Dashed lines indicate the limit of detection (LOD, NT50 = 20). Geometric

mean titers are labeled above data points. Statistical tests are performed between neighboring

mutants. P-values are calculated using two-tailed Wilcoxon signed-rank tests on paired samples. *p

< 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Methods

Isolation of PBMCs and plasma

Blood samples from vaccinated or unvaccinated individuals who had recovered from Omicron

breakthrough infection or reinfection were obtained under study protocols approved by Beijing

Ditan Hospital, Capital Medical University (Ethics committee archiving No. LL-2021-024-02) and

the Tianjin Municipal Health Commission, and the Ethics Committee of Tianjin First Central

Hospital (Ethics committee archiving No. 2022N045KY). All participants have provided written

informed consent for the collection of information, storage and use of their clinical samples for

research purposes, and publication of data generated from this study.

The whole blood samples were 1:1 diluted with 2% fetal bovine serum (FBS) (Hyclone,

SH30406.05) in phosphate buffered saline (PBS) (Invitrogen, C10010500BT) and subjected to

Ficoll (Cytiva, 17-1440-03) gradient centrifugation to isolate plasma and PBMCs. Plasma was

collected from upper layer after centrifugation. PBMCs were collected at the interface and further

prepared through centrifugation, red blood cell lysis (Invitrogen™ eBioscience™ 1X RBC Lysis

Buffer, 00-4333-57) and washing steps. If not used for downstream process immediately, samples

were stored in FBS with 10% DMSO (Sigma-Aldrich, D4540) in liquid nitrogen. All PBMC

samples were shipped on dry ice and cryopreserved PBMCs were thawed in PBS + 1mM EDTA

(Invitrogen, AM9260G) + 2% FBS before use.

mRNA vaccine preparation and mouse immunization

For mRNA vaccine preparation, 5′ untranslated region (UTR), target sequence, and 3'UTR were

sequentially inserted after T7 promoter in an empty PSP73 plasmid firstly. The plasmid was then

subjected to double digestion to obtain linearized DNA. This DNA served as a template for an in

vitro transcription reaction mediated by T7 RNA polymerase to synthesize RNA encoding the

SARS-CoV-2 S6P (F817P, A892P, A899P, A942P, K986P, V987P, R683A and R685A) protein

according to the manufacturer's instructions (Vazyme, DD4201). Uridine was fully replaced by N1-

methyl-pseudouridine in this process. Transcription products were treated with DNase I to remove

DNA templates, and purified using VAHTS RNA Clean Beads (Vazyme, N412-02). Cap 1 structure

was added using Vaccinia Capping Enzyme (Vazyme, DD4109) and mRNA Cap 2'-O-

Methyltransferase (Vazyme, DD4110), followed by magnetic bead purification. Poly(A) tails were

added using E.coli Poly(A) Polymerase (Vazyme, N412-02) and the product was purified again.

The mRNA was encapsulated in a functionalized lipid nanoparticle as described previously[41]. In

brief, ionizable lipid, DSPC, cholesterol, and PEG2000-DMG were dissolved in ethanol at the mole

ratio of 50:10:38.5:1.5, respectively. mRNA was diluted in RNase free 50 mM citrate buffer (pH

4.0) to obtain a final lipid:mRNA weight ratio of 6:1. The aqueous and ethanol solutions were mixed

in a 3:1 volume ratio using a microfluidic apparatus and the obtained LNPs were dialyzed overnight.

All of the samples were stored within a week at 2~8 ℃ of use to ensure the chemical stability of the

components. The size of LNPs, the particle size distributions, and the encapsulation and

concentration of mRNA were determined. The encapsulation in all of the samples was typically 90–

99%.

Animal experiments were carried out under study protocols approved by Institute of Biophysics,

Chinese Academy of Sciences (SYXK2023300) and HFK Biologics (HFK-AP-20210930). Mice

were immunized according to schemes in figure 1. All inactivated vaccines were administered

intraperitoneally at a dose of 3 μg per mouse, while mRNA vaccines were administered

intramuscularly at a dose of 10 μg per mouse. Protein subunit vaccines were administered

subcutaneously at six sites on the back at a dose of 10 μg per mouse, where complete Freund's

adjuvant was used for the prime immunization, and incomplete Freund's adjuvant was used for

booster immunizations, with a 1:1 volume ratio of protein subunit and adjuvant. The second

immunizations were given 2 weeks after the first dose, with subsequent doses administered at 1-

month intervals, unless stated otherwise. Blood samples were collected 1 week after the final

immunization.

BCR sequencing, analysis and recombinant antibody expression

CD19$^+$ B cells were enriched from PBMCs using EasySep Human CD19 Positive Selection Kit II

(STEMCELL, 17854). Following enrichment, 1×10^6 B cells in 100 μl buffer were incubated with a

panel of antibodies including 3 μl FITC anti-human CD20 antibody (BioLegend, 302304), 3.5 μl

Brilliant Violet 421 anti-human CD27 antibody (BioLegend, 302824), 2 μl PE/Cyanine7 anti-

human IgD antibody (BioLegend, 348210) and 2 μl PE/Cyanine7 anti-human IgM antibody

(BioLegend, 314532). Additionally, fluorophore or oligonucleotide conjugated RBD were added.

For FACS, 0.013 μg of biotinylated BA.1 (Sino Biological, 40592-V49H7-B) or BA.2 (customized

from Sino Biological) RBD protein conjugated with PE-streptavidin (BioLegend, 405204) and

APC-streptavidin (BioLegend, 405207), and 0.013 μg of WT biotinylated RBD protein (Sino

Biological, 40592-V27H-B) conjugated with BV605-streptavidin (BioLegend, 405229) were added.

For sequencing, BA.1 or BA.2 biotinylated RBD protein conjugated with TotalSeq™-C0971

Streptavidin (BioLegend, 405271) and TotalSeq™-C0972 Streptavidin (BioLegend, 405273), WT

biotinylated RBD protein conjugated with TotalSeq™-C0973 Streptavidin (BioLegend, 405275)

and TotalSeq™-C0974 Streptavidin (BioLegend, 405277) and biotinylated Ovalbumin (Sino

Biological) conjugated with TotalSeq™-C0975 Streptavidin (BioLegend, 405279) were added.

After incubation and washing steps, 5 μl of 7-AAD (Invitrogen, 00-6993-50) was included for dead

cell exclusion.

Cells negative for 7-AAD, IgM and IgD, but positive for CD20, CD27 and BA.1 or BA.2 were

sorted using a MoFlo Astrios EQ Cell Sorter (Beckman Coulter). FACS data were collected by

Summit 6.0 (Beckman Coulter) and analyzed using FlowJo v10.8 (BD Biosciences).

The sorted B cells were processed using the Chromium Next GEM Single Cell V(D)J Reagent Kits

v1.1 according to the manufacturer's user guide (10x Genomics, CG000208). Briefly, the cells were

resuspended in PBS after centrifugation and then processed to obtain gel beads-in-emulsion (GEMs)

using the 10X Chromium controller. The GEMs were subjected to reverse transcription and the

products were further purified with a GEM-RT clean up procedure. Preamplification was then

performed on the products which were subsequently purified using the SPRIselect Reagent Kit

(Beckman Coulter, B23318). The paired V(D)J BCR sequences were enriched with 10X BCR

primers, followed by library preparation. Finally, the libraries were sequenced using the Novaseq

6000 platform, running either the Novaseq 6000 S4 Reagent Kit v1.5300 cycles (Illumina,

20028312) or the NovaSeq XP 4-Lane Kit v1.5 (Illumina, 20043131).

10X Genomics V(D)J sequencing data were assembled as BCR contigs and aligned using the Cell

Ranger (v6.1.1) pipeline according to the GRCh38 BCR reference. To ensure high quality, only the

productive BCR contigs and cells with one heavy chain and one light chain were retained. The

IgBlast program (v1.17.1) was utilized to identify and annotate the germline V(D)J genes. The

Change-O toolkit (v1.2.0) was employed to detect somatic hypermutation sites in the variable

domain of the antibodies.

For expression optimization in human cells, heavy and light chain genes were synthesized by

GenScript, inserted separately into plasmids (pCMV3-CH, pCMV3-CL or pCMV3-CK) via

infusion (Vazyme, C112), and co-transfected into Expi293F cells (Thermo Fisher, A14527) using

polyethylenimine transfection. The cells were cultured at 36.5°C in 5% CO_2 and 175 r.p.m. for 6-

10 days. The cell expression fluid was collected and centrifuged. After centrifugation, supernatants

containing the monoclonal antibodies were purified using protein A magnetic beads (L00695,

Genscript). The purified samples were determined by SDS-PAGE.

Pseudovirus-neutralization assay

Codon-optimized SARS-CoV-2 S gene was inserted into the pcDNA3.1 vector to construct

plasmids encoding the spike proteins of SARS-CoV-2 and G*ΔG-VSV was amplified before

production of SARS-CoV-2 pseudotyped virus. The 293T cell line (ATCC, CRL-3216) was infected

with G*ΔG-VSV virus (VSV G pseudotyped virus, Kerafast) and transfected with the spike protein-

expressing plasmids simultaneously. After culturing, the pseudovirus-containing supernatant was

collected, filtered, aliquoted, and frozen at −80 °C for future use. Pseudovirus-neutralization assays

were conducted on the Huh-7 cell line (Japanese Collection of Research Bioresources (JCRB),

0403).

Monoclonal antibodies or plasma were serially diluted in DMEM (Hyclone, SH30243.01) and

incubated with pseudovirus in 96-well plates at 5% CO_2 and 37°C for 1 h. Digested Huh-7 cell

(JCRB, 0403) or 293T-hACE2 cells (ATCC, CRL-3216) were seeded and cultured for 24h. Half of

the supernatant was then discarded and D-luciferin reagent (PerkinElmer, 6066769) was added to

react in the dark. The luminescence value was detected using a microplate spectrophotometer

(PerkinElmer, HH3400). IC50 was determined by a four-parameter logistic regression model using

PRISM (version 9.0.1).

ELISA

ELISA assays were conducted by pre-coating ELISA plates with RBD (SARS-CoV-2 wild type,

SARS-CoV-2 BA.1, SARS-CoV-2 BA.2 RBD, Sino Biological) at concentrations of 0.03 μg ml^{-1}

and 1 μg ml^{-1} in PBS overnight at 4 °C. The plates were then washed and blocked, after which 100 μl

of 1 μg ml^{-1} antibodies were added to each well and incubated at room temperature for 2 hours.

Following incubation, the plates were washed and incubated with $0.25\,\mu g\,ml^{-1}$ Peroxidase-

conjugated AffiniPure goat anti-human IgG (H+L) (JACKSON, 109-035-003) for 1 hour at room

temperature. The reaction was developed using tetramethylbenzidine (TMB) (Solarbio, 54827-17-

7), and stopped by adding H_2SO_4. The absorbance was measured at 450 nm using a microplate

reader (PerkinElmer, HH3400) and the negative control used was the H7N9 human IgG1 antibody

HG1K. (Sino Biological, HG1K).

Surface plasmon resonance

Human ACE2 with Fc tag was immobilized onto Protein A sensor chips using a Biacore 8K (GE

Healthcare). Purified SARS-CoV-2 mutants RBD were prepared in serial dilutions, ranging from

100 to 6.25 nM, and injected over the sensor chips. The response units were recorded at room

temperature using BIAcore 8K Evaluation Software (v3.0.12.15655; GE Healthcare). The obtained

data were then analyzed using BIAcore 8K Evaluation Software (v3.0.12.15655; GE Healthcare)

and fitted to a 1:1 binding model.

DMS Library construction

Duplicate single site saturated mutant libraries spanning all 201 amino acids of BA.5 RBD (position

N331-T531 by Wuhan-Hu-1 reference numbering) were constructed based on previously reported

method[1], in order to ensure the reproducibility and reliability of results. A unique N26 barcode was

PCR appended to each RBD variant as an identifier, and the correspondence of variant and N26

barcode was obtained by PacBio sequencing on Sequel ll platform in Peking University throughput

sequencing center (HTSC). The BA.5 RBD mutant libraries were assembled into pETcon 2649

vector and amplified in DH10B cells. Above plasmids products were then transformed into

Saccharomyces cerevisiae EBY100. Yeasts were screened on SD-CAA plates and further enlarged

in SD-CAA liquid media, the resulted libraries were preserved at -80°C after flash frozen in liquid

nitrogen.

MACS-based mutation escape profiling

The high-throughput mutation escape profiling for every single antibody was performed as

previously described[7,26]. Briefly, unexpressed and non-functional RBD variants were first

eliminated from BA.5 mutant libraries by magnetic-activated cell sorting (MACS). The selected

yeasts were inoculated into SG-CAA media to induce RBD surface expression by overnight culture.

To capture yeast cells that escape specific antibody binding, two rounds of sequential negative

selection and one round of positive selection were carried out based on MACS. After overnight

amplification, plasmids were extracted from the sorted yeasts using the 96 Well Plate Yeast Plasmid

Preps Kit (Coolaber, PE053), then used as template for N26 barcode amplification by PCR. Final

PCR products were purified, quantified, and sequenced on Nextseq 550 or MGISEQ-2000 platform.

DMS data analysis and antibody clustering

DMS raw sequencing data were processed as described previously[7,26]. In brief, the detected barcode

sequences of both the antibody-screened and reference library were aligned to the barcode-variant

dictionary generated using dms_variants (v0.8.9) from PacBio sequencing data of the BA.5 DMS

library. Only barcodes that are detected more than 5 times in the reference library are included in

the calculation to avoid large sampling error. The escape scores of a variant X that are detected both

in the screened and reference library were defined as $F \times (n_{X,ab} / N_{ab}) / (n_{X,ref} / N_{ref})$, where F is a scale

factor to normalize the scores to the 0-1 range, while n and N are the number of detected barcodes

for variant X and total barcodes in antibody-screened (ab) or reference (ref) samples, respectively.

To assign an escape score to each single substitution on RBD, an epistasis model is fitted using

dms_variants (v0.8.9) as described previously[42,43]. For antibodies with multiple replicates of DMS,

the final escape score of each mutation is the average over all replicates.

We used graph-based unsupervised clustering and embedding to assign an epitope group for each

antibody and visualize them in a two-dimensional space. First, site escape scores (the sum of

mutation escape scores on a residue) of each antibody are first normalized to a sum of one and

considered as a distribution over RBD residues. The dissimilarity of two antibodies is defined by

the Jessen-Shannon divergence of the normalized escape scores. Pair-wise dissimilarities of all

antibodies   in   the   dataset   are   calculated   using   the   SciPy   module

(scipy.spatial.distance.jensenshannon, v1.7.0). Then, a 12-nearest-neighbor graph is built using

python-igraph module (v0.9.6). Leiden clustering is performed to assign a cluster to each antibody

[44]. The name of each cluster is annotated manually based on the featured sites on the average escape

profiles of a cluster to make it consistent with the definition of our previously published DMS

dataset using WT-based library in general[7]. To project the dataset onto a 2D space for visualization,

we performed UMAP based on the constructed k-nearest-neighbor graph using umap-learn module

(v0.5.2). Figures were generated by R package ggplot2 (v3.3.3).

Estimate the preference of RBD mutations

Similar to the approach in our previous study[7], we incorporated four types of weights in our

calculations to account for the impact of each mutation on hACE2-binding affinity, RBD expression,

neutralizing activity, and the codon constraints on each residue. The weights for ACE2 binding and

RBD expression are determined by $\tanh(S_{\text{bind}}) + 1$ and $\tanh(\min(0, S_{\text{expr}})) + 1$, respectively,

where the S_{bind} and S_{expr} values are from the BA.2-based DMS on ACE2 binding and RBD

expression[45]. The function $\tanh(x)$ is employed as a sigmoidal curve to constrain the weights

between 0 and 2. For codon constraint weights, mutations that cannot be accessed through single

nucleotide mutation are first assigned a weight of zero. To address the intrinsic disparities in the

frequency of distinct nucleotide substitutions in SARS-CoV-2, we assign different weights for

mutations corresponding to various nucleotide substitutions[46]. Specifically, the weight of the most

frequent substitution (C>T) is assigned a value of 0.1, while weights for G>T and G>A are 0.041

and 0.035, respectively. To retain the potential of rare mutations, all other substitutions are assigned

a weight of 0.03. We use BA.4/5 (EPI_ISL_11207535) and XBB.1.5 (EPI_ISL_17054053) to define

weights for codon usage. Regarding the neutralizing activities, the weight is calculated as -

$\log_{10}(IC_{50})$. IC_{50} values (μg/mL) less than 0.0005 or greater than 1.0 are considered as 0.0005 or 1.0,

respectively. As the dataset specifically enriches for Omicron-specific antibodies, potentially

introducing bias when estimating mutation preferences. An additional weighting strategy is applied

that assigns higher weights to cross-reactive mAbs, resulting in 89% cross-reactive mAbs for

BA.5/BF.7 BTI cohorts and 51% for reinfection cohorts, as determined by unbiased characterization

of mAbs using ELISA. The raw escape scores for each antibody are first normalized by the

maximum score among all mutants. The weighted score for each antibody and each mutation is

obtained by multiplying the normalized scores with the corresponding four weights, and the final

mutation-specific weighted score is the sum of scores for all antibodies in the designated set, which

is then normalized once more to produce a value between 0 and 1. To visualize the calculated escape

maps, sequence logos were created using the Python module logomaker (v0.8).

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Author contributions

Y.C. designed and supervised the study. A.Y., F.J., W.S., Q.G., X.S.X, and Y.C. wrote the manuscript with inputs from all authors. A.Y., W.S., S.Y., R.A., Yao W., and X.N. performed B-cell sorting, single-cell VDJ sequencing, and antibody sequence analyses. J.W. (BIOPIC), F.J., H.S. and L.Z.

performed and analyzed the DMS data. Y.Y. and Youchun W. constructed the pseudotyped virus.

N.Z., P.W., L.Y., T.X. and F.S. performed the pseudotyped virus neutralization assays. W.S. and A.Y.

analyzed the neutralization data. Y.X., X.C., Z.S. and R.J. recruited the SARS-CoV-2 vaccinees and

convalescents. J.W. (Changping Laboratory), L.Y. and F.S. performed the antibody expression.

Conflicts of interest

X.S.X. and Y.C. are inventors on the provisional patent applications of BD series antibodies, which

include BD55-5514 (SA55) and mAbs from Omicron infection convalescents. X.S.X. and Y.C. are

founders of Singlomics Biopharmaceuticals. Other authors declare no competing interests.

Data and code availability

Information of SARS-CoV-2 RBD-targeting mAbs is included in Supplementary Table 2. Processed

mutation escape scores, and custom scripts for processing and analyzing DMS data can be

downloaded at https://github.com/jianfcpku/SARS-CoV-2-reinfection-DMS. Raw sequencing data

of DMS are available on China National GeneBank with Project accession CNP0004294. PDB

7XNS is used for the structural model of SARS-CoV-2 RBD.

Extended Data Figure Legends

Extended Data Fig. 1 | Neutralizing antibody response after CoronaVac primary and spike

protein booster

a, Comparison of neutralizing antibody responses among mouse immunization groups against

pseudotyped D614G, SARS, and additional SARS-CoV-2 variants. Mice sera antibody titers after

priming with two doses of 3 μg CoronaVac followed by boosting with 10 μg SARS-CoV-1 Spike

protein or SARS-CoV-2 variant Spike proteins in mice, or no boosting were measured. Fold changes

between groups receiving different boosters and the primary-only group were calculated and shown

above the line. Statistical significance was determined using the Wilcoxon rank sum test. **b**,

Antibody breadth after priming with CoronaVac followed by boosting with different Spike proteins

or no boosting. The neutralizing titer data used is the same as in a. Fold changes between titers

against SARS or SARS-CoV-2 variants, and D614G were calculated and shown above the line.

Statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01,

***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Fig. 2 | Neutralizing antibody response with mRNA vaccine as primary or

booster

a, Comparison of neutralizing antibody responses among mouse immunization groups against

pseudotyped D614G, SARS, and additional SARS-CoV-2 variants. Mice sera antibody titers after

priming with 2 doses of 10 μg WT-mRNA followed by boosting with 10 μg SARS-CoV-2 variant

Spike proteins in mice, or no boosting were measured. Fold changes between groups receiving

different boosters and the primary-only group were calculated and shown above the line. Statistical

significance was determined using the Wilcoxon rank sum test. **b**, Antibody breadth after priming

with WT-mRNA followed by boosting with SARS-CoV-2 variant Spike proteins in mice, or no

boosting. The neutralizing titer data used is the same as in a. Fold changes between titers against

SARS or SARS-CoV-2 variants, and D614G were calculated and shown above the line. Statistical

significance was determined using the Wilcoxon signed-rank test. Fold changes between titers

against SARS or SARS-CoV-2 variants and D614G were calculated and shown above the line.

Statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01,

***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Fig. 3 | Comparison of neutralizing antibody responses with different intervals

between the first and second Spike protein boosters.

a, Comparison of neutralizing antibody responses among different groups of mice immunized with

2 doses of CoronaVac, followed by two BA.5/BQ.1.1/XBB Spike protein boosters administered

with one-month or three-month intervals between the first and second boosters, and compared to

the primary immunization. Statistical significance was determined using the Wilcoxon rank sum

test. **b,** Antibody breadth after priming with CoronaVac followed by boosting with 2 doses of

BA.5/BQ.1.1/XBB Spike proteins with a one-month interval between the first and second boosters.

Statistical significance was determined using the Wilcoxon signed-rank test. **c,** Antibody breadth

after priming with 2 doses of BA.5/BQ.1.1/XBB Spike proteins. Statistical significance was

determined using the Wilcoxon signed-rank test. **d,** Antibody breadth after priming with CoronaVac

followed by boosting with 2 doses of BA.5/BQ.1.1/XBB Spike proteins with a three-month interval

between the first and second boosters. Statistical significance was determined using the Wilcoxon

signed-rank test. *$p < 0.05$, **$p < 0.01$, ***$p<0.001$, ****$p<0.0001$, and not significant (NS) $p >$

0.05.

Extended Data Fig. 4 | Comparison of neutralizing antibody responses with different intervals

between primary vaccination and the first booster.

a, Comparison of neutralizing antibody responses among different groups of mice immunized with

2 doses of CoronaVac, followed by two additional doses of SARS-CoV-2 Spike protein vaccine at

different intervals. Statistical significance was determined using the Wilcoxon signed-rank test. **b-**

c, Comparison of neutralizing antibody responses among different groups of mice immunized with

2 doses of CoronaVac, followed by one dose of BQ.1.1(b) or XBB(c) Spike protein vaccine at

different intervals. Statistical significance was determined using the Wilcoxon rank sum test. **d-e,**

Comparison of neutralizing antibody responses among different groups of mice immunized with 2

doses of CoronaVac, followed by two additional doses of BQ.1.1(d) or XBB(e) Spike protein

vaccine at different intervals. Statistical significance was determined using the Wilcoxon rank sum

test. *$p < 0.05$, **$p < 0.01$, ***$p<0.001$, ****$p<0.0001$, and not significant (NS) $p > 0.05$.

Extended Data Fig. 5 | Comparison of neutralizing antibody responses with different mRNA

vaccine booster dosages.

a-b, Antibody breadth after priming with 2 doses of 3 μg CoronaVac followed by boosting with 1

dose of 1μg (a) or 10μg (b) BA.5/BQ.1.1/XBB Spike proteins in mice. Statistical significance was

determined using the Wilcoxon signed-rank test. **c-d,** Antibody breadth after priming with 2 doses

of 3 μg CoronaVac followed by boosting with 2 doses of 1μg (c) or 10μg (d) BA.5/BQ.1.1/XBB

Spike proteins in mice. Statistical significance was determined using the Wilcoxon signed-rank test.

e, Comparison of neutralizing antibody responses among different groups of mice immunized with

2 doses of CoronaVac, followed by 2 doses of BA.5/BQ.1.1/XBB mRNA boosters at different doses

and compared to the primary immunization. Statistical significance was determined using the

Wilcoxon rank sum test. *$p < 0.05$, **$p < 0.01$, ***$p<0.001$, ****$p<0.0001$, and not significant (NS)

$p > 0.05$.

Extended Data Fig. 6 | Antibody breadth of plasma and nasal swab after repeated Omicron infections.

a-c, Plasma antibody titers against pseudotyped D614G and variants after (a) BA.1 BTI + BA.5/BF.7 infection (n = 26), (b) BA.2 BTI + BA.5/BF.7 infection (n = 19), (c) BA.1/BA.2 + BA.5 infection (n = 12). Fold changes between titers against variants and D614G were calculated and shown above the line. Statistical significance was determined using the Wilcoxon signed-rank test.

d-f, Nasal swab antibody titers against pseudotyped D614G and variants after (d) BA.1 BTI + BA.5/BF.7 infection (n = 26), (e) BA.2 BTI + BA.5/BF.7 infection (n = 19), (f) BA.1/BA.2 + BA.5 infection (n = 12). Fold changes between titers against variants and D614G were calculated and shown above the line. Statistical significance was determined using the Wilcoxon signed-rank test.

*p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Fig. 7 | Characteristics of BA.5-reactive mAbs elicited by BA.5/BF.7 BTI or reinfection.

a, Source of the antibodies are projected onto the UMAP embedding space. Antibodies from BA.5 BTI (n=445), BF.7 BTI (n=243), BA.1 BTI with reinfection (n=284), and BA.2 BTI with reinfection (n=232) are colored blue in the corresponding panel, and other antibodies are gray. **b,** Neutralization activities, denoted as IC50 values, against SARS-CoV-2 BA.1 (n = 1260), BA.2 (n = 1238), BA.2.75 (n=1238), BQ.1.1 (n = 1335) and XBB (n = 1341) spike-pseudotyped VSV are projected onto the UMAP embedding space. **c,** Average escape scores of epitope groups that are not shown in Fig. 4d (C/D1, D2, E1/E2.1, E2.2, E3, and F1) are illustrated on the structure model of the SARS-CoV-2 BA.5 RBD (PDB: 7XNS). Key residues with high escape scores for each group are labeled. **d,** Average DMS escape scores for these epitope groups are represented as sequence logos; residues are depicted using the standard one-letter code and colored based on their chemical properties. The height of each letter corresponds to the escape score of the respective mutation. **e,** Pseudovirus-neutralization activities of XBB.1.5-neutralizing mAbs in groups A1 (n=70) and A2 (n=23) against XBB.1.5 and XBB.1.5.10; and mAbs in groups B (n=15) and C/D1 (n=13) against XBB.1.5 and XBB.1.16. Fold changes in IC50 are labeled. P-values are calculated using two-tailed Wilcoxon signed-rank test of paired samples. **f,** Pseudovirus-neutralization activities of mAbs within the six

crucial epitope groups (C/D1 [n = 76], D2 [n = 86], E1/E2.1 [n = 100], E2.2 [n = 124], E3 [n = 101],

and F1 [n = 236]) are shown against SARS-CoV-2 D614G, BA.5, BQ.1.1, and XBB.1.5. Geometric

mean IC50 values are displayed as bars and labeled above each group of data points.

Extended Data Fig. 8 | Workflow of calculating weighted escape scores of each mutation on

RBD.

Weights for ACE2 binding and RBD expression, neutralization activity, and codon usage are

sequentially applied on the calculation to achieve informative results. Mutation preferences of BA.5

RBD under the pressure of NAbs from BA.5 or BF.7 BTI are shown.

Extended Data Fig. 9 | SPR sensorgrams for affinity of hACE2 and SARS-CoV-2 mutants

RBD

Representative sensorgram of at least four replicates is shown for each RBD. Geometric mean

kinetic constants k_a, k_d, and dissociation equilibrium constant K_D are labeled in each panel.

Extended Data Fig. 10 | NAbs from BTI and reinfection are escaped by constructed mutants

a, IC50 values for representative potent XBB.1.5-neutralizing antibodies from different epitope

groups against XBB.1.5 variants carrying individual or multiple escape mutations are shown. The

order of antibodies is the same as that in Fig. 6c. **b**, Pseudovirus NT50 for SARS-CoV-2 XBB.1.5-

based mutants are shown using plasma from convalescent individuals who experienced BA.5 (n=36)

or BF.7 BTI (n = 30). Statistical tests are performed between neighboring mutants. P-values are

calculated using two-tailed Wilcoxon signed-rank tests on paired samples. $*p < 0.05$, $**p < 0.01$,

$****p < 0.0001$, and $p > 0.05$ (NS).

Figure 1

Fig.1| Humoral immune imprinting in mice.
a, Neutralizing antibody response after priming with 2 doses of 3 μg CoronaVac followed by boosting with 10 μg SARS-CoV-1 Spike protein or SARS-CoV-2 variant Spike proteins in mice. b, Neutralizing antibody response after priming with 2 doses of 10 μg WT-mRNA followed by boosting with 10 μg SARS-CoV-2 variant Spike proteins. c, Neutralizing antibody response after immunization with 2 doses of 3 μg CoronaVac followed by boosting with 10 μg SARS-CoV-2 variant Spike proteins with 3 months or 6 months time interval in mice. d, Neutralizing antibody response after priming with 2 doses of 3 μg CoronaVac followed by boosting twice with 10 μg SARS-CoV-2 variant Spike proteins with different time intervals in mice. Mice were boosted twice with intervals between boosters of either 1 month or 3 months. e, Neutralizing antibody response after priming with 2 doses of 10 μg variant Spike proteins or 1 μg or 10 μg variant Spike mRNAs. f, Neutralizing antibody response after priming with 2 doses of 3 μg CoronaVac followed by boosting twice with 1 μg or 10 μg of SARS-CoV-2 variant Spike mRNAs. 10 mice were immunized and analyzed in each group (n= 10). All Spike protein and mRNA used S6P prefusion-stabilization. The time interval between the two priming doses is 2 weeks. The interval between priming and boosting is 4 weeks. Sera were collected one week after the last dose. Geometric mean titers (GMT) were labeled. For paired samples in a-d and f, statistical significance were determined using two-tailed Wilcoxon signed-rank tests. For independent samples in e, statistical significance were determined using two-tailed Wilcoxon rank sum tests. *p < 0.05, **p < 0.01, and not significant (NS) p > 0.05. All neutralization assays were conducted in at least two independent experiments.

Figure 2

Fig.2| Humoral immune imprinting after repeated Omicron infections in human.
a, Examination of immune imprinting after Omicron breakthrough infections and repeated Omicron infections. Plasma antibody titers against pseudotyped D614G and variants were measured. Fold changes between titers against variants and D614G were calculated and shown above the line. Statistical significance was determined using the Wilcoxon signed-rank test. BA.1, BA.2, BA.5, BF.7 BTI: post-vaccination Omicron breakthrough infection (BTI). BA.1, BA.2 BTI+ BA.5/BF.7 infection: post-vaccination Omicron breakthrough infection followed by BA.5/BF.7 reinfection. BA.1/BA.2+ BA.5/BF.7 infection: BA.1/BA.2 infection followed by BA.5/BF.7 reinfection with no vaccination history. Blood samples were collected 1-2 months after the last infection. Detailed information about the cohorts is in Supplementary Table 1. b, Plasma antibody breadth after repeated Omicron infections. Plasma antibody titers against circulating pseudotyped variants were measured. Fold changes between titers of different cohorts were calculated and shown above the line. Statistical significance was determined using the Wilcoxon rank sum tests. c, Nasal swab antibody breath after repeated Omicron infections. Nasal swab antibody titers against pseudotyped variants were measured. Fold changes between titers of different cohorts were calculated and shown above the line. Statistical significance was determined using the Wilcoxon rank sum test. Geometric mean titers (GMT) are labeled in (a). Geometric mean ± SD are labeled in (b, c). Dashed lines indicate the limit of detection (LOD, NT50 = 20). *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05. All neutralization assays were conducted in at least two independent experiments.

Figure 3

Fig.3 | B cell immune imprinting after repeated Omicron infections.

a–d, Flow cytometry analysis of pooled B cells from Omicron infection convalescent individuals. BA.1 (up) and BA.2 (down) RBD double-positive CD20+, IgM-, IgD-, CD27+ B cells were isolated for paired-single-cell V(D)J sequencing. Flow cytometry analyses were performed in cohorts of the following: (a) 2 months after BA.1 (up) or BA.2 (down) breakthrough infections, (b) 8 months after BA.1 (up) or BA.2 (down) breakthrough infections, (c) 1 month after BA.5/BF.7 reinfection after BA.1 (up) and BA.2 (down) breakthrough infections, (d) 2-3 months after BA.5/BF.7 reinfection after BA.1 (up) or BA.2 (down) infection without SARS-CoV-2 vaccination history. APC, allophycocyanine; FITC, fluorescein isothiocyanate; PE, phycoerythrin. BV605, Brilliant Violet 605. e, Proportions of WT-binding and non-WT-binding antibodies from Omicron breakthrough infection and repeated Omicron infection cohorts. Binding specificity was determined by ELISA. The antibodies were expressed in vitro using the sequence of the RBD-binding memory B cells from various cohorts. f, The heavy-chain variable domain somatic hypermutation (SHM) rate of the mAbs from various cohorts. Statistical tests were determined using two-tailed Wilcoxon rank-sum tests. Boxes display the 25th percentile, median and 75th percentile, and whiskers indicate median ± 1.5 times the interquartile range. Violin plots show kernel density estimation curves of the distribution. The numbers and ratios of samples in each group are labeled above the violin plots.

Figure 4

Fig. 4 | Epitope distribution and characterization of mAbs elicited by Omicron BTI and reinfection.

a, UMAP embedding of epitope groups of monoclonal antibodies (mAbs) binding BA.5 RBD isolated from convalescent individuals who experienced BA.5/BF.7 BTI or reinfection (n=1350). b, Neutralization activities, denoted as IC50 values, against SARS-CoV-2 D614G (n = 1349), BA.4/5 (n = 1322), and XBB.1.5 (n = 1346) spike-pseudotyped vesicular stomatitis viruses (VSV), as well as ACE2 competition levels determined by ELISA (n = 1344), are projected onto the UMAP embedding space. c, Distribution of mAbs across epitope groups is shown for BA.5 Breakthrough Infection (BTI), BF.7 BTI, BA.1 BTI with reinfection, and BA.2 BTI with reinfection. Epitope groups predominantly comprising non-neutralizing or weakly neutralizing mAbs (E2.2, E3, and F1) are highlighted with dashed boxes. The percentage of antibodies in these three groups is labeled on each bar. d, Average DMS escape scores of the crucial epitope groups contributing to neutralization against XBB.1.5 are illustrated on the structure model of the SARS-CoV-2 BA.5 RBD (PDB: 7XNS). Key residues with high escape scores for each group are labeled. e, The average DMS escape scores for the key epitope groups are represented as sequence logos; residues are depicted using the standard one-letter code and colored based on their chemical properties. The height of each letter corresponds to the escape score of the respective mutation. f, Pseudovirus-neutralization activities of mAbs within the six crucial epitope groups (A1 [n = 170], A2 [n = 60], B [n = 33], F3 [n = 129], D3 [n = 155], and D4 [n = 80]) are shown against SARS-CoV-2 D614G, BA.5, BQ.1.1, and XBB.1.5. Geometric mean IC50 values are displayed as bars and labeled above each group of data points.

Figure 5

Fig. 5 | Estimate the evolutionary trends of XBB.1.5 RBD from DMS profiles.
Normalized average DMS escape scores weighted by IC50 against XBB.1.5 using DMS profiles of mAbs from BA.5/BF.7 BTI (a), and mAbs from BA.5/BF.7 BTI and BA.1/BA.2 BTI with BA.5/BF.7 reinfection (b). The impacts of each mutation on ACE2 binding and RBD expression, and the codon constraints on each residue, are also considered (see Methods). Residues with high estimated preferences are labeled, and their corresponding mutation scores are shown as logos.

Figure 6

Fig. 6 | Combination of escape mutations evades XBB.1.5-neutralizing antibodies.
a, SARS-CoV-2 XBB.1.5-based pseudoviruses harboring combinations of critical mutations identified through analysis of DMS profiles are generated. b, hACE2-binding affinity for various RBD mutants of SARS-CoV-2 is assessed using SPR. Geometric mean dissociation constants (KD) from at least four independent replicates are shown, with statistical significance in comparison to XBB.1.5 RBD's KD labeled above the bars. P-values are determined using a two-tailed t-test on log-transformed KD values. c, IC50 values for representative potent XBB.1.5-neutralizing antibodies from different epitope groups against XBB.1.5 variants carrying individual or multiple escape mutations are displayed. Fold changes in IC50 against the mutants relative to XBB.1.5 are presented as a heatmap. d-f, Pseudovirus 50% neutralization titers (NT50) for SARS-CoV-2 XBB.1.5-based mutants are shown using plasma from convalescent individuals who experienced BA.5 or BF.7 reinfection: BA.1 BTI prior to BA.5/BF.7 reinfection (n = 26) (d); BA.2 BTI prior to BA.5/BF.7 reinfection (n = 19) (e); and reinfection with BA.5 or BF.7 after BA.1 or BA.2 infection without vaccination (n = 12) (f). Key mutations diminishing neutralization are labeled above their corresponding lines. Dashed lines indicate the limit of detection (LOD, NT50 = 20). Geometric mean titers are labeled above data points. Statistical tests are performed between neighboring mutants. P-values are calculated using two-tailed Wilcoxon signed-rank tests on paired samples. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 1

Extended Data Fig.1 | Neutralizing antibody response after CoronaVac primary and spike protein booster.
a, Comparison of neutralizing antibody responses among mouse immunization groups against pseudotyped D614G, SARS, and additional SARS-CoV-2 variants.. Mice sera antibody titers after priming with two doses of 3 μg CoronaVac followed by boosting with 10 μg SARS-CoV-1 Spike protein or SARS-CoV-2 variant Spike proteins in mice, or no boosting were measured. Fold changes between groups receiving different boosters and the primary-only group were calculated and shown above the line. Statistical significance was determined using the Wilcoxon rank sum test. b, Antibody breadth after priming with Coro-naVac followed by boosting with different Spike proteins or no boosting. The neutralizing titer data used is the same as in a. Fold changes between titers against SARS or SARS-CoV-2 variants, and D614G were calculated and shown above the line. Statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 2

Extended Data Fig.2 | Neutralizing antibody response with mRNA vaccine as primary or booster.
a, Comparison of neutralizing antibody responses among mouse immunization groups against pseudotyped D614G, SARS, and additional SARS-CoV-2 variants. Mice sera antibody titers after priming with 2 doses of 10 μg WT-mRNA followed by boosting with 10 μg SARS-CoV-2 variant Spike proteins in mice, or no boosting were measured. Fold changes between groups receiving different boosters and the primary-only group were calculated and shown above the line. Statistical significance was determined using the Wilcoxon rank sum test. b, Antibody breadth after priming with WT-mRNA followed by boosting with SARS-CoV-2 variant Spike proteins in mice, or no boosting. The neutralizing titer data used is the same as in a. Fold changes between titers against SARS or SARS-CoV-2 variants, and D614G were calculated and shown above the line. Statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 3

Extended Data Fig.3 | Comparison of neutralizing antibody responses with different intervals between the first and second Spike protein boosters.
a, Comparison of neutralizing antibody responses among different groups of mice immunized with 2 doses of CoronaVac, followed by two BA.5/BQ.1.1/XBB Spike protein boosters administered with one-month or three-month intervals between the first and second boosters, and compared to the primary immunization. Statistical significance was determined using the Wilcoxon rank sum test. b, Antibody breadth after priming with CoronaVac followed by boosting with 2 doses of BA.5/BQ.1.1/XBB Spike proteins with a one-month interval between the first and second boosters. Statistical significance was determined using the Wilcoxon signed-rank test. c, Antibody breadth after priming with 2 doses of BA.5/BQ.1.1/XBB Spike proteins. Statistical significance was determined using the Wilcoxon signed-rank test. d, Antibody breadth after priming with CoronaVac followed by boosting with 2 doses of BA.5/BQ.1.1/XBB Spike proteins with a three-month interval between the first and second boosters. Statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 4

Extended Data Fig.4 | Comparison of neutralizing antibody responses with different intervals between primary vaccination and the first booster.

a, Comparison of neutralizing antibody responses among different groups of mice immunized with 2 doses of CoronaVac, followed by two additional doses of SARS-CoV-2 Spike protein vaccine at different intervals. Statistical significance was determined using the Wilcoxon signed-rank test. b-c, Comparison of neutralizing antibody responses among different groups of mice immunized with 2 doses of CoronaVac, followed by one dose of BQ.1.1(b) or XBB(c) Spike protein vaccine at different intervals. Statistical significance was determined using the Wilcoxon rank sum test. d-e, Comparison of neutralizing antibody responses among different groups of mice immunized with 2 doses of CoronaVac, followed by two additional doses of BQ.1.1(d) or XBB(e) Spike protein vaccine at different intervals. Statistical significance was determined using the Wilcoxon rank sum test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 5

Extended Data Fig.5 | Comparison of neutralizing antibody responses with different mRNA vaccine booster dosages.
a-b, Antibody breadth after priming with 2 doses of 3 μg CoronaVac followed by boosting with 1 dose of 1μg (a) or 10μg (b) BA.5/BQ.1.1/XBB Spike proteins in mice. Statistical significance was determined using the Wilcoxon signed-rank test. c-d, Antibody breadth after priming with 2 doses of 3 μg CoronaVac followed by boosting with 2 doses of 1μg (c) or 10μg (d) BA.5/BQ.1.1/XBB Spike proteins in mice. Statistical significance was determined using the Wilcoxon signed-rank test. e, Comparison of neutralizing antibody responses among different groups of mice immunized with 2 doses of CoronaVac, followed by 2 doses of BA.5/BQ.1.1/XBB mRNA boosters at different doses and compared to the primary immunization. Statistical significance was determined using the Wilcoxon rank sum test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05.

Extended Data Figure 6

Extended Data Fig.6 | Antibody breadth of plasma and nasal swab after repeated Omicron infections.
a-c, Plasma antibody titers against pseudotyped D614G and variants after (a) BA.1 BTI + BA.5/BF.7 infection (n = 26), (b) BA.2 BTI + BA.5/BF.7 infection (n = 19), (c) BA.1/BA.2 + BA.5 infection (n = 12). d-f, Nasal swab antibody titers against pseudotyped D614G and variants after (d) BA.1 BTI + BA.5/BF.7 infection (n = 26), (e) BA.2 BTI + BA.5/BF.7 infection (n = 19), (f) BA.1/BA.2 + BA.5 infection (n = 12). g, Plasma antibody titers against pseudotyped D614G and variants after BA.1 BTI (n = 22). Fold changes between titers against variants and D614G were calculated and shown above the line in a-g. All statistical significance was determined using the Wilcoxon signed-rank test. *p < 0.05, **p < 0.01, ***p<0.001, ****p<0.0001, and not significant (NS) p > 0.05..

Extended Data Fig. 7 | Characteristics of BA.5-reactive mAbs elicited by BA.5/BF.7 BTI or reinfection.
a, Source of the antibodies are projected onto the UMAP embedding space. Antibodies from BA.5 BTI (n=445), BF.7 BTI (n=243), BA.1 BTI with reinfection (n=284), and BA.2 BTI with reinfection (n=232) are colored blue in the corresponding panel, and other antibodies are gray. b, Neutralization activities, denoted as IC50 values, against SARS-CoV-2 BA.1 (n = 1260), BA.2 (n = 1238), BA.2.75 (n=1238), BQ.1.1 (n = 1335) and XBB (n = 1341) spike-pseudotyped VSV are projected onto the UMAP embedding space. c, Average escape scores of epitope groups that are not shown in Fig. 4d (C/D1, D2, E1/E2.1, E2.2, E3, and F1) are illustrated on the structure model of the SARS-CoV-2 BA.5 RBD (PDB: 7XNS). Key residues with high escape scores for each group are labeled. d, Average DMS escape scores for these epitope groups are represented as sequence logos; residues are depicted using the standard one-letter code and colored based on their chemical properties. The height of each letter corresponds to the escape score of the respective mutation. e, Pseudovirus-neutralization activities of XBB.1.5-neutralizing mAbs in groups A1 (n=70) and A2 (n=23) against XBB.1.5 and XBB.1.5.10; and mAbs in groups B (n=15) and C/D1 (n=13) against XBB.1.5 and XBB.1.16. Fold changes in IC50 are labeled. P-values are calculated using two-tailed Wilcoxon signed-rank test of paired samples. f, Pseudovirus-neutralization activities of mAbs within the six crucial epitope groups (C/D1 [n = 76], D2 [n = 86], E1/E2.1 [n = 100], E2.2 [n = 124], E3 [n = 101], and F1 [n = 236]) are shown against SARS-CoV-2 D614G, BA.5, BQ.1.1, and XBB.1.5. Geometric mean IC50 values are displayed as bars and labeled above each group of data points.

Extended Data Figure 8

Extended Data Fig. 8 | Workflow of calculating weighted escape scores of each mutation on RBD.
Weights for ACE2 binding and RBD expression, neutralization activity, and codon usage are sequentially applied on the calculation to achieve informative results. Mutation preferences of BA.5 RBD under the pressure of NAbs from BA.5 or BF.7 BTI are shown.

Extended Data Figure 9

Extended Data Fig. 9 | SPR sensorgrams for affinity of hACE2 and SARS-CoV-2 mutants RBD
Representative sensorgram of at least four replicates is shown for each RBD. Geometric mean kinetic constants k_a, k_d, and dissociation equilibrium constant (K_D) are labeled in each panel.

Extended Data Figure 10

Extended Data Fig. 10 | NAbs from BTI and reinfection are escaped by constructed mutants.

a, IC50 values for representative potent XBB.1.5-neutralizing antibodies from different epitope groups against XBB.1.5 variants carrying individual or multiple escape mutations are shown. The order of antibodies is the same as that in Fig. 6c. b, Pseudovirus NT50 for SARS-CoV-2 XBB.1.5-based mutants are shown using plasma from convalescent individuals who experienced BA.5 (n=36) or BF.7 BTI (n = 30). Statistical tests are performed between neighboring mutants. P-values are calculated using two-tailed Wilcoxon signed-rank tests on paired samples. *p < 0.05, **p < 0.01, ****p < 0.0001, and p > 0.05 (NS).