**Supplemental Table 1.** **Clinical Characteristics of Participants (N = 14) with SARS-CoV-2 Infection in a Nursing Home Cohort — Arkansas, June–August** **2020**

|  |  |  |
| --- | --- | --- |
|  | N=14 | |
| Age, median (range) in years | 80 (58-93) | |
|  |  |  |
| Sex | No. | % |
| Female | 8 | 57 |
| Male | 6 | 43 |
|  |  |  |
| Race |  |  |
| White | 14 | 100 |
|  |  |  |
| Symptoms at diagnosisa |  |  |
| None | 8 | 57 |
| Cough | 6 | 43 |
| Shortness of Breath | 4 | 29 |
| Diarrheab | 4 | 29 |
| Fatigue | 3 | 21 |
| Myalgias | 3 | 21 |
| Sore throat | 3 | 21 |
| Nausea/vomiting | 3 | 21 |
| Abdominal pain | 2 | 14 |
| Rhinorrhea | 2 | 14 |
| Loss of Taste | 2 | 14 |
| Fever (≥100oF)c | 1 | 7 |
|  |  |  |
| Underlying conditionsd |  |  |
| ≥3 underlying conditions | 14 | 100 |
| Cardiovascular disease | 13 | 93 |
| Hypertension | 11 | 79 |
| Coronary artery disease | 6 | 43 |
| Heart failure | 5 | 36 |
| Cerebrovascular accident | 3 | 21 |
| Neurologic disorder | 6 | 43 |
| Non-asthmatic chronic lung disease | 6 | 43 |
| Chronic obstructive pulmonary disease | 5 | 36 |
| Diabetes mellitus | 5 | 36 |
| Obesity | 2 | 14 |
| Cancer (current or recent) | 2 | 14 |
| In active treatment, immunosuppressed | 1 | 7 |
| Chronic kidney disease | 1 | 7 |
|  |  |  |
| Mild or moderate COVID-19 illness | 12 | 86 |
| Severe COVID-19 illnesse | 2 | 14 |
|  |  |  |
| Hospitalized | 2 | 14 |
| Died | 0 | n/a |

Abbreviations: COVID-19, coronavirus disease 2019; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; n/a, not applicable

aDiagnosis defined as first SARS-CoV-2 RT-PCR–positive test result. Subjective fever, loss of smell, and chest pain were not reported by any participant.

bDiarrhea was defined as ≥3 loose stools in 24 hours.

cThe highest temperature recorded in the nursing home cohort was 101.6oF.

dLiver disease was not reported as an underlying condition by any participant.

eSevere COVID-19 illness was defined as a decrease from baseline of >3% in oxygen saturation (SpO2) regardless of whether the participant was on room air or supplemental oxygen.

**Supplemental Table 2.** **Plasma Antibody Responses** **of Participants (N = 14) with SARS-CoV-2 Infection in a Nursing Home Cohort — Arkansas, June–August** **2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Plasma Antibody Responses (Geometric Mean Titer)a | | | | |
| Pan-Ig | IgG | IgA | IgM | Neutralizing |
|  | N=45 | N=45 | N=35 | N=32 | N=34 |
| All | 3187 | 3807 | 479 | 497 | 213 |
|  |  |  |  |  |  |
| Week Since First RT-PCR–Positive Resultb |  |  |  |  |  |
| 1 | 216 | 245 | - | - | - |
| 2 | 2265 | 1693 | 558 | 476 | 263 |
| 3 | 5013 | 5376 | 684 | 668 | 293 |
| 4 | 4141 | 6872 | 585 | 570 | 187 |
| 5 | - | - | - | - | - |
| 6 | - | - | - | - | - |
| 7 | 4692 | 5866 | 246 | 266 | 160 |
| 8 | 4300 | 6325 | - | 471 | 113 |

aGeometric mean titer calculations for pan-Ig, IgG, IgA, and IgM antibodies included all titers ≥1:100. Geometric mean titer calculations for neutralizing antibodies included titers ≥1:80. Neutralizing titers reported as >1:640 were included in calculations as 1:640.

bData were not included by week when ≤1 observation was made.

**Chart, box and whisker chart

Description automatically generatedSupplemental Figure 1. Timeline of evaluation and activities conducted at each visit, including questionnaire administration and specimen collection.** Diagnosis defined as first SARS-CoV-2 RT-PCR‒positive test result. Day 0 defined as day of enrollment (4–13 days after the first RT-PCR‒positive result).

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**Supplemental Figure 2. Plasma and Gingival Crevicular Fluid Antibody Conversion in Relation to RT-PCR and Viral Culture Results in Participants with SARS-CoV-2 Infection in a Nursing Home Cohort — Arkansas, June–August** **2020.** Abbreviations: COVID-19, coronavirus disease 19; RT-PCR, real-time reverse-transcription polymerase chain reaction. RT-PCR–positive result at day 0 represents initial diagnosis. Composite RT-PCR results are determined from all oropharyngeal, anterior nasal, and saliva specimens collected at each visit. Oropharyngeal and anterior nasal specimens with a cycle threshold (Ct) ≤34 were submitted for viral culture. Due to challenges with specimen collection, transport, and processing, RT-PCR results for each specimen type were not always available for each visit. Plasma seroconversion (purple triangles) was determined by detection of the first pan-Ig titer ≥1:100. Crevicular conversion (blue triangles) was determined by detection of the first IgA or IgG SARS-CoV-2–specific antibodies in crevicular fluid. Neutralizing antibody seroconversion (gold bars) was determined by detection of the first neutralizing antibody titer ≥1:80.