Genetically diverse mouse models of SARS-CoV-2 infection reproduce clinical variation and cytokine responses in

COVID-19.

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One Sentence Summary

Genetically diverse mice display a broad spectrum of clinically relevant responses to SARS-CoV-2 infection,

reflecting variability in COVID-19 disease.

ABSTRACT

Inflammation in response to severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection drives

severity of coronavirus disease 2019 (COVID-19), with effective versus dysregulated responses influenced by host

genetics. To understand mechanisms of inflammation, animal models that reflect genetic diversity and clinical

outcomes observed in humans are needed. We report a mouse panel comprising the diverse genetic backgrounds of

the Collaborative Cross founder strains crossed to K18-hACE2 transgenic mice that confers high susceptibility to

SARS-CoV-2. Infection of CC x K18-hACE2 F1 progeny resulted in a spectrum of weight loss, survival, viral

replication kinetics, histopathology, and cytokine profiles, some of which were sex-specific. Importantly, survival

was associated with early type I interferon (IFN) expression and a phased proinflammatory response distinct from

mice with severe disease. Thus, dynamics of inflammatory responses observed in COVID-19 can be modeled in

diverse mouse strains that provide a genetically tractable platform for understanding antiviral immunity and

evaluating countermeasures.

INTRODUCTION

The COVID-19 pandemic continues to pose a global threat to public health, affecting over 395M people worldwide

to date. Patient responses range from asymptomatic or mild symptoms of infection to severe illness with

uncontrolled inflammation[1]. In addition, persistent post-COVID health problems can be severe and include a

significant risk for future morbidity and mortality[2]. The dramatic variability in disease presentation is dependent on

genetic polymorphisms, age, sex and the presence of underlying conditions[3-5], underscoring the need for research

models that reflect the diverse biology and pathology of SARS-CoV-2 infection in order to provide optimal

platforms for preclinical development of novel therapeutic strategies.

As the first line of host defense, type I interferon (IFN) is essential for control of virus replication, but its functions

in COVID-19 are complex and poorly understood, with evidence for roles in both protective and pathogenic host

response[6]. It is currently thought that success of IFN in controlling virus replication and orchestrating an effective

inflammatory response may relate to the timing of IFN induction relative to peak SARS-CoV-2 replication, the

intensity of IFN expression and the kinetics of response resolution [7]. In humans, favorable outcomes of COVID-19

have been associated with robust early IFN responses that are subsequently resolved along with other disease

signs[8,9]. However, the more severe manifestations of COVID-19, including reduced oxygen saturation levels, higher

inflammatory responses and lower anti-viral antibody responses, have been observed in patients with either an early

IFN response that fails to resolve and remains elevated for prolonged periods[8], or an IFN response that is

substantially delayed relative to peak virus replication[10-13]. The roles of IFN in a pathogenic response may be linked

to failure of control of virus replication. However, late or sustained IFN responses may drive pathogenesis through

failure to orchestrate an effective adaptive response, exacerbation of inflammatory monocyte responses and

inhibition of tissue repair[6,9]. Thus, experimental models are needed that can inform how timing, magnitude and

duration of innate immunity relative to virus replication dynamics determines inflammatory responses and

pathology.

Current mouse models of COVID-19 are important tools in understanding drivers of inflammatory responses and

pathology following infection with SARS-CoV-2, but are typically generated on invariant inbred backgrounds,

poorly reflecting the diversity of patient outcomes and the impact of host genetics on SARS-CoV-2 infection and

response to treatment. Mice humanized for the main cellular receptor for SARS-CoV-2 entry, angiotensin

converting enzyme 2[14], are valuable pre-clinical infection models[15]. The most widely used model, K18-hACE2,

supports high early virus replication in lung epithelial cells, resulting in inflammatory cell infiltration, interstitial

edema and focal consolidation of the lung with rapid lethality[16-21]. However, this model on a standard C57BL/6J

genetic background does not reflect the wide variety of COVID-19 outcomes in humans, from asymptomatic to

severe[1], that are dependent on genetic polymorphisms, age, sex and the presence of underlying conditions[3-5]. Thus,

in the absence of comparative models with different outcomes, it is not known what human response is being

modeled by SARS-CoV-2 infection of K18-C57BL/6 mice specifically regarding how IFN response dynamics

relates to control of virus replication and pathology.

Multiple studies have demonstrated the value of using genetically diverse mice to assess the impact of host genetics

on infectious disease outcomes [22-26]. Indeed, a single genetic background likely will not capture the range of

responses and can fail to model key features of disease[27]. To determine if incorporating genetic diversity could

recapitulate the broad phenotypic variation observed in human COVID-19, we crossed the K18-hACE2 strain to the

genetically distinct inbred strains A/J, 129S1/SvImJ, NOD/ShiLtJ, NZO/HILtJ, PWK/PhJ, CAST/EiJ, and WSB/EiJ

that along with C57BL/6J comprise the founders of the Collaborative Cross. Together, the CC founder strains

represent 90% of the genetic diversity in *M. musculus* populations[28,29], and therefore, can be used to understand

genetic regulation of complex immune responses. Notably, NOD/ShiLtJ and NZO/HILtJ mice are commonly used

in studies of diabetes and metabolic dysfunction that are factors contributing to COVID-19 severity[30]. In addition to

the 8 CC founder strains, BALB/cJ and DBA/2J strains were included because BALB/cJ is widely used in infectious

disease modelling, and DBA/2J is a founder strain for BXD strains also used in genetic mapping[31]. Here, we show

that by using these genetically diverse mice we can model both early and delayed innate immune responses

associated with differing control of virus replication kinetics and pathology in the lung. These mice, therefore,

represent invaluable tools to understand how IFN and proinflammatory responses are orchestrated to control SARS-

CoV-2 replication and pathology.

RESULTS

Diverse outcomes of SARS-CoV-2 infection in CCxK18-hACE2 F1 mice

F1 progeny of CC founder x K18-hACE2 mice (hereafter abbreviated CC x K18-hACE2) were infected via

intranasal inoculation with 10^3 plaque forming units (pfu) SARS-CoV-2 strain nCoV-WA1-2020, MN985325.1 and

mice were monitored for 21 days. This virus dose is sub-uniformly lethal in the prototype K18-hACE2 strain

(C57BL/6J background), resulting in 80-90% of mice reaching end-point criteria by 7 days post infection (dpi)

(Fig.1). Infection was confirmed by seroconversion to SARS-CoV-2 nucleoprotein in all survivors (data not shown).

Comparative analysis of the eight CC x K18-hACE2 F1 cohorts documented a broad spectrum of weight loss and

survival curves characteristic to each CC founder genotype, some of which were sex-specific (Fig. 1). Highly

sensitive strains included C57BL/6J and A/J x K18-hACE2 that lost approximately 20% of their starting weight

between 4 and 7 dpi with no clear sex bias. In contrast, CC x K18-hACE2 F1 progeny from PWK, NZO, 129S1/J

(Fig. 1), BALB/c and DBA (Fig. S1) were resistant to clinical disease, generally losing 5-10% starting weight with

~80% of mice surviving infection. Finally, CC x K18-hACE2 F1 progeny of three strains (CAST, NOD, WSB) had

marked sexual dimorphism in response, with CAST and NOD F1 males susceptible to lethal disease, although

differences in weight loss between sexes were not apparent. Yet another phenotype was obtained in SARS-CoV-2

infected WSB F1 progeny, where infection was uniformly lethal in females. Weight loss in WSB F1 males began

later than other groups at 6 dpi and surviving males exhibited sustained weight loss until the end of the observation

period in contrast to the rapid weight gain associated with recovery of other CC x K18-hACE2 F1 cohorts.

Virus replication and dissemination in CCxK18-hACE2 F1 mice

In K18-hACE2 mice, SARS-CoV-2 titers peak in the lung at 2-3 dpi and high titers of virus can be isolated from the

central nervous system (CNS) which may contribute to lethality in this model[14,32]. Thus, virus replication kinetics

were determined at 3 and 6 dpi in lung and brain of CC x K18-hACE2 F1 cohorts (Fig. 2A, 2B). Sensitive founder

strains C57BL/6J and A/J F1 progeny showed high levels of infectious SARS-CoV-2 at 3dpi in lung homogenates

that was reduced by 1-2 $\log_{10}$ by 6 dpi with no differences between sexes. At 3 dpi, infectious virus was generally

not recovered from the CNS, but ~50% of K18-hACE2 (C57BL/6J) and A/J F1 progeny had high virus burden in

the CNS by 6 dpi (10^6-10^8 PFU/g tissue) suggesting a high level of infection disseminated outside of the lung. In

contrast, peak lung virus titer in F1 progeny of the most resistant founder strain, PWK, was 150-fold lower than the

sensitive strains at 3 dpi and was below the limit of detection at 6 dpi. Control of virus replication in PWK F1s was

also evident in the CNS where detection of infectious virus was sporadic. Interestingly, F1 progeny of additional CC

founder strains classed as resistant had equivalent peak viral titers in the lung to the sensitive K18-hACE2 and A/J

F1 progeny, but they tended to control replication by 6 dpi to levels 1$\log_{10}$ lower than sensitive mice and had less

virus burden in the CNS. Finally, lung titers in (CAST, NOD and WSB) x K18-hACE2 F1 progeny were not

different between males and females despite differences in clinical severity associated with sex. Relative expression

of the K18-hACE2 transgene in lung suggested some variability stemming from genetic background, but expression

was not associated with clinical phenotypes or peak viral burden (Fig. S2). Thus, F1 progeny of CC x K18-hACE2

mouse strains can be further stratified into a) sensitive F1 progeny with high sustained virus replication in lung and

CNS (C57BL/6J, A/J), b) resistant F1 progeny associated with lower peak virus titer or earlier control of replication

in the lung with no or low dissemination to other organs (PWK, NZO, 129S1/J), and c) F1 progeny with sex bias

where resistance is independent of virus titer in the lung suggesting a sex-based difference in host response (CAST,

NOD, WSB). Together, these data demonstrate that major differences in the dynamics of SARS-CoV-2 replication

and host sensitivity to disease observed in humans can be modeled through use of genetically diverse mouse strains

(Summarized in Table 1).

Histopathology in lung and brain tissue from SARS-CoV-2 -infected CC x K18-hACE2 F1 progeny

The general pathological changes in SARS-CoV-2-infected K18-hACE2 mice were similar to those previously

described [19-21,33] although varied in severity. Inflammatory infiltrates evident by 3 dpi included perivascular

lymphocytes with alveolar septa thickened by neutrophils, macrophages and edema. At 6 dpi, pulmonary pathology

was multifocal, and consistent with interstitial pneumonia including type II pneumocyte hyperplasia, septal, alveolar

and perivascular inflammation comprised of lymphocytes, macrophages and neutrophils, with alveolar fibrin and

edema evident. Bronchiolar pathology was not observed in these mice. Lung pathology was classified as none, mild

(rare scattered inflammatory foci), moderate (coalescing inflammatory foci) or severe (widespread, large

inflammatory foci) as exemplified in Fig. 2C. The classification of 'severe' is a comparative term for these mice, as

we generally did not observe pathology in the first 6 days of infection equivalent to that of the more severe Syrian

hamster model of COVID-19 [34-36]. Surprisingly, in comparison to F1 progeny of founder strains (K18-hACE2 and

A/J) that are highly sensitive to lethal infection, F1 progeny of resistant PWK, female NZO and 129S1/J mice, as

well as those of male and female NOD and WSB tended to have higher pathology scores in lungs (Fig. 2D). Lung

distribution of viral RNA by RNAscope was limited to type I and II pneumocytes in all strains (Fig. 2B).

Importantly, these data suggest that lung pathology can be exacerbated in the context of effective control of SARS-

CoV-2 replication but still be associated with rapid recovery. This outcome is modeled by SARS-CoV-2 infection of

PWK or NZO F1 progeny. In contrast, higher pathology scores associated with failure to rapidly control virus

replication in the lung and higher sensitivity to severe or lethal disease can be modeled by infection of WSB F1

progeny.

In the CNS, pathology was scored as present or absent, as it generally consisted of subtle inflammatory foci,

including perivascular cuffing and increased gliosis associated with necrotic cells observed in K18-hACE2 and

DBA x K18-hACE2 F1 males (Fig. S3A-C, G). However, pathology in the CNS of CAST x K18-hACE2 F1

progeny was striking in that microthrombi were evident in capillaries with extensive hemorrhage in the absence of

encephalitis. Although microthrombi were associated with viral RNA distribution in the same area (Fig. S3D-F),

microhemorrhage not observed as extensively in infected K18-C57Bl/6 mice. In addition, infection with 10^3 pfu

SARS-CoV-2 was uniformly lethal in male CAST F1 progeny, despite these mice having some of the lowest levels

of pathology in the lung at 6 dpi of all mice examined. Thus, CAST mice may be a suitable model for future

examination of the host determinants of microthrombus formation sometimes observed in severe human COVID-

19[37-39].

Impaired cytokine and chemokine response is associated with severe disease

In-depth longitudinal analyses of immune responses in patients with COVID-19 have defined key immunological

correlates of disease outcome[7,9,10,40-50]. In addition to high early IFN responses that are subsequently controlled,

moderate COVID-19 is associated with increased plasma levels of a core inflammatory signature of pro-

inflammatory cytokines, chemokines and growth factors (e.g., IL-1a, IL-1β, IFNα, IL-12p70, and IL-17A) that are

effectively resolved during infection[9]. In contrast, severe COVID-19 includes sustained expression of these markers

with additional signatures including IL-6, IL-10, IL-18, IL-23, TNF, and eotaxin among others suggesting that

specific timing and failure to resolve inflammatory responses are important factors in disease progression[9].

In SARS-CoV-2-infected CC x K18-hACE2 F1 mice, cytokines and chemokines were quantified in the serum and

bronchoalveolar lavage fluid (BAL) at 3 and 6 dpi by multiplex analysis. In general, cytokine levels were much

higher in BAL fluid than in serum (Fig. S4A, B; individual data points are provided in Figs. S5-S7). Strikingly in

the BAL fluid, IFNα was induced at 3 dpi in all CC x K18-hACE2 F1 mice, but it was highly variable (Fig. 3A). F1

mice with C57BL/6J, A/J, CAST and NOD genetic background produced relatively low IFNα compared to PWK,

NZO, 129S1/J and WSB that produced 2- to 10-fold higher levels. At 3 dpi, IFNα production was similar in males

and females within each strain except for PWK where F1 males produced significantly higher levels than females,

and in DBA where F1 females were higher. Importantly, high early IFNα expression at 3 dpi that was resolved by

6dpi was associated with survival in resistant ((PWK, NZO and 129S1/J) x K18-hACE2) F1 progeny that most

effectively controlled virus replication in the lung and CNS. Thus, PWK F1 progeny represent a model of effective

induction and resolution of IFN responses associated with viral control. In comparison, at both 3 and 6 dpi, low

levels of IFNα were observed in K18-hACE2 C57Bl/6 mice despite high early virus burden in the lung and failure

to effectively control replication by 6dpi (Fig. 3B, C; Fig. S5). The K18-hACE2 C57Bl/6 mice demonstrated

considerable virus burden in the CNS by 6dpi suggesting that failure to mount high early IFN responses may be

associated with disseminating virus infection. A third important phenotype was observed in WSB F1 progeny that

had high IFNα expression in BAL at 3di equivalent to PWK F1 mice, but these mice did not control virus

replication in the lung as effectively and had sustained weight loss in surviving individuals. Thus, the WSB strain

background may model the situation where high IFN responses are not associated with viral control and may

contribute to pathogenesis.

To further compare the relative expression of immune effectors in BAL fluid, unsupervised hierarchical cluster

analysis was performed on data from sensitive (K18-hACE2 and A/J x K18-hACE2) and three resistant strains that

did not show a sex bias ((PWK, NZO, 129S1/J) x K18-hACE2). SARS-CoV-2-infected mice grouped into four

general clusters each with distinct profiles of cytokine and chemokine expression. As shown in Fig. 3D, Cluster 1

was comprised of resistant mice at 3 dpi that expressed proinflammatory cytokine IL-6, TH1 cytokines (IL-12p70,

IL-27) and chemokines (CXCL10, Gro-α/KC, CCL2, CCL3, CCL4, CCL5, CCL7 and CXCL2) (designated as

Group A). At 6 dpi, some Group A cytokines were resolving (IL-6, IL-27, CCL2 and CXCL10) (Fig. 3E; Table 2)

while IL-2, IL-4, IL-5, IL-13, IL-18, IL-1b, GM-CSF, eotaxin, TNF-α, IFN-γ, and IL10 (designated as Group B)

were added to the cytokine signature in resistant mice (Fig. 3E, Cluster 2). Interestingly, resistant PWK and NZO x

K18-hACE2 mice generally exhibited a unique profile characterized by tempered levels of Group A and Group B

along with high production of Gro-α/KC, CCL7, CXCL10, CCL2, eotaxin, and IFNγ, at 6 dpi, a timepoint

coincident with the most efficient clearance of virus from the lung (Cluster 4). In contrast, sensitive strains

generally failed to produce Group A cytokines at 3 dpi (Cluster 3) and if induced, production of both Group A and

Group B mediators occurred at the later timepoint (Fig. 3E, Cluster 2).

Based on statistical analysis of BAL cytokine levels in resistant versus sensitive F1 progeny, several distinct patterns

of expression emerged. At 3 dpi, many of the immune mediators showed higher expression in resistant F1 progeny

compared to sensitive F1 progeny and included inflammasome associated cytokines (IL-1beta and IL-18), Th1

cytokines (IFNγ and IL-12p70) and several immune cell recruiting chemokines (eotaxin, Gro-α/KC, CCL3, CCL4,

CCL7 and CXCL2) (Table 2). Resistant F1 progeny also produced high levels of IL-6, IL-27, CCL2 and CXCL10

at 3dpi that were then significantly reduced by 6 dpi compared to moderate and sustained expression in sensitive

strains (Table 2; Fig. 3E). In contrast, sensitive F1 progeny produced significantly higher levels of IL-10 (immune

suppressive cytokine) and CCL4 (monocyte and neutrophil recruiting chemokine) at 6 dpi compared to resistant

F1(Table 2; Fig. 3E).

Although male and female PWK x K18-hACE2 were equally resistant to SARS-CoV-2 lethal infection, innate

immune responses differed between sexes, highlighted by males producing significantly higher levels of IFNα in

BAL at 3 dpi compared to females (Fig. 3A). To demonstrate these differences, we chose to compare data from

resistant (PWK x K18-hACE2) with sensitive K18-hACE2. At 3 dpi, both male and female PWK x K18-hACE2

produced higher levels of cytokines and chemokines compared to K18-hACE2 of the same sex. However, female

PWK x K18-hACE2 produced a broader set of immune mediators compared to males despite lower IFNα responses

(Table 3). Again, these early responses in male and female PWK x K18-huACE2 were resolved by 6 dpi (Table 3)

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Because IFNα plays a key role in orchestrating antiviral immunity and was identified to be strongly associated with

disease outcome in these mouse models, we performed a correlation coefficient analysis to determine the

relationship between IFNα and other immune mediators, focusing on F1 progeny from K18-hACE2 (sensitive) and

PWK x K18-hACE2 (resistant). In PWK mice, high levels of IFNα at 3 dpi positively correlated with a small subset

of cytokines (IFNγ, IL-12p70, IL-6, IL-27 and CCL5) and negatively correlated with IL-10, CXCL10 and CXCL2

(Fig. 3F). In K18-hACE2 mice, low IFNα production correlated with low expression of these same immune

mediators along with pro-inflammatory TNFα and IL-18, and immune cell recruiting chemokines (eotaxin, CCL3

and CCL4). Although IFNα expression was resolved to near basal levels in both sensitive and resistant F1 mice at 6

dpi (Fig. 3B and 3C) expression correlations between immune mediators increased in sensitive K18-hACE2, but

generally decreased in resistant PWK x K18-hACE2 (Fig. 3G), consistent with high dysregulation in K18-hACE2.

Therefore, IFNα expression is highly correlated with a common core of inflammatory mediators (IFNγ, IL-12p70,

IL-6, IL-27 and CCL5) in both models, making the PWK x K18-hACE2 and K18-hACE2 comparison particularly

powerful in understanding how the magnitude of IFNα influences subsequent inflammation.

In contract to mice with no clear sex-bias in lethality, IFNα production did not correlate with outcome for F1

progeny showing sex-bias (CAST, NOD and WSB) x K18-huACE-2). Both males and females of each strain

expressed similar IFNα in BAL at 3 dpi (Fig. 3A). CAST and NOD x K18-huACE2 F1 progeny produced relatively

low IFNα and minimal levels of innate immune mediators were detected in CAST x K18-huACE2, and particularly

NOD x K18-huACE2 (Fig. S4C), although the later better controlled virus replication in the lung by 6 dpi (Fig. 2A).

Interestingly, male and female WSB x K18-huACE2 produced some of the highest IFNα among all genetic

backgrounds at 3 dpi (Fig. 3A) along with high levels of Group A and Group B cytokines and chemokines (Fig. S4),

which may be consistent with significant weight loss observed in both sexes (Fig. 1C). Male and female WSB x

K18-huACE2 also controlled virus replication to a similar degree in lung and had relatively low virus infection

detected in brain (Fig. 2A). Despite these similarities, females exhibited more severe clinical disease and surviving

males slowly recovered (Fig. 1C). These findings suggest that although type I IFN (IFNα) is a key factor in an

effective immune response against SARS-CoV-2, the WSB x K18-huACE2 F1 progeny provide a model where

early IFN responses is not the sole determinant of disease outcome in these mouse models.

DISCUSSION

Although the COVID-19 pandemic has spurred unprecedented analyses of human cohorts, the drivers of

dysregulated inflammation and how they relate to virus replication kinetics in tissues are not understood. Thus,

animal models that recapitulate the complexities of human COVID-19 virus replication dynamics and inflammatory

responses are essential to better understand mechanisms of protection and pathogenesis. Here, we report an

expanded range of SARS-CoV-2 disease phenotypes using F1 progeny from the eight CC founder mouse strains, as

well as BALB/cJ and DBA/2J strains, crossed to K18-hACE-2 transgenic mice. The various genetic backgrounds

yielded a spectrum of disease phenotypes including severe (C57BL/6J and A/J), severe with sex-bias (CAST/EiJ,

NOD/ShiLtJ and WSB/EiJ), and resistant mice exhibiting relatively high pathology but non-lethal disease

(PWK/PhJ, NZO/HILtJ, 129S1/SvImJ, DBA/2J and BALB/cJ). Preliminary assessment of host responses in F1

progeny suggests that the variable outcomes of SARS-CoV-2 infection in these mouse models are associated with

distinct dynamics of innate immunity. Herein, control of virus replication in the lung and host resistance to disease

can be independent from the early peak titer, but it is closely associated with a phased amplification and resolution

of proinflammatory mediators. These favorable outcomes of COVID-19 are most clearly modeled by examining

SARS-CoV-2 infection of PWK and NZO x K18-hACE2 F1 progeny expressing hACE2. In contrast, infection of

C57Bl/6 or A/J x K18-hACE2 F1 progeny represent a model of inefficient IFN expression in the lung, failure of

effective host control of virus replication and dysregulation of proinflammatory responses[7,9,49,51-53]. Collectively,

the CC x K18-hACE-2 F1 panel of mice represent a genetically diverse population and reflect a broader range of

host-viral interactions that influence disease outcomes. Importantly, the mouse panel provides much needed tools to

further determine the roles of specific signaling intermediates in orchestrating protective vs pathogenic immunity.

Host genetics is an important determinant of disease severity caused by SARS-CoV-2[54], but specific host

factors that are key in protective versus damaging responses are not well defined. In the CC x K18-hACE2 mice,

outcomes of infection were largely independent of early virus replication as both sensitive and resistant strains

showed similar virus titers in lung at the early timepoint (with the exception of the PWK). Compared to all genetic

backgrounds assessed in this study, C57Bl/6J and A/J mice were the most sensitive to lethal SARS-CoV-2 infection.

PWK x K18-hACE2 F1 mice exhibited a resistant, non-lethal disease phenotype and this genetic background was

the most effective at controlling virus replication in the lung. PWK belong to the *M. m. musculus* subspecies and are

genetically distant from the other CC founder strains that include the wild-derived (WSB) and common inbred

laboratory strains (C57Bl/6J, A/J, 129S1, NOD and NZO) of *M. m. domesticus* subspecies, and wild-derived *M. m.*

castaneous subspecies (CAST)[55,56]. Importantly, PWK mice had generally more severe lung pathology at 6 dpi, a

timepoint when infectious virus was undetectable. These findings indicate that the PWK genetic background may be

a more ideal model to study innate control of virus replication and mechanisms of tissue repair than the current

prototype strain, K18-hACE2-C57Bl/6. Genomic profiling studies have demonstrated that some genetic

heterogeneity observed among CC founder strains maps to genes associated with immunity[56,57]. Therefore, defining

immune responses unique to PWK and other resistant strains will provide important insight into effective

mechanisms of immune-mediated control of virus replication *in vivo*.

Variability in innate immune responses is one of the key contributors implicated in the heterogeneous

disease courses observed in human COVID-19[7,11,58]. However, many questions remain as to the timing, magnitude

and duration of innate immunity that confer protective versus pathogenic responses to SARS-CoV-2 infection[6]. In

CC x K18-hACE2 F1 progeny, the ability to control virus replication and survive infection was most clearly

associated with production of IFNα. The kinetics of IFNα production in BAL fluid was rapid in all F1 progeny,

peaking by 3 dpi, however, the magnitude of the response was significantly greater in resistant compared to sensitive

strains for both males and females. With high levels of IFNα, resistant strains exhibited a phased cytokine and

chemokine response characterized by initial upregulation of IL-6 and chemokines that attract monocytes and

neutrophils, followed by production of inflammasome-associated cytokines (IL-1β and IL-18), TNFα and tempered

upregulation of anti-inflammatory IL-10. In contrast, the innate response in sensitive strains was dampened and

delayed, with minimal early upregulation of cytokines and chemokines in BAL fluid. However, if induced at the

later timepoint, the innate response included dysregulated production of a broad set of immune mediators. These

data suggest that the magnitude of IFNα directly or indirectly influences the cytokine and chemokine signature with

distinct profiles associated with moderate (resistant strains) and severe (sensitive strains) disease. Moreover,

identification of a core set of immune mediators in these mouse models that correlate with IFNα expression draw

key parallels with immune signatures uncovered in human longitudinal studies[9,43]. Together, these findings are

consistent with human studies that suggest phased, controlled recruitment of inflammatory cells[10,11]. IFN responses

in patients with severe COVID-19 have been characterized as being sustained at high levels for extended periods,

low throughout infection, or delayed relative to peak virus replication. In the mouse models presented here,

supporting the

In severe COVID-19 patients, dysregulated innate responses have recently been linked to defects in viral

sensing, IFN signaling and antigen presentation in key innate cells including monocytes, dendritic cells as well as

maintenance of plasmacytoid DCs, key producers of type I IFNs[59]. Phenotypic analysis of CC founder strains

demonstrated heritable variations in immune cells including T cells, NK cells, dendritic cells and plasmacytoid

DCs[57,60]. Thus, further studies of the CC x K18-hACE2 F1 models may uncover correlations between different

immune cell frequencies and phenotypes, as well as identify the cellular sources of IFN and how that may influence

the signature of IFN-driven responses.

It is clear from these studies that the CC founder x K18-hACE2 panel of F1 mice represent a valuable

experimental tool for the comparative study of host immune responses to SARS-CoV-2. However, the occurrence

of encephalitis associated with high neuro-invasion of SARS-CoV-2 in some strains of mice may be a potential

confounding factor in closely modeling the disease observed in humans. The hACE-2 transgene is driven by the

K18 promotor and its expression has a more ubiquitous distribution than the endogenous Ace-2. The spread of virus

to the CNS is the result of high levels of hACE2 expression in the brain[32], not typically observed for endogenous

Ace-2. These limitations may be addressed by further modifications of the CC founder mouse models engineered to

express hACE2 under more normal physiological conditions as has been achieved with humanization of the mouse

Ace2 gene, H353K[61]. In addition, recent reports of limited CNS infection in K18-hACE2 mice infected with SARS-

CoV-2 via aerosolized route of inoculation indicating that optimized experimental procedures may further improve

the mouse model[62]. Alternatively, many of the strain backgrounds used here (including WSB) demonstrated

relatively low levels of neuro-invasion and could be further evaluated as a more useful model of certain COVID-19

associated pathology, including the disorder known as long-COVID.

In summary, the phenotypes in diverse mice support a role for the innate immune system in determining

COVID-19 severity[7,11,51-53] and can be used to address key knowledge gaps, including mechanisms of innate

immune control of virus replication, defining events needed for a well-orchestrated inflammatory response

independent of early viral burden, molecular mechanisms of sex-dependent disease severity, and longer-term

implications for tissue repair[63] and lung function. Taken together, these observations demonstrate that use of host

genetic variation in mice can model different outcomes of SARS-CoV-2 infection, addressing a major deficiency in

the toolkit required to combat COVID-19.

MATERIALS AND METHODS
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Ethics statement

Animal study protocols were reviewed and approved by the Institutional Animal Care and Use Committee (IACUC)

at Rocky Mountain Laboratories (RML), NIAID, NIH in accordance with the recommendations in the Guide for the

Care and Use of Laboratory Animals of the NIH. All animal experiments were performed in an animal biosafety

level 3 (ABSL3) research facility at RML. Standard operating procedures for work with infectious SARS-CoV-2

and protocols for virus inactivation were approved by the Institutional Biosafety Committee (IBC) and performed

under BSL3 conditions.

Virus preparation

SARS-CoV-2 (USA_WA1/2020) from University of Texas Medical Branch (Vero passage 4) was propagated on

Vero cells cultured in DMEM supplemented with 10% fetal bovine serum, 1 mM L-glutamine, 50U/ml penicillin

and 50ug/ml streptomycin. Culture supernatants were collected at 72 hpi, aliquoted and stored at -80ºC.

Mice and virus infection

CC founder x C57BL/6J -K18-hACE2 F1 were provided by The Jackson Laboratories and include the following:

B6.Cg-Tg (K18-ACE2)2PrImn/J), 034860; (A/J x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035940; (PWK/PhJ x

B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035938; (NZO/HlLtJ x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035936;

(129S1/SvImJ x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035934; (CAST/EiJ x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J,

035937; (NOD/ShiLtJ x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035935; (WSB/EiJ x B6.Cg-Tg(K18-

ACE2)2Prlmn/J)F1/J, 035939; (BALB/cJ x B6.Cg-Tg(K18-ACE2)2Prlmn/J)F1/J, 035941; (DBA/2J x B6.Cg-

Tg(K18-ACE2)2Prlmn/J)F1/J 035943. Six- to 12-week-old male and female mice were inoculated by the intranasal

route with 10^3 pfu of SARS-CoV-2 in a volume of 50ul PBS (Gibco). Prior to inoculation mice were anesthetized

by inhalation of isoflurane. Mice were monitored daily for clinical signs of disease and weight loss.

Virus titration

Infectious virus in lung and brain tissue was quantified by plaque assay. Tissues were collected in 0.5ml of DMEM

containing 2% FBS, 50U/ml penicillin and 50ug/ml streptomycin and immediately frozen. Tissue samples were

weighed, and then homogenized using 5mm steel beads and TissueLyzer II high-speed shaker (Qiagen). Ten-fold

serial dilutions of homogenates were prepared in duplicate and used to inoculate Vero cells grown in 48-well tissue

culture plates. Following 1 hour incubation at 37ºC, the cells were overlayed with 1.5% carboxymethyl cellulose

(CMC) in MEM and incubated at 37ºC for 3-4 days. Cells were then fixed in 10%formalin and plaques were

visualized by staining with 1% crystal violet diluted in 10% ethanol.

Measurement of SARS-CoV-2-specific IgG

 Sera were collected at 21 dpi from mice that survived SARS-CoV-2 infection. SARS-CoV-2 spike protein-specific

IgG was measured using SARS-CoV2 spike protein serological IgG ELISA kit (Cell Signaling Technology) per

manufacturer's instructions.

Multiplex cytokine/chemokine analysis

Sera were collected from SARS-CoV-2-infected mice at 3 and 6 dpi by centrifugation of whole blood in GelZ serum

separation tubes (Sarstedt). BAL samples were recovered by insufflation of lungs with 1 ml sterile PBS followed by

aspiration to collect ~0.5ml volume of fluid. SARS-CoV-2 in sera and BAL fluid was inactivated by using γ-

irradiation (2 MRad) and removed from the BSL3 laboratory. Cytokine concentrations in serum and BAL were

measured using a 26-Procartaplex mouse cytokine/chemokine panel (ThermoFisher EPX260-26088-901) combined

with a Simplex IFN*a* assay (ThermoFisher EPX01A-26027-901). Samples were run on a Luminex Bio-Plex 200

system with BioPlex Manager 6.1.1 software.

Histopathology and *in situ* hybridization

Tissues were fixed in 10% neutral buffered formalin for a minimum of 7 days with 2 changes according to IBC-

approved standard operating procedure. Tissues were processed with a Sakura VIP-6 Tissue Tek, on a 12-hour

automated schedule, using a graded series of ethanol, xylene, and PureAffin. Embedded tissues were sectioned at 5

μm and dried overnight at 42°C prior to staining with hematoxylin and eosin. Chromogenic detection of SARS-

CoV-2 viral RNA was performed using the RNAscope VS Universal AP assay (Advanced Cell Diagnostics Inc.) on

the Ventana Discovery ULTRA stainer using a SARS-CoV-2 specific probe (Advanced Cell Diagnostics Inc.

cat#848569). *In situ* hybridization was performed according to manufacturer's instructions.

Quantitative real-time PCR

Total lung RNA was extracted from homogenized lysates using the *mir*Vana miRNA Isolation Kit (Invitrogen cat.

AM1560) following the manufacturer's protocol for total RNA isolation. Total RNA samples were quantified using

a Nanodrop spectrophotometer (Thermo cat. ND-2000C), and reverse transcribed to cDNA using the SuperScript IV

VILO Master Mix with ezDNase enzyme (Invitrogen cat. 11766050) following the manufacturer's instructions.

Expression of mouse *Ace2*, mouse *Gapdh*, and human ACE2 were quantified by qPCR using the ViiA7 Real-Time

PCR System (Thermo cat. 44535545). TaqMan probes targeting mouse *Gapdh* (Thermo probe ID

Mm99999915_g1) and human ACE2 (Thermo probe ID Hs01085333_m1) were used in conjunction with the

TaqMan Fast Advanced Master Mix (Thermo cat. 4444556) and the ViiA7 Real-Time PCR System with

QuantStudio Software (Thermo cat. 44535545). Samples were run in technical triplicate in 10ul reaction volumes on

a 384-well plate, and hACE2 transcript abundance values were normalized to m*Gapdh* in each sample and relative

expression was calculated using a common reference lung sample (C57BL/6J male) and the delta delta-Ct method.

Statistical analysis

Comparison of survival curves in males versus females for each strain was performed using the log-rank (Mantel-

Cox) test. One-way analysis of variance (ANOVA) with Tukey's multiple comparison posttest was used to compare

cytokine and chemokine levels of BAL and serum. Differences between groups were considered significant at a *P*

value of <0.05. All statistical analyses were performed with graphPad Prism 8.0 (GraphPad Software) or Qlucore

Omics Explorer Version 3.7 (Qlucore AB). Correlation analyses were performed by computing Spearman's

coefficients and visualized using ggcorrplot. Correlation tests with $P < 0.001$ were displayed.

.

Supplementary Materials

Fig. S1. Survival, weight loss and SARS-CoV-2 replication kinetics in BALB/cxK18-hACE2 or DBAxK18-hACE2
F1 progeny

Fig. S2. Relative expression of human *ACE2* in the lungs of naive CCxK18-hACE2 F1 progeny

Fig. S3. Examples of pathology in the brain of SARS-CoV-2-infected CCxK18-hACE2 F1 progeny

Fig. S4. Heatmaps of interferon, cytokine and chemokine expression in the serum compared to the BAL of SARS-
CoV-2-infected CCxK18-hACE2 F1 progeny.

Fig. S5. Interferon, cytokine and chemokine expression in the bronchoalveolar lavage from SARS-CoV-2-infected
sensitive and resistant CCxK18-hACE2 F1 progeny.

Fig. S6. Interferon, cytokine and chemokine expression in the serum of SARS-CoV-2-infected sensitive and
resistant CCxK18-hACE2 F1 progeny

Fig. S7. Interferon, cytokine and chemokine expression in the bronchoalveolar lavage of male versus female SARS-
CoV-2-infected CCxK18-hACE2 F1 progeny with sex bias (CAST, NOD and WSB).

Table S1. Summary of percent survival, weight loss, virus burden and BAL cytokine profiles in K18-hACE2 x CC
Founder F1 progeny.

Table S2. Summary of statistical analyses of cytokine and chemokine expression in BAL fluid collected from
resistant and sensitive K18-hACE2 x CC Founder F1 progeny.

Table S3. Summary of statistical analyses of cytokine and chemokine expression in BAL fluid collected from
resistant PWK x K18-hACE2 and sensitive K18-hACE2 mice.

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Examples:
Conceptualization: SB, NR, SMH
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Supervision: SB and NR
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Competing interests:

The authors have no competing interests to declare.

Data and materials availability: All data, code, and materials used in the analysis must be available in some form
to any researcher for purposes of reproducing or extending the analysis. Include a note explaining any
restrictions on materials, such as materials transfer agreements (MTAs). Note accession numbers to any
data relating to the paper and deposited in a public database; include a brief description of the data set or
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data are available in the main text or the supplementary materials."

Figure Legends:

Figure 1: CCxK18-hACE2 F1 progeny mice demonstrate a range of clinical severity following infection with

SARS-CoV-2. Mice were infected intranasally with 10^3 PFU of SARS-CoV-2 and monitored for survival and weight

loss. F1 founder strains were classified as: (**A**) sensitive with 50% or greater mortality and no difference between

males and females, **(B)** resistant with 35% or less mortality, or **(C)** sensitive with a sex bias as having statistically

significant difference between sensitivity of male and female mice. Mice without evidence of seroconversion at the

end of the study were removed from analysis (N=6-8/per sex).

Figure 2: Virus replication kinetics and pathology in CCxK18-hACE2 F1 progeny. (**A**) Virus titers (PFU/g

tissue) in lung and brain of male and female mice were measured at 3 and 6 dpi. (**B**) RNAscope of SARS-CoV-2

genome predominantly localizing to pneumocytes in areas of lung inflammation. Serial sections demonstrate

pathology (upper) and viral RNA distribution (lower; Red). Scale bars represent 100mm. (**C**) Examples of pathology

scoring used in this study. Scale bars represent 500mm. **(D),** Lung pathology scores for CC Founder F1 males and

females at 3 and 6 dpi. N = 6/time point/sex.

Figure 3: Timing of type I IFN and inflammatory cytokine responses in the lung is associated with clinical

severity in CCxK18-hACE2 F1 progeny. (**A**) IFNα protein in BAL from CCxK18-hACE2 F1 progeny at 3 dpi.

IFNα protein in BAL from **(B)** male and **(C)** female resistant (PWK, NZO and 129S1 x K18-hACE2) and sensitive

(K18-hACE2 and A/J x K18-hACE2) mice at 3 and 6 dpi. **(D)** Heatmap of cytokine and chemokine responses in

BAL. **(E)** Resolving group A cytokines in F1 progeny resistant to lethality (blue box), increasing group B cytokines

in sensitive F1 progeny. Correlation plots for K18-hACE2 and PWK x K18-hACE2 at **(F)** 3 dpi and **(G)** 6 dpi.

Supplemental Figure 1: Survival, weight loss and SARS-CoV-2 replication kinetics in BALB/cxK18-hACE2

or DBAxK18-hACE2 F1 progeny. (A) Survival and weight loss in BALB/cxK18-hACE2 F1. **(B)** Survival and

weight loss in DBA x K18-hACE2 F1. **(C)** Virus titers (PFU/g tissue) in lung and brain of male and female mice

were measured at 3 and 6 dpi. **(D)** Heatmap of cytokine expression in BAL.

Supplemental Figure 2: Relative expression of human *ACE2* in lungs of CCxK18-hACE2 F1 progeny. Gene

expression was measured by real-time RT-PCR and expressed relative to that in male and female K18-hACE2 mice.

Supplemental Figure 3: Examples of pathology in the brain of SARS-CoV-2-infected CCxK18-hACE2 F1

progeny. (A) Small focal areas of inflammation were commonly observed (circled). Scale bar = 1000mm. **(B)**

increased magnification of (A) demonstrating perivascular cuffing, gliosis, and evidence of necrotic cells in areas of

focal inflammation. Scale bar = 200mm. **(C)** Example of a pronounced lymphocytic inflammatory response with

perivascular cuffing and increased cellularity (arrowheads). Scale bar = 100mm. **(D)** Microthrombus occluding

cerebral capillaries and hemorrhage (arrow) observed in CASTxK18-hACE2. Scale bar = 100mm. **(E)** Example of

extensive hemorrhage in the brain of CASTxK18-hACE2 F1 progeny associated with extensive virus replication as

demonstrated in F. Scale bar = 1000mm. **(F)** serial section relative to (E) showing extensive SARS-CoV-2 genome

by RNAscope. Scale bar = 1000mm. **(G)** Incidence of encephalitis for CC Founder F1 males and females at 3 and 6

dpi.

Supplemental Figure 4: Interferon, cytokine and chemokine expression in the serum compared to the BAL of

SARS-CoV-2-infected CCxK18-hACE2 F1 progeny. Heatmap showing relative cytokine levels, as measured by

multiplex cytokine assays, for all eight at CCxK18-hACE2 F1s at **(A)** 3 dpi, and **(B)** 6 dpi, and **(C)** for strains with a

sex-bias at 3 and 6 dpi.

Supplemental Figure 5: Interferon, cytokine and chemokine expression in the BAL from SARS-CoV-2-

infected sensitive and resistant CCxK18-hACE2 F1 progeny. Cytokines were measured at 3 and 6 dpi by

multiplex cytokine assays. Graphs represent data from male and female sensitive (K18-hACE2 and A/J x K18-

hACE2) and resistant (PWK, NZO and 129S1J x K18-hACE2) F1s. **(A)** "Group A" cytokines with higher

production in resistant F1 progeny compared to sensitive F1 progeny at 3 dpi. The average cytokine expression in

BAL of naïve mice is indicated by a grey dashed line.

Supplemental Figure 6: Interferon, cytokine and chemokine expression in the serum from SARS-CoV-2-

infected sensitive and resistant CCxK18-hACE2 F1 progeny. Cytokines were measured at 3 and 6 dpi by

multiplex cytokine assays. Graphs represent data from male and female sensitive (K18-hACE2 and A/J x K18-

hACE2) and resistant (PWK, NZO and 129S1J x K18-hACE2) F1s. **(A)** "Group A" cytokines with higher

production in resistant F1 progeny compared to sensitive F1 progeny at 3 dpi. The average cytokine expression in

BAL of naïve mice is indicated by a grey dashed line.

Supplemental Figure 7: Interferon, cytokine and chemokine expression in the BAL from SARS-CoV-2-

infected CCxK18-hACE2 F1 with a sex bias. Graphs show cytokine levels in male versus female for CAST,

NOD, and WSB x K18-hACE2 F1. Cytokines were measured at 3 and 6 dpi by multiplex cytokine assays. The

average cytokine expression in BAL of naïve mice is indicated by a grey dashed line.

Table S1. Summary of percent survival, weight loss, virus burden and BAL cytokine profiles in K18-hACE2 x CC

Founder F1 progeny.

Table S2. Summary of statistical analyses of cytokine and chemokine expression in BAL fluid collected from

resistant and sensitive K18-hACE2 x CC Founder F1 progeny.

Table S3. Summary of statistical analyses of cytokine and chemokine expression in BAL fluid comparing male and

female resistant PWK x K18-hACE2 and sensitive K18-hACE2 x CC Founder F1 progeny.

Strain (F1)	Sex	%Survival	Mean time to death (days)	Peak weight loss %	DPI	Average Virus Titers in Lung 3 dpi Mean (Std Dev)	6 dpi Mean (Std Dev)	Cytokine profile BAL 3 dpi	6 dpi
C57Bl/6 x K18-hACE2	M	14	6	16.7	7	1.3e6 (1.8e6)	7.6e4 (1.3e5)	No/Low	High Group A and Group B
	F	29	7	12.0	7	1.5e6 (1.4e6)	8.2e3 (5.7e3)		
A/J x K18-hACE2	M	33	8	15.0	7	2.8e6 (2.2e6)	3.5e4 (6.1e4)	No/Low	High Group A and Group B
	F	66	UD	6.1	7	2.8e6 (2.6e6)	2.7e4 (2.8e4)		
PWK x K18-hACE2	M	83	UD	-	-	1.6e5 (2.3e5)	BLD	High Group A	Moderate Group A and Group B
	F	83	UD	7.0	7	9.2e4 (1.1e4)	BLD		
NZO x K18-hACE2	M	86	UD	13.9	9	2.2e6 (2.8e6)	3.8e3 (3.7e3)	High Group A	High Group A and B
	F	71	UD	21.9	9	1.4e6 (1.2e6)	1.3e3 (1.0e3)		
129S1 x K18-ACE2	M	86	UD	11.8	7	1.3e6 (7.8e5)	3.0e3 (2.8e3)	High Group A	High Group A and Group B
	F	71	UD	12.0	7	8.1e5 (6.4e4)	2.4e4 (4.0e4)		
CAST/EiJ x K18-ACE2	M	0	6	17.2	7	6.7e6 (7.1e6)	4.2e5(3.5e5)	Low Group A	Low Group A
	F	50	15.5	35.8	8	1.6e6(1.4e6)	3.4e4 (2.9e4)	Low Group A	Low Group A
NOD x K18-ACE2	M	33	6.5	6.0	6	2.5e6 (4.4e6)	4.8e3 (5.3e3)	No/Low	Moderate I and II
	F	83	UD	-	-	5.1e5 (7.9e5)	6.4e3 (8.1e3)	No/Low	Moderate I and II
WSB x K18-ACE2	M	66	UD	32.0	11	4.1e6 (1.8e6)	3.1e4 (1.6e4)	Moderate Group A	High Group A and B
	F	0	8	25.1	8	4.4e6 (4.1e6)	2.5e4 (1.2e4)	Moderate Group A	Moderate Group A and Group B
BALB/c x K18-ACE2	M	100	UD	3.0	5	6.0e5 (5.5e5)	1.6e4 (1.3e4)	No/Low	Low Group B
	F	66	UD	8.3	6	3.7e5 (4.2e5)	6.0e2 (1.2e3)	High Group A	High Group A and Group B
DBA/2 x K18-ACE2	M	57	UD	16.0	10	1.5e6 (1.7e6)	1.7e4 (2.2e4)	No/Low	No/Low
	F	71	UD	3.6	6	1.7e6 (1.2e6)	1.2e3 (1.0e3)	No/Low	High Group A and Group B

744   Table S2

Analyte	Resistant[1] versus Sensitive[2]		Kinetics	
	R>S[3]	S>R[4]	3 dpi versus 6 dpi[5]	
	3 dpi	6 dpi	Resistant[1]	Sensitive[2]
	P value	P value	P value	P value
GM-CSF	8.7e-02	2.4e-01	2.4e-01	**1.3e-03**
IFNalpha	**2.9e-05**	1.8e-01	**1.4e-12**	**7.1e-04**
IFNgamma	**1.1e-03**	5.1e-01	**1.9e-05**	**1.3e-03**
IL1-beta	**2.2e-02**	4.1e-01	**1.7e-02**	**1.3e-03**
IL-12p70	**2.1e-03**	1.0e-01	1.0e-00	**1.2e-02**
IL-13	**1.7e-03**	4.6e-01	**1.2e-03**	**2.2e-04**
IL-18	**1.7e-03**	4.7e-01	**1.2e-04**	**1.2e-04**
IL-2	6.4e-01	6.4e-01	**2.5e-03**	**8.8e-04**
IL-4	5.1e-02	5.2e-01	**7.5e-03**	**1.2e-03**
IL-5	8.8e-01	8.8e-01	**5.7e-03**	**4.2e-03**
IL-6	**1.0e-02**	2.4e-01	**7.7e-06**	8.6e-01
TNFα	**3.9e-03**	2.0e-01	9.1e-02	**2.2e-03**
IL-10	6.7e-01	**1.9e-02**	**1.2e-06**	**1.2e-03**
*IL-17A	**1.7e-02**	5.8e-01	**1.7e-02**	6.8e-01
IL-22	**8.3e-03**	1.0e-01	7.9e-01	5.2e-02
IL-23	8.1e-01	9.4e-01	3.2e-01	3.8e-01
IL-27	**2.9e-03**	8.2e-01	**4.1e-02**	4.7e-01
*IL-9	1.0e-00	1.0e-01	4.6e-01	5.1e-01
Eotaxin	**2.0e-02**	7.2e-01	**3.9e-03**	**7.8e-04**
Gro-alpha/KC	**3.0e-03**	2.1e-01	7.9e-01	1.5e-01
CCL2 (MCP1)	**2.5e-03**	6.1e-01	5.5e-02	1.3e-01
CCL3 (MIP1a)	**2.4e-02**	3.1e-01	5.7e-01	**4.8e-04**
CCL4 (MIP1b)	**1.1e-03**	**4.1e-02**	3.0e-01	**1.1e-03**
CCL5 (RANTES)	7.9e-02	6.2e-01	1.3e-01	**3.7e-03**
CCL7 (MCP3)	**1.5e-02**	8.6e-01	9.3e-01	**4.5e-03**
CXCL2 (MIP2a)	**3.7e-03**	4.2e-01	5.8e-02	6.6e-02
CXCL10 (IP10)	**6.4e-03**	6.3e-01	**6.4e-03**	3.4e-01

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*At or below the lower limit of detection
[1] Resistant mice include PWK, NZO and 129S1 x K18-hACE2 F1 progeny
[2] Sensitive mice include K18-hACE2 and A/J x K18-hACE2 F1 progeny
[3] Higher levels of analytes in resistant compared to sensitive
[4] Higher levels of analytes in sensitive compared to resistant
[5] Bold black text indicates statistically significant increase from 3 dpi to 6 dpi. Bold blue text
indicates statistically significant decrease from 3 dpi to 6 dpi.
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756   Table S3

Analyte	PWK[1] vs B6[2]	PWK vs B6	PWK vs B6	PWK vs B6
	Females		Males	
	3 dpi	6 dpi	3 dpi	6 dpi
	P value	P value	P value	P value
GM-CSF	**9.8e-04**	**8.1e-04**	3.4e-01	1.1e-01
IFNalpha	**6.4e-03**	ND	**3.3e-06**	ND
IFNgamma	**5.2e-04**	1.9e-01	**2.8e-03**	3.3e-01
IL1-beta	**6.0e-04**	**4.9e-03**	1.2e-01	2.0e-01
IL-12p70	6.1e-02	**4.9e-02**	**2.7e-03**	4.4e-01
IL-13	**8.9e-06**	**9.8e-03**	9.7e-02	2.4e-01
IL-18	**1.1e-04**	**8.0e-03**	**3.3e-02**	2.0e-01
IL-2	9.7e-02	9.8e-02	9.0e-01	3.1e-01
IL-4	**1.9e-03**	**3.0e-03**	4.1e-01	1.3e-01
IL-5	1.2e-01	**9.6e-03**	9.5e-01	1.6e-01
IL-6	**4.8e-02**	**4.8e-02**	**3.8e-03**	4.4e-01
TNFα	**4.3e-02**	**1.2e-03**	5.4e-02	2.3e-01
IL-10	**5.3e-03**	**2.9e-03**	6.4e-01	1.9e-01
*IL-17A	**2.3e-03**	**1.6e-02**	4.1e-01	6.8e-01
IL-22	**5.2e-03**	9.7e-01	**1.1e-02**	5.2e-01
IL-23	2.1e-01	2.2e-01	3.0e-01	**5.3e-03**
IL-27	6.6e-01	9.7e-01	**8.0e-04**	4.0e-01
*IL-9	7.4e-01	ND	2.2e01	ND
Eotaxin	5.4e-01	**1.3e-03**	8.5e-02	2.0e-01
Gro-alpha/KC	**7.2e-03**	**1.8e-05**	**2.2e-03**	7.6e-02
CCL2 (MCP1)	6.1e-02	**1.4e-02**	**2.2e-03**	3.2e-01
CCL3 (MIP1a)	4.9e-01	**1.8e-02**	**9.8e-03**	7.6e-02
CCL4 (MIP1b)	**6.7e-03**	**1.0e-06**	**1.9e-03**	5.6e-02
CCL5 (RANTES)	8.6e-01	**1.8e-02**	6.0e-02	3.1e-01
CCL7 (MCP3)	**1.3e-02**	**6.5e-03**	8.0e-02	**3.0e-02**
CXCL2 (MIP2a)	**3.6e-03**	1.2e-01	**4.3e-02**	**2.8e-02**
CXCL10 (IP10)	**1.2e-04**	4.9e-01	**3.2e-02**	**7.2e-03**

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759   *At or below the lower limit of detection
760   [1] Resistant mice include PWK x K18-hACE2 F1 progeny
761   [2] Sensitive mice include K18-hACE2 (C57Bl/6J (B6) background)
762   Bold black text indicates statistically significance for higher production in PWK than B6.
763   Bold blue text indicates statistically significance for lower production in PWK than B6.

Figure 1 12.13.21

Figure 2

Figure 3

Naive CC Founder Mice

Fig. S3

Fig. S4

Fig. S5

Fig. S6

Fig. S7