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1 Replication of SARS-CoV-2 in human respiratory

2 epithelium

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30 Abstract

31	SARS-CoV-2 emerged by the end of 2019 to rapidly spread in 2020. At present, it is of utmost
32	importance to understand the virus biology and to rapidly assess the potential of existing drugs
33	and develop new active compounds. While some animal models for such studies are under
34	development, most of the research is carried out in the Vero E6 cells. Here, we propose fully
35	differentiated human airway epithelium cultures as a model for studies on the SARS-CoV-2.
36	Further, we also provide basic characteristics of the system.

- 37
- 38 Keywords: HAE, human airway epithelium, ALI, COVID-19, NCoV-2019, SARS-CoV-2,
- 39 coronavirus, Coronaviridae, model, culture, FISH

40 Introduction

Coronaviruses constitute a large family of RNA viruses that infect mainly mammals and 41 birds. In humans, there are four species associated with mild-to-moderate respiratory infections. 42 While these viruses are present in the human population for a long time, they are believed to 43 enter the human population in a zoonotic event, and one may speculate that they may have 44 caused epidemics similar to the one observed for the SARS-CoV-2. Time to the most recent 45 ancestor analysis suggests that human coronavirus HCoV-NL63 is the oldest species in humans, 46 followed by its cousin HCoV-229E and two betacoronaviruses, which emerged in humans in a 47 relatively near past^{1,2, 3,4}. In the 21st century, we already faced the emergence of the three novel 48 49 coronaviruses in humans, of which SARS-CoV disappeared after one season never to come back, and MERS-CoV never fully crossed the species border, as its transmission between 50 humans is highly ineffective^{5,6,7}. The 2019 zoonotic transmission, however, resulted in the 51 52 emergence of a novel human coronavirus, which seems to carry an optimal set of features allowing for its rapid spread with considerable mortality. Whether the virus will become 53 endemic in humans is an open question 8,9,10 . 54

At present, the studies on the virus are carried out using a surrogate system based on the immortalized simian Vero E6 cell line¹¹. While this model is convenient for diagnostics and testing of some antiviral drugs, it has serious limitations and does not allow for the understanding of virus biology and evolution. To make an example, the entry route of human coronaviruses varies between the cell lines and differentiated tissue, not mentioning the immune responses or virus-host interactions^{12,13,14}.

Here we used the fully differentiated epithelium cultures to study the infection with the novel human coronavirus SARS-CoV-2. We observed an efficient replication of the virus in the tissue, with the maximal replication at 2 days post-infection. At the time of the study no antibodies were available. Therefore we developed immuno-FISH to show that the virus infectsprimarily ciliated cells of the respiratory epithelium.

66

67 **Results and discussion**

The HAE cultures reconstitute the tissue lining the conductive airways of humans. Fully 68 differentiated, are among the best tools for studying the viral infection in a natural 69 microenvironment¹⁵. These air-liquid interphase cultures contain a number of cell types (e.g., 70 basal, ciliated, and goblet). At the same time, they also functionally reflect the natural tissue 71 with extensive crosstalk and production of protective mucus and surfactant proteins^{16,17,18}. The 72 73 cultures were previously shown by us and others to be superior to the standard cell lines in terms of ability to support coronaviral replication of the HCoV-HKU1, but also as a model to 74 study the biology of the infection¹⁹. To make an example, human coronaviruses were shown 75 76 some time ago to use a very different entry pathway in immortalized cell lines and in the natural human epithelium. While in the first one they enter via pH-dependent endocytic pathway, in 77 the latter one they utilize surface serine proteases as TMPRSS2 or kallikreins for activation and 78 the fusion occurs on the cell surface. This may have grave consequences not only for the basic 79 science, but also the antiviral drug development^{12,13,14,20}. 80

Here we verified whether HAE cultures may be used to study the SARS-CoV-2 infection and identified the cellular targets in the tissue. First, the HAE cultures were inoculated with the SARS-CoV-2 stock and cultured for 5 days. Every day (days 0-4) the apical and basolateral release of the virus was evaluated with the RT-qPCR and the results for the apical release of the virus are presented in **Figure 1**.



Figure 1. SARS-CoV-2 replicates in HAE cultures. Replication of SARS-CoV-2 was evaluated using
an RT-qPCR, and the data are presented as RNA copy number per ml. The experiment was
carried out in triplicate, and average values with standard deviation are presented.

Clearly, the increase in virus titer on the apical side is visible already 24 h post-inoculation, 91 to reach the plateau at 48 h post-inoculation. We did not observe any release of the virus from 92 93 the basolateral side of the HAE culture and therefore we do not show the relevant data on the graph. The results we observe are consistent with the previously reported polarity of the HAE 94 cultures and apical infection / apical release reported previously for other human coronaviruses. 95 96 Similarly as for other human coronaviruses, the apical-apical polarity of SARS-CoV-2 infection-release restricts the virus to the airway lumen¹⁶. 97 Further, we sampled the tissue at 96 h post-infection, to verify whether the subgenomic 98 mRNAs are present. The analysis was carried out with RT-PCR and the results are presented in 99

100 **Figure 2**.

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Figure 2. sg mRNAs of the SARS-CoV-2 in HAE cultures. The presence of the N sg mRNAs 4 days
 p.i. in the HAE cultures infected with the SARS-CoV-2 was evaluated using an RT-PCR. NC =
 negative control, PC = positive control.

105

106 The analysis clearly showed that the sg mRNA are abundant in the infected HAE cultures.

107 As this is generally considered to be the hallmark of an active replication, we believe that it

108 provides sufficient proof that the virus is indeed actively replicating in the cultures.

109 Next, we made an effort to visualize the infection in the tissue. As at the time of the study

no antibody for the confocal microscopy was available, we developed an immuno-FISH assay,

111 where the viral RNA was visualized in the context of the cell using 20 sequence-specific probes

and signal amplification. At the same time, the β -tubulin was visualized using specific

antibodies to visualize the ciliated cells. Obtained results are shown in **Figure 3**.

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Figure 3. SARS-CoV-2 infects ciliated cells of the human airway epithelium. Three-dimensional Immuno-RNA FISH demonstrating localization of SARS-CoV-2 subgenomic RNA in ciliated HAE cultures. Three-dimensionally reconstructed confocal image stacks of cells infected with SARS-CoV-2 (A) and mock control cells (B). The bottom lanes of panels A and B show the xz plane in orthogonal views. SARS-CoV-2 RNA is visualized by FISH using a set of probes against viral nucleocapsid RNA and is shown in red. Cilia are visualized by an anti- β 5 tubulin antibody and are shown in green. Nuclei are stained with DAPI and are shown in blue. Bar = 20 μ M.

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Summarizing, we show that the SARS-CoV-2 effectively replicates in the HAE cultures and that this *ex vivo* model constitutes a convenient tool to study the viral infection. We also show that the virus infects ciliated cells. The infection is polarized - the infection and release occurs at the apical side of the epithelium. It is worth to note that in the absence of the immunodetection tools the new generation of immune-FISH tools offers an interesting alternative.

130 Materials and Methods

131 Cell culture

Vero E6 (*Cercopithecus aethiops*; kidney epithelial; ATCC: CRL-1586) cells were maintained in DMEM (Thermo Fisher Scientific, Poland) supplemented with 3% FBS (heatinactivated fetal bovine serum; Thermo Fisher Scientific, Poland) and streptomycin (100 μ g/ml), penicillin (100 U/ml), and ciprofloxacin (5 μ g/ml). Cells were cultured at 37°C in atmosphere containing 5% CO₂.

137

138 Human airway epithelium (HAE) cultures

139 Human epithelial cells were isolated from conductive airways resected from transplant patients. The study was approved by the Bioethical Committee of the Medical University of 140 Silesia in Katowice, Poland (approval no: KNW/0022/KB1/17/10 dated 16.02.2010). Written 141 142 consent was obtained from all patients. Cells were mechanically detached from the tissue after protease treatment and cultured on plastic in BEGM media. Subsequently, cells were transferred 143 144 onto permeable Transwell insert supports ($\phi = 6.5$ mm) and cultured in BEGM media. After the cells reached full confluency, the apical medium was removed, and the basolateral medium was 145 146 changed to ALI. Cells were cultured for 4-6 weeks to form differentiated, pseudostratified mucociliary epithelium. All experiments were performed in accordance with relevant 147 guidelines and regulations. 148

149

150 Virus

SARS-CoV-2 (isolate 026V-03883; kindly granted by Christian Drosten, Charité –
Universitätsmedizin Berlin, Germany and provided by the European Virus Archive - Global
(EVAg); https://www.european-virus-archive.com/). Virus stock was prepared by infecting
fully confluent Vero E6 cells at a TCID₅₀ of 400 per ml. Three days after inoculation,

155 supernatant from the cultures was aliquoted and stored at -80°C. Control Vero E6 cell 156 supernatant from mock-infected cells was prepared in the same manner. Virus yield was 157 assessed by titration on fully confluent Vero E6 cells in 96-well plates, according to the method 158 of Reed and Muench. Plates were incubated at 37°C for 2 days, and the cytopathic effect (CPE) 159 was scored by observation under an inverted microscope.

160

161 Virus infection

Fully differentiated human airway epithelium (HAE) cultures were inoculated with the SARS-CoV-2 at a TCID₅₀ of 1000 per ml (as determined on Vero E6 cells). Following 2 h incubation at 37°C, unbound virions were removed by washing with 200 μ l of 1 × PBS, and HAE cultures were maintained at an air-liquid interphase for the rest of the experiment. To analyze virus replication kinetics, each day p.i., 100 μ l of 1 × PBS was applied at the apical surface of HAE and collected following the 10 min incubation at 32°C. All samples were stored at -80°C and analyzed using RT-qPCR.

Additionally, 48 h post-infection, selected HAE cultures were collected, and the presenceof sg mRNA was determined as hallmarks of an active infection.

171

172 Isolation of nucleic acids and reverse transcription (RT)

Viral DNA/RNA Kit (A&A Biotechnology, Poland) was used for nucleic acid isolation
from cell culture supernatants and Fenozol (A&A biotechnology, Poland) was used for total
RNA isolation from cells. RNA was isolated according to the manufacturer's instructions.
cDNA samples were prepared with a High Capacity cDNA Reverse Transcription Kit (Thermo
Fisher Scientific, Poland), according to the manufacturer's instructions.

179 Quantitative PCR (qPCR)

Viral RNA was quantified using qPCR (CFX96 Touch Real-Time PCR Detection System,
Bio-Rad, Poland). cDNA was amplified using 1 × qPCR Master Mix (A&A Biotechnology,
Poland), in the presence of probe (100 nM, FAM / BHQ1, ACT TCC TCA AGG AAC AAC
ATT GCC A) and primers (450 nM each, CAC ATT GGC ACC CGC AAT C and GAG GAA
CGA GAA GAG GCT TG). The heating scheme was as follows: 2 min at 50°C and 10 min at
92°C, followed by 30 cycles of 15 s at 92°C and 1 min at 60°C. In order to assess the copy
number for N gene, standards were prepared and serially diluted.

187

188 Detection of SARS-CoV-2 N sg mRNA

Total nucleic acids were isolated from virus or mock-infected cells at 4 days p.i. using 189 Fenozol reagent (A&A Biotechnology, Poland), according to the manufacturer's instructions. 190 191 Reverse transcription was performed using a high-capacity cDNA reverse transcription kit (Life Technologies, Poland), according to the manufacturer's instructions. Viral cDNA was 192 amplified in a 20 μ l reaction mixture containing 1 × Dream Taq Green PCR master mix 193 (Thermo Fisher Scientific, Poland), and primers (500 nM each). The following primers were 194 used to amplify SARS-CoV-2 subgenomic mRNA (sg mRNA): common sense primer (leader 195 sequence), 5 – TAT ACC TTC CCA GGT AAC AAA CCA -3'; nucleocapsid antisense, 5' – 196 GTA GCT CTT CGG TAG TAG CCA AT -3'. The conditions were as follows: 3 min at 95°C, 197 35 cycles of 30 s at 95°C, 30 s at 52°C, and 20 s at 72°C, followed by 5 min at 72°C and 10 198 min at 4°C. The PCR products were run on 1% agarose gels (1Tris-acetate EDTA [TAE] buffer) 199 and analyzed using molecular imaging software (Thermo Fisher Scientific, Poland). 200

202 RNA Fluorescent in situ Hybridization (RNA-FISH) and Immunofluorescence

203 HAE cultures were infected with SARS-CoV-2 [TCID₅₀=1000, as assessed for the Vero E6 cells] and fixed at 5 days post-infection with 3.7% paraformaldehyde (PFA) overnight. The 204 next day, cells were subjected to RNA-FISH protocol using hybridization chain reaction (HCR) 205 technology from Molecular Instruments, Inc. Briefly, cells were permeabilized with 100% 206 207 methanol overnight and then subjected to grated rehydration with methanol/PBS, Tween 0.1%. 208 The set of DNA HCR v3.0 probes complementary to SARS-CoV-2 nucleocapsid RNA was incubated for 12 h at 37°C, extensively washed, and hybridized with HCR amplifiers for 12 h 209 at room temperature in the dark. Next, cells were subjected to immunostaining with antibodies 210 211 against mouse β5-tubulin from Santa Cruz Biotechnology (sc-134234, 1:100), rinsed three times with PBS, 0.1% Tween-20 and followed by 1 h incubation with Alexa fluorophore 488 212 secondary antibodies (Invitrogen, 1:400). The cells were finally washed three times with PBS, 213 214 0.1% Tween-20, cell nuclei were stained with DAPI (4 = -6 =-diamidino-2-phenylindole) (Thermo Fisher Scientific, D1306) and mounted on slides with Prolong diamond antifade 215 mounting medium (Invitrogen, P36970). Fluorescent images were acquired using a Zeiss LSM 216 710 confocal microscope (Carl Zeiss Microscopy GmbH) with ZEN 2012 SP1 Black Edition 217 218 and processed in ImageJ Fiji (National Institutes of Health, Bethesda, MD, USA).

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