Inhibition of PIKfyve kinase prevents infection by Zaire ebolavirus and SARS-CoV-2

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37   *Running title:* **Drug inhibitors of ZEBOV and SARS-CoV-2 virus infection**

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41 **Virus entry is a multistep process. It initiates when the virus attaches to the host**
42 **cell and ends when the viral contents reach the cytosol. Genetically unrelated**
43 **viruses can subvert analogous subcellular mechanisms and use similar**
44 **trafficking pathways for successful entry.   Antiviral strategies targeting early**
45 **steps of infection are therefore appealing, particularly when the probability for**
46 **successful interference through a common step is highest.   We describe here**
47 **potent inhibitory effects on content release and infection by chimeric VSV**
48 **containing the envelope proteins of Zaire ebolavirus (VSV-ZEBOV) or SARS-CoV-**
49 **2 (VSV-SARS-CoV-2) elicited by Apilimod and Vacuolin-1, small molecule**
50 **inhibitors of the main endosomal Phosphatidylinositol-3-**
51 **Phosphate/Phosphatidylinositol 5-Kinase, PIKfyve. We also describe potent**
52 **inhibition of SARS-CoV-2 strain 2019-nCoV/USA-WA1/2020 by Apilimod. These**
53 **results define new tools for studying the intracellular trafficking of pathogens**
54 **elicited by inhibition of PIKfyve kinase and suggest the potential for targeting this**
55 **kinase in developing small-molecule antivirals against SARS-CoV-2.**

INTRODUCTION

Membrane-enveloped viruses deliver their contents to cells via envelope protein-catalyzed membrane fusion. Binding of virus to specific host cell receptor(s) triggers membrane fusion, which can occur directly at the plasma membrane or following endocytic uptake. Viruses that require endocytic uptake can use different initial trafficking routes to reach the site of membrane fusion. In endosomes, acidic pH serves to triggers conformational rearrangements in the viral envelope proteins that catalyze membrane fusion, as seen for influenza A virus (IAV) and vesicular stomatitis virus (VSV). For Zaire ebolavirus (ZEBOV), proteolytic processing of the envelope protein by host cell proteases (1) is necessary to expose the receptor binding domain prior to engagement of Niemman-Pick disease type 1C (NPC1 or NPC Intracellular Cholesterol Transporter 1) – the late endosomal-lysosomal receptor protein (2). Proteolytic processing is also required for severe acute respiratory syndrome coronavirus (SARS-CoV) (3, 4), and for the current pandemic SARS-CoV-2 (5). Lassa fever virus (LASV) uses a different mechanism, binding alpha-dystroglycan at the plasma membrane (6), for internalization with a subsequent pH-regulated switch that leads to engagement of lysosomal associated membrane protein 1 (LAMP1) for membrane fusion (7). Lymphocytic choriomeningitis virus (LCMV) also uses alpha-dystroglycan (6) and is internalized in a manner that depends on endosomal sorting complexes required for transport (ESCRT) proteins (8), although it remains unknown whether a second receptor is required.

A hallmark of the endolysosomal system is controlled dynamic trafficking of vesicular carriers among its various sub-compartments. Phophoinositides are markers for defining the identity of these sub-compartments because they are restricted in their distribution to specific intracellular membranes [reviewed in (9)]. Although it is one of the least abundant of the phosphoinositides in cells, PI(3,5)P2 is particularly important for endomembrane homeostasis. It is produced by PIKfyve, which phosphorylates the D-5 position in phosphatidylinositol-3-phosphate (PI3P) to yield phosphatidylinositol 3,5-bisphosphate (PI(3,5)P2) (10). First cloned as mammalian p235 (11), PIKfyve is a 240 kDa class III lipid kinase, present on the cytosolic face of endosomal membranes (12, 13) as part of a ternary complex with the PI(3,5)P2 5-phosphatase Sac3 and ArPIKfyve (14).

Ablation of PIKfyve function by genetic (12, 15) or pharmacological means (16-20) causes endosomal swelling and vacuolation of late endosomes and endolysosomes. It

is thought that these changes result from decreased membrane fission and concomitant
interference in endosomal traffic (13, 21). Small-molecule inhibitors of PIKfyve, all of
which have some structural resemblance to each other, have been studied as potential
drugs for treating cancer and autoimmune diseases. These inhibitors include Apilimod
(19), Vacuolin-1 (18), a series of 30 Vacuolin-related molecules (22), YM201636 (16),
and WX8 chemical family members (20). Physiological effects of these compound in
cells include inhibition of autophagy (17, 22, 23), reduced generation of IL-12/IL-23 (24),
and reduced dendritic cell infiltration in psoriasis (25).

Apilimod also inhibits infection by several viruses, including ZEBOV. Although it does
not alter the pH of endosomes nor inhibit cathepsin B or L (26), Apilimod blocks entry of
ZEBOV and other pathogenic filoviruses (27). Several groups reported that Apilimod
prevents colocalization of VSV-ZEBOV pseudoviruses with the ZEBOV endosomal
receptor NPC1, but does not prevent colocalization with early endosomal antigen 1
(EEA1) (5, 27, 28). Apilimod also inhibits entry of pseudotyped viruses bearing the spike
proteins of MERS-CoV, SARS-CoV, and SARS-CoV-2, as well as of authentic mouse
hepatitis virus (MHV) particles (5).

Here, we have studied the effects of Apilimod on infection of VSV-eGFP-SARS-CoV-2
and VSV-eGFP-ZEBOV chimeras and showed that Apilimod blocks infection of both,
with an IC50 of ~50 nM. Apilimod and Vacuolin-1 also prevented entry and infection of
VSV-MeGFP-ZEBOV and many of the internalized VSV-MeGFP-ZEBOV virions
colocalized with NPC1 in the distended, vacuolated endosomes. This suggests that
blocking PIKfyve kinase has the same downstream effects on these viruses, even
though VSV-eGFP-SARS-CoV-2 does not require interaction with NPC1 for membrane
fusion. Apilimod also inhibits infection by authentic SARS-CoV-2 strain 2019-
nCoV/USA-WA1/2020 virus, with an IC50 slightly lower than its IC50 for the VSV-eGFP-
SARS-CoV-2. We suggest that Apilimod, which has passed safety tests in previous
human clinical trials for non-viral indications (24, 25, 29, 30), is a potential starting point
for developing small-molecule entry inhibitors of SARS-CoV-2 that could limit infection
and disease pathogenesis.

RESULTS

Apilimod inhibits infection of VSV-MeGFP-LCMV and VSV-ZEBOV. We inoculated SVG-A cells with vesicular stomatitis virus (VSV) chimeras expressing the viral matrix protein (M) fused to eGFP (MeGFP). The chimeras include VSV (VSV-MeGFP, which initiates fusion at pH<6.2), VSV-V269H GP (VSV-MeGFP-V269H, a variant of VSV GP that initiates fusion at pH<5.8), rabies virus GP (VSV-MeGFP-RABV), Lassa virus GP (VSV-MeGFP-LASV), lymphocytic choriomeningitis virus GP (VSV-MeGFP-LCMV) or Zaire Ebola virus GP (VSV-MeGFP-ZEBOV).   Following the incubation protocol summarized in **Fig 1A**, we tested the effects on infection of Apilimod or Vacuolin-1; both compounds are small-molecule inhibitors of PIKfyve kinase, which generates PI(5)P and PI(3,5)P2 in late endosomes and lysosomes. Using a flow cytometry based-assay to monitor a single round of infection determined by expression of viral MeGFP (**Fig. 1B**), we found that Apilimod and Vacuolin-1 potently inhibit VSV-MeGFP-ZEBOV infection (**Fig. 1C**). These results agree with results obtained by others with Apilimod (26, 31) in different cell types infected with MLV virus pseudotyped with ZEBOV GP or with Ebola virus itself (26, 27, 32). Apilimod was a less effective inhibitor of VSV-MeGFP-LCMV infection, and Vacuolin-1 had no effect at the concentration used. In contrast, Apilimod and Vacuolin-1 failed to prevent infection by VSV-MeGFP, VSV-MeGFP-V269H, VSV-MeGFP-RABV, or VSV-MeGFP-LASV (**Fig. 1C**). IN1 (33), an inhibitor of the phosphoinositide kinase Vps34, the main endosomal generator of PI3P, also interfered with VSV-MeGFP-LCMV and VSV-MeGFP-ZEBOV infection (**Fig. 1C**). All of these viruses require low pH to trigger viral membrane fusion with the endosomal membranes, and as expected, infection was fully blocked by Bafilomycin A1, which inhibits the vacuolar type H^+-ATPase (V-ATPase) acidification activity (**Fig. 1C**).

Apilimod and Vacuolin-1 prevent cytoplasmic entry of VSV-MeGFP-ZEBOV. Productive infection requires delivery of the viral ribonucleoprotein core (RNP) into the cytosol**.** In these experiments, we deemed RNP delivery, as monitored by single cell fluorescence microscopy imaging (experimental protocol summarized in **Fig. 2A** and **3A**), to be successful when fluorescent MeGFP encapsulated in the incoming virus appeared at the nuclear margin of infected cells. The representative examples of VSV infection and RNP core release shown in **Fig. 2B** were obtained in the absence or presence of cycloheximide, which prevents viral protein expression. In the absence of cycloheximide (*left panel*), large amounts of newly synthesized MeGFP are present throughout the cell. In the presence of cycloheximide (*right panel*), we observed MeGFP in virions (fluorescent spots) as well as released MeGFP concentrated at the nuclear

margin. We scored the effect of Apilimod, Vacuolin-1 or IN1 on RNP delivery by VSV-
MeGFP, VSV-MeGFP-V269H and VSV-MeGFP-ZEBOV by determining the appearance
of MeGFP at the nuclear margin in cycloheximide-treated cells. Consistent with the
infection results, Apilimod, Vacuolin-1 and IN1 prevented entry of VSV-MeGFP-ZEBOV
but not of VSV-MeGFP or VSV-MeGFP-V269H. As expected, Bafilomycin A1 blocked
entry of all viruses (images in **Fig. 2C** and quantification in **Fig. 2D**).

Intracellular trafficking of virus particles in the presence of Apilimod or Vacuolin-
1. Internalized virus particles traffic along the endocytic pathway to reach the
endosomal compartment(s) from which membrane fusion and genome entry into the
cytosol occur. To establish the identity of the endosomal compartments, we used
genome-editing in SVG-A cells (**Figs. 3C, G and 4B, D**) to replace expression of a
subset of proteins enriched in different endosomal compartments (the small GTPases
Rab5c and Rab7a, EEA1, or NPC1) with their corresponding fluorescent chimeras
obtained by fusion with TagRFP, mScarlet, or Halo (**Figs. 3B, E, F, I,** and **4C, E**). The
lack of fluorescently tagged filipin (a cholesterol binder) in the endolysosomal
compartment in the absence but not in the presence of U18666A, a potent inhibitor of
NPC1 (**Fig 4F**), showed that NPC1-Halo remained active as a cholesterol transporter.

Using live-cell spinning disk confocal microscopy (**Fig. 3, 4**), we monitored the presence
of virus particles in the fluorescently tagged endosomes by colocalization with the
fluorescent spots from the virus-incorporated MeGFP. We monitored entry by carrying
out the experiments in the presence of cycloheximide, thus ensuring that any MeGFP
fluorescent signal at the nuclear margin originated only from MeGFP molecules carried
by incoming viral particles (**Fig. 3B, F**). All cells were maintained at 37°C throughout all
phases of the experiment to ensure normal and undisturbed intracellular trafficking. All
control experiments performed in the absence of inhibitors showed arrival of VSV-
MeGFP, VSV-MeGFP-V269H, or VSV-MeGFP-ZEBOV virus particles to early (Rab5c
and EEA1) (**Fig. 3E, 4E**) or late endosomes and lysosomes (Rab7a or NPC1) (**Fig. 3I,**
4C, E). MeGFP released from all viruses appeared at the nuclear margin, showing
effective RNP release. NPC1, the receptor for VSV-MeGFP-ZEBOV entry is required for
fusion from endosomes (2). The successful VSV-MeGFP-ZEBOV infection observed in
the absence of drug in cells expressing NPC1-Halo alone or in combination with
mScarlet-EEA1 indicates that NPC1-Halo is capable of facilitating infection and that
VSV-MeGFP-ZEBOV trafficked to NPC1-Halo-containing endosomes.

Apilimod and Vacuolin-1 treatment of the SVG-A cells led to enlargement and
vacuolization of their endosomes and lysosomes tagged with fluorescent EEA1, Rab5c,
Rab7a or NPC1 (**Fig. 3-5**), in agreement with earlier PIKfyve ablation studies (13, 21).
VSV-MeGFP and VSV-MeGFP-V269H (fluorescent dots, white) reached all tagged
species of enlarged endolysosomes and successfully penetrated into the cytosol, as
indicated by MeGFP at the nuclear margin (**Fig. 3E, I**). VSV-MeGFP-ZEBOV also
trafficked to all tagged species of enlarged endolysosomes (**Fig. 3E, I**), often reaching
one of the numerous NPC1-containing vacuoles enriched in EEA1 (**Figs. 4E** and **5B,C**).
VSV-MeGFP-ZEBOV in EEA1-containing endosomes increased in the presence of
Apilimod, as also reported for VLP ZEBOV (27). While able to reach NPC1-containing
functional endosomes in cells treated with Apilimod (**Fig. 4C, E** and **5B, C**), VSV-
MeGFP-ZEBOV failed to penetrate into the cytoplasm, as reflected by absence of
MeGFP in the nuclear margin (**Fig. 2C, 3E, I, 4C,E and 5B**).
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Apilimod blocks infection of VSV SARS-CoV-2. Using a recombinant vesicular
stomatitis virus (VSV) expressing soluble eGFP (VSV-eGFP) where the glycoprotein
(GP) was replaced with that of ZEBOV GP (VSV-eGFP-ZEBOV) or SARS-CoV-2 S
(VSV-eGFP-SARS-Cov2), we inoculated MA104 cells with these chimera viruses and
tested the effects of Apilimod on infection by flow cytometry (**Fig. 6A**). We found potent
inhibition of VSV-eGFP-SARS-CoV-2 infection by Apilimod and confirmed that the
compound also inhibits VSV-eGFP-ZEBOV infection (**Fig. 6B**). The dose-response
curves indicated similar effects for VSV-eGFP-ZEBOV and VSV-eGFP-SARS-CoV-2
(IC50s ~ 50 nM), in contrast to the absence of any detectable inhibition of VSV-eGFP
infection, used here as a negative control.
218
Apilimod blocks infection of SARS-CoV-2 virus.
To test the effect of Apilimod on bona fide SARS-CoV-2 infection, we exposed Vero E6
cells to fully infectious SARS-CoV-2 (strain 2019-nCoV/USA-WA1/2020); after 24 h
incubation, supernatants were harvested and tittered by focus-forming assay on a
separate set of Vero E6 cells (**Fig. 7A**). Apilimod strongly inhibited SARS-CoV-2
infection, and the dose-response curve was similar or more potent than those observed
for VSV-eGFP-ZEBOV or VSV-eGFP-SARS-CoV-2 (IC50s ~ 10 nM) (**Fig. 7B**).

DISCUSSION

Coronaviruses, filoviruses, and arenaviruses have different replication strategies and unrelated surface glycoproteins that engage different receptor molecules during entry (1, 2, 5-8). Coronavirus and filovirus surface glycoproteins share a requirement for entry-associated proteolytic processing for activation as fusogens (1) Filoviruses require passage through low pH compartments where cathepsins are active. Coronaviruses may enter directly by fusion at the plasma membrane or following receptor mediated endocytosis. Cell entry of SARS-CoV and SARS-CoV-2 depends on the protease TMPRSS2 in conjunction with ACE2 (34-37), and when TMPRSS2 is present, the entry pathway becomes insensitive to cathepsin inhibition (34, 37, 38).

The common inhibition of viruses from all three groups by Apilimod is a consequence of perturbing their shared entry pathway. Moreover, it is not the cathepsin activity itself that these compounds affect, judging from the outcome of the assays with Apilimod and Vacuolin-1 showing they inhibit VSV chimeras bearing the surface glycoproteins of ZEBOV and LCMV and to a lesser extent LASV. Apilimod also inhibits infection of cells by VSV-SARS-CoV-2 as well as by authentic SARS-CoV-2; neither compound blocks infection by wild-type VSV. For VSV-ZEBOV, we have shown that the virus reaches a compartment enriched in NPC1, the ZEBOV co-receptor, and often also enriched in EEA1, but that it nonetheless fails to release internal proteins into the cytosol. Apilimod does not inhibit cathepsin (26) but Apilimod (39) and Vacuolin-1 (17, 23) can interfere with cathepsin maturation as evidenced by an increase in pro-cathepsin in treated cells; they do not influence endosomal pH (18, 26, 40) although other studies report Apilimod decreases cathepsin activity (41) and Vacuolin-1 increases pH (17, 23). Irrespective of this discrepancy, both Apilimod and Vacuolin-1 inhibit PI-3P-5-kinase (PIKfyve) (17, 19), a three-subunit complex (14) with a PI-3P-binding FYVE domain (10, 11) that recognizes the endosomal marker, PI-3-P. Functional ablation of this enzyme by genetic means (12, 15) gives rise to the same cellular phenotype as treatment with either compound (17-19). The similar dose-response curves for Apilimod inhibition of the ZEBOV and SARS-CoV-2 chimeras (IC50 of ~ 50 nM) and of authentic SARS-CoV-2 virus (IC50 ~ 10 nM) are in good agreement with the IC50 of ~ 15 nM for Apilimod inhibition of PIKfyve *in vitro* (19). Thus, perturbing normal endosomal trafficking by inhibiting PIKfyve activity suggests it is the mechanism by which Apilimod and Vacuolin-1 block entry of such a diverse set of viral pathogens.

One of the most striking consequence of PIKfyve inhibition, and hence of PI-3,5-P$_2$
restriction in endosomal membranes, is the swelling of endosomes into small, spherical
vacuoles - the phenomenon that gave Vacuolin-1 its name (18). Our imaging data with
VSV-MeGFP-ZEBOV chimeras show that the virus particles accumulating in these
structures, many of which also contain the NPC1 co-receptor (2, 42), often appear to be
relatively immobile and adjacent to the endosomal limiting membrane. One possible
explanation is that when a virion reaches these distended endosomes, it can bind or
remain bound to the limiting membrane, but not fuse. Another is that virions may fuse
with smaller intraluminal vesicles in the endosomal lumen (43), but that PI-3,5-P2
depletion prevents back fusion of these vesicles with the endosomal limiting membrane
and inhibits release into the cytosol of the viral genome.

Inhibition of infection by authentic SARS-CoV-2 shows that the blocked release of the
viral genome from a vacuolated endosome is independent of the shape, size, and
distribution of spike protein on the virion. The assay we used to determine effects on
infectivity of authentic virus measured release of virions after multiple rounds of
infection, rather than entry, which we monitored in the VSV-SARS-CoV-2 experiments
by detecting eGFP synthesis in the cytosol. Nevertheless, the IC50 of Apilimod in
experiments with authentic virus is remarkably similar (or even more potent) to that
obtained with chimeric VSV-SARS-CoV-2.

Although cathepsin L inhibitors block SARS-CoV and SARS-CoV-2 infection in cell
culture (4, 5), they have less pronounced effects when tested in animals (44). This may
because another protease, TMPRSS2 on the surface of cells in relevant tissues,
appears to prime SARS-CoV (44) and SARS-CoV-2 (37) spike proteins for efficient
entry. As the effectiveness of Apilimod and Vacuolin-1 does not depend on cathepsin
inhibition, their capacity to block entry of several distinct families of viruses is likely to be
independent and downstream of the protease that primes their surface glycoprotein for
fusion. Phase I and phase II clinical trials have shown that Apilimod is safe and well-
tolerated (24, 25, 29, 30). The trials were discontinued because of lack of effectiveness
against the autoimmune condition for which the drug was tested. We suggest that one
of these compounds, or a potential derivative, could be a candidate broad-spectrum
therapeutic for several emerging human viral pathogens, including SARS-CoV-2.

FIGURE LEGENDS

Figure 1. Apilimod and Vacuolin-1 inhibit VSV-MeGFP-ZEBOV infection.

(A) Schematic of infectivity assay, where SVG-A cells were pretreated for 1 h with 5 µM Vacuolin, 5 µM Apilimod, 5 µM IN1, or 10 nM BAF A1 and subsequently infected with VSV-MeGFP (multiplicity of infection, MOI = 2), VSV-MeGFP-V269H (MOI = 1), VSV-MeGFP-RABV (MO I= 0.6), VSV-MeGFP-LASV (MOI = 0.6), VSV-MeGFP-LCMV (MOI = 0.6) or VSV-MeGFP-ZEBOV (MOI = 0.6) for 1 h in the presence of drugs. The cells were then washed to remove unbound virus and incubated for the indicated times in the presence of drugs. The cells were then fixed and the percentage of cells expressing viral MeGFP was measured by flow cytometry.

(B) Representative flow cytometry results of an infection assay using VSV-MeGFP-ZEBOV.

(C) Quantification of the infectivity is shown with averages from three independent experiments per condition each determined as a duplicate measurement (error bars show SEM). The statistical significance was determined using a one-way ANOVA and Tukey *post-hoc* test (*, $P \le 0.05$; **, $P \le 0.01$; ***, $P \le 0.001$).

Figure 2. Apilimod and Vacuolin-1 inhibit VSV-MeGFP-ZEBOV.

(A) Schematic of entry assay where SVG-A cells were infected with VSV-MeGFP (MOI = 4), VSV-MeGFP-V269H (MOI = 4), or VSV-MeGFP-ZEBOV (MOI = 4). Experiments were performed in the presence of 5 µg/mL cycloheximide (CHX) to prevent protein synthesis. Entry assay was based on the appearance of MeGFP fluorescence on the nuclear margin on a per cell basis, of fixed infected cells visualized by fluorescence microscopy. Staining the fixed cells with Alexa647 labeled wheat germ agglutinin identified the plasma membrane of each cell (dashed outlines in **C**).

(B) Virus infection in the absence of CHX (left panel) resulted in the appearance of MeGFP fluorescence throughout the cell volume. The presence of CHX resulted in virus entry being observed by MeGFP fluorescence at the nuclear margin, which was released from incoming viral particles (right panel, white arrows). Scale bar indicates 10 µm.

(C) Representative examples of maximum-Z projections images from the whole cell volume obtained with optical sections separated by 0.3 µm using spinning disc confocal microscopy. Scale bar indicates 10 µm.

(D) Quantification of the number of cells with nuclear margin labeling from three independent experiments each determined from fields containing 59-90 cells (error bars

329 show SEM). The statistical significance of the entry data was analyzed for statistical
330 significance by one-way ANOVA and Tukey *post-hoc* test (***, P ≤ 0.001).
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Figure 3. Endolysosomal traffic of VSV-MeGFP-ZEBOV in cells expressing
TagRFP-Rab5c or TagRFP-Rab7a in the presence of Apilimod or Vacuolin-1.
(Associated Videos 1 and 2).
(A) Schematic of live cell imaging experiment using SVG-A cells expressing
fluorescently tagged TagRFP-Rab5c or TagRFP-Rab7a. Cells were infected with VSV-
MeGFP, VSV-MeGFP-V269H or VSV-MeGFP-ZEBOV (MOI = 4). Viruses trafficking
(monitored with MeGFP) to the endo-lysosomal system (recognized by their labeling
with TagRFP-Rab5c or TagRFP-Rab7a) and virus entry (established by MeGFP at the
nuclear margin) were ascertained by live-cell florescence imaging using a spinning disc
confocal microscope.
(B) Visualization of VSV-MeGFP infection in TagRFP-Rab5c cells in the absence (left
panel) or presence of CHX (right panel, white arrows) using live-cell imaging. Scale bar
represents 10 µm.
(C) Genomic PCR analysis of SVG-A cells showing biallelic integration of TagRFP into
the *RAB5C* genomic locus by cotransfection of a plasmid coding for Cas9, a linear PCR
product coding for the specific gRNAs targeting a region near the ATG codon of Rab5c
under the control of the U6 promoter, and a template plasmid containing the RFP
sequence flanked by 800 base pairs upstream and downstream of the targeted region
(see materials and methods for more details) to generate a clonal gene-edited cell-line
expressing TagRFP-Rab5c.
(**D**) Quantification of VSV-MeGFP and VSV-MeGFP-ZEBOV colocalization with Rab5c
containing endosomes in the presence of CHX together with absence or presence of 5
µM Apilimod depicted in (E). Data shows number of viruses that colocalized with
endosomes containing or not Rab5c within the complete volume of the single cells
depicted in (e).
(E) Representative examples of maximum-Z projection images from four optical
sections spaced 0.35 µm apart of virus entry without or with IN1, Vacuolin, or Apilimod
for VSV-MeGFP (top), VSV-Me-GFP-V269H (middle), and VSV-MeGFP-ZEBOV
(bottom). Each condition is in the presence of CHX. All viruses reach Rab5c-containing
endosomes but only VSV-MeGFP-ZEBOV fails to penetrate in the presence of IN1,
Vacuolin-1, or Apilimod. Scale bars are 10 µm. Insets correspond to a single optical
section with scale bars of 3 µm.

(F) Visualization of VSV infection in TagRFP-Rab7a cells in the absence of CHX (left panel) and entry in the presence of CHX (right panel, white arrows) with scale bar indicating 10 μm.

(G) Genomic PCR analysis showing biallelic integration of TagRFP into the *RAB7A* genomic locus to generate a clonal gene-edited cell-line expressing TagRFP-Rab7a, using the same approach as used for *RAB5C*.

(**H**) Quantification of VSV-MeGFP and VSV-MeGFP-ZEBOV colocalization with Rab7a containing endosomes in the presence of CHX with or without 5 μM Apilimod within the complete cell volumes in the images depicted in (I).

(I) Representative examples of maximum-Z projection images from four optical sections spaced 0.35 μm apart of virus entry without or with IN1, Vacuolin, or Apilimod for VSV-MeGFP (top), VSV-Me-GFP-V269H (middle), and VSV-MeGFP-ZEBOV (bottom). All viruses reach Rab7a-containing endosomes but only VSV-MeGFP-ZEBOV fails to penetrate in the presence of IN1, Vacuolin-1 or Apilimod. Scale bars are 10 μm. Insets correspond to a single optical section with scale bars of 3 μm.

Figure 4. Endolysosomal traffic of VSV-MeGFP-ZEBOV in cells expressing NPC1-Halo or coexpressing mScarlet-EEA1 and NPC1-Halo in the presence of Apilimod. (Associated Video 3).

(A) Schematic of live cell imaging experiment with gene-edited SVG-A cells expressing NPC1-Halo or NPC1-Halo together with mScarlet-EEA1. Halo was labeled with either JF549 or JF647. Cells were infected with VSV-MeGFP-ZEBOV (MOI = 3).

(B) Genomic PCR analysis showing biallelic integration of Halo into the *NPC1* genomic locus to generate a clonal gene-edited cell-line expressing NPC1-Halo, using the same approach as for *RAB5C* and *RAB7A*.

(C) Representative examples of maximum-Z projection images from four optical sections spaced 0.25 μm apart in the absence (left) and presence of Apilimod (right) showing that VSV-MeGFP-ZEBOV reached NPC1-Halo-containing endosomes even in the presence of Apilimod, while failing to penetrate and infect. Scale bar indicates 10 μm. Insets correspond to a single optical section with the scale bar indicating 3 μm.

(D) SVG-A cells with genomic NPC1-Halo were further gene edited to contain EEA1 tagged with mScarlet. Genomic PCR analysis shows biallelic integration into the *EEA1* locus of mScarlet-EEA1 (left) and into the *NPC1* locus of NPC1-Halo (right).

(E) Representative examples of maximum-Z projection images in the absence (left) and presence of Apilimod (right) showing that VSV-MeGFP-ZEBOV reached endosomes containing mScarlet-EEA1 and endosomes containing both mScarlet-EEA1 and NPC1-

Halo in the presence of Apilimod, while failing to penetrate and infect. Scale bar indicates 10 µm. Insets correspond to a single optical section with scale bar indicating 3 µm.

(F) Representative images of parental (top) and gene-edited SVG-A cells expressing NPC1-Halo (bottom) incubated with filipin III (naturally fluorescent polyene antibiotic that binds to cholesterol) in the absence (left) and presence of U18666A (right, NPC1 inhibitor of cholesterol export) showing NPC1-Halo is a functional cholesterol transporter.

Figure 5. Extent of VSV-MeGFP-ZEBOV traffic into endosomes enriched in in NPC1-Halo or NPC1-Halo and mScarlet-EEA1.

(A) Schematic of imaging experiment of VSV-MeGFP-ZEBOV trafficking in NPC1-Halo or NPC1-Halo and mScarlet-EEA1 gene edited SVG-A cells.

(B) Representative examples of maximum-Z projection images from four optical sections spaced 0.25 µm apart in the absence and presence of Apilimod after 2 or 4 hours post infection. A large number of VSV-MeGFP-ZEBOV but not of VSV-MeGFP particles accumulated in the endosomes enlarged upon Apilimod treatment.

(C) Quantification of VSV-MeGFP-ZEBOV colocalization with mScarlet-EEA1 alone, both mScarlet-EEA1 and NPC1-Halo, or NPC1-Halo alone 2 and 4 hours post infection, in the absence or presence of 5 µM Apilimod. Data obtained from complete cell volumes are presented as numbers and corresponding % colocalizations of VSV-MeGFP-ZEBOV particles associated with a given type of endosome.

Figure 6. Apilimod and Vacuolin-1 inhibit infection of VSV-eGFP-SARS-CoV-2

(A) Schematic of infectivity assay of VSV-eGFP, VSV-eGFP-ZEBOV, and VSV-eGFP-SARS-CoV-2 in MA104 cells. MA104 cells were pretreated for 1 h with the indicated concentration Apilimod. Pretreated cells were inoculated with the indicated virus (MOI = 1) for 1 h at 37°C. At 6 hours post infection cells were harvested and the fraction of cell expressing eGFP cells quantified by flow cytometry.

(B) Quantification of the infectivity is shown with averages +/- SEM from three independent experiments. Statistical significance was determined using a T-test (*, P ≤ 0.05; **, P ≤ 0.01).

Figure 7. Apilimod inhibits infection of SARS-CoV-2 virus

(A) Schematic of infectivity assay of fully infectious Sars-CoV-2 (strain 2019-nCoV/USA-WA1/2020). Vero E6 cell monolayers were pretreated with medium containing DMSO

or serial dilutions of Apilimod at the indicated concentrations. SARS-CoV-2 was diluted
(MOI = 0.01) in Apilimod-containing medium and added to Vero E6 cells for 1 h at 37°C.
After adsorption, the viral inocula were removed, and medium containing the respective
concentration of Apilimod was reapplied. After 24 h incubation, supernatants were
harvested and titrated by focus-forming assay on a separate set of Vero E6 cells.
(B) Quantification of the infectivity is shown with averages +/- SEM from three
independent experiments per condition and expressed as the percent infection relative
to mock-treated SARS-CoV-2 infected cells.
444
445 **Table I. Primer sequences used to generate the sgRNAs and corresponding**
446 **genomic fragments.**
447
448 **Table II. Primer sequences used for screening.**
449
450 **Video 1. Apilimod doesn't inhibit VSV-MeGFP entry.** Maximal Z-projection from four
451 optical sections separated 0.25 μm apart of SVG-A cells gene-edited to express
452 TagRFP-Rab5c imaged by spinning disc confocal microscopy every 3 seconds for 3
453 min. Cells were infected with VSV-MeGFP (MOI = 4) in the presence of CHX with or
454 without 5 μM Apilimod and imaged ~ 3-4 h post-infection.
455
456 **Video 2. Apilimod inhibits VSV-MeGFP-ZEBOV entry.** Maximal Z-projection from four
457 optical sections separated 0.25 μM apart of SVG-A cells gene-edited to express
458 TagRFP-Rab5c imaged by spinning disc confocal microscopy every 3 seconds for 3
459 min. Cells were infected with VSV-MeGFP-ZEBOV (MOI = 3) in the presence of CHX
460 with or without 5 μM Apilimod and imaged ~ 6-7 h post infection.
461
462 **Video 3. Apilimod inhibits VSV-MeGFP-ZEBOV entry.** Maximal Z-projection from four
463 optical sections separated 0.25 μM apart of SVG-A cells gene-edited to express NPC1-
464 Halo imaged by spinning disc confocal microscopy every 3 seconds for 3 min. Cells
465 were infected with VSV-MeGFP-ZEBOV (MOI = 3) with or without 5 μM Apilimod and
466 imaged ~ 5 h post infection.

MATERIAL AND METHODS

Cell culture
Human astroglial SVG-A derived cells (a kind gift from Walter J. Atwood) were grown at 37°C and 5% CO_2 in Minimum Essential Medium (MEM) (10-010-CV; Corning) supplemented with 10% heat inactivated fetal bovine serum (S11150; Atlanta Biologicals), penicillin and streptomycin (1406-05-9; VWR International). African Green Monkey kidney epithelial MA104 cells (a kind gift from Siyuan Ding, WUSM) were grown at 37°C and 5% CO_2 in Medium 199 supplemented with 10% heat inactivated fetal bovine serum. Vero C1008 [Vero 76, clone E6, Vero E6] (ATCC CRL-1586) cells were cultured in Dulbecco's Modified Eagle Medium (DMEM) supplemented with 10% fetal bovine serum, and penicillin and streptomycin. Vero CCL-81 (ATCC CCL-81) cells were maintained in DMEM supplemented with 10% FBS, 10mM HEPES pH 7.4, 1% Glutamax, and penicillin/streptomycin.

Reagents
Vacuolin-1 (18) was custom synthesized; Apilimod (HY-14644) was from MedChem Express, IN1 was a kind gift from Dr. N. Gray (33), U-18666A (10009085), and Filipin III (70440) were from Cayman Chemical, Bafilomycin A1 (B1793-2UG) was from Sigma-Aldrich, Cycloheximide (239764) was from Calbiochem, and wheat germ agglutinin conjugated with Alexa Fluor®-647 (W32466) was from ThermoFisher.

Viruses
Recombinant VSV (Indiana serotype) expressing MeGFP alone which initiates fusion at pH<6.2 (VSV-MeGFP) (45) (or in combination with V269H GP, VSV-MeGFP-V269H), RABV GP (VSV-MeGFP-RABV) (46), LASV GP (VSV-MeGFP-LASV) (7), LCMV GP (VSV-MeGFP-LCMV), Zaire EBOV GP (VSV-MeGFP-ZEBOV) (47) or SARS-CoV-2 S Wuhan-Hu-1 strain (VSV-eGFP-SARS-CoV-2 – description to be published elsewhere) were used for infection, entry and live cell imaging assays. All viruses were generated and recovered according to (48).

SARS-CoV-2 strain 2019-nCoV/USA-WA1/2020 was obtained from the Centers for Disease Control and Prevention (gift of Natalie Thornburg). Virus was passaged once in Vero CCL81 cells (ATCC) and titrated by focus-forming assay also on Vero E6 cells.

Genome-editing

Individual cell lines of SVG-A were gene edited in both alleles using the CRISPR/Cas9
system to incorporate fluorescent tags into the N-terminus of Rab5c (TagRFP), Rab7a
(TagRFP), EEA1 (mScarlet) or the C-terminus of NPC1 (Halo). The NPC1-Halo
expressing cells were further gene edited to incorporate mScarlet-EEA1 creating SVG-A
cells simultaneously expressing mScarlet-EEA1 and NPC1-Halo.

A free PCR strategy (49, 50) was used to generate small guide RNAs (sgRNA) with
target sequences for either Rab5c, Rab7a, NPC1, or EEA1.

The genomic DNA fragment of Rab5c, Rab7a, NPC1, or EEA1 genes fused with either
TagRFP, Halo, or mScarlet were cloned into the pUC19 vector (donor constructs) which
then served as homologous recombination repair templates for the Cas9 enzyme-
cleaved genomic DNA. Donor constructs were obtained by a ligation of PCR
amplification products from the genomic DNA fragments, TagRFP, Halo, and mScarlet
sequences. Primers F1-R1 and F3-R3 amplified approximately 800 base pairs of
genomic sequences upstream and downstream of the start codon of Rab5c, Rab7a or
EEA1, or the stop codon of NPC1, respectively. Primers F1 and R3 contain sequences
complementary to the pUC19 vector linearized using the SmaI restriction enzyme (lower
case in the primer sequences). The TagRFP sequence containing the GGS peptide
linker was amplified using primers F2-R2 from a TagRFP mammalian expression
plasmid used as a template. The F2 primer contains complementary sequences to the
3' end of the F1-R1 fragment, while the F3 primer contains complementary sequences
to the 3' end of the TagRFP sequences. Primer sequences used to generate the
sgRNAs and corresponding genomic fragments are listed in Table I; primers used for
screening are listed in Table II.

PCR products (fragments F1-R1, F2-R2, and F3-R3) were subjected to electrophoresis
in 1% agarose and gel purified using a purification kit from Zymogen. The PCR
fragments were cloned into the linearized pUC19 vector using the Gibson Assembly
Cloning Kit (E5510S; New England Biolabs).

SVG-A cells (1.5 x 10^5 cells) were co-transfected with 0.8 µg of *Streptococcus*
pyogenes Cas9, 0.8 µg free PCR product coding for the target sgRNA, and 0.8 µg
pUC19 vector using Lipofectamine 2000 reagent (Invitrogen) according to the
manufacturer's instructions. Transfected cells were grown for 7 to 10 days and sorted
for TagRFP, Halo, or mScarlet expression using fluorescence-activated cell sorting

(FACS) (SH-800S; Sony). Prior to FACS, NPC1-Halo cells were labeled for 15 minutes
with Janelia Fluor^{TM} 647 (JF647). Single cells expressing the desired chimera were
isolated, clonally expanded, and then screened by genomic PCR for TagRFP, Halo, or
mScarlet insertion into both alleles.
542
Infection assays
SVG-A cells were plated at about 30-40% confluency into 24-well plates and incubated
for 1 day at 37°C and 5% CO_2. At the start of the experiment, cells were incubated with
the indicated drug or DMSO at 37°C for one hour. Following this, cells were incubated
for 1 h at 37°C with VSV, VSV-MeGFP-V269H, VSV-MeGFP-RABV, VSV-MeGFP-
LASV, VSV-MeGFP-LCMV or VSV-MeGFP-ZEBOV in drug or DMSO-containing
infection medium (α-MEM, 50mM HEPES, 2% FBS). Cells were then washed to remove
non-adsorbed viruses and further incubated at 37°C in medium containing the drug or
DMSO with experiments ending at the indicated times by fixation with 3.7%
formaldehyde in PBS. Fluorescent intensity from 20,000 single cells from a single round
of infection was determined by flow cytometry using a BD FACSCanto^{TM} II equipped
with DIVA software package.
555
MA104 cells were pretreated for 1 h with the indicated concentration Apilimod or DMSO.
Pretreated cells were inoculated with VSV-eGFP, VSV-eGFP-ZEBOV or VSV-eGFP-
SARS-CoV-2 at an MOI = 1 (based on titers in MA104 cells) in the presence of Apilimod
or DMSO for 1 h at 37°C. Six to 8 h post infection, cells were collected and fixed in 2%
PFA and then subjected to flow cytometry. The percentage of GFP cells was
determined using FlowJo software (Tree Star Industries, Ashland, OR).
562
Vero E6 cell monolayers were pretreated for 1 h at 37°C with serial dilutions of Apilimod
at the indicated concentrations. Next, SARS-CoV-2 was diluted to an MOI of 0.01 focus-
forming units (FFU)/cell in Apilimod-containing medium and added to Vero E6 cells for 1
h at 37°C. After adsorption, cells were washed once with PBS, and medium containing
the respective concentration of Apilimod was added. Cell were incubated for a 24 h at
37°C, and at which time cell culture supernatants were removed and used for
determination of viral titer by focus forming assay.
570
SARS-CoV-2 focus forming assay
Cell culture supernatants from virus-infected cells were diluted serially 10-fold and
added to Vero E6 cell monolayers in 96-well plates and incubated at 37°C for 1 h.

Subsequently, cells were overlaid with 1 % (w/v) methylcellulose in MEM supplemented
with 2% FBS. Plates were harvested 30 h later by removing overlays and fixed with 4%
paraformaldehdye in PBS for 20 min at room temperature. Plates were washed and
sequentially incubated with 1 μg/mL of CR3022 anti-spike antibody (51) and HRP-
conjugated goat anti-human IgG in PBS supplemented with 0.1% saponin and 0.1%
BSA. SARS-CoV-2-infected cell foci were visualized using TrueBlue peroxidase
substrate (KPL) and quantitated on an ImmunoSpot microanalyzer (Cellular
Technologies). Data were processed using Prism software (GraphPad Prism 8.0) and
viral titers are reported as percent inhibition relative to mock-treated SARS-CoV-2
infected cells.

Entry assay and intracellular traffic
SVG-A cells plated on glass #1.5 coverslips at about 30-40% confluency one day prior
to experiment were treated with drug or DMSO for 1 h at 37°C. Following this, cells
were incubated at 37°C with VSV, VSV-MeGFP-V269H, VSV-MeGFP-RABV, VSV-
MeGFP-LASV, VSV-MeGFP-LCMV or VSV-MeGFP-ZEBOV in drug or DMSO
containing infection medium. After this, cells were washed then further incubated in
medium containing the drug or DMSO at 37°C with the experiment ending at the
indicated time by fixation for 20 min at room temperature with 3.7% formaldehyde in
PBS. This was followed with a 10-min incubation of 5 μg/mL of Alexa647-labeled wheat
germ agglutinin in PBS to label the outline of the cells.

Cells were imaged using a spinning disk confocal microscope with optical planes
spaced 0.3 μm apart (52). The entry assay scored the presence of MeGFP at the
nuclear margin in each cell. Trafficking of viruses to endosomal compartments was
observed using live-cell imaging using the spinning disc confocal microscope. Chemical
fixation tends to eliminate the large endolysosomal vacuoles generated by Vacuolin-1 or
Apilimod and reduces the colocalization with viral particles contained within. Time series
with images taken every 3 seconds for 3 min in a single optical plane with the
appropriate fluorescent channels (52) were acquired from non-fixed samples imaged at
the end of the experimental period. For experiments containing NPC1-Halo, the Halo-
tagged cells were labeled with either 250 nM JF549 or JF647 dye in media for 30 min at
37°C. Following labeling, cells were washed three times with media. The microscope
was operated using the Slidebook 6.4 software package (3I) and images were displayed
also using this software.

Statistical tests

To compare the means from cells with different treatments, one-way ANOVA and the

post-hoc Tukey test analysis were used to take into account unequal sample sizes as

indicated in figure legends.

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AUTHOR CONTRIBUTIONS (NAMES GIVEN AS INITIALS)

T.K., S.P.W., and M.S.D. were responsible for the overall design of the study; Y.K. carried out virus infection, entry and imaging experiments and prepared figures in the lab of T.K. (Fig. 1-5). P.W.R. designed, generated and characterized VSV-eGFP-SARS-CoV-2 and Z.L. carried out VSV-chimera infection experiments in the lab of S.P.W. (Fig. 6). J.B.C. and R.E.C. carried out the experiments with authentic SARS-CoV-2 under BSL3 conditions in the lab of M.S.D. (Fig. 7). Recombinant viruses were generated and characterized by D.K.C., S.P., M.R and T.S. in the lab of S.P.W; T.K. drafted the manuscript and editorially reviewed it in close association with SP.W. and M.S.D; the authors commented on the manuscript.

COMPETING FINANCIAL INTEREST STATEMENT

M.S.D. is a consultant for Inbios, Vir Biotechnology, NGM Biopharmaceuticals, and on the Scientific Advisory Board of Moderna. The Diamond laboratory at Washington University School of Medicine has received sponsored research agreements from Moderna and Emergent BioSolutions.

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Figure 1

A Entry Assay

B
VSV-MeGFP

DMSO   CHX

C

| | CHX | IN1/CHX | BAF A1/CHX | Vacuolin-1/CHX | Apilimod/CHX |

VSV-MeGFP

VSV-MeGFP-V269H

VSV-MeGFP-ZEBOV

D

VSV-MeGFP   VSV-MeGFP-V269H   VSV-MeGFP-ZEBOV

Entry
% cells with MeGFP at nuclear margin

Figure 2

F

DMSO CHX

TagRFP-Rab7a
VSV-MeGFP

H

VSV-MeGFP   VSV-MeGFP-ZEBOV

CHX Ap/CHX   CHX Ap/CHX

Number of Viruses

-Rab7a +Rab7a -Rab7a +Rab7a

-Rab7a +Rab7a -Rab7a +Rab7a

G

TagRFP-Rab7a

-/-   +/+

Edited

Endogenous

I

CHX   IN1/CHX   Vacuolin-1/CHX   Apilimod/CHX

VSV-MeGFP

Rab7a MeGFP

VSV-MeGFP
-V269H

VSV-MeGFP
-ZEBOV

Figure 3

Figure 4

A

Imaging

VSV-MeGFP-ZEBOV

Inhibitor

-1 0 1 2 3 4 5 6 hpi

B

2 hrs | 4 hrs

DMSO | Apilimod | DMSO | Apilimod

mScarlet-EEA1 NPC1-Halo VSV-MeGFP-ZEBOV

EEA1 NPC1 MeGFP

C

of endosomes containing VSV-MeGFP-ZEBOV

	DMSO		Apilimod	
EEA1	9	11	0	0
EEA1/NPC1	2	3	19	16
NPC1	22	25	23	52
# cells	7	6	4	9

% colocalization

2 hours | 4 hours | 2 hours | 4 hours

Figure 5

A

Infectivity Assay

B

Figure 6

A

Infectivity Assay

2019-nCoV/USA-WA1/2020

Inhibitor

| -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 24 | 25 | hip |

B

Figure 7

Table I

Primer Description		Sequence
U6 promoter	forward primer	5' GCCGGTACCTGAGGGCCTATTTCCC 3'
	reverse primer	5'ACCTCTAGAAAAAAAGCACCGACTCGGTGCCACTTTTTCAAGTTGATAACGGACTAGCCTTATTTTAACTTGCTATTTCTAGCTCTAAAACN NNNNNNNNNNNNNNNNNNNNCGGTGTTTCGTCCTTTCCACAAG 3
target sequence for reverse primer	Rab5c	GACCCGCCATTGCCCGTCCA
	Rab7a	TCAAACTAAAGGGGGAAAAG
	NPC1	TAAATTTCTAGCCCTCTCGC
	EEA1	GGTGGTGGTTAAACCATG
Rab5c	F1	gaattcgagctcggtacccGAGAGAACTAGGGAAGAAGGATCAG
	R1	TGCCCGTCCAGCTGTAGTG
	F2	CCACTACAGCTGGACGGGCAatggtgtctaagggcgaagagc
	R2	GGAACCACCAGAACCACCAGAA
	F3	GGTTCTGGTGGTTCTGGTGGTTCCCTGGCGGGTCGGGGAGGCGCA
	R3	gtcgactctagaggatccccCCTCCTACCAAGAGAGTAGAGAAAG
Rab7a	F1	gaattcgagctcggtacccACTGCTGTCAGCCTTGCCTTCA
	R1	CCTTCAAACTAAAGGGGGAAAAGG
	F2	CCTTTTCCCCCTTTAGTTTGAAGGatggtgtctaagggcgaag
	R2	GGAACCACCAGAACCACCAGAA
	F3	TTCTGGTGGTTCTGGTGGTTCCACCTCTAGGAAGAAAGTGTTGCTG
	R3	gtcgactctagaggatccccCCTCACCCAACCTACCACAGAAT
NPC1	F1	gaattcgagctcggtacccCCACTGAGATGAAGGAGTCCAT
	R1	GAAATTTAGAAGCCGTTCGCGC
	F2	CGCGAACGGCTTCTAAATTTCggaggttctggtggttctggtggttccGCAGAAATCGGTACTGGCTTTCCA
	R2	GCCGGAAATCTCGAGCGTCGACAG
	F3	CTGTCGACGCTCGAGATTTCCGGCtagccctctcgcagggcatcc
	R3	gtcgactctagaggatccccGCTGTCTAATGAAACTTCTAGGTC
EEA1	F1	gaattcgagctcggtacccCTCTTTGGCTGAAATTAGAAGCAGG
	R1	CATGGTTTAACCACCACCCGGCG
	F2	CGCCGGGTGGTGGTTAAACCATGgtgagcaagggcgaggcagtgat
	R2	cttgtacagctcgtccatgccgc
	F3	GCGGCATGGACGAGCTGTACAAGgaggttctggtggttctggtggttccTTAAGGAGGATTTTACAGAGGGTAAGAG
	R3	gtcgactctagaggatccccGCTCTAATCTTTCTATCCTCAAGGTTTTC

Table II

Primer	Description	Sequence
Rab5c	typing forward	GAGCCTGAAGTTGGGAGACC
	typing reverse	CATGCCCACTCACCTCCAAT
Rab7a	typing forward	GCGGTCACTTCTTTGAGAAAGT
	typing reverse	AAGTGGCAGCACGGACAGTGT
NPC1	typing forward	TCTCCAAAAGAGAGGGAGAGAGAT
	typing reverse	AAGTTTAGTGTCCTGTGGTTGCCT
EEA1	typing forward	CATCTGTCAGTTACGGGGGCTG
	typing reverse	CGGCACCACACCCTCCAGCTC