

Early Biological Markers of Post-Acute Sequelae of SARS-CoV-2 Infection

Supplemental Table 1: Participant characteristics by outcome status.

	Non-PASC	PASC	Total
	N=72	N=32	N=104
Age, years (median [IQR])	32 (22.5 to 42)	39 (31.5 to 47.5)	35.5 (27 to 43.5)
Sex, n (%)			
Female	36 (50%)	17 (53%)	53 (51%)
Male	36 (50%)	15 (47%)	51 (49%)
Race/Ethnicity, n (%)			
Hispanic or Latino Ethnicity	14 (19%)	6 (19%)	20 (19%)
White	40 (56%)	19 (59%)	59 (57%)
Black or African American	3 (4%)	1 (3%)	4 (4%)
Asian	10 (14%)	4 (13%)	14 (13%)
Pacific Islander/Native Hawaiian	1 (1%)	1 (3%)	2 (2%)
American Indian or Alaska Native	1 (1%)	1 (3%)	2 (2%)
Prefer not to answer	3 (5%)	0 (0%)	3 (3%)
Vaccination status, n (%)			
Unvaccinated	47 (64%)	21 (68%)	68 (65%)
Fully vaccinated ^a	26 (36%)	10 (32%)	36 (35%)
BMI, n (%)			
<25 kg/m ²	39 (58%)	12 (35%)	51 (51%)
25 to 29.9	20 (29%)	7 (23%)	27 (27%)
>30	9 (13%)	13 (42%)	22 (22%)
Education, n (%)			
Less than HS	4 (7%)	2 (7%)	6 (7%)
At least some HS	6 (11%)	3 (10%)	9 (11%)
At least some college	29 (53%)	13 (43%)	42 (49%)
At least some graduate school	16 (29%)	12 (40%)	28 (33%)
Variant ^b , n (%)			
Pre-Delta	41 (56%)	20 (65%)	61 (59%)
Delta	26 (36%)	10 (32%)	36 (35%)
Omicron	6 (8%)	1 (3%)	7 (7%)
Any comorbidity ^c , n (%)			
No	58 (79%)	22 (71%)	80 (77%)
Yes	15 (21%)	9 (29%)	24 (23%)
Number of symptoms in acute illness	7 (3 to 12)	12 (9 to 14)	9 (4 to 13)

Abbreviations: BMI: body mass index; HS: high school.

^aFully vaccinated was defined as completion of primary vaccination series with 2 week window prior to symptom onset.

^bVariant status was defined by viral sequencing result for 70 (67%) participants and by calendar time for the remaining 34 (33%) participants.

^cAny comorbidity was defined from the following list: history of autoimmune disease, cancer in the past 2 years, diabetes, heart disease, hypertension, lung disease, or kidney disease

Supplemental Table 2: Participant characteristics by outcome status, restricted to those who received a blood draw.

	No PASC	PASC	Total
	N=52	N=28	N=80
Age, years (median [IQR])	37 (29-44)	39.5 (32.5-48.5)	38 (30-45)
Sex, n (%)			
Female	28 (54)	13 (46)	41 (51)
Male	24 (46)	15 (54)	39 (49)
Race/Ethnicity, n (%)			
Hispanic or Latino Ethnicity	10 (20)	5 (18)	15 (19)
White	27 (54)	17 (61)	44 (56)
Black or African American	2 (4)	1 (4)	3 (4)
Asian	9 (18)	3 (11)	12 (15)
Prefer not to answer	2 (4)	2 (7)	4 (5)
Vaccination status, n (%)			
Unvaccinated	30 (58)	20 (71)	50 (63)
Fully vaccinated ^a	22 (42)	8 (29)	30 (38)
BMI, n (%)			
<25	23 (47)	11 (39)	34 (44)
25 to 29.9	18 (37)	6 (21)	24 (31)
>30	8 (16)	11 (39)	19 (25)
Education, n (%)			
Less than HS	3 (6)	2 (7)	5 (6)
At least some HS	6 (12)	3 (11)	9 (12)
At least some college	27 (53)	11 (41)	38 (49)
At least some graduate school	15 (29)	11 (41)	26 (33)
Variant ^b , n (%)			
Pre-Delta	31 (60)	19 (68)	50 (63)
Delta	21 (40)	9 (32)	30 (38)
Omicron	0 (0)	0 (0)	0 (0)
Any comorbidity ^c , n (%)			
No	38 (73)	20 (71)	58 (73)
Yes	14 (27)	8 (29)	22 (28)
Number of symptoms in acute illness	9 (4.5 to 14)	12 (10 to 14.5)	11 (6 to 14)
Abbreviations: BMI: body mass index; HS: high school.			
^a Fully vaccinated was defined as completion of primary vaccination series with 2-week window prior to symptom onset.			
^b Variant status was defined by viral sequencing result for 70 (67%) participants and by calendar time for the remaining 34 (33%) participants.			
^c Any comorbidity was defined from the following list: history of autoimmune disease, cancer in the past 2 years, diabetes, heart disease, hypertension, lung disease, or kidney disease			

Supplemental Table 3: Prevalence of reported symptoms among those with PASC.

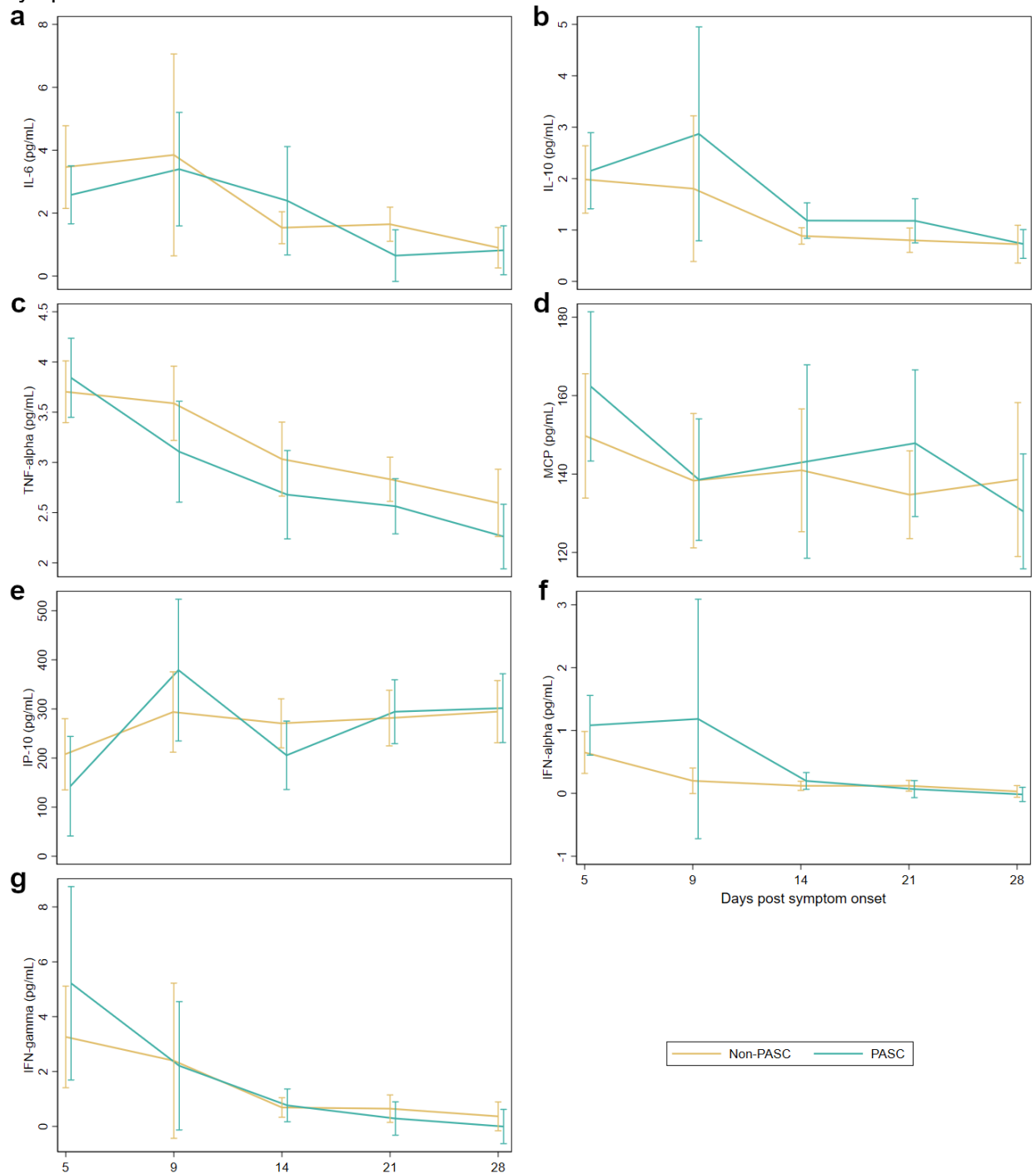
PASC Symptom	Prevalence, n (%)
Chills	3 (9%)
Fatigue	8 (25%)
Cough	3 (9%)
Shortness of breath	6 (19%)
Chest pain	2 (6%)
Palpitations	5 (16%)
Rhinorrhea	8 (25%)
Sore throat	4 (13%)
Muscle pain/weakness	1 (3%)
Loss of appetite	1 (3%)
Nausea	1 (3%)
Constipation	3 (9%)
Diarrhea	7 (22%)
Rash	6 (19%)
Trouble with taste/smell	1 (3%)
Phantosmia	1 (3%)
Trouble with concentration/memory	14 (44%)
Headache	6 (19%)
Trouble with vision	3 (9%)
Dizziness	6 (19%)
Trouble with balance	1 (3%)
Paresthesia	3 (9%)
Joint pain	4 (13%)
Back pain	7 (22%)
Trouble with sleep	9 (28%)
Menstrual cramps	2 (6%)

Supplementary Table 4. Association of virologic factors with post-acute sequelae of SARS-CoV-2 infection (PASC) with minimized false discovery calculation (Q-value).

	Non-PASC N=73, median (IQR)	PASC N=31, median (IQR)	Incidence Ratios ^c (95% CI)	p-value	Q-value
Maximum RNA N viral load ^a	6.7 (4.8 to 8.3)	8.3 (7.2 to 9.5)	1.21 (1.02 to 1.43)	p = 0.02	q = 0.08
Maximum RNA E viral load	6.3 (4.7 to 7.9)	7.6 (6.7 to 8.6)	1.18 (1.01 to 1.39)	p = 0.03	q = 0.08
Maximum infectious viral load ^{a,b}	5.3 (3.0 to 6.1)	5.2 (4.2 to 5.9)	1.08 (0.90 to 1.32)	p = 0.43	q = 0.43
Rate of RNA N viral decay	-0.3 (-0.5 to -0.1)	-0.4 (-0.5 to -0.2)	0.66 (0.26 to 1.70)	p = 0.39	q = 0.43
Rate of RNA E viral decay	-0.4 (-0.6 to -0.2)	-0.5 (-0.7 to -0.3)	0.73 (0.46 to 1.16)	p = 0.19	q = 0.23
^a Viral load measurements were log-transformed copies/mL. ^b Among 104 participants with a viral measurement, there were 94 (90%) who had maximum infectious viral load assessed. ^c Incidence rate ratios calculated with delta-method standard errors.					

We employed Storey Q-values in evaluating virologic factors measured by GEE to strike a balance between controlling errors and maximizing the ability to detect true associations. The base data is derived from two-sided hypothesis testing. We found similar results with and without correction for multiple hypothesis testing. Interpretation of these results can be further elaborated considering q-values in the context of Bayesian posterior probabilities. There remains debate over the use of Storey Q-values and other techniques for multiple corrections in clinical research. We interpret a q-value of 0.083 as consistent with an association between higher maximum viral load and PASC as a correct discovery with probability of 91.7% ($1 - 0.083$).

Supplemental Figure 1. Non-imputed inflammatory marker levels among those with and without post-acute sequelae of SARS-CoV-2 infection (PASC) over a 28-day period after symptom onset.



a-g: Estimated mean values and 95% confidence intervals are plotted for biological specimen among PASC and non-PASC groups at days 5, 9, 14, 21 and 28 for (a) IL-6, (b) IL-10, (c) TNF-alpha, (d) MCP, (e) IP-10, (f) IFN-alpha, and (g) IFN-gamma using generalized estimating equations fit with independent correlation, identity linkage, and Gaussian distribution. Covariates included sex, age, vaccination status, and SARS-CoV-2 variant. All statistics are derived from multiply imputed data from 80 IDs. Statistical significance was assessed using two-tailed tests. No

statistically significant differences in estimated values were found when comparing PASC vs. non-PASC at each time point. Source data are provided as a Source Data file.

Supplementary Table 5. Oligonucleotide sequences for RT-PCR

	Forward primer	Probe	Reverse primer
SARS-CoV-2 N	GACCCCAAATCAGC GAAAT	ACCCCGCATTACGTTTGGT GGACC	TCTGGTTACTGCCAGTTGA ATCTG
SARS-CoV-2 E	ACAGGTACGTTAATA GTTAATAGCGT	ACACTAGCCATCCTTACTG CGCTTCG	ATATTGCAGCAGTACGCAC ACA
RNaseP	AGATTTGGACCTGCG AGCG	TTCTGACCTGAAGGCTCTG CGCG	CGGCTGTCTCCACAAGT