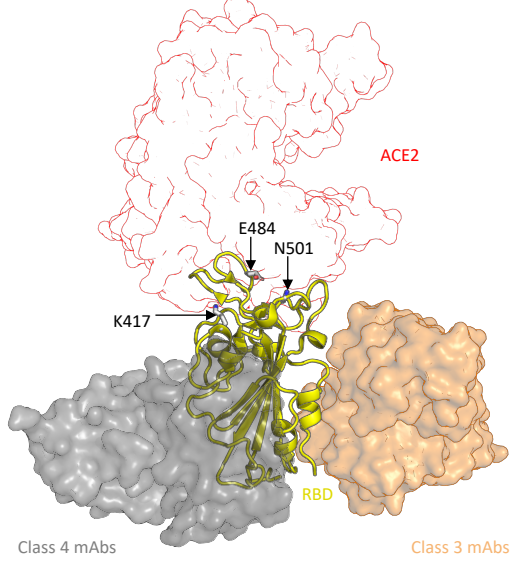


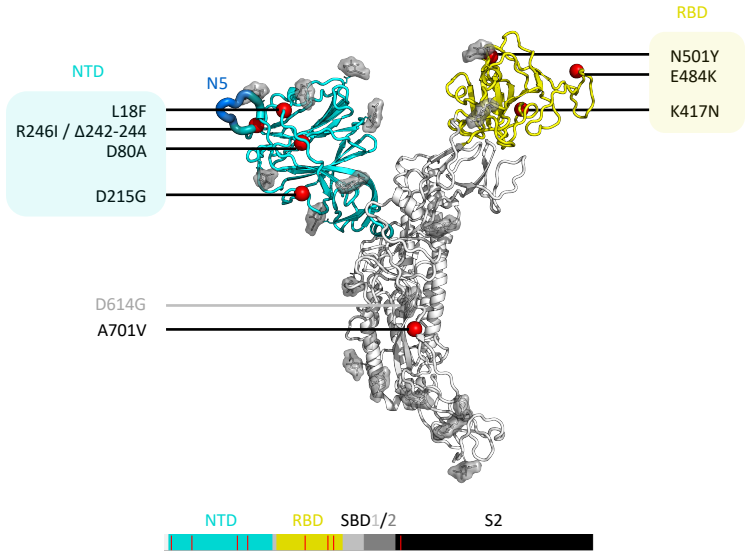
a

## SARS-CoV-2 RBD bound to ACE2 and neutralizing antibodies

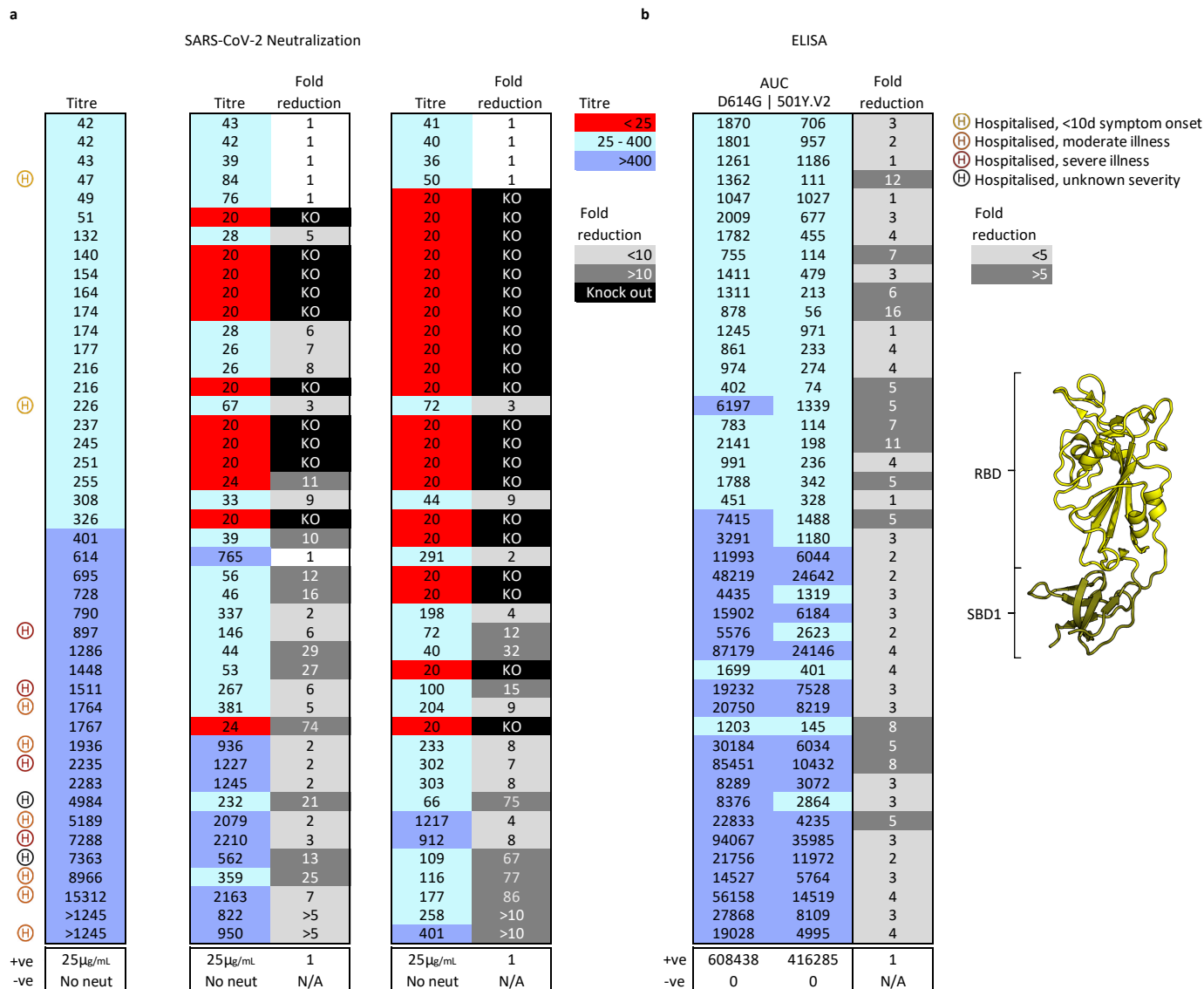


b

## SARS-CoV-2 501Y.V2 Spike



**Supplementary Fig.1|Location of 501Y.V2 defining mutations.** a. The SARS-CoV-2 RBD is shown in yellow cartoon view, bound to human ACE2 (red outline, surface view), as well as a class 3 (translucent orange) or class 4 (translucent grey) neutralizing antibodies that are not affected by 501Y.V2 changes. The location of 501Y.V2 associated changes 417N, 484K, and 501Y are indicated. B. Cartoon schematic of a single SARS-CoV-2 spike protomer, with NTD and RBD coloured cyan and yellow, respectively. A single N-acetylglucosamine is shown at each glycosylation site, and the location of 501Y.V2 changes are shown with the red spheres and labelled. A linear schematic is also shown.



**Supplementary Fig.2|SARS-CoV-2 501Y.V2 shows increased resistance to neutralization but not binding by convalescent plasma/serum.** a. Plasma/serum samples collected from SARS-CoV-2 infected individuals who were (n=14) or were not (n=30) hospitalized with COVID-19, ranked by titre against the original SARS-CoV-2 D614G lineage (column 1). Neutralization titre is coloured according to magnitude, where titres greater or lesser than 1:400 are coloured dark or light blue, respectively. Neutralization titre and fold decrease relative to the original lineage are shown for an RBD-only chimeric virus containing the K417N, E484K, and N501Y substitutions (columns 2 and 3), and the 501Y.V2 lineage virus (column 4 and 5). Neutralization titres <1:25 are coloured red, while a complete knock out of neutralization activity is highlighted in black. b. Binding of plasma samples (from Fig.2a) against the Receptor Binding Domain + Sub-Domain 1 (shown in yellow and olive cartoon view) from the original virus (column 1) or the 501Y.V2 lineage (column 2) and plotted as area under the curve. The fold reduction in AUC is shown in column 3. All experiments were performed in duplicate. In all instances, monoclonal antibodies CC12.23 or palivizumab were used as positive and negative controls, respectively.