

1 **Assessing the protective potential of H1N1 influenza virus**  
2 **hemagglutinin head and stalk antibodies in humans**

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23 **Abstract**

24 Seasonal influenza viruses are a major cause of human disease worldwide. Most  
25 neutralizing antibodies (Abs) elicited by influenza viruses target the head domain of the  
26 hemagglutinin (HA) protein. Anti-HA head Abs can be highly potent, but they have  
27 limited breadth since the HA head is variable. There is great interest in developing new  
28 universal immunization strategies that elicit broadly neutralizing Abs against conserved  
29 regions of HA, such as the stalk domain. Although HA stalk Abs can provide protection  
30 in animal models, it is unknown if they are present at sufficient levels in humans to  
31 provide protection against naturally-acquired influenza virus infections. Here, we  
32 quantified H1N1 HA head and stalk-specific Abs in 179 adults hospitalized during the  
33 2015-2016 influenza virus season. We found that HA head Abs, as measured by  
34 hemagglutinin-inhibition (HAI) assays, were associated with protection against naturally-  
35 acquired H1N1 infection. HA stalk-specific serum total IgG titers were also associated  
36 with protection, but this association was slightly attenuated and not statistically  
37 significant after adjustment for HA head-specific Ab titers. We found higher titers of HA  
38 stalk-specific IgG1 and IgA Abs in sera from uninfected participants than from infected  
39 participants; however, we found no difference in sera *in vitro* antibody dependent  
40 cellular cytotoxicity activity. In passive transfer experiments, sera from participants with  
41 high HAI activity efficiently protected mice, while sera with low HAI activity protected  
42 mice to a lower extent. Our data suggest that human HA head and stalk Abs both  
43 contribute to protection against H1N1 infection.

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46 **Importance**

47 Abs targeting the HA head of influenza viruses are often associated with protection from  
48 influenza virus infections. These Abs typically have limited breadth since mutations  
49 frequently arise in HA head epitopes. New vaccines targeting the more conserved HA  
50 stalk domain are being developed. Abs that target the HA stalk are protective in animal  
51 models, but it is unknown if these Abs exist at protective levels in humans. Here, we  
52 found that Abs against both the HA head and HA stalk were associated with protection  
53 from naturally-acquired human influenza virus infections during the 2015-2016 influenza  
54 season.

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67 **Introduction**

68           Seasonal influenza viruses cause annual epidemics worldwide. Although  
69 seasonal influenza vaccines usually provide moderate protection against circulating  
70 strains, vaccine effectiveness can be low when there are antigenic mismatches between  
71 vaccine strains and circulating strains (1, 2). Additionally, rare yet unpredictable  
72 influenza pandemics occur when novel influenza strains cross the species barrier and  
73 transmit in the human population (3).

74           Antibody (Ab)-mediated immunity is important for protecting against influenza  
75 virus infections (4). The viral membrane protein, hemagglutinin (HA), is the target for  
76 most anti-influenza virus neutralizing Abs (5-9). Most neutralizing HA Abs target the HA  
77 globular head domain and block virus attachment to sialic acid, the cellular receptor for  
78 influenza viruses. However, since the HA head is highly variable, HA head Abs  
79 generally exhibit poor cross-reactivity against antigenically drifted viral strains (10).  
80 Unlike the head domain, the stalk domain of HA is highly conserved between different  
81 influenza virus strains. Abs that target the HA stalk domain can prevent viral replication  
82 by inhibiting the pH-induced conformational changes of HA that are required for viral  
83 entry into the cell (11). Many HA stalk-specific Abs also protect by blocking HA  
84 maturation (11), inhibiting viral egress (12), or by mediating Ab dependent cellular  
85 cytotoxicity (ADCC) (13). Although HA stalk Abs are typically subdominant and are not  
86 thought to be as efficient as HA head Abs, HA stalk Abs can inhibit diverse influenza  
87 strains *in vitro* (14-17).

88           Conventional influenza vaccines effectively elicit HA head-reactive Abs, but not  
89 HA stalk Abs (18). As a result, influenza vaccine effectiveness is dependent on the  
90 similarity of the HA head of circulating influenza virus strains and the HA head of  
91 vaccine strains (19). Antigenic mismatch between influenza vaccine strains and  
92 circulating viral strains have been especially problematic during recent years (20, 21).  
93 To circumvent the potential for antigenic mismatch, as well as to prepare against new  
94 pandemic viral strains, there is great interest in developing new universal immunization  
95 strategies that would elicit broadly reactive Abs against conserved regions of HA, such  
96 as the stalk domain (22).

97           HA stalk Abs protect animals from group 1 and group 2 influenza A virus  
98 infections (14, 16, 23-29). For example, human anti-HA stalk monoclonal Abs (mAbs)  
99 protect mice from lethal pH1N1 infection following prophylactic or therapeutic passive  
100 transfers (23, 28), as well as against H5N1 (16, 24, 28) or H7N9 lethal dose challenge  
101 (27). Both the prophylactic passive transfer of a human anti-HA stalk mAb or the  
102 elicitation of HA stalk-specific Abs by chimeric HA vaccination decreased viral loads in  
103 ferrets following pH1N1 infection (25). Additionally, passive transfer of human sera from  
104 H5N1 vaccinees protects mice from lethal pH1N1 infection (26), and this protection is  
105 likely mediated by HA stalk Abs. Passive transfer of broadly neutralizing HA stalk-  
106 specific mAbs against group 2 influenza A viruses also protects mice against  
107 heterosubtypic H3 viruses (29) and heterologous H3 and H7 viruses (14). Vaccine  
108 strategies designed to elicit HA stalk Abs in humans are currently being pursued (30-  
109 32). These strategies include sequential immunizations with chimeric HAs (19, 33),

110 immunization with 'headless' HA antigens (30, 34, 35), and immunizations with mRNA-  
111 based vaccines expressing HA (32).

112 Despite the recent interest in developing new HA stalk-based vaccines, the  
113 amount of HA stalk Abs required to protect humans from influenza virus infections and  
114 influenza-related disease has not been established. A recent human pH1N1 challenge  
115 study demonstrated that HA stalk Ab titers are associated with reduced viral shedding,  
116 but are not independently associated with protection against influenza infection (36).  
117 While human influenza virus challenge studies are valuable, they have some limitations.  
118 For example, high doses of virus are used in these studies (37, 38), large numbers of  
119 individuals are typically pre-screened for certain immunological attributes prior to  
120 entering these studies (39), and the pathogenesis of infection differs from that of a  
121 natural infection, including key sites of viral replication (38, 40). Serological studies of  
122 individuals who naturally acquire influenza virus infections can also be used to identify  
123 specific types of Abs that are associated with protection. Here, we present a serological  
124 study to determine if serum HA head and stalk Abs are associated with protection  
125 against naturally-acquired H1N1 infection.

126

## 127 **Results**

### 128 **HA head and stalk Abs are associated with protection against H1N1 infection**

129 We analyzed sera collected from 179 participants enrolled in a hospital-based  
130 study during the 2015-16 influenza season (Supplemental Table 1). Adults hospitalized  
131 at the University of Michigan Hospital (Ann Arbor, MI, USA) or Henry Ford Hospital  
132 (Detroit, MI, USA) were enrolled according to a case definition of within  $\leq 10$  days of

133 acute respiratory illness onset and subsequently tested for influenza by RT-PCR. Serum  
134 specimens collected at hospital admission were obtained for estimation of pre/early-  
135 infection antibodies; 58% of specimens included in this analysis were collected within 3  
136 days of illness onset (41). We analyzed serum samples from 62 hospitalized individuals  
137 that had PCR-confirmed H1N1 influenza virus infections. Serum samples from 117  
138 controls were selected from hospitalized individuals that had other respiratory diseases  
139 not caused by an influenza virus infection matching on age category (18 – 49 years, 50  
140 – 64 years,  $\geq 65$  years) and influenza vaccination status.

141 We quantified relative serum titers of HA head-specific Abs against the  
142 predominant 2015-2016 H1N1 strain using hemagglutination inhibition (HAI) assays  
143 (Fig. 1A). HAI assays detect HA head-specific Abs that prevent influenza virus mediated  
144 cross-linking of red blood cells (42, 43). We found that HAI titers were associated with  
145 protection against H1N1 infection in logistic regression models (Table 1). We observed  
146 a 23.4% reduction in H1N1 infection risk with every 2-fold increase in HAI titer. Previous  
147 studies reported that a 1:40 HAI titer is associated with 50% protection from  
148 experimental human influenza infections (44). Consistent with this, over 21% of non-  
149 H1N1 infected cases possessed  $>40$  HAI titer, while only  $\sim 3\%$  of H1N1 infected cases  
150 possessed  $>40$  HAI titer (Supplemental Figure 1).

151 Next, we quantified relative titers of H1 stalk IgG Abs using ELISAs coated with  
152 'headless' H1 proteins (Fig 1B). Similar to HAI titers, we found that H1 stalk titers were  
153 associated with protection against H1N1 infection in logistic regression models (Table  
154 1). We observed a 14.2% reduction in H1N1 infection risk with every 2-fold increase in  
155 H1 stalk titer. Whereas HAI titers  $>40$  were sharply associated with protection (Fig 1A,

156 C), there was no clear HA stalk IgG titer cutoff that was associated with protection in our  
157 study (Fig. 1B, C). Samples with the highest HA stalk IgG titers were interspersed  
158 among the ‘uninfected’ and ‘infected’ groups (Fig. 1B, C).

159 Although both HAI titers and HA stalk IgG titers were associated with H1N1  
160 protection in unadjusted models (Table 1), only HAI titers remained statistically  
161 associated with protection in adjusted models (Table 1). HA stalk IgG-associated  
162 protection lost significance when adjusting for HAI titers; however, the overall reduction  
163 in odds of infection for each 2-fold increase in titer remained roughly the same between  
164 the unadjusted and adjusted models for both HAI (23.4% to 20.7) and stalk Ab titers  
165 (14.2% to 9.8%), respectively (Table 1).

166 We completed several experiments to validate our HA stalk IgG data. ‘Headless’  
167 H1 proteins are engineered to possess only the HA stalk domain and not the HA  
168 globular head domain (30). We completed experiments with monoclonal Abs (mAbs) to  
169 verify that HA stalk-reactive Abs bind to ‘headless’ H1 proteins in ELISAs. We found that  
170 the H1 head-specific EM-4C04 mAb bound efficiently to a full-length H1 HA protein, but  
171 failed to bind to our ‘headless’ H1 protein, while the H1 stalk-specific 70-1F02 mAb  
172 bound to each construct similarly (Figure 2A-B). We used two additional methods to  
173 verify that ‘headless’ HA-based ELISAs accurately quantify HA stalk-reactive Abs. First,  
174 we measured Ab binding to a full-length HA chimeric protein that possessed an “exotic”  
175 head domain from an H6 virus fused to the H1 stalk (abbreviated c6/H1). Since H6  
176 viruses have never circulated in the human population, most human Abs that bind to this  
177 recombinant HA target the HA stalk domain (19). We found similar relative HA stalk Ab  
178 levels when we used the c6/H1 HA-based ELISAs compared to ‘headless’ HA-based



179 ELISAs (Fig. 2C). We also quantified HA stalk Ab levels using a competition ELISA. For  
180 these experiments we determined the amount of serum Abs that were required to  
181 prevent the binding of a biotinylated HA stalk-specific mAb (70-1F02). The 70-1F02  
182 mAb recognizes a conformationally dependent epitope that spans the HA1 and HA2  
183 subunits (15, 17, 28, 45, 46). We found that 70-1F02-based competition assay titers  
184 correlated strongly with the ‘headless’ HA-based ELISA titers (Fig. 2D).

185

### 186 **HA stalk IgG1 and IgA Abs are associated with protection**

187         Some HA stalk Abs mediate protection through non-neutralizing mechanisms that  
188 involve processes such as ADCC (47). IgG1 and IgG3 Ab subtypes are efficient at  
189 inducing ADCC, whereas IgG2 and IgG4 are not (48). We quantified relative IgG1,  
190 IgG2, and IgG3 HA stalk Abs in serum from a subset of participants using ELISAs  
191 coated with ‘headless’ H1 proteins. In all participants, the majority of HA stalk IgGs were  
192 IgG1 (Fig. 3A), consistent with previous reports (49, 50). Total HA stalk IgG titers closely  
193 correlated with HA stalk IgG1 titers (Fig. 3B). Similar to total HA stalk IgG titers (Fig.  
194 1B), we found that H1 stalk IgG1 titers were associated with H1N1 protection in logistic  
195 regression models (Fig. 3A & Table 2). Very low levels of IgG2 and IgG3 HA stalk Abs  
196 were detected in serum (Fig. 3A). We did not measure levels of IgG4 HA stalk Abs since  
197 IgG4 is not prevalent among anti-influenza virus human Abs (49). It is important to note  
198 that titers of each isotype are directly comparable in our experiments since we used  
199 control mAbs in each ELISA (based on the CR9114 HA stalk mAb (51, 52)) that were  
200 engineered to possess the same variable regions coupled to different constant regions  
201 (Supplemental Figure 2).

202           We next evaluated serum HA stalk IgA Abs, since IgA Abs can be important for  
203 controlling respiratory infections. For example, mucosal IgA potently reduces the risk of  
204 influenza transmission events in guinea pigs in a dose-dependent manner (53) and  
205 suppresses the extracellular release of virus from infected cells (54). Further, anti-HA  
206 stalk mAbs engineered on an IgA backbone neutralize virus more effectively compared  
207 to when they are engineered on an IgG backbone (55). We did not have access to  
208 respiratory secretions, but we did measure levels of HA stalk monomeric IgA in the  
209 serum from a subset of participants. Similar to HA stalk total IgG (Fig. 1B) and IgG1  
210 (Fig. 3A) titers, we found that serum HA stalk IgA titers were associated with H1N1  
211 protection in logistic regression models (Fig. 3A & Table 2). IgG1 and IgA titers were  
212 moderately, though significantly, correlated (Fig. 3C).

213

#### 214 **Functionality of Abs from infected and uninfected individuals**

215           Abs against the HA head and HA stalk can neutralize or limit virus replication  
216 through distinct mechanisms (11-14, 45-47, 56, 57). For example, most Abs that target  
217 epitopes near the receptor binding domain of the HA head block virus binding and  
218 neutralize virus *in vitro* and *in vivo* (56). Some HA stalk Abs can directly neutralize virus,  
219 but the majority of HA stalk Abs require Fc receptor engagement for protection *in vivo*  
220 (15, 47, 58). Neutralizing HA stalk Abs typically inhibit HA conformational changes  
221 required to mediate fusion of the virus and cellular membranes (11, 14, 45, 46). Other  
222 HA stalk Abs can prevent subsequent viral expansion at later stages of infection by  
223 inhibiting HA maturation (11) and viral egress (12).

224 We completed experiments to assess the *in vitro* and *in vivo* protective potential  
225 of serum Abs from infected and uninfected individuals. First, we performed *in vitro*  
226 neutralization assays using GFP-reporter influenza viruses (59). We generated H1N1  
227 viruses possessing genes encoding enhanced green fluorescent protein (eGFP) in  
228 place of most of the PB1 gene segment. The eGFP segment retained the noncoding  
229 and 80 terminal coding nucleotides, allowing this segment to be efficiently and stably  
230 packaged into virions. Neutralization assays were completed with these viruses in cell  
231 lines that stably expressed PB1. We detected *in vitro* neutralization titers in serum from  
232 approximately half of the participants that we tested. We found that *in vitro*  
233 neutralization titers were significantly associated with protection in logistic regression  
234 models (Fig. 4A). As expected, serum samples with the highest HAI titers had high *in*  
235 *vitro* neutralization titers (Fig. 4B), whereas serum samples with the highest HA stalk  
236 titers had more variable *in vitro* neutralization titers (Fig. 4C).

237 Next, we completed *in vitro* ADCC assays using serum from a subset of  
238 participants. For these assays we incubated HA-expressing 293T cells with serum, and  
239 then added human peripheral blood mononuclear cells (PBMCs). We then measured  
240 CD107a (LAMP1) expression on CD3<sup>-</sup>CD56<sup>+</sup> NK cells by flow cytometry. CD107a is a  
241 sensitive NK cell degranulation marker whose expression levels strongly correlate with  
242 cytokine production and cytotoxicity by NK cells in response to Ab-Fc receptor  
243 engagement (60). Unlike *in vitro* neutralization titers (Fig. 4C), ADCC activity was not  
244 associated with protection in logistic regression models (Fig. 4D).

245 Finally, we completed passive transfer experiments in mice. For these  
246 experiments we passively transferred human sera into mice that have been engineered

247 to possess human Fc-receptors (61) so that we could accurately assess the protective  
248 effects mediated by human Fc-FcR interactions. We passively transferred pooled sera  
249 from uninfected individuals that had high ( $>40$ ) HAI titers (abbreviated as uninfected-  
250 HAI<sup>high</sup>) and uninfected individuals that had low ( $\leq 40$ ) HAI titers (abbreviated as  
251 uninfected-HAI<sup>low</sup>). We also passively transferred pooled sera from infected individuals,  
252 all of whom had low ( $\leq 40$ ) HAI titers (abbreviated as infected-HAI<sup>low</sup>). For these  
253 experiments, equal volumes of human sera were transferred for each experimental  
254 condition. Mice were challenged with a sub-lethal dose of H1N1 four hours after sera  
255 transfer and body weights were monitored for 15 days (Figure 5A). Mice that received  
256 sera from uninfected-HAI<sup>high</sup> participants were fully protected against H1N1 infection.  
257 Mice that received sera from HAI<sup>low</sup> participants, whether from uninfected or infected  
258 individuals, were moderately protected against H1N1 infection, though these sera  
259 conferred significantly less protection when compared to sera from HAI<sup>high</sup> participants  
260 (Figure 5B and Supplemental Table 2). Since there were different amounts of HA Abs in  
261 sera from uninfected-HAI<sup>high</sup> participants, uninfected-HAI<sup>low</sup> participants, and infected  
262 participants (Fig 5C), it is unclear if the differences in our passive transfer experiments  
263 were due to differences in overall HA Ab titers or differences in HA head and stalk Ab  
264 ratios. To address this, we repeated passive transfer experiments after adjusting sera  
265 amounts so that equal amounts of HA Abs were passively transferred in each  
266 experimental group. Similar to what we found in our initial passive transfer experiment,  
267 sera from uninfected-HAI<sup>high</sup> participants protected mice better compared to sera from  
268 uninfected-HAI<sup>low</sup> participants and infected participants (Fig. 5D and Supplemental Table  
269 3). Interestingly, sera from uninfected-HAI<sup>low</sup> participants protected mice better

270 compared to sera from infected participants after adjusting sera amounts based on HA  
271 Ab titers (Fig. 5D and Supplemental Table 3). Taken together, these data suggest that  
272 human sera with high HAI activity efficiently protect *in vivo*, while human sera with low  
273 HAI activity also protect *in vivo*, albeit to a lower extent.

274

## 275 **Discussion**

276 Observational studies can be useful in identifying Ab types that are associated  
277 with protection from influenza virus infection. Here, we found that both HA head and  
278 stalk Abs appeared to be associated with preventing H1N1 hospitalizations during the  
279 2015-2016 season. We found that the effect size of HAI-associated protection (23.4%  
280 reduced risk of infection for every 2-fold increase in titer) was larger than the effect size  
281 of HA stalk Ab-associated protection (14.2% reduced risk of infection for every 2-fold  
282 increase in titer). In our study, HAI titers were independently associated with protection  
283 in adjusted models, however, HA stalk Abs were not. However, the effects of both HAI  
284 and HA stalk Ab titers were only slightly attenuated in our adjusted model and it is  
285 possible that our relatively small sample size limited our ability to detect an independent  
286 association between HA stalk titers and protection.

287 There are several limitations to our study. Since our sample size was relatively  
288 small, we only evaluated the contribution of Abs to the HA head and stalk. Larger  
289 studies will be required to independently evaluate other immune correlates of protection.  
290 For example, it will be important for future studies to evaluate the relationship between  
291 HA head and stalk Ab-associated protection and neuraminidase (NA) Ab-associated  
292 protection. Recent studies have shown that NA Abs are associated with protection in an

293 H1N1 challenge cohort (36), and NA Abs were also identified as an independent  
294 correlate of protection in a controlled vaccine efficacy study (62). It will be critical to  
295 determine if NA Ab-associated protection is independent of the protective effects of HA  
296 head and stalk Abs.

297 It should be noted that participants in our study were likely admitted to the  
298 hospital at varying days post-infection. While most blood specimens were collected  
299 relatively early ( $\leq 3$  days after symptom onset), we cannot exclude that some  
300 participants in our studies were infected for a prolonged period of time before being  
301 admitted to the hospital. This raises the possibility that some participants may have  
302 already mounted *de novo* Ab responses to H1N1 infection, which could potentially  
303 convolute the analyses of Ab types associated with protection. While this is a possibility,  
304 it is less of a concern since we found that all infected individuals have very low HAI  
305 titers. If our infected participants were making *de novo* Abs responses, we would  
306 anticipate that some of them would have high HAI titers to the infecting H1N1 virus. In  
307 addition, Ab titers do not typically increase as days from symptom onset to blood  
308 specimen collection increases (41), which suggests that samples used in this study  
309 were collected prior to the generation of *de novo* Ab responses against the infecting  
310 virus.

311 It is interesting that *in vitro* neutralization titers (Fig. 4A), but not ADCC titers (Fig.  
312 4D), were associated with H1N1 protection. *In vitro* neutralization activity is mainly  
313 driven by HA head Abs (5-9), whereas HA stalk Abs are more effective at ADCC (47). It  
314 should be noted that HA stalk IgG1 and IgA Abs have been shown to mediate  
315 phagocytosis with innate cellular partners (63), which could prove to be an important

316 mechanism of protection by HA stalk Abs, and should be considered in future studies.  
317 HA head Abs were associated with greater protection in our cohorts compared to stalk  
318 Abs (Table 1) and these Abs conferred superior protection compared to HA stalk Abs  
319 when passively transferred into mice (Fig B and D). Interestingly, serum from HAI<sup>low</sup>  
320 uninfected participants protected mice better compared to serum from HAI<sup>low</sup> infected  
321 participants in passive transfer studies after normalizing total HA Ab amounts in each  
322 transfer condition. While these data suggest that HA stalk Abs can confer protection *in*  
323 *vivo*, we cannot rule out that other immune components (such as NA Abs) contributed to  
324 protection in these experiments.

325       Taken together, our findings provide important new insights into the prevalence  
326 and functionality of HA head and stalk Abs in humans. Future studies that tease out the  
327 interdependence of HA head and stalk Abs, as well as Abs and T cells against other  
328 viral antigens, will be useful in guiding the development of new universal influenza  
329 vaccine antigens.

330

### 331 **Materials and Methods**

332 **Human Subjects.** During the 2015-2016 influenza season, adult ( $\geq 18$  years) patients  
333 hospitalized for treatment of acute respiratory illnesses at the University of Michigan  
334 Hospital in Ann Arbor, MI and Henry Ford Hospital in Detroit, MI were prospectively  
335 enrolled in a case-test negative design study of influenza vaccine effectiveness. All  
336 participants provided informed consent and were enrolled  $\leq 10$  days from illness onset  
337 during the period of influenza circulation (January-April 2015-2016). Participants  
338 completed an enrollment interview and had throat and nasal swab specimens collected

339 and combined for influenza virus identification. Influenza vaccination status was defined  
340 by self-report and documentation in the electronic medical record and Michigan Care  
341 Improvement Registry (MCIR). When available, clinical serum specimens collected as  
342 early as possible after hospital admission were retrieved; all specimens were collected  
343  $\leq 10$  days from illness onset based on the enrollment case definition. Studies involving  
344 human adults were approved by the Institutional Review Boards of University of  
345 Michigan and University of Pennsylvania. All experiments (HAI, ELISAs, *in vitro*  
346 neutralization assays, ADCC assays, and passive transfers) were completed at the  
347 University of Pennsylvania using pre-existing and de-identified sera.

348

349 **Viruses.** Viruses possessing A/California/07/2009 HA and NA or A/HUP/04/2016 HA  
350 and NA were generated by reverse genetics using internal genes from A/Puerto  
351 Rico/08/1934. Viruses were engineered to possess the Q226R HA mutation, which  
352 facilitates viral growth in chicken eggs. Viruses were grown in fertilized chicken eggs  
353 and the HA gene was sequenced to verify that additional mutations did not arise during  
354 propagation. We isolated the A/HUP/04/2016 virus from respiratory secretions obtained  
355 from a patient at the Hospital of the University of Pennsylvania in 2016. For this  
356 process, de-identified clinical material from the Hospital of University of Pennsylvania  
357 Clinical Virology Laboratory was added to Madin-Darby canine kidney (MDCK) cells  
358 (originally obtained from the National Institutes of Health) in serum-free media with L-  
359 (tosylamido-2-phenyl) ethyl chloromethyl ketone (TPCK)-treated trypsin, HEPES and  
360 gentamicin. Virus was isolated from the MDCK-infected cells 3 days later. We extracted  
361 viral RNA and sequenced the HA gene of A/HUP/04/16.



362

363 **Recombinant HA Proteins.** Plasmids encoding the recombinant ‘headless’ HA stalk  
364 were provided by Adrian McDermott and Barney Graham from the Vaccine Research  
365 Center at the National Institutes of Health. The ‘headless’ HA stalk protein was  
366 expressed in 293F cells and purified using Ni-NTA agarose (Qiagen, Mat# 1018244) in  
367 5 ml polypropylene columns (Qiagen, Cat# 34964), washed with pH 8 buffer containing  
368 50 mM Na<sub>2</sub>HCO<sub>3</sub> + 300 mM NaCl + 20 mM imidazole, then eluted using pH 8 buffer  
369 containing 50 mM Na<sub>2</sub>HCO<sub>3</sub> + 300 mM NaCl + 300 mM imidazole. Purified protein was  
370 buffer exchanged into PBS (Corning, Ref# 21-031-CM). Following purification, the  
371 ‘headless’ HA stalk proteins were biotinylated using the Avidity BirA-500 kit (Cat#  
372 BirA500) and stored in aliquots at -80C. Plasmids encoding the recombinant chimeric  
373 (c6/H1) HA were provided by Florian Krammer (Mt. Sinai). The detailed protocol for  
374 expression of this protein is published elsewhere (64). In brief, the c6/H1 HA protein  
375 was expressed in High Five baculovirus cells and purified using the same methods  
376 referenced for the ‘headless’ HA stalk protein. Purified protein was buffer exchanged  
377 into PBS (Corning, Ref# 21-031-CM) and stored in aliquots at -80C.

378

379 **mAbs.** Plasmids encoding the human mAbs EM-4C04, 70-1F02, and CR9114 IgG1  
380 isotypes were provided by Patrick Wilson at the University of Chicago. The heavy chain  
381 constant regions for IgG2, IgG3, and IgA (sequences listed below) were synthesized as  
382 a gBlock by IDT and cloned into the pSport6 vector containing the heavy chain of  
383 CR9114. All mAbs were expressed in 293T cells and purified four days post infection

384 using NAb protein A/G spin kits (Thermo Fisher, Cat# 89950) for the IgG isotypes or  
385 using peptide M agarose (InvivoGen, Cat# gel-pdm-2) for the IgA isotype.

386 **IgG2:**CGCATGATGCGTCGACCAAGGGTCCTAGCGTTTTCCCGCTCGCACCTTG TAG  
387 TCGGAGCACCTCCGAATCTACGGCGGCGCTCGGATGTCTGGTTAAGGATTACTTTC  
388 CTGAACCTGTTACTGTATCTTGGAATTCAGGAGCACTGACATCTGGTGTACATACTTT  
389 TCCAGCGGTTTTGCAGTCATCTGGTCTTTATTCCCTGTCCAGTGTGGTAACAGTACC  
390 ATCCTCAAACCTTTGGAACCTCAGACCTATACCTGCAATGTGGACCACAAGCCATCCAA  
391 TACAAAAGTCGATAAGACTGTGCGAGCGGAAGTGCTGTGTCGAATGCCCTCCCTGCC  
392 CCGCTCCGCCGGTTGCAGGGCCAAGTGATTTCTTTTTCCACCAAACCAAAGAT  
393 ACGCTTATGATATCTCGCACGCCTGAAGTAACCTGCGTAGTCGTTGATGTAAGTCAC  
394 GAGGATCCCGAAGTTCAATTC AATTGGTATGTAGATGGCGTTGAAGTGCATAATGCA  
395 AAGACCAAACCTAGAGAAGAACAATTC AATAGTACCTTTCCGCGTGGTTAGCGTACTC  
396 ACAGTCGTCCACCAGGATTGGCTGAATGGGAAGGAGTACAAATGCAAGGTCTCTAA  
397 CAAAGGTCTTCCGGCCCCCATAGAAAAACGATCAGTAAGACCAAGGGGCAGCCC  
398 AGAGAGCCACAGGTTTATACGTTGCCTCCGTCTCGCGAGGAAATGACTAAAAACCA  
399 GGTCAGCCTGACTTGTTTGGTGAAAGGGTTTTACCCGAGCGATATTGCTGTGGAAT  
400 GGGAGAGTAACGGGCAACCGGAGAACAATTACAAAACGACACCGCCCATGCTTGAT  
401 AGTGATGGTTCCTTCTTGTACAGCAAGTTGACGGTTGATAAATCCAGGTGGCAG  
402 CAAGGAAATGTTTTCTTGTTCAGTGATGCATGAGGCGCTCCACAACCATTATACG  
403 CAAAATCACTCTCACTTTCACCGGGGAAATGAAGCTTGAGCAGGGCCT  
404 **IgG3:**CGCATGATGCGTCGACCAAAGGGCCGTCAGTCTTTCCCTTGGCGCCGTGCT  
405 CCAGGAGTACCAGCGGCGGCACCGCGGCGTTGGGATGTCTTGTCAAGGATTATTT  
406 TCCCGAACCCGTCACCGTAAGCTGGAACAGTGGGGCATTGACGTCTGGCGTTCAT

407 ACTTTTCCGGCAGTACTTCAGAGTTCCGGCCTTTATTCTTTGTCAAGCGTTGTTACC  
408 GTACCATCCAGTAGCCTTGGCACCCAGACCTACACCTGTAATGTTAATCACAAACCA  
409 AGTAACACCAAGGTTGATAAGAGGGTTGAGCTTAAACACCGCTTGGTGACACAAC  
410 CCATACGTGTCCAAGATGTCCGGAGCCGAAGAGTTGTGATACCCCGCCGCGTGT  
411 CCTCGCTGTCCGGAACCAAAGAGCTGTGATACCCCCCACCTTGTCCCAGATGTCC  
412 TGAACCGAAATCATGTGACACGCCACCACCTTGCCCAAGATGTCCCGCGCCAGAG  
413 CTGCTGGGTGGGCCAGCGTATTTCTTTTTCCACCCAAACCGAAGGATACCCTTAT  
414 GATAAGCAGGACTCCCGAGGTTACCTGCGTGGTGGTTGACGTAAGTCACGAAGAC  
415 CCCGAAGTCCAATTC AATGGTATGTTGATGGGGTCGAAGTACACAACGCGAAGAC  
416 TAAACCGAGAGAGGAACAGTATAATAGCACATTCCGGGTTGTTTCCGTA CTTACAGT  
417 ACTTCATCAGGACTGGCTTAATGGCAAGGAGTACAAGTGCAAAGTCAGTAACAAGG  
418 CACTCCCTGCTCCGATTGAAAAGACAATATCAAAGACGAAAGGTCAACCCAGAGAG  
419 CCGCAGGTCTACACACTCCCTCCGTCCAGAGAAGAGATGACGAAAAACCAAGTTTC  
420 ATTGACGTGCCTCGTTAAAGGATTCTACCCAAGCGACATAGCTGTTGAGTGGGAGA  
421 GCAGCGGCCAGCCTGAGAACAATTATAATACTACCCCCCATGCTCGACTCTGAT  
422 GG TAGTTTTTTTCTGTACTCCAAGCTGACGGTAGACAAAAGTAGATGGCAGCAAGG  
423 CAACATCTTCAGTTGCTCTGTTATGCACGAGGCGTTGCACAACCGATTACACAGA  
424 AGTCACTGAGCCTGTCTCCGGGTAAATGAAGCTTGAGCAGGGCCT  
425 **IgA:**CGCATGATGCGTCGACTTCTCCAAAAGTGTTTCCCCTCAGTTTGTGTTCCACTC  
426 AACCGGATGGTAACGTGGTGATTGCTTGTCTCGTGCAAGGTTTTTTCCACAGGAA  
427 CCGCTGAGTGTTACATGGTCAGAGTCAGGCCAAGGTGTAACCGCGCGCAACTTTC  
428 CCCCTTACAGGACGCTAGTGGCGATCTGTATACTACCTCCTCTCAGCTCACTCTTC  
429 CCGCCACACAATGCCTCGCTGGGAAATCTGTAACCTGCCACGTAAACATTACACTA

430 ATCCATCACAGGACGTTACCGTGCCGTGCCCTGTACCATCCACGCCGCCTACGCCG  
431 TCACCGTCAACTCCTCCTACTCCCTCACCTCTTGTTGTCACCCGCGCCTCTCTCT  
432 TCACAGACCGGCCTTGGAGGACCTTCTCCTTGGGTCTGAGGCGAATTTGACTTGC  
433 ACGCTCACGGGGTTGCGGGACGCTAGTGGGGTTACGTTTACATGGACACCTTCATC  
434 AGGGAAGTCTGCCGTTTACAGGGCCCCCAGAGCGCGATTTGTGCGGGTGTACAGC  
435 GTATCTTCTGTGCTGCCTGGGTGCGCTGAGCCCTGGAATCACGGCAAAACGTTTAC  
436 CTGCACCGCTGCTTACCCAGAGAGCAAACCCCTCTGACGGCTACATTGTCCAAGT  
437 CAGGCAACACATTTGCCCCGAAGTCCACCTCTTGCCACCTCCATCCGAAGAACTC  
438 GCCCTGAACGAACTCGTGACGCTGACGTGCCTTGCACGCGGCTTTTCCCCGAAAG  
439 ACGTTCTCGTCCGGTGGCTTCAAGGTTCTCAGGAACTCCCACGGGAGAAGTACCT  
440 GACCTGGGCTTCACGCCAGGAACCTTCAACAAGGGACGACCACTTTCGCAGTCACG  
441 TCAATTCTGAGAGTTGCCGCTGAGGACTGGAAGAAGGGAGATACTTTCAGTTGTAT  
442 GGTAGGTCACGAAGCACTGCCGCTGGCATTACGCAGAAAACCATCGATCGGCTTG  
443 CCGGAAAGCCTACTCATGTTAACGTTTCCGTAGTGATGGCGGAGGTAGATGGCACA  
444 TGTTACTGAAGCTTGAGCAGGGCCT

445

446 **HAI Assays.** Sera samples were pre-treated with receptor-destroying enzyme (Denka  
447 Seiken, Cat# 370013) followed by hemadsorption, in accordance with WHO  
448 recommended protocols (65). HAI titrations were performed in 96-well U-bottom plates  
449 (Corning, Mfr# 353077). Sera were initially diluted two-fold and then added to four  
450 agglutinating doses of virus, for a final volume of 100 ul/well. Turkey erythrocytes  
451 (Lampire, Cat# 7209401) were added to each well (12.5 ul diluted to a 2% v/v). The  
452 erythrocytes were gently mixed with sera and virus, then allowed to incubate for one

453 hour at room temperature. Agglutination was read and HAI titers were expressed as the  
454 inverse of the highest dilution that inhibited four agglutinating doses of virus. Each HAI  
455 assay was performed independently on two different days.

456

457 **'Headless' HA ELISAs.** 'Headless' HA ELISAs were performed on 96-well Immulon  
458 4HBX flat-bottom microtiter plates (Thermo Fisher, Cat# 3855) coated with 0.5 ug/well  
459 of streptavidin (Sigma, Cat# S4762). Biotinylated 'headless' HA protein was diluted in  
460 biotinylation buffer containing 1x TBS (Bio Rad, Cat# 170-6435) + 0.005% tween (Bio  
461 Rad, Cat# 170-6531) + 0.1% bovine serum albumin (Sigma, Cat# A8022) to 0.25 ug/ml  
462 and 50 ul was added per well and incubated on a rocker for one hour at room  
463 temperature. Each well was then blocked for an additional one hour at room  
464 temperature using biotinylation blocking buffer containing 1x TBS (Bio Rad, Cat# 170-  
465 6435) + 0.005% tween (Bio Rad, Cat# 170-6531) + 1% bovine serum albumin (Sigma,  
466 Cat# A8022). Each serum sample was serially diluted in biotinylation buffer (starting at  
467 1:100 dilutions for total IgG or 1:50 dilutions for Ab isotype) and added to the ELISA  
468 plates and allowed to incubate for one hour at room temperature on a rocker. As a  
469 control we added the human CR9114 stalk-specific mAb, starting at 0.03 ug/ml, to verify  
470 equal coating of plates and to determine relative serum titers. Next, peroxidase  
471 conjugated goat anti-human IgG (Jackson, Cat# 109-036-098), peroxidase conjugated  
472 mouse anti-human IgG1 (Southern Biotech, Cat# 9054-05), peroxidase conjugated  
473 mouse anti-human IgG2 (Southern Biotech, Cat# 9060-05), peroxidase conjugated  
474 mouse anti-human IgG3 (Southern Biotech, Cat# 9210-05), or peroxidase conjugated  
475 goat anti-human IgA (Southern Biotech, cat# 2050-05) was incubated for one hour at

476 room temperature on a rocker. Finally, SureBlue TMB Peroxidase Substrate (KPL, Cat#  
477 5120-0077) was added to each well and the reaction was stopped with the addition of  
478 250 mM HCl solution. Plates were extensively washed with PBS (Corning, Ref# 21-031-  
479 CM) + 0.1% tween (Bio Rad, Cat# 170-6531) between each step using a BioTek  
480 microplate washer 405 LS. Relative titers were determined using a consistent  
481 concentration of the CR9114 mAb for each plate and reported as the corresponding  
482 inverse of the serum dilution that generated the equivalent OD. Each type of ELISA  
483 (total IgG, IgG1, IgG2, IgG3, and IgA) was performed twice.

484

485 **Chimeric (c6/H1) HA ELISAs.** Chimeric HA ELISAs were performed on 96-well  
486 Immulon 4HBX flat-bottom microtiter plates (Thermo Fisher, Cat# 3855). HA proteins  
487 were diluted in PBS (Corning, Ref# 21-031-CM) to 2 ug/ml and coated at 50ul per well  
488 overnight at 4C. Plates were blocked using an ELISA buffer containing 3% goat serum  
489 (Gibco, Cat# 16210-064) + 0.5% milk (dot scientific inc., Cat# DSM17200-1000) + 0.1%  
490 tween (Bio Rad, Cat# 170-6531) in PBS (Corning, Ref# 21-031-CM) 1x for two hours at  
491 room temperature. Each serum sample was serially diluted in the ELISA buffer (starting  
492 at 1:100 dilutions) and added to the ELISA plates and allowed to incubate for two hours  
493 at room temperature. As a control we added the human CR9114 stalk-specific mAb,  
494 starting at 0.03 ug/ml, to verify equal coating of plates and to determine relative serum  
495 titers. Next, peroxidase conjugated goat anti-human IgG (Jackson, Cat# 109-036-098)  
496 was incubated for one hour at room temperature. Finally, SureBlue TMB Peroxidase  
497 Substrate (KPL, Cat# 5120-0077) was added to each well and the reaction was stopped  
498 with the addition of 250 mM HCl solution. Plates were extensively washed with PBS

499 (Corning, Ref# 21-031-CM) + 0.1% tween (Bio Rad, Cat# 170-6531) between each step  
500 using a BioTek microplate washer 405 LS. Relative titers were determined using a  
501 consistent concentration of the CR9114 mAb for each plate and reported as the  
502 corresponding inverse of the serum dilution that generated the equivalent OD. Each  
503 ELISA was performed twice.

504

505 **Competition ELISAs.** Competition ELISAs were performed on 96-well Immulon 4HBX  
506 flat-bottom microtiter plates (Thermo Fisher, Cat# 3855). HA proteins were diluted in  
507 DPBS 1x (Corning, Ref# 21-031-CM) to 2 ug/ml and coated at 50ul per well overnight at  
508 4C. Plates were blocked using the biotinylation blocking buffer, described earlier, for two  
509 hours at room temperature. Each serum sample was serially diluted in biotinylation  
510 buffer (starting at 1:10 dilution) and added to the ELISA plates and allowed to incubate  
511 for one hour at room temperature before adding the human 70-1F02 mAb (specific for  
512 the conformationally dependent HA stalk epitope 1 (66) that had been biotinylated using  
513 the Invitrogen SiteClick Biotin Antibody Labeling Kit (Thermo Fisher, Cat# S20033) at a  
514 constant concentration of 0.03 ug/ml and incubated at room temperature for an  
515 additional hour. As a control we added the human CR9114 stalk-specific mAb, starting  
516 at 0.03 ug/ml, to verify equal coating of plates and to determine relative serum titers.  
517 Next, peroxidase conjugated streptavidin (BD Pharmingen Cat#554066) was incubated  
518 for one hour at room temperature. Finally, SureBlue TMB Peroxidase Substrate (KPL,  
519 Cat# 5120-0077) was added to each well and the reaction was stopped with the  
520 addition of 250 mM HCl solution. Plates were extensively washed with PBS (Corning,  
521 Ref# 21-031-CM) + 0.1% tween (Bio Rad, Cat# 170-6531) between each step, with the

522 exception of the addition of the biotinylated 70-1F02, using a BioTek microplate washer  
523 405 LS. Relative titers were determined using the un-competed control lane OD  
524 (biotinylated 70-1F02 binding in the absence of sera) and setting that OD as 100%.  
525 Each serum sample was then assessed by non-linear regression using GraphPad  
526 Prism. Titters are reported as the inverse of the highest serum dilution that inhibited  
527 binding of the biotinylated 70-1F02 to 30% of the un-competed binding. Each  
528 competition ELISA was performed independently on two different days.

529

530 ***In Vitro Neutralization Assays.*** Plasmids encoding pH1N1 viruses possessing genes  
531 encoding enhanced green fluorescent protein (eGFP) in place of most of the PB1 gene  
532 segment were provided by Jesse Bloom at The Fred Hutchinson Cancer Research  
533 Center. The eGFP segment retained the noncoding and 80 terminal coding nucleotides,  
534 allowing this segment to be efficiently and stably packaged into the virions. Detailed  
535 protocols for the reverse genetics, expression, and *in vitro* neutralization assays using  
536 the recombinant viruses have been published elsewhere (59, 67). In brief, serum was  
537 pre-treated with receptor-destroying enzyme (Denka Seiken, Cat# 370013) and then  
538 serially diluted in neutralization assay media (Medium 199 (Gibco, Cat# 11150-059)  
539 supplemented with 0.01% heat inactivated FBS (Sigma, Cat# F0926-100) + 0.3%  
540 bovine serum albumin (Sigma, Cat# A8022) + 100 U penicillin/100 ug streptomycin/ml  
541 (Corning, Cat# 30-002-CI) + 100 ug of calcium chloride/ml (Sigma, Cat# S7653) + 25  
542 mM HEPES (Corning, Cat# 25-060-CI)), beginning at 1:80 dilution. PB1flank-eGFP  
543 viruses were then added to the sera dilutions and were incubated at 37C for one hour to  
544 allow for neutralization. As a control, the human CR9114 HA stalk-specific mAb was



545 added to ensure equal infectivity and neutralization across all plates. Viruses and sera  
546 were then transferred to 96-well flat-bottom tissue culture plates containing 80,000 cells  
547 per well of MDCK-SIAT1-TMPRSS2 cells constitutively expressing PB1 under a CMV-  
548 promoter. Plates were incubated at 37C for 30 hours post-infection. Mean fluorescent  
549 intensity of samples was read using an Envision plate reader (monochromator, top read,  
550 excitation filter at 485 nm, emission filter at 530 nm). Neutralization titers were reported  
551 as the inverse of the highest dilution that decreased mean fluorescence by 90%, relative  
552 to infected control wells in the absence of antibodies. Each neutralization assay was  
553 performed independently on two different days.

554

555 **ADCC activity Assays.** 293T cells plated at 3.5e4 cells per well in a 96-well flat-bottom  
556 tissue culture plate (Corning, Cat# 353072 ) 24 hours before transfection. 293T cells  
557 were then transfected using 20 ul OptiMEM (Gibco, Cat# 31985-070) + 1 ul  
558 Lipofectamine 2000 (Invitrogen, Cat# 11668-019) + 500 ng plasmids encoding the HA  
559 gene from A/California/07/09 per well and incubated at 37C for approximately 30 hours  
560 before performing the ADCC assay. Approximately 12 hours before performing the  
561 ADCC assay, frozen PBMCs from four separate donors (obtained through the University  
562 of Pennsylvania Human Immunology Core) were thawed at 37C and then washed 3x  
563 using 15 mls of warmed complete RPMI media (Corning, Cat# 10-040-CM)  
564 (supplemented with 10% heat-inactivated FBS (Sigma, Cat# F0926-100) + 1% Penn-  
565 Strep (Corning, Cat# 30-002-CI)). Each aliquot of PBMCs was then transferred to a 50  
566 ml conical and rested overnight in 23 mls of complete RPMI media at a 5 degree angle  
567 with the cap loosened to allow for gas exchange. On the day of the assay, sera was

568 diluted in DMEM (Corning, Cat# 10-013-CM) supplemented with 10% FBS (Sigma, Cat#  
569 F0926-100) at a 1:10 dilution. As a control for this assay, the human CR9114 HA stalk-  
570 specific mAb was included at a concentration of 5 ug/ml to ensure efficient activation of  
571 ADCC. Transfected 293T cells were loosened by pipetting and transferred to a 96-well  
572 U-bottom plate (Corning, Mfr# 353077), spun down for 1 minute at 1200 RPM, and the  
573 media was flicked out. The sera/mAb dilutions were transferred to the plates containing  
574 the transfected 293T cells and were mixed with the transfected cells by gentle pipetting  
575 and incubated at 37C for two hours. PBMC aliquots were combined, spun down,  
576 counted, and a master mix of 2e7 cells/ml was set up using complete RPMI media.  
577 Aliquots of the PBMC master mix were set up for the live/dead and unstained control  
578 wells. PE-conjugated mouse anti-human CD107a (BioLegend, Cat# 328608) was added  
579 at a 1:50 dilution. Brefeldin A (Sigma, Cat# B7651) was added to 10 ug/ml. Monensin  
580 (BD BioSciences, Cat# 51-2092KZ) was added to 5 ul per 1 ml of PBMC master mix  
581 concentration. An aliquot of 200 ul was made and PMA (Sigma, Cat# P1585) was added  
582 to a 5ug/ml concentration and ionomycin (Sigma, Cat# I9657) was added to a 1 ug/ml  
583 concentration. Serum/cell suspensions were spun down at 1200 RPM for 1 minutes and  
584 media was flicked out. The PBMC master mix and the aliquots for the various controls  
585 were plated at 50 ul per well and mixed gently by pipetting, followed by incubation at  
586 37C for four hours. Cells were then stained in the following manner. Live/Dead fixable  
587 near-IR stain (Thermo, Cat# L34976) was diluted 1:50 in DPBS (Corning, Ref# 21-031-  
588 CM) + 1% bovine serum albumin (Sigma, Cat# A8022) for 30 minutes in the dark at 4C.  
589 Human FcR blocking reagent (Miltenyi Biotec, Cat# 130-059-901) was diluted 1:25 in  
590 DPBS (Corning, Ref# 21-031-CM) + 1% bovine serum albumin (Sigma, Cat# A8022)

591 and incubated in the dark for 10 minutes at 4C. AlexaFluor 647-conjugated mouse anti-  
592 human-CD3 (BioLegend, Cat# 344826) and BV421-conjugated mouse anti-human  
593 CD56 (BioLegend, Cat# 318328) were diluted 1:200 in DPBS (Corning, Ref# 21-031-  
594 CM) + 1% bovine serum albumin (Sigma, Cat# A8022) and incubated in the dark for 30  
595 minutes at room temperature. Cells were then fixed using 10% paraformaldehyde  
596 (Electron Microscopy Sciences, Cat# 15714-S) diluted in milliQ water for 6 minutes at  
597 room temperature. Cells were extensively washed with DPBS (Corning, Ref# 21-031-  
598 CM) + 1% bovine serum albumin (Sigma, Cat# A8022) between each step. Cells were  
599 stored overnight at 4C in 100 ul/well of DPBS (Corning, Ref# 21-031-CM) + 1% bovine  
600 serum albumin (Sigma, Cat# A8022). Flow cytometry was performed using (LSRII, BD  
601 Biosciences, San Diego, CA). Compensation controls were set up using anti-mouse Ig  $\kappa$   
602 beads (BD BioSciences, Cat# 552843) and run for each antibody for every experiment  
603 and voltages were adjusted accordingly. All data were analyzed in FlowJo (Ashland,  
604 OR), by gating on single cells that were CD3<sup>-</sup>/CD56<sup>+</sup>/CD107a<sup>+</sup> in control wells that did  
605 not contain serum/mAb to adjust for basal levels of CD107a expression. These gates  
606 were then applied to each serum sample and ADCC activity was expressed as the fold-  
607 change over background. Each ADCC assay was performed independently on three  
608 different days and the same four PBMC donors were pooled and used for each  
609 replicate.

610

611 **Murine Experiments.** All passive transfer experiments were performed in humanized  
612 FcR mice (hFcγR (1, 2a, 2b, 3a, 3b)tg<sup>+</sup>/mFcγR alpha chain (1, 2b, 3, 4)<sup>-/-</sup>) that were  
613 provided by Jeff Ravetch at The Rockefeller University (61). Sera were pooled into three

614 groups: uninfected-HAI<sup>high</sup> (>40 HAI titer), uninfected-HAI<sup>low</sup> ( $\leq$ 40 HAI titer), and  
615 infected-HAI<sup>low</sup> ( $\leq$ 40 HAI titer), and then heat-treated for 30 minutes at 55C. Sera or  
616 sterile PBS was then transferred into mice by intraperitoneal injection. Four hours post  
617 transfer, mice were bled by sub-mandibular puncture and then anesthetized using  
618 isofluorane and challenged intranasally using 50 ul of sterile PBS containing a sublethal  
619 dose (9e4 TCID50 units) of A/California/07/09. ELISAs were run on the sera collected  
620 from each animal to verify the passive transfer was successful. Mice were weighed on  
621 the day on infection and then daily x15 days post infection. Weight loss was reported as  
622 percent weight loss relative to the starting weight of each mouse. For the passive  
623 transfer normalized by volume, two independent experiments were performed using a  
624 mix of male and female humanized FcR mice for a total of 6 mice per group per  
625 experiment. For the passive transfer normalized by HA antibody titer, a single  
626 experiment was performed using a mix of male and female humanized FcR mice for a  
627 total of 6 mice per group, since we had limited amounts of sera available for this study.  
628 One-way ANOVA was performed for each day post-infection between groups using  
629 GraphPad Prism software.

630

631 **Statistical Analysis.** Fisher's exact tests and one-way ANOVAs were completed using  
632 GraphPad Software (2018). Both unadjusted and adjusted logistic regression analyses  
633 were performed using R Studio (Version 1.0.153).

634

635

636

637 **Acknowledgments**

638 This work was supported by the National Institute of Allergy and Infectious Diseases  
639 (1R01AI113047, SEH; 1R01AI108686, SEH; 1R01AI097150, ASM; CEIRS  
640 HHSN272201400005C, SEH and ASM) and Center for Disease Control (U01IP000474,  
641 ASM). Scott E. Hensley holds an Investigators in the Pathogenesis of Infectious  
642 Disease Awards from the Burroughs Wellcome Fund. We thank Florian Krammer (Mt.  
643 Sinai), Jesse Bloom (Fred Hutchinson Cancer Center), Patrick Wilson (University of  
644 Chicago), Barney Graham (Vaccine Research Center, NIH) and Adrian McDermott  
645 (Vaccine Research Center, NIH) for providing plasmids for this study.

646

647 **Conflict of interest statement**

648 ASM has received grant support from Sanofi Pasteur and consultancy fees from Sanofi  
649 Pasteur, GSK, and Novavax for work unrelated to this report. SEH has received  
650 consultancy fee from Lumen, Novavax, and Merck for work unrelated to this report. All  
651 other authors report no potential conflicts.

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899 **Table 1 - Logistic regression modeling of HA head and stalk antibodies**  
900 **association with protection.** Logistic regression analyses using both unadjusted (HAI  
901 only and Stalk only) and adjusted (HAI + Stalk) models. Values represent log<sub>2</sub>  
902 geometric mean titers of two independent experiments.

903

904 **Table 2 - Logistic regression modeling of HA stalk antibody isotypes association**  
905 **with protection.** Logistic regression analyses were performed using unadjusted  
906 models. Values represent log<sub>2</sub> geometric mean titers of two independent experiments.

907

908 **Figure 1 – HA head and stalk antibodies are associated with protection. 1A:** HAI  
909 assays were completed using sera from uninfected (grey) and infected (red) individuals.  
910 HAI titers are associated with protection against H1N1 infection ( $p = 0.0108$ , logistic  
911 regression of log<sub>2</sub> geometric mean titers of two independent experiments). **1B:** ELISA  
912 assays using ‘headless’ HA constructs were completed using sera from uninfected  
913 (grey) and infected (red) individuals. HA stalk-specific Abs are associated with  
914 protection against influenza infection ( $p = 0.0417$ , logistic regression analysis using log<sub>2</sub>  
915 geometric mean titers of two independent experiments.) **1C.** HA head Abs measured by  
916 HAI and HA stalk titers measured by ELISA using ‘headless’ HA stalk constructs are  
917 weakly, though significantly, correlated ( $r = 0.2778$ ,  $p = 0.0002$ , Spearman Correlation  
918 using log<sub>2</sub> geometric mean titers of two independent experiments for each  
919 measurement). In all figure panels each circle represents a serum sample from a single  
920 individual.

921

922 **Figure 2 – Validation of ‘headless’ H1 HA stalk construct.** We completed additional  
923 ELISAs using the 70-1F02 HA stalk mAb and the EM-4C04 HA head Ab and plates  
924 coated with ‘headless’ HA (**2A**) or full length HA (**2B**). Graphs depict representative  
925 results from two independent experiments. **2C:** We quantified HA stalk Abs using ELISA  
926 plates coated with c6/H1 proteins. HA stalk titers measured by ELISA using c6/H1 or  
927 ‘headless’ HA stalk constructs were tightly correlated ( $r = 0.7776$ ,  $p < 0.0001$ , Spearman  
928 Correlation using log<sub>2</sub> geometric mean titers of two independent experiments). **2D:** We  
929 completed competition assays using the conformationally-dependent 70-1F02 mAb. 70-  
930 1F02 competition titers are tightly correlated with overall HA stalk Ab titers in both  
931 infected and uninfected individuals ( $r = 0.9097$ ,  $p < 0.0001$ , Spearman Correlation using  
932 log<sub>2</sub> geometric mean titers of two independent experiments). In **2C-2D** each circle  
933 represents a serum sample from a single individual.

934

935 **Figure 3 – HA stalk-specific serum IgG1 and IgA are associated with protection.**

936 **3A:** ELISAs were completed to quantify the levels of IgG1, IgG2, IgG3, and IgA HA stalk  
937 Abs in each serum sample. HA stalk-specific IgG1 and IgA are associated with  
938 protection against influenza infection ( $p = 0.0433$  and  $p = 0.0124$ , respectively. Logistic  
939 regression analysis using log<sub>2</sub> geometric mean titers of two independent experiments.)  
940 **3B.** IgG1 HA stalk Ab titers closely correlated with total IgG HA stalk Ab titers ( $r =$   
941  $0.9184$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two  
942 independent experiments). **3C.** IgA HA stalk Ab titers moderately correlated with IgG1  
943 HA stalk Ab titers ( $r = 0.3500$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric

944 lmean titers of two independent experiments). In all figure panels each circle represents  
945 a serum sample from a single individual.

946

947 **Figure 4 – *In vitro* functionality of HA Abs from infected and uninfected**

948 **individuals. 4A:** *In vitro* neutralization assays were completed with sera from  
949 uninfected and infected individuals. *In vitro* neutralization titers are associated with  
950 protection against influenza infection ( $p = 0.0185$ , logistic regression analysis using log<sub>2</sub>  
951 geometric mean titers of two independent experiments). **4B:** HAI titers correlate strongly  
952 with neutralization titers ( $r = 0.5073$ ,  $p < 0.0001$ , Spearman correlation using log<sub>2</sub>  
953 geometric mean titers of two independent experiments). **4C:** HA stalk titers also  
954 correlate with neutralization titers ( $r = 0.4574$ ,  $p < 0.0001$ , Spearman correlation using  
955 log<sub>2</sub> geometric mean titers of two independent experiments). **4D:** ADCC assays were  
956 completed using sera from uninfected and infected individuals. ADCC activity is not  
957 associated with protection against influenza infection ( $p = 0.4160$ , logistic regression  
958 analysis using log<sub>2</sub> geometric mean titers of three independent experiments).

959

960 **Figure 5 – HA head and stalk antibodies confer protection from severe disease**

961 **and mortality *in vivo*. 5A:** Passive transfer experiment design and timeline. Sera was  
962 stratified by HAI titer and infection status, pooled, and transferred I.P. to humanized Fc-  
963 receptor mice four hours before challenge with A/California/04/2009. Weights were  
964 measured daily for 15 days. **5B:** We transferred equal volumes of sera into each mouse  
965 for our initial experiments. Mice that received uninfected-HAI<sup>high</sup> sera were completed  
966 protected against infection (grey line). Mice that received HAI<sup>low</sup> sera (uninfected or

967 infected – blue and red lines, respectively) were protected against mortality, but were  
968 significantly less protected compared to the mice that received HAI<sup>high</sup> sera (+/- SEM, 1-  
969 way ANOVA analysis performed for each dpi based on %-weight lost relative to starting  
970 weight using two independent experiments with 6 mice/group. Results listed in  
971 Supplemental Table 2). **5C:** We completed ELISAs to quantify total H1-reactive Abs in  
972 each of our pooled sera samples and found that there were different amounts of HA Abs  
973 in each sample. **5D:** We repeated passive transfer studies after normalizing sera  
974 amounts so that equal amounts of HA Abs were transferred. Mice that received  
975 uninfected-HAI<sup>high</sup> or uninfected-HAI<sup>low</sup> pooled sera (grey and blue lines, respectively)  
976 were protected similarly against severe influenza disease and mortality, with mice that  
977 received uninfected HAI<sup>high</sup> pooled sera recovering more quickly than mice that received  
978 uninfected-HAI<sup>low</sup> pooled sera (+/- SEM, 1-way ANOVA analysis performed for each dpi  
979 based on %-weight lost relative to starting weight using one independent experiment  
980 with 6 mice/group. Results listed in Supplemental Table 3).

981

982 **Supplemental Table 1 – Demographic characteristics of subjects enrolled in**  
983 **hospital-based human cohort study.** The second and third column list the number  
984 and percentage of each demographic characteristic within the infected and uninfected  
985 groups, respectively.

986

987 **Supplemental Table 2 – One-way ANOVA results for passive transfer normalized**  
988 **by volume (Fig. 4B).** One-way ANOVA with Tukey's correction for multiple comparisons

989 performed for each dpi. The p-value for each comparison is reported, calculated based  
990 on the %-weight lost compared to baseline for each group, each day.

991

992 **Supplemental Table 3 – One-way ANOVA results for passive transfer normalized**  
993 **by HA titer (Fig. 4D).** One-way ANOVA with Tukey's correction for multiple comparisons  
994 performed for each dpi. The p-value for each comparison is reported, calculated based  
995 on the %-weight lost compared to baseline for each group, each day.

996

997 **Supplemental Figure 1 - HAI titers of >40 are significantly associated with**  
998 **decreased risk of influenza infection. S1A:** HA head-specific Ab titers against the  
999 circulating H1N1 strain were determined by HAI. Uninfected individuals had significantly  
1000 increased HAI titers compared to infected individuals ( $p = 0.0008$ , two-tailed Fisher's  
1001 Exact Test based on the geometric mean titer of two independent experiments).

1002

1003 **Supplemental Figure 2 - Isotype swapping of HA stalk mAb CR9114.** The constant  
1004 region IgG1, IgG2, IgG3, or IgA of mAb CR9114 were cloned into the vector expressing  
1005 the heavy chain of CR9114. The variable region (heavy and light chains) were  
1006 maintained between each clone to ensure equivalent antigen recognition and binding.  
1007 Each isotype was sequence-confirmed, expressed, and purified for use in ELISAs.

1008

1009

1010

2018 Christensen et al. Table 1

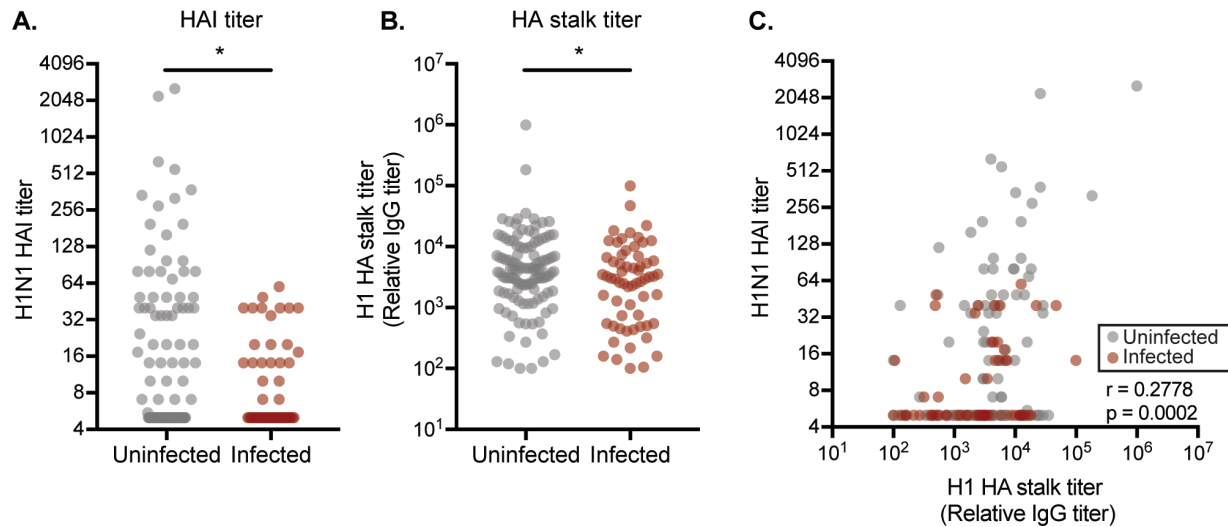
	<b>Log2 HAI titer p-value OR (95% CI)</b>	<b>Log2 Stalk titer p-value OR (95% CI)</b>
<b>HAI only</b>	0.0108 0.766 (0.615, 0.928)	
<b>Stalk only</b>		0.0417 0.858 (0.738, 0.992)
<b>HAI + Stalk</b>	0.0318 0.793 (0.632, 0.969)	0.1932 0.902 (0.769, 1.053)

**Table 1 - Logistic regression modeling of HA head and stalk antibodies association with protection.** Logistic regression analyses using both unadjusted (HAI only and Stalk only) and adjusted (HAI + Stalk) models. Values represent log2 geometric mean titers of two independent experiments.

	<b>Log2 Stalk IgG1 titer p-value OR (95% CI)</b>	<b>Log2 Stalk IgA titer p-value OR (95% CI)</b>
<b>Unadjusted</b>	0.0124 0.801 (0.669, 0.950)	0.0433 0.846 (0.716, 0.991)

**Table 2 - Logistic regression modeling of HA stalk antibody isotypes association with protection.** Logistic regression analyses were performed using unadjusted models. Values represent log2 geometric mean titers of two independent experiments.

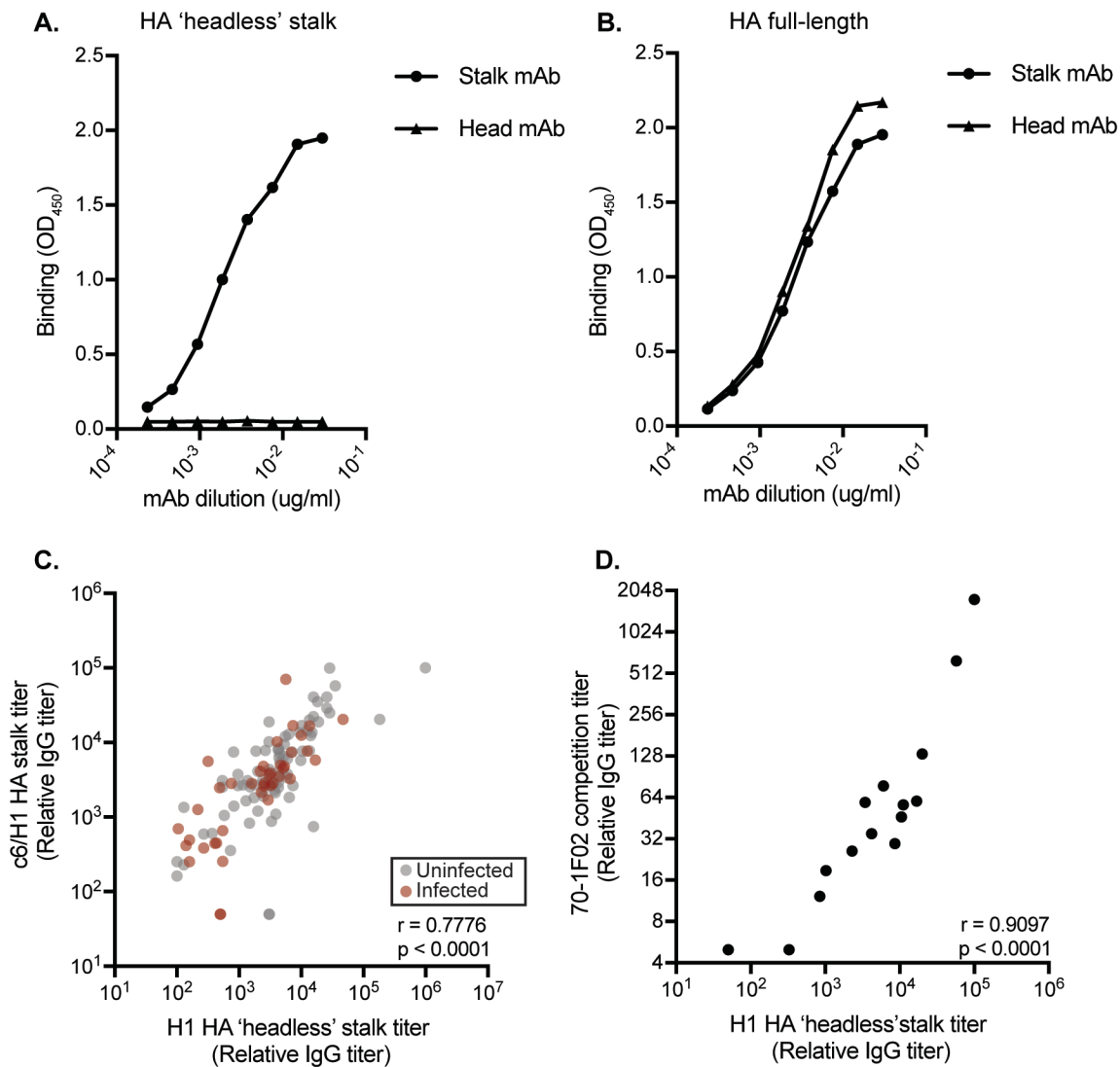
2018 Christensen et al. Figure 1



**Figure 1 – HA head and stalk antibodies are associated with protection. 1A:** HAI assays were completed using sera from uninfected (grey) and infected (red) individuals. HAI titers are associated with protection against H1N1 infection ( $p = 0.0108$ , logistic regression of log<sub>2</sub> geometric mean titers of two independent experiments). **1B:** ELISA assays using ‘headless’ HA constructs were completed using sera from uninfected (grey) and infected (red) individuals. HA stalk-specific Abs are associated with protection against influenza infection ( $p = 0.0417$ , logistic regression analysis using log<sub>2</sub> geometric mean titers of two independent experiments.) **1C.** HA head Abs measured by HAI and HA stalk titers measured by ELISA using ‘headless’ HA stalk constructs are weakly, though significantly, correlated ( $r = 0.2778$ ,  $p = 0.0002$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two independent experiments for each measurement). In all figure panels each circle represents a serum sample from a single individual.

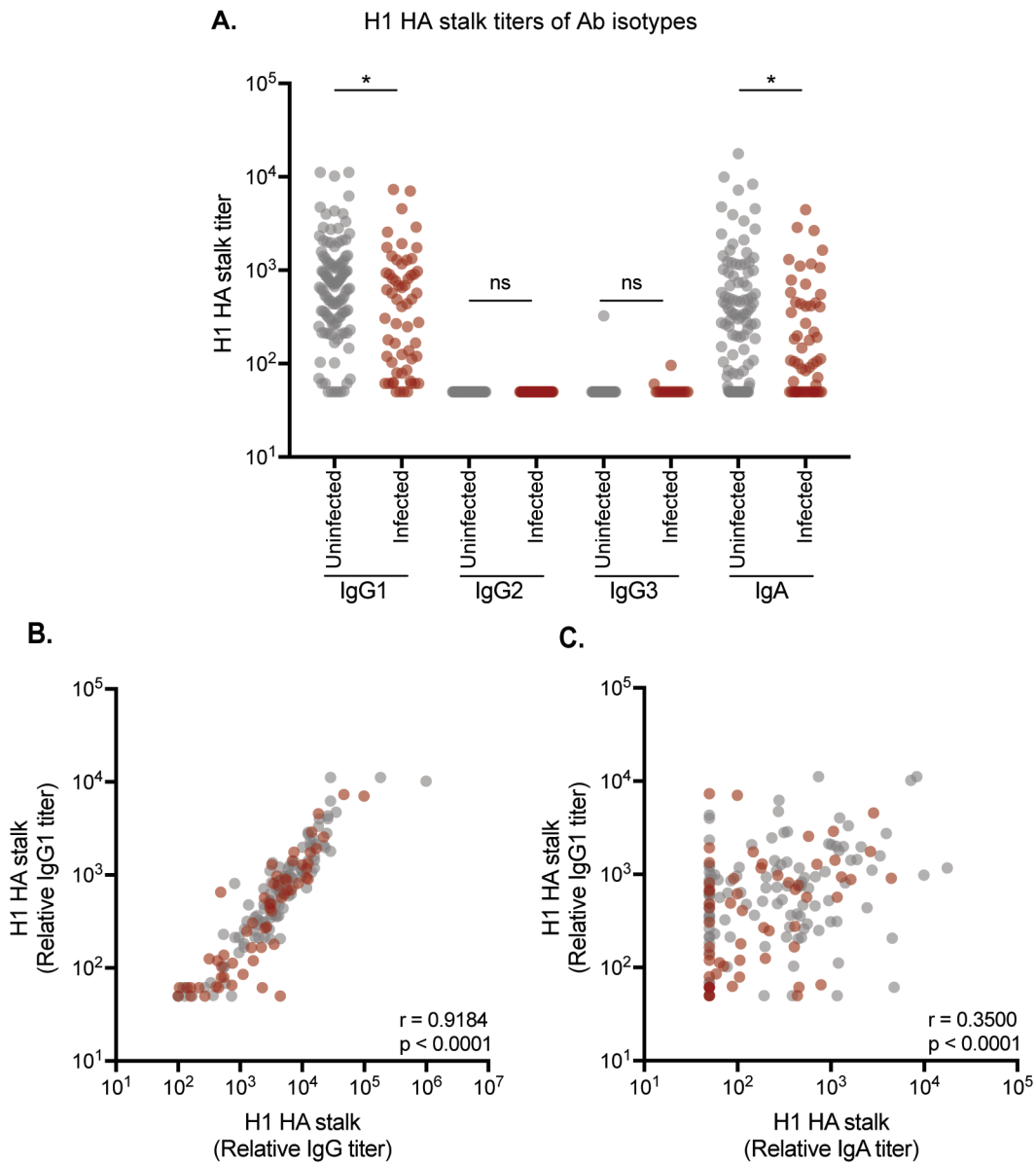


2018 Christensen et al. Figure 2



**Figure 2 – Validation of 'headless' H1 HA stalk construct.** We completed additional ELISAs using the 70-1F02 HA stalk mAb and the EM-4C04 HA head Ab and plates coated with 'headless' HA (**2A**) or full length HA (**2B**). Graphs depict representative results from two independent experiments. **2C:** We quantified HA stalk Abs using ELISA plates coated with c6/H1 proteins. HA stalk titers measured by ELISA using c6/H1 or 'headless' HA stalk constructs were tightly correlated ( $r = 0.7776$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two independent experiments). **2D:** We completed competition assays using the conformationally-dependent 70-1F02 mAb. 70-1F02 competition titers are tightly correlated with overall HA stalk Ab titers in both infected and uninfected individuals ( $r = 0.9097$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two independent experiments). In **2C-2D** each circle represents a serum sample from a single individual.

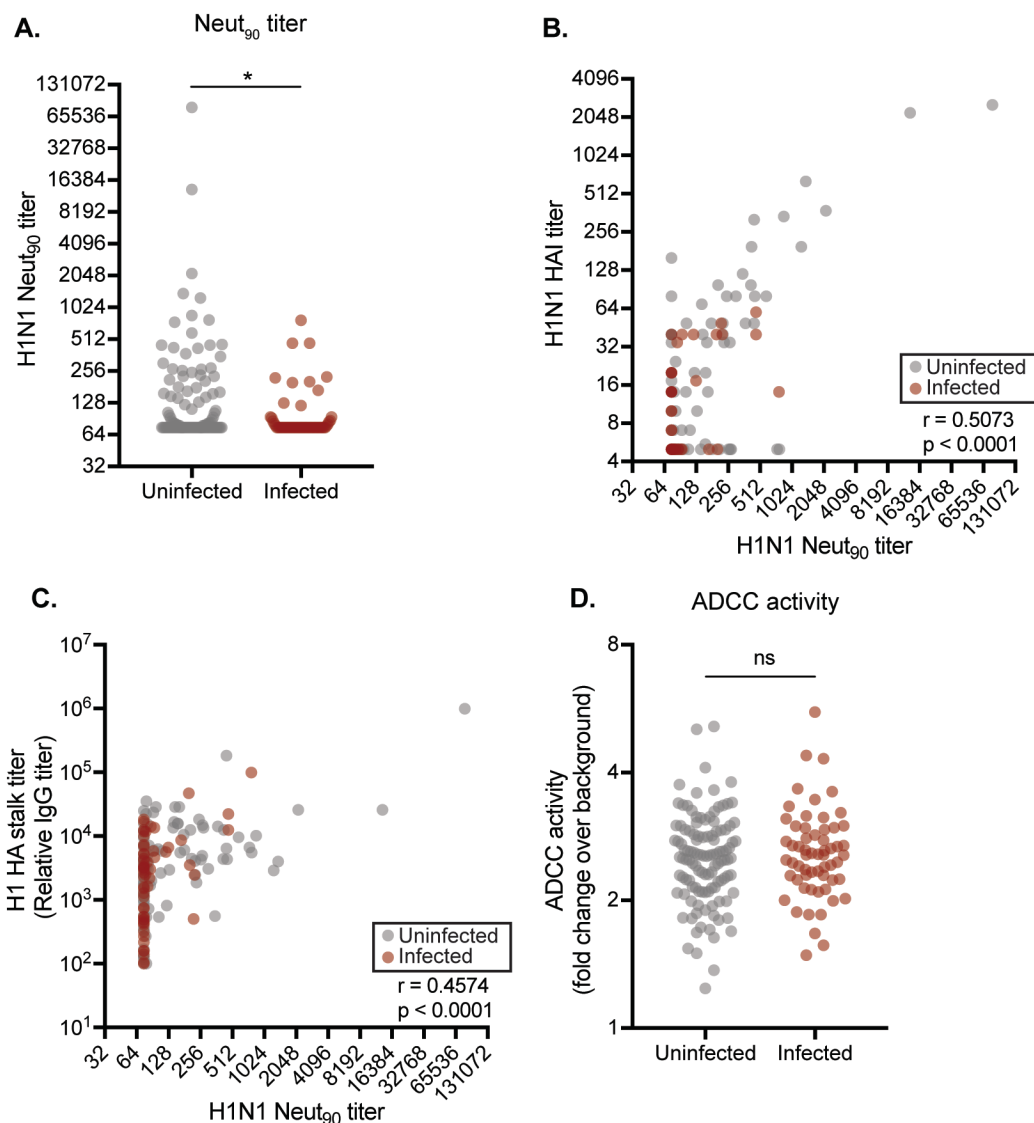
2018 Christensen et al. Figure 3



**Figure 3 – HA stalk-specific serum IgG1 and IgA are associated with protection.**

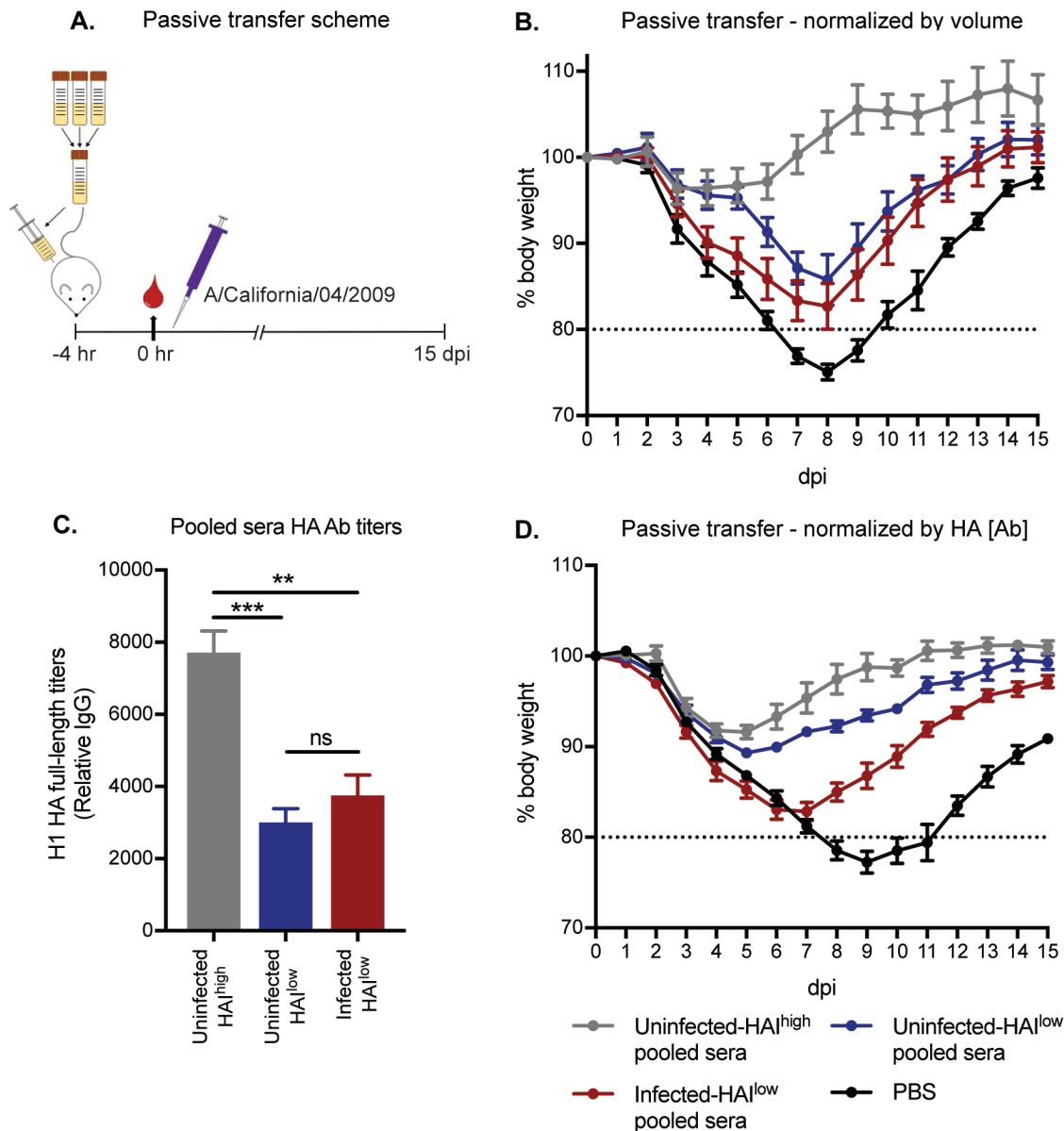
**3A:** ELISAs were completed to quantify the levels of IgG1, IgG2, IgG3, and IgA HA stalk Abs in each serum sample. HA stalk-specific IgG1 and IgA are associated with protection against influenza infection ( $p = 0.0433$  and  $p = 0.0124$ , respectively. Logistic regression analysis using log<sub>2</sub> geometric mean titers of two independent experiments.) **3B.** IgG1 HA stalk Ab titers closely correlated with total IgG HA stalk Ab titers ( $r = 0.9184$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two independent experiments). **3C.** IgA HA stalk Ab titers moderately correlated with IgG1 HA stalk Ab titers ( $r = 0.3500$ ,  $p < 0.0001$ , Spearman Correlation using log<sub>2</sub> geometric mean titers of two independent experiments). In all figure panels each circle represents a serum sample from a single individual.

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**Figure 4 – *In vitro* functionality of HA Abs from infected and uninfected individuals.**

**4A:** *In vitro* neutralization assays were completed with sera from uninfected and infected individuals. *In vitro* neutralization titers are associated with protection against influenza infection ( $p = 0.0185$ , logistic regression analysis using log<sub>2</sub> geometric mean titers of two independent experiments). **4B:** HAI titers correlate strongly with with neutralization titers ( $r = 0.5073$ ,  $p < 0.0001$ , Spearman correlation using log<sub>2</sub> geometric mean titers of two independent experiments). **4C:** HA stalk titers also correlate with neutralization titers ( $r = 0.4574$ ,  $p < 0.0001$ , Spearman correlation using log<sub>2</sub> geometric mean titers of two independent experiments). **4D:** ADCC assays were completed using sera from uninfected and infected individuals. ADCC activity is not associated with protection against influenza infection ( $p = 0.4160$ , logistic regression analysis using log<sub>2</sub> geometric mean titers of three independent experiments).



**Figure 5 – HA head and stalk antibodies confer protection from severe disease and mortality *in vivo*.** **5A:** Passive transfer experiment design and timeline. Sera was stratified by HAI titer and infection status, pooled, and transferred I.P. to humanized Fc-receptor mice four hours before challenge with A/California/04/2009. Weights were measured daily for 15 days. **5B:** We transferred equal volumes of sera into each mouse for our initial experiments. Mice that received uninfected-HA<sup>high</sup> sera were completely protected against infection (grey line). Mice that received HA<sup>low</sup> sera (uninfected or infected – blue and red lines, respectively) were protected against mortality, but were significantly less protected compared to the mice that received HA<sup>high</sup> sera (+/- SEM, 1-way ANOVA analysis performed for each dpi based on %-weight lost relative to starting weight using two independent experiments with 6 mice/group. Results listed in Supplemental Table 2). **5C:** We completed ELISAs to quantify total H1-reactive Abs in each of our pooled sera samples and found that there were different amounts of HA Abs in each sample. **5D:** We repeated passive transfer studies after normalizing sera amounts so that equal amounts of HA Abs were transferred. Mice that received uninfected-HA<sup>high</sup> or uninfected-HA<sup>low</sup> pooled sera (grey and blue lines, respectively) were protected similarly against severe influenza disease and mortality, with mice that received uninfected-HA<sup>high</sup> pooled sera recovering more quickly than mice that received uninfected-HA<sup>low</sup> pooled sera (+/- SEM, 1-way ANOVA analysis performed for each dpi based on %-weight lost relative to starting weight using one independent experiment with 6 mice/group. Results listed in Supplemental Table 3).