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the lower limit of quantification for serum antibody tests in the immunoassay was set at 200 iu/ml and a value of 10-fold increase in antibody levels after natural infection [110]. only subjects with a positive immunoassay at baseline were considered positive, and all subjects with missing baseline data were removed from the analysis (subjects with a single negative immunoassay result were considered as positive). clinical improvement was defined as either a reduction in respiratory symptoms without the need for supplemental oxygen or a $\geq 30\%$ reduction in supplemental oxygen requirement from baseline in subjects requiring oxygen supplementation at baseline. survival was defined as the time from randomization to death or last known date alive. clinical outcome data were collected from subjects' medical records or diaries as reported by the treating healthcare provider and in addition by independent clinical investigators by telephone, internet, or other electronic means. investigators classified outcomes by the treating healthcare provider during the trial and considered the date of onset of clinical improvement or worsening as a sign of treatment failure. pneumonia was defined as a new or progressive infiltrate on chest radiography and radiological deterioration. rapid clinical deterioration was defined as a $\geq 50\%$ increase in respiratory rate or oxygen saturation below 90% or any event that resulted in transfer to an intensive care unit. cure was defined as the absence of symptoms plus radiographic and laboratory evidence of clearing of the virus for at least 14 days. improvement of symptoms was defined as a reduction of symptoms associated with covid-19 for at least 14 days plus radiological improvement.

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