2',3' cyclic-nucleotide 3'-phosphodiesterase (CNP) inhibits SARS-CoV-2 virion assembly

by blocking infection-induced mitochondria depolarization

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Abstract

The COVID-19 pandemic has claimed over 6.5 million lives worldwide and continues to have

lasting impacts on the world's healthcare and economic systems. Several approved and emergency

authorized therapeutics that inhibit early stages of the virus replication cycle have been developed

however, effective late-stage therapeutical targets have yet to be identified. To that end, our lab identified

2',3' cyclic-nucleotide 3'-phosphodiesterase (CNP) as a late-stage inhibitor of SARS-CoV-2 replication.

We show that CNP inhibits the generation of new SARS-CoV-2 virions, reducing intracellular titers by

over 10-fold without inhibiting viral structural protein translation. Additionally, we show that targeting of

CNP to mitochondria is necessary for inhibition, implicating CNP's proposed role as an inhibitor of the

mitochondrial permeabilization transition pore as the mechanism of virion assembly inhibition. We also

demonstrate that adenovirus transduction of a dually over-expressing virus expressing human ACE2, in

cis with either CNP or eGFP inhibits SARS-CoV-2 titers to undetectable levels in lungs of mice.

Collectively, this work shows the potential of CNP to be a new SARS-CoV-2 antiviral target.

Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the etiologic agent of

coronavirus disease 2019 (COVID-19), first reported in Wuhan City, Hubei Provence, China in December

2019 [1-3]. Since then, SARS-CoV-2 infections have expanded to a worldwide pandemic, with over 675

million reported cases and over 6.8 million reported deaths at the time of writing [4, 5]. In the absence of

broad-spectrum, small molecule antiviral treatments, much of the early COVID-19 therapeutic research

focused on the potential repurposing of compounds already approved by the United States Food and Drug

Administration (FDA) for other diseases [6-8]. Though an overwhelming majority of compounds did not

prove effective, a small number were tested in clinical trials, with only the nucleoside analogues

Remdesivir and Molnupiravir receiving FDA Emergency Use Authorization or full approval for the

treatment of early COVID-19 by the time of writing [9, 10]. In addition to repurposed compounds, SARS-

CoV-2-specific therapies have been authorized or approved by the FDA, including the oral protease

inhibitor Paxlovid and several monoclonal antibody treatments [11-14].

SARS-CoV-2 infection begins with binding of the surface protein Spike (S) to the cellular

receptor, angiotensin converting enzyme II (ACE2), following which S can be cleaved on the cell surface

by Transmembrane protease serine 2 (TMPRSS2) or by Cathepsins B or L in endosomes to facilitate

membrane fusion and viral genome release into the cytosol [15-21]. Nonstructural proteins are then

immediately translated to a polyprotein to be liberated into individual proteins by viral mediated

proteolysis, leading to the formation of replication organelles (DMVs) [22-25]. RNA replication then

occurs in these organelles, resulting in the generation of new viral genomes and the production of viral

subgenomic RNA (sgRNA), the coronavirus equivalent of mRNA, that are translated into structural and

accessory proteins [22, 26]. Assembly of new SARS-CoV-2 virions occurs at the ER-Golgi Intermediate

Compartment (ERGIC) followed by virus exit by a still undefined exocytotic method [27-29].

Interestingly, all therapeutics currently authorized or approved by the FDA target early stages of

the SARS-CoV-2 life cycle (e.g., entry, RNA replication). However, later stages of the SARS-CoV-2 life

cycle are relatively not well understood and, consequently, late-stage inhibitors that could prove more

effective or work synergistically with early-stage inhibitors are lacking. We previously identified 2', 3'-

cyclic nucleotide 3'-phosphodiesterase (CNP) as a late-lifecycle-stage SARS-CoV-2 inhibitor in an

overexpression screen of 399 interferon stimulated genes (ISGs) [30]. CNP is a lipid-bound protein that is

expressed throughout the body, including pulmonary tissues, but expressed at very high levels in myelin

[31-33]. Though early biochemical studies identified CNP by its ability to hydrolyze 2',3'-cyclic

nucleotides, as the name suggests, an exact function and a potential cellular substrate have yet to be

demonstrated *in vitro* or *in vivo* [34]. However, a growing pool of evidence has begun to establish

potential functions for the mitochondria-targeted isoform of CNP (CNP2), which has been shown to

inhibit opening of the mitochondrial permeabilization transition pore (mPTP), a process that leads to

mitochondrial depolarization in response to mitochondrial Ca^{2+} overload, cellular oxidative stress, or

potentially SARS-CoV-2 infection [35-39]. In our previous work, we showed CNP overexpression

inhibited SARS-CoV-2 replication in all the cell lines tested, including primary human tracheobronchial

epithelial cells, and further showed the inhibition to occur at a replication lifecycle stage post-genome

replication [30]. However, the exact lifecycle stage affected and the mechanism of action has yet to be

identified.

In this study, we confirm that overexpression of CNP *in vitro* has no effect on SARS-CoV-2

genome replication and further show CNP affects neither subgenomic RNA generation nor structural

protein translation. However, CNP overexpression reduced SARS-CoV-2 N localization to sites of virion

assembly (ERGIC) and reduced intracellular SARS-CoV-2 titers, providing strong evidence that virion

assembly is inhibited. Additionally, we show that CNP inhibition of SARS-CoV-2 required mitochondrial

targeting of CNP, which reduced SARS-CoV-2-induced mPTP opening and mitochondrial reactive

oxygen species (ROS) release. Indeed, replacing reactive oxygen species in CNP stably-expressing cells

through peroxide treatment resulted in a rescue of virus titer. Finally, we show that CNP overexpression

in Balb/c laboratory mouse lungs protected mice from SARS-CoV-2 infection, reducing lung virus titers

by over 1,000-fold. This work highlights the importance of cytosolic ROS for SARS-CoV-2 virion

assembly and identifies CNP as a potential therapeutic target for COVID-19.

Results

CNP inhibits SARS-CoV-2 virion assembly.

Previous data from our lab shows that CNP overexpression inhibits a SARS-CoV-2 lifecycle stage post-genome replication [30]. To further elucidate the stages affected, HEK293T/hACE2 cells stably expressing HA-tagged CNP or HA-tagged GFP were generated by lentivirus transduction (Supplemental Figure S1). Cells were then infected with SARS-CoV-2/WA1 for a 45-minute absorption period followed by washing with cell culture media to remove any remaining unbound virus. Various assays were then used to assess the effects of CNP overexpression on multiple SARS-CoV-2 lifecycle stages. At 6-hours post-infection (hpi), we confirmed that gRNA levels are not significantly different between CNP stable cells and GFP stable cells (Fig 1a) and, further show that sgRNA levels are not altered by CNP (Fig 1b). At 12hpi, western blots for SARS-CoV-2 structural proteins S and N were also not qualitatively different between CNP and GFP stable cells, suggesting no effect on structural protein translation (Fig 1c). However, at 18hpi, SARS-CoV-2 titers were significantly lower when assessed for both intracellular titer (Fig 1d) and extracellular titer (Fig 1e), suggesting the assembly of new SARS-CoV-2 virions is affected by CNP. As SARS-CoV-2 virion assembly takes place at the ERGIC, infected stable cell lines were then fixed at 12hpi and immunofluorescent stained for ERGIC53 and co-stained with either SARS-CoV-2 S or N. Images were captured by confocal microscopy and colocalization was assessed. HEK293T/hACE2 cells stably expressing CNP showed higher colocalization between ERGIC and SARS-CoV-2 S as compared to GFP control cells (Fig 2a, quantified in Fig 2c). However, colocalization between SARS-CoV-2 N and ERGIC markers was markedly lower for CNP expressing cells as compared to GFP controls (Fig 2b, quantified in Fig 2d), suggesting an inhibition of N trafficking to sites of virion assembly.

CNP inhibits SARS-CoV-2-induced mitochondria depolarization.

In order to assess the necessary aspects of CNP required for SARS-CoV-2 inhibition,

HEK293T/hACE2 cells were transfected with HA-tagged CNP or HA-tagged CNP mutation/deletion

constructs, including constructs with mutations to the known catalytic sites (H251A, T253A, H330A,

T332A) and prenylation site (C418A) and deletions of the mitochondrial targeting sequence (Δ1-20)

(Supplemental Figure S1, Supplemental Table S2). Other domain deletion constructs (i.e., Δ p-loop

domain, Δ catalytic domain) were abandoned due to bad expression, likely caused by protein misfolding

(Supplemental Figure S1). The day following transfections, cells were infected with SARS-CoV-2/WA1

(MOI = 0.01) for 48 hours, at which point supernatants were collected and SARS-CoV-2 titers

determined by plaque assay. As shown previously, CNP overexpression resulted in a greater than 10-fold

decrease in SARS-CoV-2 titers as compared to GFP controls. However, deletion of the mitochondrial

targeting sequence resulted in ablation of SARS-CoV-2 inhibition, suggesting targeting of CNP to

mitochondria is required for antiviral activity (Fig 3a).

Given this result, we aimed to assess the effects of CNP overexpression on mitochondrial

function during SARS-CoV-2 infection. Previous work has shown that SARS-CoV-2 infection leads to

mPTP-induced mitochondrial depolarization as soon as 3hpi [39]. Additionally, others have shown that

CNP inhibits the formation and function of the mPTP [36, 37]. To further assess this relationship,

HEK293T/hACE2 cells were transfected with hCNP, hCNPΔMTS, or empty plasmid constructs as

described above and infected the following day with SARS-CoV-2/WA1 (MOI = 5). At 6hpi, cells were

stained with JC10 dye to assess mitochondrial depolarization or TMRM dye to assess mPTP opening. As

was shown previously, SARS-CoV-2 infection in control-transfected cells and hCNPΔMTS-transfected

cells led to mitochondrial depolarization, as shown by increases in JC10 staining (Fig 3b) and opening of

the mPTP as shown by loss of TMRM staining, as compared to mock infected cells. However, these

effects were not observed for hCNP-transfected cells, suggesting hCNP inhibits SARS-CoV-2-mediated

mitochondrial depolarization. To further assess the effects of hCNP on mPTP function,

HEK293T/hACE2 cells stably expressing either hCNP or GFP were infected with SARS-CoV-2 followed

by treatment with 10μM Cyclosporin A, an established inhibitor of mPTP function, or DMSO as a vehicle

control. Intracellular SARS-CoV-2 titers were significantly lower when Cyclosporin A treatment was

administered to GFP stable cells but not lower for hCNP stable cells, as compared to vehicle controls (Fig

3d).

Mitochondrial reactive oxygen species release is needed for efficient SARS-CoV-2 virion assembly.

We have confirmed that SARS-CoV-2 infection can induce mitochondrial dysfunction and

further show that this dysfunction can be inhibited by hCNP. One major consequence of sustained

mitochondrial depolarization is the production and release of ROS. To assess the importance of ROS to

SARS-CoV-2 virion assembly inhibition, HEK293T/hACE2 cells were transfected with hCNP,

hCNPΔMTS, or empty plasmid constructs as described above and infected the following day with SARS-

CoV-2/WA1 (MOI = 5). At 6hpi, cells were stained with H_2DCFDA to visualize cytosolic ROS (Fig 4a).

As was shown previously, SARS-CoV-2 infection in control-transfected cells and hCNPΔMTS-

transfected cells led to increased ROS production, as compared to mock infected cells. However, these

effects were not observed for hCNP-transfected cells, suggesting hCNP-inhibition of mitochondrial

depolarization may lead to inhibition of ROS production and release into the cytosol.

To further confirm the importance of ROS production to SARS-CoV-2 replication, we infected

HEK293/hACE2 cells stably expressing either hCNP or GFP with SARS-CoV-2/WA1 (MOI = 5) for a

45-minute absorption period followed by washing with cell culture media to remove any remaining

unbound virus. At 3hpi, cells were then treated with a sub-lethal concentration range of hydrogen

peroxide, one of the ROS released following mitochondrial depolarization, and intracellular/extracellular

SARS-CoV-2 titers assessed at 18hpi. The addition of ROS to hCNP-stable HEK293T/hACE2 cells

resulted in a dose-dependent rescue of SARS-CoV-2 titers as compared to GFP control cells when

assessed for intracellular (Fig 4b) or extracellular (Fig 4c) titers. This data suggests that ROS release from

the mitochondria is required for SARS-CoV-2 virion assembly and release.

CNP reduces SARS-CoV-2 infection in a mouse model of COVID-19.

To assess the effects of CNP on SARS-CoV-2 infection in a mouse model of COVID-19, rAd5

vectors were generated to dually express hACE2, the SARS-CoV-2 entry receptor, and either HA-tagged

hCNP or HA-tagged eGFP. To validate rAd5 transduction efficiency, Balb/c laboratory mice were

transduced intranasally with 1 x 10^8 viral particles (VP) per mouse and effects on weight change and

hCNP and hACE2 expression were assessed 3-days post-transduction (Fig 5a). rAd5 transduction resulted

in minimal weight-loss (Fig 5b) by 3-days post-transduction and we observed no qualitative differences in

pulmonary inflammation as shown by histology (data not shown). Transduction by either rAd5 vector

resulted in increased expression of hACE2 (Fig 5c) and HA-tagged hCNP or HA-tagged eGFP (Fig 5d) as

visualized by immunofluorescent staining of lung histology sections. Additionally, levels of hACE2

mRNA were elevated due to either rAd5 transduction (Fig 5e) and hCNP mRNA was elevated in

rAd5/hCNP transduced animals (Fig 5f).

Using these validated rAd5 vectors, we next assessed effects of CNP on SARS-CoV-2 infection

in an animal COVID-19 disease model. Balb/c laboratory mice were intranasally transduced with rAd5

vectors (1 x 10^8 VP/mouse) 3 days-prior to intranasal challenge with SARS-CoV-2/WA1 (1 x 10^3

pfu/mouse or 1 x 10^5 pfu/mouse) (Fig 6a). Importantly, the WA1 strain of SARS-CoV-2 cannot enter

cells using murine ACE2 and will only be able to infect rAd5-transduced cells expressing hACE2. hCNP

overexpression resulted in a greater than 1000-fold decrease in live virus titers to undetectable levels from

mouse lung homogenates at 2- or 4-dpi for either the 1 x 10^3 pfu/mouse (Fig 6b) or 1 x 10^5 pfu/mouse

(Fig 6c) challenge groups. Additionally, there was a marked decrease in SARS-CoV-2 sgRNA in lungs

from hCNP transduced animals as compared to control animals for either 1 x 10^3 pfu/mouse (Fig 6d) or 1

x 10^5 pfu/mouse (Fig 6e) challenge groups.

Discussion

Therapeutics against COVID-19 remain limited to early SARS-CoV-2 replication cycle targets,

including monoclonal antibody treatments that block entry and nucleoside analogues that inhibit viral

RNA replication. This is in part due to the relative gap in understanding that remains for later SARS-

CoV-2 lifecycle stages. Our work aimed to further define the mechanism of action of a potential late-

stage inhibitor of SARS-CoV-2, CNP, to both assess its therapeutic potential and to further investigate

later SARS-CoV-2 lifecycle stages. Consistent with our previously published work, we confirmed that

CNP overexpression had no effect on SARS-CoV-2 genome replication but resulted in a significant

decrease in extracellular SARS-CoV-2 titers, again suggesting CNP inhibits somewhere between these

viral lifecycle steps. We further showed that the generation of sgRNA, the equivalent of the viral mRNA,

and translation of SARS-CoV-2 structural proteins were similarly not affected by CNP overexpression.

However, intracellular SARS-CoV-2 titers were significantly reduced in CNP overexpressing cells,

suggesting the generation of newly made virions is hampered in the presence of CNP. Indeed, CNP

overexpression resulted in a reduction of N localization to sites of virion assembly, the ERGIC, and

resulted in higher amounts of S localization at the ERGIC, suggesting unincorporated S may be

sequestered at the ERGIC awaiting assembly with N. Collectively, these data show that CNP inhibits the

assembly of new SARS-CoV-2 virions.

Our work also demonstrates the importance of mitochondrial depolarization to efficient virion

assembly. SARS-CoV-2 infection has been shown previously to lead to mitochondrial dysfunction and

the release of ROS, though no specific connection to viral replication was made [39]. Our study shows

that CNP targeting to mitochondria was essential for SARS-CoV-2 inhibition and that this targeting

decreased SARS-CoV-2-induced mitochondrial depolarization and ROS release. Interestingly, the

catalytic activity of CNP appeared to be somewhat dispensable for SARS-CoV-2 inhibition, suggesting

catalytic activity may not be required for mPTP inhibition, as has been suggested previously [36, 37].

Additionally, the inhibition of ROS production and release caused by mPTP opening appeared to be

driving SARS-CoV-2 inhibition, as the addition of ROS to infected CNP-expressing cells by peroxide

treatment rescued SARS-CoV-2 intracellular and extracellular titers. Further research will be needed to

assess how ROS release leads to more efficient virion assembly. It is possible that cytosolic ROS may

provide a more advantageous environment for post-translational modification to SARS-CoV-2 structural

proteins that regulate virion assembly, such as modifications to N that are proposed to regulate N phase

separation to promote virion assembly [40]. Alternatively, increases in ROS signaling could promote

virion assembly.

This study also shows the potential of CNP to be developed into a potent COVID-19 therapeutic.

Our mouse data shows that pre-treatment with CNP inhibited SARS-CoV-2 infection to below detectable

levels in lungs throughout the course of infection. Additionally, overexpression of CNP when

administered intranasally in mice showed no substantial side effects as measured by weight loss or

visualized by histology for pulmonary inflammation, suggesting a CNP treatment could be well tolerated.

Additionally, increases in systemic ROS during acute COVID-19 has been observed in humans and

implicated in the development of some "Long COVID" symptoms [41]. It is possible that CNP treatment

could alleviate some of these long-term effects. However, further development is needed to transition a

potential CNP treatment from rAd5 transduction to a more viable treatment option. Alternatively, other

mPTP inhibitors, such as Cyclosporin A, could show additional promise as a COVID-19 treatment *in vivo*

than what has already been demonstrated *in vitro* [39]. Collectively, this work shows the potential of

mPTP inhibition and reduction in ROS production as a treatment for COVID-19 and the potential of CNP

to be a new SARS-CoV-2 antiviral target.

Material and Methods

Cells

VeroE6 cells overexpressing TMPRSS2 were generously provided by Dr. Makoto Takeda

(VeroT, [42]). VeroT and HEK293T cells overexpressing hACE2 (HEK293T/hACE2) (ATCC BEI NR-

52511) were cultured in DMEM medium (Quality Biological) supplemented with 10% (vol/vol) heat-

inactivated FBS (Sigma), 1% (vol/vol) penicillin–streptomycin (Gemini Bio-Products), 1% (vol/vol) l-

glutamine (2 mM final concentration; Gibco), and 1% (vol/vol) HEPES buffer (10mM final

concentration; Gibco).

Virus

      All work with SARS-CoV-2 was performed in an A/BSL3 laboratory and approved by our Institutional Biosafety Committee (IBC# IBC-00005484) and Institutional Animal Care and Use Committee (IACUC# 1120004). The original strain of SARS-CoV-2 was provided by the CDC following isolation from a patient in Washington State (WA-1; BEI number NR-52281). Stocks were prepared by infection of VeroT cells for two days when a cytopathic effect was starting to become visible. The media were collected and clarified by centrifugation before being aliquoted for storage at $-80\,°C$. The titer of the stock was determined by plaque assay using VeroT cells.

      Lentiviruses and adenoviruses were purchased from and prepared by VectorBuilder Inc. Any infections with lentiviruses and adenoviruses were performed in an A/BSL2 or A/BSL3 laboratory and approved by our Institutional Biosafety Committee (IBC# IBC-00005484) and Institutional Animal Care and Use Committee (IACUC# 1120004).

Semi-solid Avicel Plaque Assay

      Plaque assays were performed similar to what has been described previously [43]. Briefly, 12-well plates were seeded with 2.5×10^5 VeroT cells/well one day prior to processing. On the day of processing, media was removed from the 12-well plates and 200μL of dilutions of sample in DMEM were added to each well. Plates were incubated at $37\,°C$ (5% CO_2) for 1 hour with rocking every 15 minutes. Following incubation, 2mL of plaque assay media, DMEM containing 0.1% agarose (UltraPure™) and 2% FBS (Gibco), was added to each well and incubated for 2 days at $37\,°C$ (5% CO_2). Following incubation, plates were fixed with 4% paraformaldehyde, stained with 0.25% crystal violet (w/v), plaques counted, and titers calculated as plaque forming units (PFU).

RT-qPCR

      RT-qPCR was processed for cell lysate and for mouse lung homogenates as described previously [43]. RNA was extracted per the manufacturer's instructions using the Direct-zol RNA Miniprep Kit (Zymo Research). RNA was converted into cDNA (Thermo RevertAid Reverse Transcriptase) and used

as template for qPCR (Qiagen RT2 SYBR green qPCR Mastermix). Primers are listed in Supplemental

Table S1. Data was collected on a 7500 Fast Dx Real-Time PCR Instrument (Applied Biosystems).

Plasmids

Full length, domain deletion, and functional mutation human CNP gene versions were cloned into

a pCAGGS-HA as described previously [44]. Briefly, genes were cloned into pCAGGS-HA vectors on

EcoR1/Xma1 sites, resulting in a C-terminal HA epitope tag. Genes or gene fragments were PCR

amplified with primers (Supplemental Table S2) to allow for In-Fusion gene cloning (Takara Bio)

according to the manufacturer's instructions. For functional mutant clones, primer directed mutagenesis

was performed and gene fragments were combined during the In-fusion cloning process.

SARS-CoV-2 inhibition by CNP deletion/mutation constructs

All CNP-mediated SARS-CoV-2 inhibition analysis was performed using HEK293T/hACE2

cells. HEK293T/hACE2 cells were seeded in 24-well plates pre-coated with 50µg/mL Rat Tail Collagen I

(Gibco), according to the manufacturer's instructions. At the time of seeding, pCAGGS-HA plasmids

were transfected using 1µL TransIT 2020 (Mirus) per 100µg plasmid and incubated overnight. Cells were

then infected with SARS-CoV-2/WA1 (MOI = 0.01). Supernatants were collected 48-hours post-infection

and SARS-CoV-2 titers determined by VeroT plaque assay.

Stable Cell Line Generation

Lentiviruses expressing HA-tagged CNP or HA-tagged GFP were obtained from VectorBuilder,

Inc. HEK293T/hACE2 cells were transduced with lentiviruses (MOI = 3) pre-treated with 10µg/mL

Polybrene (VectorBuilder, Inc.). Transduced cells were selected by resistance to 10µg/mL Blasticidin

(InvivoGen) for 10 days, followed by continued maintenance in cell culture media supplemented with

10µg/mL Blasticidin (InvivoGen).

SARS-CoV-2 Lifecycle Inhibition Analysis

HEK293T/hACE2 cells stably expressing CNP/HA or GFP/HA were seeded in 24-well plates

pre-coated with 50µg/mL Rat Tail Collagen I (Gibco), according to the manufacturer's instructions, or in

Tab-Tek II CC2 chamber slides (Thermo Fisher Scientific). Separate wells were seeded for each assay to

process. The following day, cells were infected with SARS-CoV-2/WA1 (MOI = 5) for a 45-minute

absorption period, followed by inoculum removal and washing with fresh cell culture media. Cells were

then maintained at cell culture conditions until collection.

At 6-hours post infection, cells were washed with complete cell culture media and then lysed in

TRIzol (Ambion). Lysates were stored at -80°C until processing for RT-qPCR.

At 12-hours post-infection, cells were washed with complete cell culture media and then lysed in

complete lysis buffer containing 20mM Tris-HCl, 150mM NaCl, 1% Nonidet P-40 (v/v), 0.5% Sodium

Dodecyl Sulphate (w/v), 5mM EDTA, and 1 X complete protease inhibitor (Roche), for 5 minutes at

room temperature. Lysates were collected and then boiled twice at 95°C for 30 minutes. Lysates were

then centrifuged at 21,000 x g for 20 minutes followed by supernatant collection. Supernatants were and

stored at -80°C until ready to process by Western Blot (below).

At 12-hours post-infection, cells were fixed in 2% paraformaldehyde for 1 hour at 4°C and then

washes once with 1 x PBS. Fixed cells were stored at 4°C until processing for immunofluorescent

microscopy and confocal microscopy.

At 18-hours post-infection, supernatants were collected for extracellular SARS-CoV-2 titer

determination and stored at -80°C until VeroT plaque assay processing. Cells were then washed once with

complete cell culture media followed by addition of 120μL of complete cell culture media. Cells were

then freeze-thawed three times to burst cells and lysates were collected for intracellular SARS-CoV-2 titer

determination and stored at -80°C until VeroT plaque assay processing.

Western Blot

Western blots were performed similar to what has been described previously [45]. Cell lysates

were run on Mini-PROTEAN TGX Precast Gels (BioRad) and tank blotted onto PVDF membranes

according to the manufacturer's instructions. Following blotting, membranes were blocked in blocking

buffer, TBST (TBS (from where?) with 0.1% Tween 20 (v/v) (from where)) and 5% milk (w/v) (from

where), for 1 hour at room temperature. Membranes were then incubated in primary antibody overnight at

4°C followed by 3 x 10-minute washes with TBST. Membranes were then incubated with diluted

secondary antibodies for 1 hour at room temperature followed by 5 x 10-minute washes with TBST.

Membranes were then developed with ECL (Cytiva) and imaged with a CCD camera. All antibodies

(Supplemental Table S3) were diluted in blocking buffer.

Immunofluorescence Microscopy and Confocal Microscopy

Paraformaldehyde fixed cells were permeabilized in PBS with 0.3% Triton-100 for 30 minutes at

room temperature. Cells were then blocked in blocking buffer, PBS containing 5% BSA (w/v), for 1 hour

at room temperature. Cells were then incubated with diluted primary antibody overnight at 4°C followed

by 3 x 10-minute washes with wash buffer, PBS containing 1% BSA (w/v) and 0.1% Tween-20 (v/v).

Cells were then incubated with diluted secondary antibodies for 1 hour at room temperature followed by 3

x 10-minute washes with wash buffer and 2 x 10-minute washes in PBS. Coverslips were then mounted

with ProLong Glass Antifade Mountant with NucBlue (Invitrogen) for at least 30 minutes at room

temperature. All antibodies (Supplemental Table S3) were diluted in blocking buffer.

Stained slides were visualized using a Revolve fluorescent microscope (Echo) or a W-1 Spinning

Disk confocal microscope (Nikon). Images collected by confocal microscopy were 2-D deconvoluted

using the W-1 spinning disk software and analyzed using ImageJ (NIH).

Mitochondrial Function Assay Design

HEK293T/hACE2 cells were seeded in Tab-Tek II CC2 chamber slides (Thermo Fisher

Scientific). At the time of seeding, pCAGGS-HA plasmids were transfected using 1µL TransIT 2020

(Mirus) per 100µg plasmid and maintained at cell culture conditions overnight. Cells were then infected

with SARS-CoV-2/WA1 (MOI = 0.1). Mitochondrial function assays (described below) were then

processed at 6-hours post-infection.

JC-10 Staining

At 6-hours post-infection, JC-10 staining was completed using the mitochondria membrane

potential kit (Sigma-Aldrich) according to the manufacturer's instructions. Slides were then washed once

with 1 x HBBS and fixed in 2% paraformaldehyde for 30 minutes at room temperature. Coverslips were

then mounted with ProLong Glass Antifade Mountant with NucBlue (Invitrogen) for 30 minutes at room

temperature and visualized immediately using a Revolve fluorescent microscope (Echo).

TMRM Staining

At 6-hours post-infection, opening of the mitochondrial permeabilization transition pore (mPTP)

was visualized by tetramethylrhodamine methyl ester perchlorate (TMRM) staining (Sigma). Cells were

washed once with 1 x HBBS (Gibco) followed by incubation with 100 nM TMRM diluted in 1 x HBBS

for 30 minutes at 37°C. Slides were then washed once with 1 x PBS and fixed in 2% paraformaldehyde

for 30 minutes at room temperature. Coverslips were then mounted with ProLong Glass Antifade

Mountant with NucBlue (Invitrogen) for 30 minutes at room temperature and visualized immediately

using a Revolve fluorescent microscope (Echo).

Reactive Oxygen Species Staining (H2DCFDA)

At 6-hours post-infection, intracellular reactive oxygen species levels were visualized by

H_2DCFDA staining (Invitrogen) according to the manufacturer's instructions. Briefly, cells were washed

twice with 1 x HBBS (Gibco) followed by incubation with 2.5μM H_2DCFDA diluted in 1 x HBBS for 30

minutes at 37°C. Slides were then washed three times with 1 x PBS and fixed in 2% paraformaldehyde

for 30 minutes at room temperature. Coverslips were then mounted with ProLong Glass Antifade

Mountant with NucBlue (Invitrogen) for 30 minutes at room temperature and visualized immediately

using a Revolve fluorescent microscope (Echo).

Reactive oxygen species Addition and Cyclospoirin-A Treatment Experiments

HEK293T/hACE2 cells stably expressing either CNP/HA or GFP/HA were seeded and infected

with SARS-CoV-2/WA1 as described in "SARS-CoV-2 Lifecycle Inhibition Analysis". At 3-hours post-

infection, a concentration range of hydrogen peroxide (Sigma Aldrich) or vehicle (water) was added to

infected cells. At 18-hours post infection, supernatants and cell lysates were collected for

extracellular/intracellular SARS-CoV-2 titer determination as described in "SARS-CoV-2 Lifecycle

Inhibition Analysis" and stored at -80°C until further processing.

For Cyclosporin A treatment studies, HEK293T/hACE2 cells stably expressing either CNP/HA or

GFP/HA were seeded and infected with SARS-CoV-2/WA1 as described in "SARS-CoV-2 Lifecycle

Inhibition Analysis". After washing away unbound virus, fresh media containing 10µM Cyclosporin A

(SelleckChem) or 0.01% DMSO as a vehicle control was added to cells. At 18-hours post infection, cell

lysates were collected for intracellular SARS-CoV-2 titer determination as described in "SARS-CoV-2

Lifecycle Inhibition Analysis" and stored at -80°C until further processing.

CNP overexpression antiviral Testing *in vivo*

Two mammalian gene expression recombinant Adenovirus serotype 5 (rAd5) viral vectors were

prepared by and obtained from VectorBuilder Inc. to dually express hACE2 and either: (1) HA-tagged

hCNP (Ad/CNP); or (2) HA-tagged enhanced green fluorescent protein (Ad/eGFP). To confirm rAd5

transduction, 8-10 week old BALB/c laboratory mice were anaesthetized with a mix of xylazine and

ketamine diluted in phosphate buffered saline prior to intranasal transduction with 1×10^8 PFU of either

Ad/CNP or Ad/eGFP and weights were recorded (Fig. 5a). At 3-days post-rAd5-transduction, weights

were again recorded and lungs harvested and sectioned for the following: (1) fixed in 4%

paraformaldehyde for histopathological analysis and immunofluorescent staining; and (2) homogenized in

TRIzol for RT-qPCR analysis. Homogenization occurred using 1.0 mm glass beads (Sigma Aldrich) and

a Beadruptor (Omni International Inc.).

For SARS-CoV-2 antiviral testing, 8-10 week old BALB/c laboratory mice were anaesthetized

with a mix of xylazine and ketamine diluted in phosphate buffered saline prior to intranasal transduction

with 1×10^8 PFU of either Ad/CNP or Ad/eGFP. Three days later, mice were again anaesthetized with a

mix of xylazine and ketamine diluted in phosphate buffered saline prior to intranasal inoculation with

either 1×10^3 PFU or 1×10^5 PFU of SARS-CoV-2/WA1 (Fig. 6a). Control mice were also mock infected

with 1 x PBS. Weights were collected daily following SARS-CoV-2 infection and 5 mice sacrificed on 2

dpi and 4 dpi for each treatment group. Lungs were harvested and sectioned for the following: (1) fixed in

4% paraformaldehyde for histopathological analysis; (2) homogenized in TRIzol for RT-qPCR analysis;

and (3) homogenized in PBS for plaque assay processing. Homogenization occurred using 1.0 mm glass

beads (Sigma Aldrich) and a Beadruptor (Omni International Inc.).

Histopathology

Histopathology was processed as described previously [46]. Lung sections were fixed in 4%

paraformaldehyde in phosphate-buffered saline for a minimum of 48 h, after which they were sent to the

Histology Core at the University of Maryland, Baltimore, for paraffin embedding and sectioning. Five-

micrometer sections were prepared and used for hematoxylin and eosin (H&E) staining by the Histology

Core Services. Sections were imaged at 10x magnification and assembled into figures using Adobe

Photoshop and Illustrator software.

Immunofluorescent staining of mouse lung histology slides

Lung sections were fixed in 4% paraformaldehyde in phosphate-buffered saline for a minimum of

48 h, after which they were sent to the Histology Core at the University of Maryland, Baltimore, for

paraffin embedding and sectioning. Slides were then deparaffinized with 2 x 5-minute washes in Xylenes

(Sigma Aldrich) followed by rehydration with decreasing concentrations of ethanol in water. Following

rehydration, antigen retrieval was completed by boiling samples in citrate buffer (Millipore Sigma) for 5

minutes followed with removal of heat and an additional 15-minute incubation. Samples were then

washed twice with ddH2O.

Slides were then stained for immunofluorescent imaging. All incubations were performed in a humidified

chamber. Slides were blocked in blocking buffer, PBS++ (1 x PBS with 1mM MgCl and 1mM $CaCl_2$)

with 1% (w/v) BSA, for 1 hour at room temperature. Following blocking, slides were incubated overnight

at 4°C with diluted primary antibody followed by 3 x 10-minute washes with PBS++. Slides were then

incubated for 1 hour at room temperature with diluted secondary antibodies, followed by 3 x 10-minute

washes with PBS++. Coverslips were then mounted with ProLong Glass Antifade Mountant with

NucBlue (Invitrogen) for at least 30 minutes at room temperature and visualized using a Revolve

fluorescent microscope (Echo). All antibodies (Supplemental Table S3) were diluted in blocking buffer.

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J.L. and M.B.F. contributed to conceptualization of experiments. J.L., V.M.M., J.A., and M.B.F. contributed to the generation of data and analysis and interpretation of the results. J.L., V.M.M, and J.A. performed the experiments. M.B.F. coordinated the projects. J.L. and M.B.F. contributed to drafting and making critical revisions with the help of all authors listed on this manuscript.

Competing Interests Statement

M.B.F. is on the scientific advisory board of Aikido Pharma and has collaborative research agreements with Novavax, AstraZeneca, Regeneron, and Irazu Bio. These do not have any effect on the planning or interpretations of the work presented in this manuscript.

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Figure Legends

Figure 1: CNP Overexpression inhibits generation of new SARS-CoV-2 virions.

HEK293T/hACE2 cells stably overexpressing either CNP or GFP were infected with SARS-CoV-2/WA1 for 45-minutes followed by washing of any unbound virus. At 6-hours post-infection, intracellular SARS-CoV-2 RNA levels were determined by RT-qPCR for (**a**) genomic RNA and (**b**) subgenomic RNA. (**c**) At 12-hours post-infection, lysates were collected and western blot staining performed for SARS-CoV-2 S, SARS-CoV-2 N, and actin as a loading control. At 18-hours post-infection, plaque assays were performed to determine (**d**) intracellular SARS-CoV-2 titers and (**e**) extracellular SARS-CoV-2 titers. $**p \leq 0.01$, $***p \leq 0.001$, "ns": $p > 0.5$.

Figure 2: CNP overexpression alters SARS-CoV-2 structural protein localization during virion assembly.

HEK293T/hACE2 cells stably overexpressing either CNP or GFP were infected with SARS-CoV-2/WA1 for 45-minutes followed by washing of any unbound virus. At 12-hours post infection, cells were fixed, immunofluorescent stained, and confocal images collected for (**a**) ERGIC53 (blue) and SARS-CoV-2 S (red) or (**b**) ERGIC53 (blue) and SARS-CoV-2 N (red). ERGIC53 colocalization with SARS-CoV-2 structural proteins was assessed in ImageJ for (**c**) SARS-CoV-2 S or (**d**) SARS-CoV-2 N. $*p \leq 0.1$, $**p \leq 0.01$.

Figure 3: CNP overexpression inhibits SARS-CoV-2-induced mitochondrial depolarization.

HEK293T/hACE2 cells were infected with SARS-CoV-2/WA1 24-hours following transfection with indicated plasmids. (**a**) 48-hours post-infection, supernatants were collected, and SARS-CoV-2 titers were determined by plaque assay. (**b-c**) At 6-hours post-infection, mitochondrial function was assessed for (**b**) mitochondrial depolarization with JC10 staining or (**c**) opening of the mPTP with TMRM staining. (**d**) HEK293T/hACE2 cells stably overexpressing either CNP or GFP were infected with SARS-CoV-2/WA1

(MOI = 5) for 45-minutes followed by washing of any unbound virus. Fresh media containing 10μM

Cyclosporin A or DMSO was then immediately added and intracellular SARS-CoV-2 titer determined at

18hpi. **$p \leq 0.01$.

Figure 4: Reactive oxygen species are important for SARS-CoV-2 virion assembly.

(**a**) HEK293T/hACE2 cells were infected with SARS-CoV-2/WA1 24-hours following transfection with

indicated plasmids. At 6-hours post-infection, the presence of cytosolic reactive oxygen species was

assessed by H_2DCFDA staining. (**b-c**) HEK293T/hACE2 cells stably overexpressing either CNP or GFP

were infected with SARS-CoV-2/WA1 (MOI = 5) for 45-minutes followed by washing of any unbound

virus. At 3-hours post-infection, cells were treated with a concentration range of hydrogen peroxide. At

18-hours post-infection, plaque assays were performed to determine (**b**) intracellular SARS-CoV-2 titers

and (**c**) extracellular SARS-CoV-2 titers. *$p \leq 0.1$, **$p \leq 0.01$, *** $p \leq 0.001$, ****$p \leq 0.0001$.

Figure 5: Validation of dual expressing adenovirus vectors in Balb/c laboratory mice.

(**a**) Groups of mice were transduced intranasally with rAd5 vectors (1 x 10^8 viral particles per mouse)

dually expressing hACE2 and either HA-tagged CNP or HA-tagged eGFP. Image created using

BioRender. (**b**) Weight changes were determined at 3 days post-transduction, plotted as the group mean

with error bars indicating the ±SD. **c-d** Lungs were collected at 3-days post-transduction and co-stained

by immunofluorescence staining for (**c**) nucleus (blue) and hACE2 (green) or (**d**) nucleus (blue) and HA-

tag (purple). **e-f** RT-qPCR was performed for lung homogenates collected at 3-days post-transduction for

(**e**) hACE2 and (**f**) CNP. *$p \leq 0.1$, **$p \leq 0.01$.

Figure 6: CNP transduction reduces SARS-CoV-2 infection in Balb/c laboratory mice.

(**a**) Groups of mice were transduced intranasally with rAd5 vectors (1 x 10^8 viral particles/ mouse) dually

expressing hACE2 and either HA-tagged CNP or HA-tagged eGFP 3 days prior to intranasal infection

with SARS-CoV-2/WA1 (1 x 10^3 or 1 x 10^5 PFU/mouse). Image created using BioRender. **b-c** Infectious

viral loads from lung homogenates were determined by plaque assay at 2- or 4- days post SARS-CoV-2

challenge for the (**b**) 1 x 10^3 PFU/mouse or (**c**) 1 x 10^5 PFU/mouse challenge groups. **d-e** Virus titers were

also determined by RT-qPCR for sgRNA for the (**d**) 1 x 10^3 PFU/mouse or (**e**) 1 x 10^5 PFU/mouse

challenge groups. *** p $\leq$ 0.001, ****p $\leq$ 0.0001.

Supplemental Table / Figures

Table S1: RT-qPCR primers.

Gene Target	Forward (5' to 3') or Company (Cat#)	Reverse (5' to 3') or Company (Cat#)	Detection Method
sgRNA (SARS2 N)	ctcttgtagatctgttctctaaacgaac	ggtccaccaaacgtaatgcg	SYBR Green
gRNA (SARS2 RdRp)	Integrated DNA Technologies (*10006860*)	Integrated DNA Technologies (10006881)	SYBR Green
Human ACE2	------- Integrated DNA Technologies (*Hs01085333_m1*) -------		SYBR Green
Human CNP	----- Integrated DNA Technologies (*Hs.PT.58.27238178*) -----		FAM Probe
Mouse GAPDH	--------- Integrated DNA Technologies (*Mm.PT.39a.1*) ----------		SYBR Green
Human GAPDH	----- Integrated DNA Technologies (*Hs.PT.39a.22214836*) -----		SYBR Green

Abbreviations: "sgRNA": subgenomic RNA; "gRNA": genomic RNA; "ACE2": human angiotensin converting enzyme II; "CNP": human 2',3' cyclic-nucleotide 3', phosphodiesterase; "GAPDH": glyceraldehyde-3-phosphate dehydrogenase;

Table S2: Infusion cloning primers.

Gene Target (mutations)	Frag.	Forward (5' to 3')	Reverse (5' to 3')
hCNP	N/A	tcattttggcaaagaattcaccatgaacagagaggcttctcc	atcataagggtacatcccgggtatgatggtgcagga
hCNP-CatMut *(H251A, T253A, H330A, T332A)*	1	tcattttggcaaagaattcaccatgaacagagaggcttctcc	aacttggtagcgcaagccagcacgcctgg
	2	ttgcgctaccaagttttgtgactacg	cagccgagagcgatagcggcgcggctccc
	3	tatcgctctcggctgtgca	atcataagggtacatcccgggtatgatggtgcagga
hCNP-PrenMut *(C418A)*	N/A	tcattttggcaaagaattcaccatgaacagagaggcttctcc	aagggtacatcccgggtatgatggtggcggactgcaaggc
hCNPΔMTS *(Δ1-20)*	N/A	ttttggcaaagaattcatgtcatcctcaggggcca	atcataagggtacatcccgggtatgatggtgcagga
hCNPΔPloop *(Δ36-148)*	N/A	agtttcccgagcccaagacggcgtgg	tgggctcgggaaactgcagctcaggc
hCNPΔCat *(Δ185-399)*	N/A	agaaggacaaaggcaaacctgtgccc	tgcctttgtccttctccagcccaggc

Abbreviations: "hCNP": human 2',3' cyclic-nucleotide 3', phosphodiesterase; "CatMut": catalytic site mutation; "PrenMut": prenylation site mutation; "MTS", mitochondrial targeting sequence; "Cat": catalytic domain;

Table S3: Antibodies for *in vitro* Western Blot and Immunofluorescent staining

Assay	Target (Detection)	Antibodies (animal, cat#, supplier)	Staining Conc.
Western Blot	**HA-tag** (HRP)	1°: Rabbit; H6908 (Sigma)	0.6 µg/mL
		2°: Goat α-rabbit HRP; 31460 (Invitrogen)	0.4 µg/mL
	SARS2 S (HRP)	1°: Rabbit; NB100-56578 (Novus)	1.0 µg/mL
		2°: Goat α-rabbit HRP; 31460 (Invitrogen)	0.4 µg/mL
	SARS2 N (HRP)	1°: Rabbit; 40143-R004 (Sino Biologicals)	1.0 µg/mL
		2°: Goat α-rabbit HRP; 31460 (Invitrogen)	0.4 µg/mL
	Actin (HRP)	1°: Mouse; Ab7817 (Abcam)	1.0 µg/mL
		2°: Goat α-mouse HRP; 31430 (Invitrogen)	0.2 µg/mL
IFA (*in vitro*)	**HA-tag** (alexa488)	1°: Chicken; Ab9111 (Abcam)	1.0 µg/mL
		2°: Goat α-chicken 488; A11039 (Invitrogen)	1.0 µg/mL
	HA-tag (alexa647)	1°: Chicken, Ab9111 (Abcam)	1.0 µg/mL
		2°: Goat α-chicken 647; A21449 (Invitrogen)	1.0 µg/mL
	SARS2 S (alexa594)	1°: Rabbit; NB100-56578 (Novus)	1.0 µg/mL
		2°: Donkey α-Rabbit 594; Ab150064 (Abcam)	1.0 µg/mL
	SARS2 N (alexa594)	1°: Rabbit; 40143-R004 (Sino Biologicals)	1.0 µg/mL
		2°: Donkey α-Rabbit 594; Ab150064 (Abcam)	1.0 µg/mL
	ERGIC53 (alexa647)	1°: Mouse; ABS300-100 (Enzo)	10.0 µg/mL
		2°: Goat α-mouse 647; A21235 (Invitrogen)	1.0 µg/mL
IFA (histology)	**hACE2** (alexa488)	1°: Goat; AF933 (R&D)	2.0 µg/mL
		2°: Rabbit α-Goat 488; Ab11078 (Abcam)	2.0 µg/mL
	HA-tag (alexa647)	1°: Chicken, Ab9111 (Abcam)	10.0 µg/mL
		2°: Goat α-chicken 647; A21449 (Invitrogen)	2.0 µg/mL

Abbreviations: "Conc.": concentration; "HRP": horse radish peroxidase; "IFA": immunofluorescence assay; "SARS2": SARS-CoV-2; "N": nucleocapsid protein; "S": spike protein; "hACE2": human ACE2;

Figure S1: CNP overexpression validation

(**a**) HA-tag staining of HEK293T/hACE2 cells transduced with lentivirus vectors expressing either HA-tagged CNP or HA-tagged eGFP and maintained under selection media. (**b**) Western blots from HEK293T/hACE2 cells transfected with CNP mutation and deletion plasmid constructs stained for HA-tag or Actin controls.

Figure S2: Mitochondrial Function Staining with MOCK infection images

Images correspond to Figure 3. HEK293T/hACE2 cells were infected with SARS-CoV-2/WA1 or MOCK

infected 24-hours following transfection with indicated plasmids. At 6-hours post-infection,

mitochondrial function was assessed for (**a**) opening of the mPTP with TMRM staining, (**b**) reactive

oxygen species staining with H_2DCFDA, or (**c**) mitochondrial depolarization with JC10 staining.

FIGURE 1

FIGURE 2

FIGURE 3

FIGURE 4

A

B

**Intracellular SARS-CoV-2 Titer
ROS Addition Experiment**

C

**Extracellular SARS-CoV-2 Titer
ROS Addition Experiment**

FIGURE 5

FIGURE 6

A

B

C

D

E

FIGURE S1

A

HEK293T/hACE2 Stable Cell Line

hCNP/HA   eGFP/HA

HA tag / GFP

B

	hCNP Mutations		hCNP Deletions			
hCNP	Cat.	Pren.	ΔMTS	ΔP-loop	ΔCat.	*GFP*

kDa

48 -

36 -

25 -

HA tag

Actin

FIGURE S2