

1 **Low functional antibodies to *P. falciparum* antigens in Beninese neonates further reduced**  
2 **the time to first malaria infection in infancy following placental malaria.**

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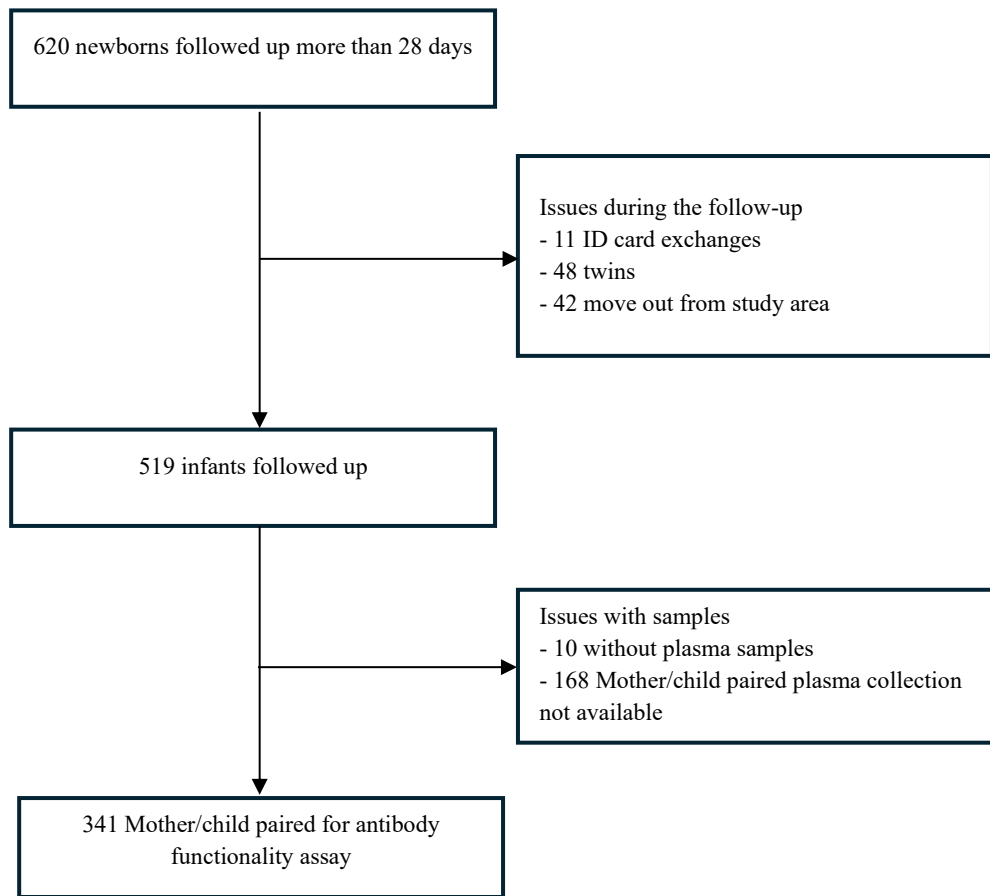
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**Figure Supplementary 1: Study flow chart**

The Tori Bossito cohort is a birth cohort designed to evaluate malaria incidence and its determinants during early life. The follow-up includes 519 newborns until 18 months. The opsonic phagocytosis (BPA) was evaluated at birth for 341 mother/child paired plasma from available samples.

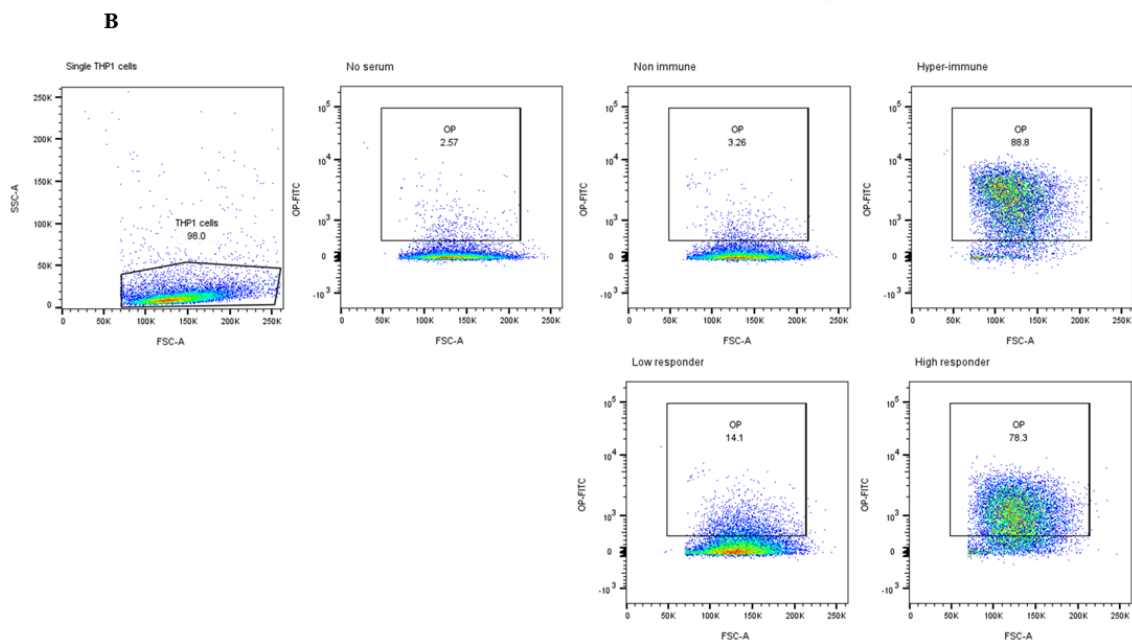
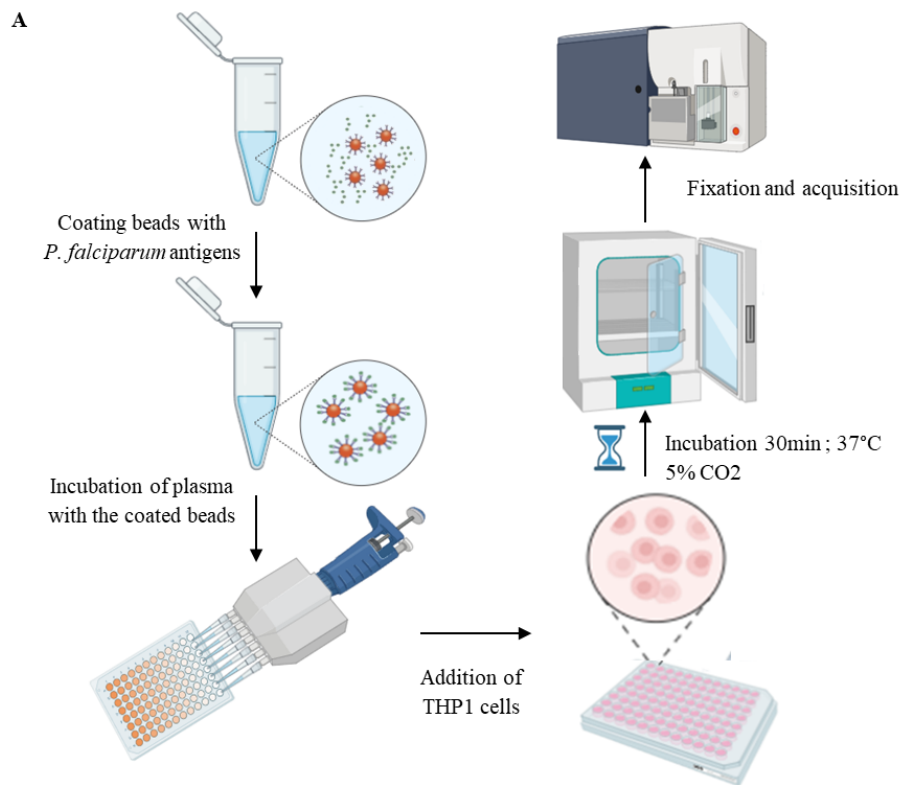
Variables	n (%)	No Placenta malaria n=465 (%) [Conf. Int]	Placenta malaria n=54 (%) [Conf. Int]	p-value
Hypergammaglobulinemia				0,99 <sup>a</sup>
<16 g.L-1	358 (69,0)	321 (61,8)	37 (7,1)	
≥16 g.L-1	161 (31,0)	144 (27,7)	17 (3,3)	
Gestation				<b>0,01<sup>a</sup></b>
Primigravid	441 (85,0)	402 (77,5)	39 (7,5)	
Multigravid	78 (15,0)	63 (12,1)	15 (2,9)	
Maternal parasite density (/μL)	518	0,1 [0 ; 1,4]	781,2 [0 ; 3799,7]	<b>&lt;0,0001<sup>b</sup></b>
Mother's weight (kg)	521	61,8 [60,5 ; 63,1]	57,9 [56,2 ; 59,8]	<b>0,0008<sup>b</sup></b>
Mother's age (years)	525	27,8 [27,3 ; 28,3]	25,6 [23,9 ; 27,2]	<b>0,01<sup>b</sup></b>
Mousquito net				0,28 <sup>a</sup>
No user	182 (35,0)	159 (87,4)	23 (12,6)	
User	337 (65,0)	306 (90,8)	31 (09,2)	
Sickle cell trait (SCT)				0,26 <sup>a</sup>
No SCT	384 (78,2)	347 (90,4)	37 (09,6)	
SCT	107 (21,8)	92 (86,0)	15 (14,0)	
Maternity				0,04 <sup>a</sup>
Avame	174 (33,5)	164 (94,2)	10 (05,8)	
Cada	252 (48,5)	219 (86,9)	33 (13,1)	
Gare	93 (18,0)	82 (88,2)	11 (11,8)	
Birth weight (g)				0,21 <sup>a</sup>
< 2500	48 (9,2)	40 (7,7)	8 (1,5)	
≥2500	471 (90,8)	425 (81,9)	46 (8,9)	
Prematurity				0,75 <sup>a</sup>
No Prema	469 (90,4)	416 (80,2)	47 (9,1)	
Prema	56 (10,8)	49 (9,4)	7 (1,3)	
IPTp				0,99 <sup>a</sup>
Not treated	64 (12,3)	77 (14,8)	9 (1,7)	
At least one dose	277 (53,4)	388 (74,8)	45 (8,7)	

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#### 46 **Supplementary table 1: Population characteristics of the Tori Bossito cohort**

47 Conf. Int: 95% confidence intervale, n: number of participants, %, a: x2 test, b: Student's t-test,  
48 SCT: Sickle cell trait, IPTp: Intermittent preventive antimalarial treatments, g.L-1: gram per  
49 liter (IgG quantity), p/μL: parasites per microliter; kg: kilogram (mother weight), g: gram  
50 (weight of newborn at birth), Prematurity was defined as birth less or equal to 37 SA (using  
51 Balard score).

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54 **Supplementary Figure 2: Beads-based opsonic phagocytosis assay ang gating strategy**

55 Bead-based opsonic phagocytosis (BPA) assay: **(A)** The BPA procedure includes the following steps: i)  
 56 coupling beads with antigens, ii) incubating the antigen-coated beads with plasma, iii) incubating with  
 57 THP-1 cells, and iv) analysis by flow cytometry. **(B)** Gating strategy showing the BPA percentage of the  
 58 controls included in the assay, after gating on single cells.

Maternal BPA	no PM				PM			
	Coefficient	[95% conf. interval]	p.value	Coefficient	[95% conf. interval]	p.value		
Maternal IgG (log)	4,806	3,892	5,72	< <b>0,0001</b>	3,331	0,939	5,722	<b>0,0072</b>
Antigens (ref AMA1)								
MSP3	21,973	16,819	27,126	< <b>0,0001</b>	22,365	8,263	36,468	<b>0,0023</b>
GLURP-R0	20,022	14,591	25,454	< <b>0,0001</b>	10,434	-4,138	25,007	0,1627
GLURP-R2	43,004	38,819	47,19	< <b>0,0001</b>	36,801	25,543	48,059	< <b>0,0001</b>
Primigest	-5,007	-9,735	-0,28	<b>0,0388</b>	-0,799	-10,056	8,459	0,8667
Sickle cell trait	0,502	-3,619	4,622	0,8116	5,541	-3,489	14,571	0,2366
Maternal weight	-0,087	-0,193	0,02	0,1113	-0,498	-1,161	0,166	0,1502
Maternal IgG1 (log)	2,394	1,695	3,093	< <b>0,0001</b>	1,3	-0,656	3,257	0,1953
Antigens (ref AMA1)								
MSP3	13,681	8,807	18,555	< <b>0,0001</b>	14,107	0,203	28,012	<b>0,0488</b>
GLURP-R0	8,997	4,177	13,818	<b>0,0003</b>	0,945	-12,657	14,548	0,8918
GLURP-R2	39,146	34,754	43,537	< <b>0,0001</b>	32,8	20,371	45,228	< <b>0,0001</b>
Primigest	-4,354	-9,535	0,826	0,1006	-0,808	-10,983	9,367	0,877
Sickle cell trait	0,035	-4,402	4,473	0,9876	6,509	-3,01	16,027	0,1886
Maternal weight	-0,084	-0,197	0,029	0,1459	-0,534	-1,238	0,169	0,1454
Maternal IgG3 (log)	3,09	2,502	3,677	< <b>0,0001</b>	1,979	0,207	3,752	<b>0,0303</b>
Antigens (ref AMA1)								
MSP3	3,103	-0,236	6,443	0,0689	11,871	2,098	21,645	<b>0,019</b>
GLURP-R0	1,759	-1,727	5,245	0,3231	-1,755	-11,888	8,379	0,735
GLURP-R2	26,444	23,073	29,815	< <b>0,0001</b>	27,394	18,112	36,676	< <b>0,0001</b>
Primigest	-3,522	-8,341	1,298	0,1533	-1,23	-10,481	8,02	0,7959
Sickle cell trait	0,43	-3,776	4,637	0,8412	7,702	-1,453	16,857	0,1077
Maternal weight	-0,045	-0,152	0,062	0,4102	-0,444	-1,13	0,243	0,2131

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## 60 **Supplementary table 2: Association between PM and the functional maternal IgG, IgG1** 61 **and IgG3 specific for malaria antigens**

62 All six stratified linear mixed-effects models converged successfully. Robust standard errors  
63 were used to account for mild heteroscedasticity, confirmed by the Breusch-Pagan test for the  
64 IgG model ( $F = 5.28$ ,  $p = 0.022$ ,  $R^2 = 0.004$ ). Residual distributions were approximately  
65 symmetric and centered on zero across all models. All six models were considered valid for  
66 inference, with residual heteroscedasticity and non-Gaussian random effects acknowledged as  
67 consistent limitations.

Fetal BPA	no PM				PM			
	Coefficient	[95% conf. interval]	p.value	Coefficient	[95% conf. interval]	p.value		
Fetal IgG (log)	3,041	2,42	3,663	<0,0001	5,428	3,78	7,076	<0,0001
Antigens (ref AMA1)								
MSP3	9,707	6,124	13,29	<0,0001	18,931	9,214	28,648	<0,0001
GLURP-R0	0,127	-3,674	3,927	0,948	8,464	-1,606	18,534	0,102
GLURP-R2	7,381	4,047	10,714	<0,0001	12,614	4,011	21,217	0,005
Maternal BPA	0,861	0,823	0,898	<0,0001	0,828	0,727	0,928	<0,0001
Hypergammaglobulinen	1,826	-0,229	3,881	0,083	-5,925	-11,209	-0,641	0,0349
Primigravidae	0,722	-2,069	3,513	0,613	3,241	-2,355	8,837	0,265
Sickle cell trait	-1,29	-3,714	1,133	0,298	2,649	-3,078	8,376	0,371
Maternal weight	0,05	-0,013	0,113	0,118	-0,252	-0,658	0,155	0,234
Fetal IgG1 (log)	1,361	0,906	1,816	<0,0001	3,4	1,942	4,858	<0,0001
Antigens (ref AMA1)								
MSP3	2,447	-0,706	5,599	0,129	11,334	1,667	21,001	0,023
GLURP-R0	-8,178	-11,39	-4,966	<0,0001	-0,664	-10,343	9,016	0,893
GLURP-R2	2,435	-0,84	5,71	0,145	8,705	-0,499	17,909	0,066
Maternal BPA	0,892	0,855	0,93	<0,0001	0,877	0,772	0,981	<0,0001
Hypergammaglobulinen	2,134	-0,061	4,329	0,058	-4,764	-11,014	1,485	0,144
Primigravidae	0,768	-2,243	3,779	0,617	3,681	-3,087	10,449	0,293
Sickle cell trait	-1,791	-4,373	0,791	0,175	4,285	-2,49	11,06	0,223
Maternal weight	0,055	-0,012	0,121	0,108	-0,283	-0,768	0,201	0,260
Fetal IgG3 (log)	1,368	0,979	1,756	<0,0001	1,847	0,562	3,132	0,006
Antigens (ref AMA1)								
MSP3	-2,812	-4,955	-0,668	0,010	-3,391	-9,996	3,215	0,317
GLURP-R0	-12,264	-14,534	-9,995	<0,0001	-14,265	-21,158	-7,373	<0,0001
GLURP-R2	-3,532	-5,903	-1,16	0,004	-5,643	-12,471	1,185	0,108
Maternal BPA	0,876	0,838	0,914	<0,0001	0,855	0,744	0,966	<0,0001
Hypergammaglobulinen	2,671	0,447	4,895	0,019	-3,417	-9,717	2,883	0,295
Primigravidae	1,388	-1,638	4,413	0,370	2,061	-4,764	8,886	0,558
Sickle cell trait	-1,52	-4,145	1,106	0,258	4,216	-2,676	11,108	0,239
Maternal weight	0,062	-0,005	0,129	0,073	-0,172	-0,665	0,321	0,498

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69 **Supplementary table 3: Association between PM and the functional transmitted (fetal)**  
70 **IgG, IgG1 and IgG3 specific for malaria antigens**

71 All six linear mixed-effects models showed good fit (IgG, IgG1, and IgG3, stratified by  
72 group). ICC values were low to moderate (0.091–0.195), justifying the use of random  
73 intercepts. Residuals were randomly scattered around zero with no systematic trend,  
74 supporting homoscedasticity and linearity. Residual distributions were approximately normal  
75 and zero-centered. VIF values were low for all predictors ( $VIF \leq 5.19$ ), indicating no  
76 problematic multicollinearity.

CMTR functional IgG Variables	Coefficient	[95% conf.	interval]	p.value	
IgG	Maternal_IgG	0,037	0,017	0,057	<b>&lt;0,0001</b>
	PM	-0,215	-0,371	-0,059	<b>0,007</b>
	Maternal_IgGxPM	0,045	0,018	0,071	<b>0,001</b>
	Antigens (ref AMA1)				
	MSP3	0,042	-0,052	0,135	0,383
	GLURP-R0	-0,204	-0,301	-0,108	<b>&lt;0,0001</b>
	GLURP-R2	-0,106	-0,173	-0,039	<b>0,002</b>
	Primigest	0,028	-0,039	0,095	0,419
	Maternal weight	0,002	0,000	0,004	0,128
	Sickle cell trait	-0,002	-0,063	0,059	0,954
IgG1	Maternal_IgG	0,024	0,011	0,036	<b>&lt;0,0001</b>
	PM	-0,133	-0,240	-0,026	<b>0,015</b>
	Maternal_IgGxPM	0,033	0,014	0,053	<b>0,001</b>
	Antigens (ref AMA1)				
	MSP3	0,000	-0,073	0,072	0,996
	GLURP-R0	-0,268	-0,367	-0,170	<b>&lt;0,0001</b>
	GLURP-R2	-0,112	-0,174	-0,050	<b>&lt;0,0001</b>
	Primigest	0,020	-0,051	0,091	0,577
	Maternal weight	0,002	0,000	0,004	0,083
	Sickle cell trait	0,000	-0,062	0,063	0,992
IgG3	Maternal_IgG	0,012	0,001	0,023	<b>0,030</b>
	PM	-0,044	-0,140	0,051	0,361
	Maternal_IgGxPM	0,032	0,008	0,057	<b>0,010</b>
	Antigens (ref AMA1)				
	MSP3	-0,130	-0,178	-0,082	<b>&lt;0,0001</b>
	GLURP-R0	-0,376	-0,451	-0,301	<b>&lt;0,0001</b>
	GLURP-R2	-0,236	-0,282	-0,190	<b>&lt;0,0001</b>
	Primigest	0,023	-0,048	0,095	0,522
	Maternal weight	0,002	0,000	0,004	0,068
	Sickle cell trait	-0,001	-0,065	0,064	0,984

77

78 **Supplementary table 4: Association between the cord-to-mother transfer ratio (CMTR)**  
79 **of functional IgG, IgG1 and IgG3 with PM**

80 Graphical diagnostics showed Pearson residuals approximately symmetrically distributed  
81 around zero, with Q-Q plots confirming near-normality. Residuals across quartiles of fitted  
82 values showed stable medians and homogeneous spread, with modest heteroscedasticity in the  
83 highest quartile, typical of gamma models. Random effects followed a normal distribution  
84 centered at zero. The Breusch-Pagan test confirmed residual heteroscedasticity ( $p < 0.001$  for  
85 IgG and IgG1), addressed by the robust variance estimator. Overall, these diagnostics support  
86 the adequacy of the modelling approach.

**Cox proportional hazards model with time-varying coefficients**

Variables	HR	Std. Err.	z	P>z	[95% conf. interval]
<b>Fetal IgG levels</b>					
PM	1,660	0,368	2,290	<b>0,022</b>	1,075 – 2,563
Hypergamma ( $\geq 16\text{g/dL}$ )	1,703	0,275	3,290	<b>0,001</b>	1,240 – 2,338
Environm. expo.	1,101	0,014	7,330	<b>&lt;0,0001</b>	1,073 – 1,129
High IgG levels (fixed)	0,000	0,000	-3,300	<b>0,001</b>	0,000 – 0,012
High IgG levels (Time-varying)	5,513	3,271	2,880	<b>0,004</b>	1,723 – 17,640

<b>Fetal IgG BPA</b>					
PM	1,624	0,360	2,190	<b>0,029</b>	1,051 – 2,508
Hypergamma ( $\geq 16\text{g/dL}$ )	1,486	0,239	2,460	<b>0,014</b>	1,084 – 2,037
Environm. expo.	1,101	0,015	7,270	<b>&lt;0,0001</b>	1,073 – 1,129
High IgG BPA (fixed)	0,003	0,006	-2,940	<b>0,003</b>	0,000 – 0,147
High IgG BPA (Time-varying)	2,685	0,980	2,710	<b>0,007</b>	1,313 – 5,491

**Time-varying hazard ratios BPA breadthscore or IgG breadthscore**

Time (days)	BPA			IgG levels		
	HR	IC 95%	p	HR	IC 95%	p
30	0.092	[0.022 – 0.378]	<b>0.001</b>	0.002	[0.000 – 0.034]	<b>&lt;0.001</b>
100	0.301	[0.164 – 0.554]	<b>&lt;0.001</b>	0.032	[0.009 – 0.112]	<b>&lt;0.001</b>
200	0.597	[0.435 – 0.821]	<b>0.002</b>	0.147	[0.087 – 0.247]	<b>&lt;0.001</b>
300	0.892	[0.589 – 1.350]	0.588	0.360	[0.231 – 0.561]	<b>&lt;0.001</b>
365	1.082	[0.646 – 1.813]	0.764	0.556	[0.308 – 1.003]	0.051

87

**88 Supplementary table 5: Levels or functional fetal IgG in protection from malaria in infancy**

89 A Cox proportional hazards model was fitted with four covariates and IgG breadth score  
90 dichotomized at the median. Multicollinearity was ruled out (mean VIF = 1.00). Following an  
91 initial Schoenfeld test, a time-varying coefficient was introduced by splitting follow-up time  
92 and adding an interaction term IgG breadth score  $\times \ln(t)$ . The logarithmic transformation  $\ln(t)$   
93 was chosen to model the time-varying effect of IgG breadth score, as it captures a progressive  
94 attenuation of protection over time, consistent with both the biological expectation of maternal  
95 antibody waning and the observed pattern of hazard ratios across follow-up. This fully resolved  
96 the non-proportionality issue (global Schoenfeld test  $p = 0.394$ ). The hazard ratio for IgG  
97 breadth score reached statistical significance from day 200 (HR = 0.15,  $p < 0.001$ ) to day 300  
98 (HR = 0.36,  $p < 0.001$ ), with a borderline estimate at day 365 (HR = 0.56,  $p = 0.051$ ). Residual  
99 diagnostics supported adequate model fit

	Hazard Ratio	Std. Err.	z	P> z	[95% conf.	interval]
Fixed effect						
IgG levels	0,022	0,014	-5,880	<b>&lt;0,0001</b>	0,006	0,079
BPA	0,271	0,091	-3,870	<b>&lt;0,0001</b>	0,140	0,525
PM	2,138	0,581	2,790	<b>0,005</b>	1,255	3,643
BPA x PM	0,433	0,212	-1,710	0,088	0,166	1,132
Hypergamma ( $\geq 16$ g/dL)	1,815	0,297	3,640	<b>&lt;0,0001</b>	1,316	2,503
Environm. expo.	1,519	0,095	6,710	<b>&lt;0,0001</b>	1,344	1,716
Time-Varying Covariate						
IgG levels	0,988	0,003	-4,120	<b>&lt;0,0001</b>	0,982	0,994
IgG BPA	1,008	0,002	4,290	<b>&lt;0,0001</b>	1,004	1,012

101

102 **Supplementary table 6: Levels or functional fetal IgG in protection from malaria in**  
103 **infancy**

104 The proportional hazards assumption was assessed using Schoenfeld residuals; IgG levels and  
105 IgG function violated this assumption and were modeled as time-varying covariates. A  
106 significant interaction between IgG function and disease status was retained in the final model  
107 ( $\chi^2(1) = 4.65$ ,  $p = 0.031$ ). Multicollinearity was negligible (mean VIF = 1.57). No major outliers  
108 were detected (all deviance residuals within  $\pm 3$ ), and removal of one potentially influential  
109 observation did not substantially alter model estimates. Cox-Snell residuals confirmed adequate  
110 overall goodness-of-fit.

111