SARS-CoV-2 spike antibodies cross-react with dengue virus and enhance infection *in-*

vitro* and *in-vivo

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Abstract:

The presence of non-neutralizing antibodies of any dengue serotype, increase the severity of

subsequent infection by other dengue serotypes. During SARS-CoV-2 pandemic, the number

of symptomatic dengue cases increased in India. The cross-reactivity of dengue with SARS-

CoV-2 is well reported. We investigated the potential of SARS-CoV-2 spike antibodies to

modulate dengue infection. *In-silico* and *In-vitro* studies revealed protein-protein interactions

between the spike antibodies and the dengue envelope protein. Convalescent plasma from

COVID-19 patients and SARS-CoV-2 monoclonal/polyclonal antibodies showed cross-

reactivity and impact on dengue infection in cell-based assays. Furthermore, increased dengue

viral load was observed in serum, liver, and spleen of mice coinfected with dengue and SARS-

CoV-2, compared to only dengue infected animals. Collectively, we demonstrate that SARS-

CoV-2 spike antibodies can cross-react with and enhance dengue infectivity. These findings

have significant implications for SARS-CoV-2 monitoring and patient management in dengue-

endemic regions.

Keywords: SARS-CoV-2; Dengue Virus; Cross-reactivity; Antibody-Dependent Enhancement;

AG129 Mice model

Introduction

Dengue is endemic to more than 120 countries with Asia contributing 70% of the global burden (1). Dengue virus (DENV) circulates as four serotypes (DENV 1-4) each containing multiple distinct genotypes. DENV infection can cause mild fever or lead to severe forms like Dengue Haemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS). Primary infection provides lifelong immunity to homotypic secondary infection but gives partial immunity from heterotypic challenge. Heterotypic secondary infections present with severe symptoms, due to higher viremia catalyzed by Antibody-dependent Enhancement (ADE). Sub-neutralizing antibodies that bind to heterotypic DENV promote FcR-mediated viral entry into cells (2). A stable attachment to Fc receptors by these antibodies, without reaching the neutralization threshold leads to ADE (3).

The dynamics of DENV infections during the SARS-CoV-2 pandemic vary globally. A 16% decline in dengue incidences was reported in 2020-21 compared to pre-COVID-19 (4). However, S. Khan *et. al.* revealed a substantial surge in dengue cases in 2021 in specific South Asian countries, including India (~3-fold), Pakistan (>7-fold), and Bangladesh (>19-fold). This contrasted with a noteworthy decline of about 36% across Southeast Asia and Latin America (5). Several regional, environmental, and pandemic-related elements have been reported to shape these intricate dynamics. Disruptions in routine mosquito vector surveillance and control programs during COVID-19 lockdowns may have led to a rise in dengue cases, highlighting the crucial role of vector control in disease prevention. Similar pathology of DENV and COVID-19 presented diagnostic challenges, potentially contributing to underreporting (4) (6) (7) (8) (9).

Some studies indicate that ADE due to prior SARS-CoV-2 infection may elevate the risk of symptomatic and/or severe dengue. In Pakistan, a significant increase in dengue-related deaths (linked to DENV-2 prevalence) was observed in patients with a pre-exposure to SARS-CoV-2

(10). In North India, individuals with a history of COVID-19 faced a twofold higher risk of

developing symptomatic dengue (11). Further, the individuals vaccinated against or recovering

from COVID-19 exhibited higher odds (~ 3.6 times) of developing symptomatic dengue than

those without a COVID-19 infection or vaccination history (11).

Modest serological cross-reactivity between SARS-CoV-2 and DENV-2 has been reported (12)

(13) (14). However, it is unclear if this would have any clinical impact on dengue cases (15). A

study reported rabbit IgG against purified SARS-CoV-2 S1-RBD cross-reacts with DENV

Envelope (E), precursor-membrane (PrM), and Non-structural protein 1 (NS1). However, these

antibodies did not enhance DENV infection in THP-1 cells expressing FcR. Moreover, they

impeded DENV infection at high concentrations (16). Another study showed *in-vitro* inhibition

of dengue infection by sera from convalescent COVID-19 patients' sera (17).

Nath *et. al.* demonstrated serological cross-reactivity of SARS-CoV-2 positive serum samples

with DENV1 and that the sera neutralized DENV1 (17). Anti-S1-RBD antibodies were shown

to impede DENV infection at a specific concentration and COVID-19 patients' sera exhibited a

neutralizing ability against dengue infection (16). El-Qushayri *et al.,* in their systematic review,

aimed to assess the clinical outcomes of patients with dengue and COVID-19 co-infection. They

reported a high mortality rate in co-infected patients (19.1%), significantly exceeding the

estimated global mortality rates for dengue (1.3%) and COVID-19 (2.04%). Also, they found

that the hospital stay duration for co-infected individuals was longer than the reported median

stays for standalone COVID-19 and dengue cases (18). Although, insightful, more information

on the stoichiometry of the virus and antibodies in these studies, would have been useful, since

it is crucial for understanding antibody-virus interactions and the potential for ADE

Here, we evaluated the effect of preexisting SARS-CoV-2 antibodies on DENV-2 infection

using cell-based assays and mouse model of DENV infection.

Results:

***In-silico* interaction mining drive the cross-recognition of DENV-E protein by anti-Spike and anti-RBD SARS-CoV-2 antibodies**

To assess the cross-reactivity of SARS-CoV-2 Spike antibodies with DENV-2 E-protein dimer we used an *in-silico* approach (Fig. 1A, B). We selected a panel of reported SARS-CoV-2 antibodies, based on their structure data (extent of their characterization, availability of the structure information of their co-crystals with low resolution, preferably below 4 Aº.) and biological relevance (neutralization potential against SARS-CoV-2, target epitopes, etc.; Table-S1). For the identification of DENV-2 E epitopes, C8 antibody against E-protein dimer (Fab region, PDB-id: 4UTA) was used to characterize the interaction site based on interaction fingerprinting. For identifying the cross-reactive antibodies forming the most promising complexes with the E-protein; selected SARS-CoV-2 antibodies' protein-protein (PP) blind docking was carried out with the whole DENV-2 E dimer. The consensus docked poses obtained from Piper and HDOCK tools were used for post-docking qualitative and quantitative analysis (pose selection and pose-filtering criteria). The top three SARS-CoV-2 antibodies forming the complexes with DENV-2 in terms of docking energy, interaction fingerprinting with co-crystal and MM-GBSA scores are CR3022 (Fab region, PDB-id:6W7Y), S2E12 ab (Fab region, PDB-id:7K45) and DMAb 2196 (Fab region, PDB:8D8R) (Fig. 1C).

To quantitate their binding association at the residue level, major contributing amino acids were identified by residue-wise decomposition analysis setting the cut-off value of -1·5 kcal/mol. For the C8 antibody (4UTA) binding with DENV-2 E-protein, the interacting epitopes were majorly localized in Domain II (Fig. 1D). The binding sites of CR3022, S2E12 ab, and DMAb 2196 antibodies were found to overlap with C8 binding site (Fig. 1D). The contributing residues for all three antibodies were majorly located in Domain II including Fusion loop (Figure 1E, F). The findings of overlapping residues between C8 and the three SARS-CoV-2 interacting

antibodies corroborate well with previously reported study (19). From the interaction analysis,

the R73 appeared as the most common interacting residue in all antibodies. The pair-wise

interaction analysis confirmed considerable overlapping residues between SARS-CoV-2 and

DENV-2 antibodies (Figure 1E and 1F). Key residues that overlap between DENV-2 and at

least two antibodies of SARS-CoV-2 are R73 (common among all), T70, S72 (Domain-II), R99

and N103 (Fusion loop) and E311 (Domain-III). We also performed the mining of paratope

residues of SARS-CoV-2 antibodies with equal and/or increased interaction energy as C8 and

identified overlapping residues between C8 and CR3022 (Figure S1).

Overall, the interaction maps and per-residue energetic decompositions showed that there were

several common residues involved in the interaction of DENV-2-E with C8 and CR3022,

S2E12 ab and DMAb 2196 antibodies indicating a high likelihood of cross-reactivity (Figure

1G and 1H, Table S2). The paratope residues involved in interaction of E-protein with CR3022

were also identified (Table-S3) and their interactions were assessed (Fig. S2).

SARS-CoV-2 spike antibody cross-reactivity with DENV-2 and enhancement of DENV

infection

Based on the computational outcomes, one of the antibodies, CR3022, which showed the

highest affinity with DENV-2 E protein, was studied further. Confocal microscopy images of

CR3022 showed a statistically significant cross-reactivity with an average Mean Fluorescence

Intensity (MFI) of 7·68 (p-value<0·0001) (Fig. 2A). Bio-Layer Interferometry (BLI), showed

high affinity with a dissociation constant (KD) of <1·0pM with Spike protein (Fig. 2B(i)), and

2·83 μM with DENV-2 E-protein (Fig. 2B(ii)). Further, we observed a significant augmentation

in the percentage of infected cells with CR3022 antibody (p-value=0·01) in comparison to

untreated virus control (Fig. 2C).

SARS-CoV-2 convalescent plasma enhances DENV infection *in-vitro*

Samples from convalescent COVID-19 patients (n=48, Table-S4) from different time intervals of the pandemic were tested for their ability to cause ADE. We used FcγR-I, II and III expressing K562 and U937 cell lines. Both cell lines were shown to predominantly express FcγR-II (Fig. S3), as reported previously (20). The DENV-2 infected K562 cells were observed to increase from 1 to 236 times in the first set of convalescent samples (recovered individuals during Wuhan wave), 77 to 235 times in the second set of convalescent samples (recovered individuals during/around the delta wave), and 44 to 172 times in the third set of convalescent samples (recovered individuals during omicron wave), compared to untreated virus control (Fig. 3A-D). The FACS gating strategy is given in Fig. S4. Using a subset of the convalescent plasma samples (n=15) similar results were observed in U937 cells, where DENV-2 infection was enhanced in the range of 32 to 292 times as compared to the virus control (Fig. S5A-B). A virus neutralization assay with SARS-CoV-2 Wuhan strain (Table-S5), did not show any association between the neutralizing antibody titer and the ADE titers (Fig. S6A-C). Similarly, we did not find any association of ADE titers with disease severity in patients with COVID-19 (Fig. S6D).

A representative quantitative PCR assay for intracellular DENV-2 genomic RNA showed a higher viral load in 70% of COVID-19 convalescent plasma treated samples as compared to the control (Fig. S7). This data correlates with the increase in DENV-2 positive cells observed in flow cytometry. Determination of the infectious titer of DENV produced from infected cells by focus-forming unit assay also showed a significant increase in the Foci-forming units/ml (FFU/ml) in COVID-19 convalescent plasma treated samples as compared to control (Fig. S8).

SARS-CoV-2 enhances dengue virus infection in mice

To validate the *in-vitro* and *in-silico* findings, we carried out animal experiments. We took 21 AG129 mice within 6-8 weeks age group. The mice were divided into three groups, Group 1 as mock (G1, N=5), Group 2 as dengue viral control (G2, N=8), and Group 3 as test with both SARS-CoV-2 and dengue viral infection (G3, N=8). G2 was infected with dengue virus infection at day 21. G3 was infected with SARS-CoV-2 virus at day 0 followed by dengue virus infection at day 21. Both G2 and G3 mice were infected with adeno-ACE-2 (Ad5CMVh, The University of Iowa Viral Vector Core Facility) viral vector at -5 days which is essential for SARS-CoV-2 infection. Body weight was observed for all the animals till day 27 when they were euthanized as shown in the schematic experimental plan (Fig. 4A). Average body weight in G2 mice group decreased at day 3 but it recovered with time (Fig. 4B). A significant decrease of body weight was observed in G3 as compared to G2.

We further tested the antibody response against SARS-CoV-2 spike antigen at day 21 before SARS-CoV-2 infection, we observed the anti-spike IgG antibody response in all mice in G3 (Fig. 4C). We next determined the live dengue virus particle in serum samples collected on day 27 (Fig. 4D), we observed a slightly higher number of viral particles in G3 as compared to G2 indicating enhancement of Dengue infection with SARS-Co-V-2 virus. Next, we tested the viral replication in the liver and spleen of the infected mice. We observed a high copy of viral RNA both in liver (Fig. 4E) and spleen (Fig. 4F) tissues. We also observed a decrease in the platelet count, as previously reported to occur during dengue infection. As shown in Fig. 4G, a decrease in the platelet count was seen in G1 vs G2 and G3 however, we did not observe any significant difference in G2 vs G3. WBC and Hematocrit measurement was also carried out but no significant differences in G2 vs G3 groups (Fig. 4H & 4I) were observed.

SARS-CoV-2 spike antibodies cross-react with DENV

SARS-CoV-2 anti-spike polyclonal antibody raised in rabbit (P1R) and mice (MSer)

(obtained from BEI resources USA) were analysed for cross-reactivity with DENV. Using

confocal microscopy, we observed that both showed a significant cross-reactivity with an

average (MFI) of 13·2 for P1R and 13·4 for MSer (Fig. 5A-B). Mouse Monoclonal antibodies

against SARS-CoV-2, 1A9 (MFI of 7.4) and MM41 (MFI of 1.57), also showed cross-

reactivity with DENV-2. The positive-control, 4G2 (pan-flavivirus-anti-envelope antibody),

showed MFI of 18·28 whereas the Negative-control, anti-Rabies monoclonal (Rabishield®),

showed no reactivity with DENV-2. The binding kinetics of 1A9 (SARS-CoV-2 spike

antibody) showed a high affinity to DENV-2 Envelope with a dissociation constant (KD) of

4·84 µM (Fig. 5C ii-iii) using Bio-Layer Interferometry (BLI).

SARS-CoV-2 spike antibodies enhance DENV infection

Since DENV is endemic to India pre-existing anti-DENV antibodies may be responsible for the

observed ADE. To rule out this possibility, we further tested commercially available

monoclonal and polyclonal antibodies and sera raised in-house against the SARS-CoV-2 spike

and RBD for their potential to enhance the DENV-2 infection (Table-S6). All of the tested

antibodies (M1B, 1A9, MM41, P1R, M4B, M5B, Hser) enhanced DENV-2 infection (Fig. 6).

The RBD specific antibody (M5B) showed stronger enhancement compared to the antibody

against spike (MM41) with a dose-dependent increase in DENV-2 infection (Fig. 6A-B).

Similarly, hamster serum against purified SARS-CoV-2 spike protein also showed ADE of

DENV infection in K562 cells (Fig. 6C). Monoclonal antibody against Rabies virus (Negative-

control), did not show any ADE of dengue infection in K562 cells (Fig. 6C). A similar ADE

of DENV infection was observed in U937 cells too (Fig. S9). Three monoclonal antibodies –

4G2, 1A9, and M4B, showed significant ADE, as determined by the infectious titer of the virus

released in the culture supernatant from K562 cells (p-value<0·0001; Fig. S10).

Having established that there is an enhancement of DENV-2 infection due to anti-SARS-CoV-

2 antibodies, we next investigated whether it is time-dependent. We assessed ADE at 6 h, 18 h

and 36 h post-infection (Fig. S8). Mice (Mser) and hamster (Hser) sera, showed significant

ADE with respect to virus control (adjusted p-values Mser=0·0071 and Hser=0·0001), even at

6 hpi (Fig. S8). Although, we didn't observe a significant enhancement due to 4G2 and anti-

Spike monoclonals M3S and M2G at 6 hpi. At 18 hpi, a significant increase in the DENV-2

positive cells with respect to virus control was observed in 4G2 as well as M2G (Adjusted p-

value=0·0101), which further enhanced significantly at 36 hpi (Adjusted p-values 4G2=0·0001

and M2G=0·0035). The ADE in Hser reached saturation as early as 6 h (Adjusted p-

value<0·0001).

Discussion:

In this study, we demonstrate that SARS-CoV-2 antibodies cross-react with DENV-2 and

enhance DENV infection. Our work supports the work published by others highlighting SARS-

CoV-2 cross-reactivity and false positivity with dengue serology (21) (22). We used the DENV-

2E protein for BLI and computational studies since it has been reported to have maximum cross-

reactivity with SARS-CoV-2 S1 specific antibodies (12). A thorough *in silico* studies indicating

the high likeliness of cross-reactivity of SARS-CoV-2 spike antibodies with DENV-2.

Additionally, spike protein is critical for viral entry into cells and is the major target not only

for neutralizing antibodies but also for infection-enhancing antibodies (23). The dimeric

DENV-2 E-protein was used for docking studies, since we have intended to study the

interaction of DENV-2 with SARS-CoV-2 spike antibodies, which would happen before the

viral entry, extracellularly and it's known that the E-protein exists as a head-to-tail oriented

homodimer on the surface of mature-virions (24).

The *in-silico* results indicated that there is a significant interaction of SARS-CoV-2 antibodies

with DENV-2 dimeric E-protein. The binding free energy of SARS-CoV-2 antibodies i.e

CR3022 (6W7Y), S2E12 ab (7K45) and DMAb2196 (8D8R), being comparable to the DENV-

2 dimer specific antibody, C8 (4UTA). These top three binders shared their interacting interface

with C8 antibody. The residues involved in the interaction of C8 antibody with DENV-2 E were

also involved in the interaction of at-least one of the top three binders with E-protein (R73, E84,

R99, G102 and E311). The contributing residues which were found to be majorly stabilizing

the interaction of these top three SARS-CoV-2 antibodies with E-protein were S72, R73, Q77,

S81, N83 and R99 (involved in interacting epitopes of at least two out of the three). All the

residues involved in the interaction of these three SARS-CoV-2 antibodies with E-protein when

mapped, were majorly found to lie in the Domain-II and fusion-loop of E-protein. It is well

known that the antibodies against two epitopes of DENV are strong mediators of ADE: prM

epitopes (25) and fusion loop epitopes (26)**.** The fusion loop epitopes could be the ones,

potentially involved in ADE. Multiple residues have been identified from *in-silico* interaction

mining, among them few residues such as R73 (common among all), T70, S72 (Domain-II),

R99 and N103 (Fusion loop) and E311 (Domain-III) seem critical. These residues put forth the

possible avenue to explore further for epitope-based therapeutic interventions. The BLI findings

between dengue envelope protein and antibodies against SARS-CoV-2 spike protein indicate a

strong interaction with KD values in µM range.

We further assessed whether the SARS-CoV-2 antibodies could enhance DENV-2 infection *in-*

vitro. We found that convalescent plasma samples of SARS-CoV-2 recovered individuals,

collected at three different time intervals during COVID 19 pandemic, significantly enhanced

the DENV-2 infection in cultured Fc-receptor positive K562 and U937 cells. We also tested the

commercially available SARS-CoV-2 antibodies and Spike-immunized mice and hamster sera.

They showed an increased DENV-2 infection in both cell-based model.

The animal data observed strongly supported our *in-silco* and *in-vitro* data which clearly

showed that SARS-CoV-2 spike antibodies mediated enhancement of dengue virus infection.

However, the platelet counts and hematocrit levels were not significantly affected. Also, the

increased viral load as indicated by FFU and viral RNA levels in spleen and liver (Fig. 4d, e, f)

did not translate to increase the disease severity. However, the increased viral load might be

enhancing the clinical symptoms, which could be one reason for increased symptomatic cases

reported during late pandemic. Still, the surge of dengue cases was not observed during the

early stages of pandemic, which might be due to underreporting or reduced testing for dengue

during the peak COVID-19 pandemic as the clinical symptoms of both viruses are very similar.

Our study doesn't provide the mechanistic insights into the pathway involved in ADE of

DENV-2 infection due to SARS-CoV-2 antibodies. The extrinsic pathway, involves an

enhanced FcR-mediated entry of the virus into the host cells leading to an increase in the

number of infected cells, whereas the intrinsic pathway, involves a suppression of the host

antiviral immune response causing increased viral replication and would boost virus production

per infected cell (27) (28). Here we briefly did a time-course based study of DENV-2 infection

upon treatment of virus with SARS-CoV-2 antibodies and convalescent plasma. We observed

an enhancement in the percentage of DENV-2 infected cells, even at 6 h, indicating enhanced

virus internalization, since this is before E-protein from replicated new virions is expected (23)

(24) which may possibly indicate the presence of at least extrinsic pathway for ADE. However,

it needs further exploration for confirmation.

The DENV-2 used for the in-vitro assay was prepared in C6/36 cells and wasn't characterized

for the proportions of immature and mature-virions. It is well known that the virus prepared *in-*

vitro in mosquito cells has a considerably greater number of immature virions as compared to

mammalian cells, probably due to differential furin-expression (29) (30). Also, it is recognized

that laboratory adapted DENV strains are more dynamic than clinical strains and expose cryptic

epitopes more easily (31). Thus our virus preparation might have major proportion of immature

virions but this probably won't change the fact that the ADE of DENV-infection would happen

since the viral heterogeneity in response to the natural DENV-infections is also well known

The antibody repertoire in the natural infections is known to have an abundance of poorly

neutralizing antibodies which are majorly generated in response to the immature conformations

(32), which is a result of incomplete furin processing, resulting in egress of immature-forms

along with and mature-forms of virions post-assembly (33) (34). Also, the fully mature-virions

have been reported to be less susceptible to neutralization by cross-reactive and heterotypic

immune sera than partially mature variants (32). Thus, the heterogeneity in the DENV-2

preparation used for the *in-vitro* assays can be probably closely related to the natural infection

scenario. Further, our results from the BLI and docking studies are based on the dimeric form

of E-protein (indicating mature-form). Thus, one may then ask that the cross-reactive epitopes

defined here, might not be all the interacting epitopes that would possibly be involved and

interactions with other conformations must also be considered. Although it can be challenging

to map the exact cross-reactive epitopes since DENV is known to have multiple transient states,

involving different arrangements and oligomeric states of E-proteins that which governs the

antigenic landscape or accessibility of DENV (35). Still, a docking study with a heterotrimer of

E-protein (consisting of un-cleaved prM), being a crystallized transient state (36) may give a

better indication of more of the cross-reactive epitopes involved.

It would be informative to investigate if the antibodies induced in response to various SARS-

CoV-2 vaccines also possess the potential to enhance DENV-infection. Since a recent study by

Kaur *et. al.,* in North India revealed a twofold higher risk of symptomatic dengue in individuals

with a history of COVID-19 in 2020. Additionally, those who received the COVID-19 vaccine

after recovering from COVID-19 showed a 3.6 times higher likelihood of developing

symptomatic dengue compared to individuals without a history of COVID-19 or vaccination

(11). These findings have significant implications keeping in view the co-circulation of both

DENV-2 and SARS-CoV-2 in several countries and thus the vaccine development strategies

against both the agents might need an inevitable change.

Materials and Methods:

Molecular docking of DENV-2 Envelope glycoprotein and SARS- CoV-2 antibodies:

Curation of data:

X-ray crystal structures of DENV-2 envelope glycoprotein (PDB ID:4UT6) (37) and SARS-

CoV-2 antibodies were curated from RCSB in PDB format (http://www.rcsb.org/pdb). These

crystal structures along with their corresponding resolution values, and are summarized in –

Table-S1. Crystal structure of antibodies were curated by removal of spike protein, water

molecules and metal ions using UCSF Chimera 1·15 (38). All structures were prepared using

Maestro's Protein Preparation Wizard module (Schrödinger Release 2020-1) (39). The

hydrogens and bond orders were added, missing side-chains and loops were filled by Prime

(39). The hydrogen bond (HB) optimization and restrained minimizations were also done for

the systems using force field OPLS4 (40).

Protein-Antibody docking and choosing the best pose:

Protein-protein interactions govern various aspects of structural and functional cellular

mechanisms, and their elucidation is crucial for a better understanding of biological processes.

All the prepared SARS-CoV-2 antibodies, along with controls i.e positive (pdb-id:4UTA) and

negative control (pdb-id:7U9G) were docked on prepared DENV2 E protein structure by

masking non-CDR regions of antibodies. The Chothia definition is used for the CDR region. Multiple docking methods were used to minimize the biases by including HDOCK (41), pyDock (42) and Piper program (43). The rationale for implementing multiple docking programs was to obtain the consensus results from all three tools and to remove any false-positive outcomes. Best poses were chosen from docked models on the basis of their docking score, cluster size (44) and reported paratope residues (45) (46) (47).

Thermodynamic quantification using Molecular Mechanics-Generalized Born Surface Area (MM-GBSA):

The binding free energy of protein and antibody complexes was carried out in Prime MM-GBSA (Molecular Mechanics Generalized Born Surface Area) by Prime (48) module of Schrodinger suite. We used the VSGB solvation model and OPLS4 force field. The binding free energy is calculated by: MMGBSA dG Bind (NS) = Complex – Receptor (from optimized complex) – Ligand (from optimized complex) = MMGBSA dG Bind–Rec Strain–Lig Strain, Where, Rec Strain = Receptor (from optimized complex) – Receptor, Lig Strain = Ligand (from optimized complex) – Ligand, MMGBSA dG Bind = Complex – Receptor – Ligand, NS = no strain.

Figures:

All figures were generated using VMD (V.1·9·1) (49) and graphs were generated using the XMGRACE (Version 5·1·19) (47).

Cells:

Human myeloid cell lines K562 (ATCC CCL-243) and U937 (ATCC CRL-1593.2) were cultured in Iscove's Modified Dulbecco's media (IMDM, HIMEDIA) and Roswell Park

Memorial Institute (RPMI, Gibco) 1640 respectively. African Green Monkey cell line Vero E6

(NCCS, India) was maintained in Dulbecco's Modified Eagle Medium (DMEM, HIMEDIA)

while A. albopictus cell line C6/36 (NCCS, India) was cultivated in Leibovitz's L-15 Medium

(HIMEDIA). All the cells were maintained in respective media supplemented with 100 U/ml

of penicillin, 100 µg/ml of streptomycin (HIMEDIA), and 10% Fetal Bovine Serum

(HIMEDIA). C6/36 cells were maintained at 28°C (ESCO incubator) without CO_2 while the

other cells were grown in a humidified 37°C incubator (Thermo Fisher Scientific) with 5%

CO_2.

Virus stocks:

Dengue virus serotype 2 (NGC strain) was propagated in C6/36 cells and it was used for all the

assays. The cells at a confluency of 60-70% were infected with Dengue virus at a multiplicity

of infection (MOI) of 0·1 using inoculum prepared in L-15 medium supplemented with 2%

FBS. It was incubated with cells for 2 h at 28°C with intermittent rocking. Subsequently, the

cells were washed and incubated with L-15 medium with 10% FBS. Culture supernatant was

harvested at 5 dpi, clarified by centrifugation at 129 ×g at room temperature and concentrated

using centrifugal ultrafiltration (Amicon® Ultra centrifugal filter (100 kDa), ACS510024 from

Millipore, Darmstadt, Germany) at 3220 ×g for 10 min for every 15 ml of supernatant. The

infectious titer of the virus was determined by a focus-forming unit (FFU) assay performed in

Vero E6 cells.

The three variants of SARS-CoV-2, original Wuhan (USA-WA1/2020, Genbank: MN985325),

B·1·617·2 (δ-variant) known as THSTI_287 (GenBank: MZ356566·1), and Omicron

BA·1(GISAID accession no.: EPI_ISL_8764350) were propagated in Vero E6 cells. Cells were

infected with 0·1 MOI of virus inoculum and incubated for 1 h with shaking at 37°C. Virus

supernatant was harvested at 48 hpi, filtered, and stored at -80°C. The infective titer was

determined by titration on Vero E6 cells using the TCID$_{50}$ method (50). These virus stocks were

used for neutralization assays.

Serum samples and Antibodies:

We selected a group of convalescent plasma samples (n=48) collected at three different time

intervals during COVID-19 pandemic in India. They are defined as follows: the first interval

was from May 2020 to January 2021, second interval from May 2021 to June 2021, third

interval from February 2022 to April 2022. The clinical details of the samples are given in the

Table S1. The pan flavivirus, anti-envelope mAb, 4G2 was purified inhouse from HB112

hybridoma cells. SARS-CoV-2 spike (S2 specific) antibody 1A9 was purchased from Gentex

while Anti- Recombinant SARS-CoV-2 Spike Protein (whole spike) Sino 4059-MM41 was

purchased from Sino Biologicals. Other SARS CoV2-related antibodies M1B, M4B, M5B, P1R

were obtained from BEI resources, USA. SARS CoV2 infected mice and hamster serum were

generated inhouse. Rabies Human monoclonal antibody, Rabishield®-100 (Serum Institute of

India), was purchased from the pharmacy. All the details regarding commercial antibodies/

serum are mentioned in - Table S2.

Confocal microscopy:

0.5×10^6 C6/36 cells from an exponentially growing culture were seeded on grass cover slips

followed by DENV-2 at 1.0 MOI. At 48 h post-infection the cells were fixed with 3.7%

paraformaldehyde (PFA) and permeabilized using 0.1% Triton-X-100. The cells were immune-

stained with primary antibody and fluor-conjugated secondary antibodies. Subsequently,

coverslips were mounted onto glass slides using ProLong Gold Antifade Mountant

supplemented with DAPI. Fluorescence was observed under 60X magnification using a

FLUOVIEW FV3000 confocal microscope (Olympus). The mean fluorescence intensity (MFI)

was calculated using images from 10 fields per slide with 7 cells per field (at least 70 data

points). Statistical analysis employed One-way ANOVA followed by Dunnett's test, comparing

to the negative control (Rabishield).

Live Virus Neutralization Assay:

Two-fold serial dilutions of heat-inactivated plasma samples were mixed with 100 $TCID_{50}$ of

SARS-CoV-2 virus and subsequently allowed to infect Vero E6 monolayers. After incubation

for 72 h at 37°C with 5% CO_2, the degree of CPE was qualitatively determined under a

microscope. Absence of CPE indicated virus neutralization, and the highest dilution that

completely prevented emergence of CPE was considered as the neutralization titer. For plasma

samples collected during-the third interval, cells were fixed 24 h post-infection and immune-

stained using antibody against the SARS-CoV-2 Nucleocapsid protein (1:2000, 4H2,

Genscript), followed by Alexa 488 conjugated anti-mouse antibody (1:500, Invitrogen).

Fluorescent foci were quantified by AID iSpot Reader with AID EliSpot 8.0 iSpot software.

Antibody-dependent Enhancement (ADE) Assay:

Serum samples (15 μl) and commercial antibodies (5 μl) were diluted in plain Iscove's Modified

Dulbecco's Medium (IMDM) to a total volume of 100 μl. Subsequently, 100 μl of virus dilution

was added, and the mixture was incubated at 37°C for 1 h. The virus-antibody complexes were

then allowed to infect 1×10^6 cells K562/U937 cells for 2 h at an MOI 1. After infection the

cells were washed and incubated in IMDM-2% FBS at 37°C, 5% CO_2 for 36 h. Subsequently,

cells were fixed using 4% PFA, permeabilized with 0.1% Triton X-100, immune-stained with

purified 4G2 (dilution 1:200), and Alexa-Fluor 488 conjugated anti-mouse (dilution 1:500).

The number of cells positive for DENV antigen was quantified by flow cytometry.

Flow Cytometry Analysis:

Flow cytometry was conducted using a BD FACS Canto II flow cytometer (BD Biosciences)

with 20,000 cells acquired per sample through FACS Diva software. FlowJo v10.8.1 was used

for analysis. Live cells were gated based on FSC and SSC, followed by singlet determination

using FSC-A vs FSC-H gate. Dengue virus-positive cells were gated on the FITC channel using

singlet population. FITC voltage was set using isotype control. Fcγ receptor expression was

assessed with anti-CD64 (Alexa Fluor 700), anti-CD32 (PE), and anti-CD16 (APC) antibodies

in K562 and U937 cells. Statistical analysis was conducted in GraphPad Prism 8.

Detection of DENV RNA using Quantitative RT-PCR:

Total RNA from 1 x 10^6 K562 cells was extracted using the standard TRIzol method. RNA was

quantitated using Nanodrop (Thermofisher Scientific) and 300 ng RNA was used for qPCR

using a one-step RT-PCR kit (SOLIScript® 1-step Probe kit, Solis Biodyne) following the

manufacturer's protocol for detection of DENV2 RNA. GAPDH was used as an internal

control. Fold change in DENV2 RNA copies was calculated with respect to GAPDH. The

details regarding primer and probe sequences are given in - Table S7.

Binding kinetics using Biolayer Interferometry (BLI):

BLI studies were performed on an Octet RED 96 instrument at 24°C with shaking at 1000 rpm

(ForteBIO). For DENV-2 Envelope protein, the buffer composition was 50mM Tris, 150mM

NaCl, 0.5% glycerol, pH 8.0. Whereas, for SARS-CoV-2 Spike protein, phosphate buffered

saline, pH 7.4 was used. Sensors were in the respective kinetic buffer (51). For studying binding

kinetics with protein E, antibodies at a concentration of 5 μg/ml were loaded onto the sensors

(AHC (Anti-hIgG Fc Capture) for CR3022 and C8, protein G (for 1A9 antibody)) DENV E

dimeric protein was diluted serially three-fold (starting with 6000nM) and Spike trimeric

protein was diluted 2 fold (starting with 600nM) in their respective kinetic buffers. The

designed experiment started with a baseline (100Sec), followed by 3 cycles of neutralization

and regeneration and again a baseline (100Sec). After this step, antibody loading was performed

(700sec) onto all the 5 sensors. After the loading step, another baseline (baseline2, 60sec),

Association was performed after the 2nd baseline step for 300sec, followed by 300sec

dissociation.

Here the 5th sensor was used as reference where no analyte was used, where the analyte

concentration was kept 0nM. The same sensor during the data processing was assigned as

reference well (change well type-reference well) and same wells; reference well, were

subtracted from the raw data. Here the ligand and analyte dilution as well as the whole

experiment was performed in the respective kinetic buffers. The binding responses were

calculated and fitting globally with a 1:1 binding model using ForteBio's Data Analysis

software 10·1. The data was considered validated if $X^2 < 0·5$.

Mouse Infection

The AG129 (IFNα/β/γR -/- 129/Sv) mice were obtained from the Jackson laboratory, USA

and maintained in small animal facility (SAF), RCB, Faridabad, India. All experiments with

AG129 mice were performed in 6-8 weeks old mice of either sex. One group of mice were

treated (one-time through intranasal route) with human ACE2 adenovirus using $2.5x10^8$ PFU

for transient expression of hACE2 in lungs and respiratory track. After five days mice were

infected with SARS CoV-2 via nasal route inoculation using $1x10^5$ PFU virus. Mice were

bled at day7, 14 and 21 post SARS CoV-2 infection to measure the antibodies against SARS

CoV-2. At day 21 both the groups were challenged with $1x10^4$ FFU mouse-adapted DENV2

(P8-P23085 INDI-60) and were euthanized on the moribund state.

Focus forming unit (FFU) assay

FFU assay was carried out to determine the virus titer in the serum of DENV2 infected

AG129 mice with slight modifications. Vero E6 cells were seeded at a density of 0.01×10^6

cells/well in a 96-well black/clear bottom plate and cells were allowed to reach 80%

confluency. At 80% confluency 100 µl of 10-fold serially diluted serum in media with 2%

FBS was added to the wells and incubated. After 2 hr, serum was removed, fresh media with

2% FBS was added and incubated for 24 hr at 37° C in 5% CO_2. Following that cells were

fixed with 2% PFA and the immunostaining for virus detection was performed using mAb

4G2 (pan-DENV anti-envelope antibody), followed by secondary antibody, goat anti-mouse

IgG, AF488 conjugated (Invitrogen) prepared in permeabilization buffer (0.1% triton x100

with 2%BSA in PBS). The foci were visualized and counted using fluorescence microscope.

Quantitative real time PCR

Total RNA from the mice tissues was extracted using RNAiso (Takara Bio, Japan) followed by

phenol-chloroform treatment. The first strand cDNA was synthesized from 1µg RNA using

cDNA synthesis kit (BioRad, USA) as per manufacturer's protocol. The cDNA was used for

real-time PCR using SYBR green supermix (BioRad) in an Applied Biosystems Quant

Studio^{TM} 6 Flex Real-Time PCR System. The primers set used for detection of the respective

genes are given in Table S8.

Statistical analysis:

Experimental values were represented as mean ± standard deviation (SD). Statistical analysis

was done using the ordinary one-way ANOVA followed by Dunnett's multiple comparison

test, using GraphPad Prism version 8·4·2. Differences were considered significant at p-value <

0·05.

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Coronavirus 2, Isolate USA-WA1/2020, NR-52281, Monoclonal Anti-SARS-Related

Coronavirus 2 Spike Glycoprotein, Clone 1-3D7 (produced *in-vitro*), NR-56488, Monoclonal

Anti-SARS-Related Coronavirus 2 Spike Glycoprotein Receptor Binding Domain-(RBD),

Clone 2TP1C3 (produced *in-vitro*), NR-55296, Polyclonal Anti-SARS-Related Coronavirus 2

Spike Glycoprotein (IgG, Rabbit), NR-52947." The RBD is proprietary reagents with IP No.

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Haryana.

Data availability:

All the data are presented in this manuscript. The virus strains used in this study have the

following accession numbers: original Wuhan (USA-WA1/2020, Genbank: MN985325),

B·1·617·2 (δ-variant) known as THSTI_287 (GenBank: MZ356566·1), and Omicron BA·1

(GISAID accession no.: EPI_ISL_8764350) Source data are provided with this paper.

Author Contributions:

SM conceptualized the idea. SM, SB, SA, TrS and PG coordinated the research activity. KJ

and SS contributed to designing and execution of viral assays. KJ, SS, GS, NB, TS, MT, JK,

DKR, BL, SK, PS, SK, VP, S, LK and VG contributed to data curation, investigation and

methodology. KJ, SS, TRA, GJ, GS, SB, SA, TrS, PG and SM contributed to formal analysis.

SS, SR, MG, PK, NW, RT, SB, TrS, SA and SM provided resources. KJ, SS, TRA, GJ, TrS,

PK, NW, RT, SB, SA, PG and SM contributed to writing, review & editing the draft. All authors

had full access to all the data in the study and had final responsibility for the decision to submit

for publication.

Ethics statement

We obtained the approval from the Institutional Bio-Safety Committee prior to conducting the

studies: (IBSC#495/2023), RCGM (No.-BT/IBKP/137/2020), RCGM (No.BT/IBKP/053/

2020).

Disclosure statement

The Author declares no conflict of interest.

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Figure Legends:

Figure 1: Cross-reactivity of antibodies and sera raised against SARS-CoV-2 Spike with DENV-2 (NGC) proteins.

(A) Confocal, digital images of DENV-2 (NGC) infected C6/36 cells reacted with 4G2, antibodies and sera raised against SARS-CoV-2 after 48 hpi. Cell nuclei are stained with DAPI while the other antibodies are detected using FITC-labeled respective secondary antibodies.

(B) Bar graph showing MFI of 4G2, MSer, 1A9, P1R (normalized w.r.t. the respective secondary antibody controls) with standard deviation. Analysis was performed using ImageJ and statistical significance was carried out using One-way ANOVA followed by Dunnett's test in GraphPad Prism 8·4·2. Asterisk (*) indicates statistically significant difference in MFI w.r.t. Rabishield® (Negative control).P value = 0·1234 (ns), 0·0332 (*), 0·0021 (**), 0·0002 (***), <0·0001 (****)

(C) Binding kinetics of C8 (DENV-E protein specific) and 1A9 (SARS-CoV-2 spike specific) antibodies with DENV-2 protein E and SARS-CoV-2 spike protein. Antibodies were loaded onto the sensors and serial dilutions of the proteins were used to study binding kinetics. The binding responses were calculated by subtracting data from reference and fitting globally with a 1:1 binding model using ForteBio's Data Analysis software 10·1. The data was considered validated if $\chi 2 <0·5$.

Figure 2: ADE of dengue virus infection by the SARS-CoV-2 positive patients' sera in K562 cells.

ADE due to convalescent plasma samples collected in the (A)first interval (Samples collected from May 2020- Jan 2021), n=21, (B) second interval (Samples collected from May 2021-June 2021), n=17, and (C) third interval (Samples collected from Feb 2022-April 2022), n=10. The bar graph represents an average percentage increase in DENV positive cells w.r.t. VC for each

sample with standard deviation for duplicates. Statistical significance was carried out using

One-way ANOVA followed by Dunnett's test in GraphPad Prism 8·4·2. Asterisk (*) indicates

that the difference between the virus control and the serum samples is statistically significant.

P value = 0·1234 (ns), 0·0332 (*), 0·0021 (**), 0·0002 (***), <0·0001 (****)

(D) Representative dot plots of patient samples from the first interval (#143, #155), second

interval(#96), and third interval (#2, #7). Data was analyzed on FlowJo version 10·8·1.

Figure 3: ADE of dengue virus infection by the monoclonal and polyclonal antibodies and

serum against SARS-CoV-2.

ADE due to (A) anti-spike monoclonal antibodies, M1B, 1A9, and different volumes of MM41

(from 2 µl to 6 µl) and anti-spike polyclonal antibody raised in rabbit, P1R, (B) anti-RBD

monoclonal antibodies, M4B, and different volumes of M5B (from 2 µl to 6 µl), (C) hamster

serum immunized with SARS-CoV-2 spike and negative control (Rabishield®). Statistical

significance was calculated using One-way ANOVA followed by Dunnett's test in GraphPad

Prism 8·4·2. Asterisk (*) indicates that the difference between the virus control and the serum

samples is statistically significant. P value = 0·1234 (ns), 0·0332 (*), 0·0021 (**), 0·0002 (***),

<0·0001 (****).

(D) Representative dot plots. Data was analyzed using FlowJo version 10·8·1.

Figure 4. Computational insights exploring the cross-reactive SARS-CoV-2 antibodies at

DENV-2 E protein: (A) Sequence and structural organization of the DENV-2 E dimer (PDB

1OAN). (B) Overview of the computational pipeline. (C) The binding free energy in kcal/mol

of selected SARS-CoV-2 antibodies. The most likely complexes were generated using Protein-

protein dockings. (D) The interaction map of top three antibodies (CR3022: 6W7Y: violet,

S2E12 neutralizing antibody Fab fragment: 7K45: orange and DMAb 2196: 8D8R: magenta)

along with the native antibody of DENV-2 E as control (C8:4UTA: green). The residue-wise

zoom-out view is shown to highlight the critical residues mainly forming the interactions such

as Hbonds and SBs. The DENV-2 antibody interactions are shown in green-colored residues

and SARS-CoV-2 antibody interactions are highlighted in the pink-colored residues. (E) The

matrix of critical residues involved in either establishing either H-bonds or in SBs along with

their occurrence. (F) The per-residue decomposition of top three antibodies indicating the

thermodynamic contributions of epitope residues. (G) The net binding energy between

identified antibodies and DENV-2 E which claims as potential in both cases. (H) The 3D

positioning of identified epitope residues at dimer of DENV. The residues which only interact

with SARS-CoV-2 antibodies are shown in cyan, the residues interacting with only DENV-2

antibody are shown in green color. The residues which are interacting with both DENV-2 E as

well as with SARS-CoV-2 RBD are shown in violet color. All the residues are rendered in

licorice and atom-wise C:cyan/green/violet, N:blue, O:red and S:yellow.

Figure 5: Cross-reactivity and ADE of Dengue virus infection by the SARS-CoV-2 anti-

RBD antibody CR3022.

(A) Confocal, digital images of DENV-2 (NGC) infected C6/36 cells stained with CR3022

along with the controls, 4G2 and Rabishield® (taken from Figure 1 to show the comparison)

and the Mean Fluorescence Intensity (MFI).

(B) Binding kinetics of CR3022 with SARS-CoV-2 spike protein (i) and DENV-2 protein E

(ii).

(C) ADE of DENV-2 infection by different concentrations of CR3022 in K562 cells by

flowcytometry. Statistical significance was checked using One-way ANOVA followed by

Dunnett's test. Asterisk (*) indicates a statistically significant difference between the control

and treatment. P value = 0·1234 (ns), 0·0332 (*), 0·0021 (**), 0·0002 (***), <0·0001 (****).

Figure 6: Effect of SARS-CoV-2 on dengue infection in AG129 mice: (A) Schematic

experimental plan showing three animal groups: Mock as G1, adeno-ACE-2 viral vector

infection at 5 days prior to day 0 in G2 and G3, SARS-CoV-2 infection at day 2 followed by

infection with Dengue virus at day 21 in G2, and dengue virus infection at day 21 in G3. (B)

Change in body weight. Two-way ANOVA was used. (C) SARS-CoV-2 Spike antibody

response at day 21 (D) DENV2 viral particles quantification by FFU assay in the serum of

infected mice. Mann-Whitney U test was used for analysis. (E) Dengue viral genome quantified

by qRT-PCR from liver, (F) spleen. One-way ANOVA and Bonferroni's post-test were used.

PBMC were harvested and (G) platelet count, (H) WBC count, (I) haematocrit percentages

were measured. Data are represented as mean ± SEM. *P < 0.05, **P < 0.01, ***P < 0.001,

****P < 0.0001, ns = non-significant.

A

Anti-Human Alexa 488 Control

Rabishield®

4G2

CR3022

B

(i) **CR3022 with Spike protein**
KD = < 1 pM

(ii) **CR3022 with DENV-2 protein E**
KD =2.83 µM

C