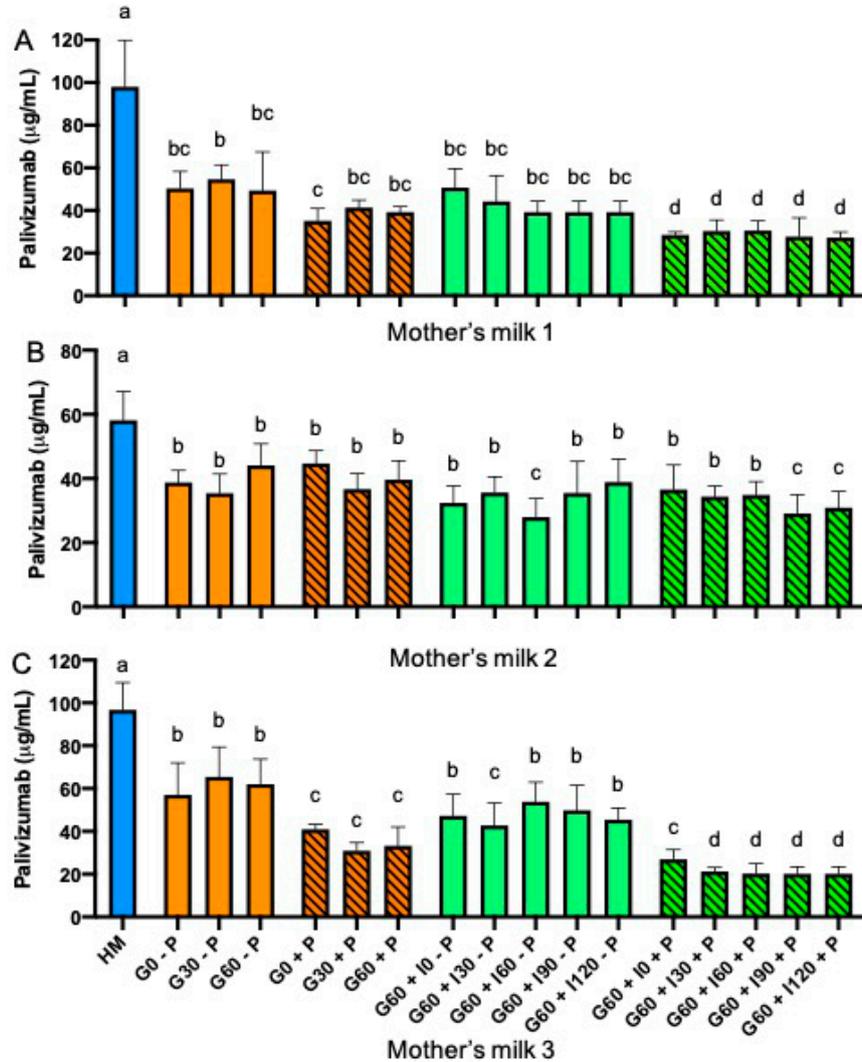
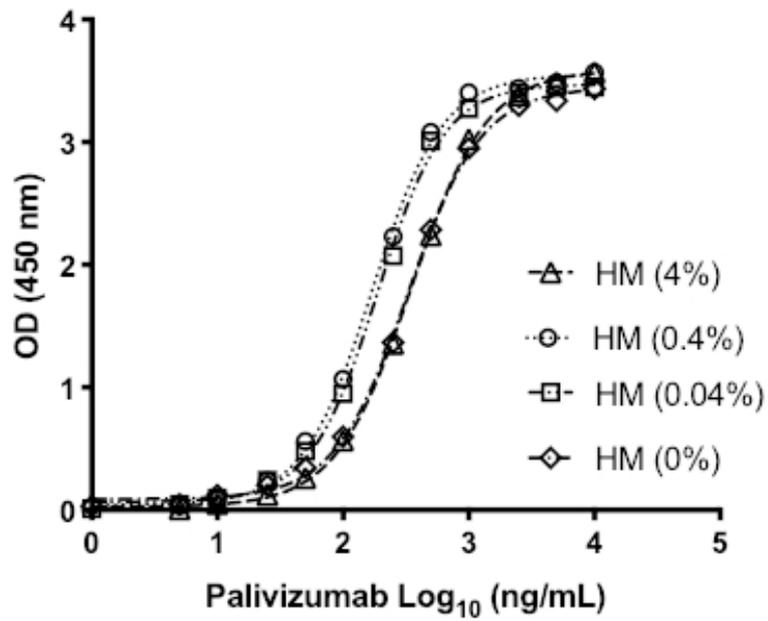


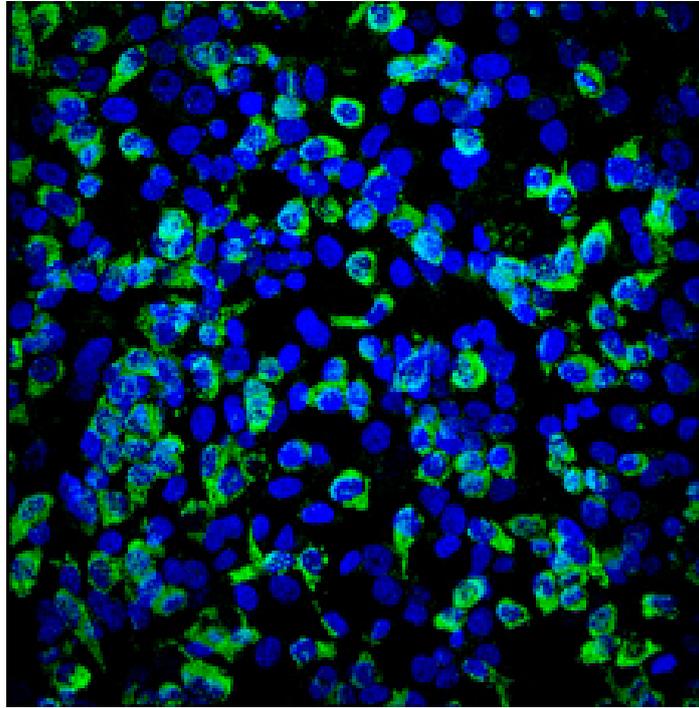
## Supplemental Materials



**Figure S1A–C.** Binding capacity of palivizumab across simulated term infant digestion in three different mother's milk samples. (A–C) Palivizumab concentration in human milk (HM) during simulated infant digestion; in gastric conditions at 0 min (G0 – P), at 30 min (G30 – P) and at 60 min (G60 – P) without protease (pepsin); in intestinal conditions at 0 min (G60 + I0 – P), at 30 min (G60 + I30 – P), 60 min (G60 + I60 – P), 90 min (G60 + I90 – P) and 120 min (G60 + I120 – P) without protease (pancreatin). Palivizumab concentration in human milk (HM) during simulated infant digestion; in gastric conditions at 0 min (G0 + P), at 30 min (G30 + P) and at 60 min (G60 + P) with protease (pepsin); and in intestinal conditions at 0 min (G60 + I0 + P), at 30 min (G60 + I30 + P), 60 min (G60 + I60 + P), 90 min (G60 + I90 + P) and 120 min (G60 + I120 + P) with protease (pancreatin). Values are mean  $\pm$  SD from 6 replicates for each condition. Letters a, b, c and d show statistically significant differences between groups ( $P < 0.05$ ) using one-way ANOVA followed by Tukey's multiple comparison tests.



**Figure S2.** Standard curve with palivizumab detection in binding buffer (PBST + 10% human serum) containing 0–4% of mixed human milk.



**Figure S3.** Hep-2 cells infected for day 3 incubated with RSV-GFP (50% tissue culture infectious dose:  $3.4 \times 10^4$  focus forming units/mL) using the confocal microscope 3-D image (40x objective).