

**Supplementary Figure S1. Summary diagram.**



**Supplementary Figure S2. Estimated cumulative probabilities of genotype-specific HIV infection.** The cumulative probabilities were estimated by the method of Kaplan-Meier based on all RV144 participants: 8,197 vaccine and 8,198 placebo recipients. For each of the genotypes, the curves for the vaccine and placebo groups did not cross, showing that the most misleading kind of violation of the proportional hazards assumption did not occur. The Grambsch and Therneau proportional hazards test (based on Schoenfeld residuals) (ref. 30) did not reject the proportional hazards assumption for any of the genotypes  $((K169: p=0.12; K169X; p=0.90; 1181; p=0.14;$ I181X: p=0.38). The trend for K169 and I181 (p=0.12, 0.14) could be potentially concerning; however, we note that the vaccine efficacy derived from the proportional hazards model still has a meaningful interpretation if the proportional hazards assumption does not perfectly hold (barring crossing hazards), namely as a timeaveraged vaccine efficacy which conveys information on the average reduction in the hazard rate (vaccine versus placebo) over time. The genotype-specific analysis suggested that vaccine-efficacy waned over time. This is in agreement with the main RV144 results where vaccine efficacy was estimated at 60% in the first year of the trial, before declining rapidly afterwards (ref.12).



### **Supplementary Figure S3. V1/V2 bound to antibody PG9.**

The signature sites 169 and 181 are identified in a model of the complete V1/V2 region bound by PG9 (ref. 23). The Cα-Cα distance between these sites is approximately 37 Å. The variable domains of PG9 are shown as yellow (heavy chain) and blue (light chain) ribbons. The V1/V2 region is shown as grey ribbons with a semi-transparent molecular surface colored by electrostatic potentials, positive (blue) to negative (red), +1 to -1 kT/e, respectively. N-acetylglucosamine moieties are shown as sticks attached to asparagine residues.



HXB2−position and vaccine insert residues

**Supplementary Figure S4. Proportion of EPIMAP patches including a given V1/V2 site.** Statistics were calculated against the three vaccine inserts.



# **Supplementary Figure S5. V1/V2 sites ranked based on the mean proportion of EPIMAP patches calculated against the three vaccine inserts.**

The highest ranking V1/V2 sites were identified based on the average of the proportion for the prime (92TH023) and the maximum of the two boost proteins (MN,CM244); the top 22 sites were selected for further analysis.

## **Supplementary Methods S1. Env-V1/V2 sites selected for analysis.**

In addition to the HXB2 reference sequence, the vaccine insert sequences (prime: 92TH023; boost: MN and CM244) are figured with the consensus and second AA found in the sequenced vaccine and placebo breakthrough viruses (based on the consensus sequences for each of the 110 subjects infected with CRF01 AE).

Sites that passed the conservation criteria are in grey. Sites that were excluded because they were too conserved are represented with 'C', sites excluded because they were too variable to be aligned with confidence are represented with 'V'.

The sites selected in the first screening approach (Approach 1 'Contact residues') correspond to those that passed the conservation criteria, were detected as hotspots in a peptide microarray analysis ('Ab array') and identified as either antibody contact sites ('Ab contact') or through previous studies ('Literature') ('T': Tomaras et al., 2011(ref. 10); 'M': Moore et al., 2009 (ref. 9); 'W': Wei et al., 2003 (ref. 8)).

The sites selected in the second screening approach (Approach 2 'EPIMAP') correspond to those that passed the conservation criteria and were predicted as hotspots through the EPIMAP approach.

We had pre-specified multiple filters (such as conservation levels, prior evidence in the literature) and particular combinations of these filters to employ for analysis, we resolved (before performing any analysis) to first apply the most conservative filtering option, which is the intersection of the specified filters.

The 'Contact residues' and 'EPIMAP' filters did not select the same sites for downstream analyses, which were performed independently (i.e., the two sets of sites derived from approaches #1 and #2 are not combined).

The alternative approach with the 'EPIMAP' filter identified potential contact sites through purely structural-prediction means. We selected the top 20 predicted sites in the 85-site gp70-V1/V2 region (because of a drop-off in the prediction scores after the first 20), of which 12 passed the "invariant sites" and "alignability" filters.

Note that there are three distinct inserts used in the RV144 vaccine that overlap the 85- AA V1/V2 region, and the analyses were separately conducted for each insert, as prespecified. The invariant sites filter depends on the analysis method only through the number of sequences per subject used for the method (the Model-based and GWJ methods use one sequence per subject, and the MMBootstrap method uses all available sequences per subject).



**Supplementary Table S1. Differential vaccine efficacy (VE) against three vaccine insert sequences (92TH023 (prime), CM244 and MN) using sites pre-selected via the 'contact residues' and 'EPIMAP' approaches.** Results were calculated using the Cox proportional hazards model as adapted by Lunn and McNeil (ref. 28) and Gilbert (ref. 29) based on both the dataset of sequences from 110 and 109 subjects (one subject from a linked pair was excluded). Significant p- and q-values are in bold.



 0.824 0.925 0.824 0.925 0.824 0.954 0.529 0.925 0.529 0.925 NA NA



# **Supplementary Table S2. Genotype-specific analysis of correlates of risk variables.**

We repeated the statistical method used in Haynes and colleagues (ref. 2) to assess correlates of risk of HIV-1 infection with the gp70-V1/V2 antibody binding and the V2 hotspot variables on the subset of HIV-1 infections that were genetically characterized. There were 41 vaccine recipient cases in the case-control study, where a case means HIV-1 negative at week-24 and infected afterwards. Of the 41 vaccine recipient cases, we could only include those infected with HIV-1 CRF01 AE, i.e. 34 subjects. 25 infections corresponded to K169 variants and 9 were  $\overline{K169X}$ , while 31 infections corresponded to I181 variants and 3 were I181X. For each of the 4 genotypes (K169, K169X, I181, I181X), we applied the statistical method used in Haynes and colleagues (ref. 2) to assess the gp70-V1/V2 antibody binding and the V2 hotspot variables, which were respectively a primary and secondary variable in Haynes and colleagues. Gp70- V1/V2 was assessed as a quantitative variable, and the relative risk (RR) of infection was estimated per standard deviation change in antibody level among vaccine recipients; in contrast, the V2 hotspot variable was assessed as dichotomous: the relative risk of infection was estimated for vaccine recipients with or without positive reactivity to the V2 hotspot.



Regarding site 169, the results show that the correlates of risk are slightly stronger for K169-matched infections compared to K169X-mismatched infections, which is consistent with the hypothesis of V2-directed antibodies as a possible correlate of protection. However, the dataset is too small (especially when broken drown to specific HIV-1 genotypes) to provide adequate statistical power to demonstrate a stronger correlate of risk against K169-infections, and there is no statistical evidence that this occurred. Regarding site 181, the results for I181X-mismatched infections have very low power and precision, given that they correspond to only 3 infected vaccine recipients. Therefore, only the results for I181-matched infections are precise enough to interpret: both antibody variables were significant inverse correlates of infection rate, a result that is consistent with the positive vaccine efficacy against I181-viruses (estimated at 17%) reported in the main text. Since the interactions between the antibody variables and the

**Supplementary Table S3. Identification of signature sites by three site-scanning methods (GWJ, MMBootstrap, Model-based) against three vaccine insert sequences (92TH023 (prime), MN and CM244) using sites pre-selected via the 'contact residues' and 'EPIMAP' approaches.** Results are presented based on both the dataset of sequences from 110 or 109 subjects (one subject from a linked pair excluded). Significant p- and q-values are in bold. A summary of the methods used is found below the table.





# **Contact residues - 109 subjects**









# **EPIMAP - 110 subjects**







# **EPIMAP - 109 subjects**









Site-scanning sieve analysis methods evaluate each site to identify those that discriminate the vaccine and placebo group. In addition to the differential VE analysis, the pre-selected sites were tested against the three vaccine insert sequences using three other methods: a nonparametric weighted distance comparison test (GWJ) (ref. 13), a Mismatch Bootstrap method (MMBootstrap) adapted from (ref. 7), and a modelbased Bayesian-frequentist hybrid method that is more sensitive to differences in noninsert AA frequencies (ref.14: http://arxiv.org/abs/1206.6701). The GWJ method computes a two-sample pooled-variance t-statistic and compares this statistic to a permutation-derived null distribution. Each subject contributes a weight that is computed as the from-insert-AA-to-subject-AA entry in a (probability-form) substitution matrix (the 1% diverged between-subject HIV-1 matrix (Nickle, Heath, et al., PLoSOne, 2007), using the subject's 'mindist' sequence. The MMBootstrap method computes the difference in the fraction of mismatches-to-the-insert-AA using all available sequences, and compares this to a bootstrap-derived null distribution (resampling subject labels, not individual sequence labels). The Model-based method compares the probability of the vaccinerecipient sequences given a "null" multinomial model with parameters estimated as being proportional to the observed placebo-recipient frequencies plus pseudocounts of 1/21 per category (20 AA and a gap-character category) to the "alternative" model probability that is computed as the expected value (over an "insert-only" indicator parameter,  $i \sim$  Bernoulli(0.5), and a "sieve effect strength" parameter, s  $\sim$  Uniform(0,1)) of the probability of the vaccine-recipient sequences given a multinomial model in which the probability of the insert amino acid is multiplied by (1-s) and the removed mass is reallocated either proportionally (if i is 1) or uniformly (if i is 0) among the remaining categories. All of these methods were verified for control of type-I error rate. A q-value multiplicity adjustment procedure was pre-specified to limit the false discovery rate to 20% (ref. 31); it was conducted on a per-analysis basis, i.e. per insert and per method.

**Supplementary Table S4. Degree of correlated evolution between viral traits and treatment assignment measured with phylogenetically independent contrasts: Summary statistics for regression of contrasts through the origin.**



<sup>a</sup>NFLG: near full-length genome sequences (alignment length: 8,577 nucleotides). <sup>b</sup>Phylogenetically independent contrasts between the vaccine status and the tip data were calculated using the PDAP:PDTREE implementation of Garland and colleagues (Garland, Am. Nat., 1992) in Mesquite (http://mesquiteproject.org/pdap\_mesquite/).

**Supplementary Table S5. Phylogenetic dependency network based on an** *env* **tree.**  Only the results for the sites that passed our filtering criteria are given; the method is described in ref.16.



The filter refers to the approach used to select sites for statistical tests, either the 'contact residues' or 'EPIMAP' approach; 'both' refers to sites that were selected by both the contact residues and EPIMAP approaches.

**Supplementary Table S6. Differential selective pressure between vaccine and placebo groups.** Likelihood ratio test to identify sites that are evolving in the two populations under different selective pressures along internal tree branches, as implemented in Hyphy (ref. 18) (http://www.hyphy.org).



The filter refers to the approach used to select sites for statistical tests, either the 'contact residues' or 'EPIMAP' approach; 'both' refers to sites that were selected by both the contact residues and EPIMAP approaches.

<sup>a</sup>The number in parenthesis corresponds to the number of subjects in the analysis. The set of 110 includes all the individuals infected with HIV-1 CRF01\_AE; Sequences from one of the two individuals in the linked transmission pair was removed from the set of 109.

**Supplementary Table S7. Comparison of the length of the V2 loop and number of PNGS and relationship with the time of HIV-1 infection.**



Based on all the Env sequences from the 110 subjects, we calculated the V2 loop length and number of PNGS for each sequence and computed an average for each subject. The distribution of values between subjects carrying K169- or K169X-variants was compared using Mann-Whitney-Wilcoxon's tests.

The time of infection was estimated as the time since the last negative visit, as conventionally done in the context of vaccine trials. Given that visits were scheduled every six months in the trial, we note that this estimate of duration of HIV-1 infection is imprecise. Comparisons were done with Mann-Whitney-Wilcoxon's tests.

# **Supplementary Table S8. Distances between the C**α **atoms of the residues 169 and 181.**

Distances were computed within the low energy models for the ALVAC-HIV and AIDSVAX B/E gp120 vaccine inserts.



<sup>a</sup>Predictions based on all three inserts combined.

# **Supplementary Table S9. Co-variation in the two sets of sites defined by the 'Contact residues' and 'EPIMAP' approaches.**

Results are based on 2 methods: Kullback-Leibler (ref. 25) and Spidermonkey (which is phylogenetically-corrected) (ref. 26). Sites in bold are statistically significant and have qvalues below the pre-specified threshold of 0.20.





#### **Kullback-Leibler differential co-variation test: Vaccine vs placebo**









#### **Contact residues (9 sites) (dataset with 43 subjects)**

No co-evolving selected sites





<sup>a</sup>The posterior probability for site 2 is conditionally dependent on site 1.

<sup>b</sup>The posterior probability for site 1 is conditionally dependent on site 2.

<sup>c</sup>The posterior probability for sites 1 and 2 are conditionally dependent.

# **Supplementary Table S10. CRF01\_AE-specific PCR primers.**

#### **Near-Full-length Genome (NFLG) PCR Primers**



### **5' Half Genome PCR Primers**



### **3' Half Genome PCR Primers**





# **Supplementary Table S11. CRF01\_AE-specific sequencing primers.**

## **Supplementary Note S1. Specificities of a randomized vaccine efficacy trial.**

A randomized trial allows comparison of sequences between the two randomized groups. The design of the trial guarantees equal distribution of HIV-1 exposure in the two treatment groups. Thus, any observed difference (beyond that from sampling variability) in the distribution of viruses infecting the two groups can be attributed to the treatment assignment to vaccine. In contrast with comparative analyses of HIV-1 sequences obtained from observational studies, there is no need to take the phylogeny into account for sequence analysis in a randomized trial.

The RV144 trial was a well-conducted, double-blind randomized controlled trial. The randomization process was implemented effectively with no evidence of problems, with a high rate of effective blinding of participants during the trial, as described by Gilbert and colleagues (ref. 15). Specifically, biannual behavioral questionnaires asked trial participants about their opinion on whether they had received the candidate vaccine, the placebo or whether they did not know. At the last visit, 13,495 participants answered 'don't know' and 1301 (7.9%) provided a treatment choice, with 495 (78.8%) of 628 vaccine recipients guessing correctly and 179 (26.6%) of 673 placebo recipients guessing correctly. Based on this, we estimated that 1.8% of RV144 participants correctly perceived their treatment assignment. The estimated correct treatment perception rates were similarly low at other visits, supporting a high rate of blinding.

The statistical methods for sieve analysis made the 'no-interference' assumption that is ubiquitous in survival analysis, which for our setting states that each subject's risk of HIV-1 infection does not depend on the treatment assignment of other individuals in the study. In HIV vaccine efficacy trials, this assumption can be violated if trial participants expose one another with HIV-1. The overall rate of HIV-1 infection in the trial was 0.3% implying that inter-trial participant HIV-1 exposure was rare, although two HIV-1 transmission events were detected in the cohort (both of which had been epidemiologically documented prior to us obtaining phylogenetic evidence). Therefore, while the no-interference assumption was probably slightly violated due to two intrastudy HIV-1 exposures, the amount of violation was small enough that the assessment of genotype-specific vaccine efficacy was approximately valid, providing approximately unbiased estimates of genotype-specific vaccine efficacy and correct confidence intervals and p-values.

To guard against the possibility of corruption, two phylogenetic criteria were accounted for in our dataset: HIV-1 subtypes and the presence of linked pairs.

*Exclusion of non-AE sequences*. Our approach consisted in excluding the sequences from the 11 subjects infected with non-CRF01\_AE viruses (six in the vaccine group and five in the placebo group) to focus on if and how vaccine efficacy (VE) varies with genetic characteristics of the predominant circulating subtype. VE vs CRF01\_AE viruses was estimated at 33.5% (95% CI: 7.8%-54.7%, p-value=0.034, whereas the VE vs non-CRF01\_AE viruses was not significant (12.9%, 95% CI -140% to 68.4%, p-value=0.79). Thus, restricting to CRF01\_AE could increase statistical power in the sieve analysis.

*Linked transmission pairs*. When considering the subset of CRF01\_AE viruses, phylogenetic analyses showed one transmission event (between two vaccine recipients). To determine if the presence of almost identical viruses in two subjects invalidates our findings, we conducted sensitivity analyses in which we censored the data from the individual who was the second to become HIV-1 infected (AA100).