Title: Development of an RT-RPA assay for La Crosse virus detection provides insights into

age-dependent neuroinvasion in mice

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Abstract

Background: La Crosse virus (LACV) is a mosquito-borne arbovirus responsible for pediatric encephalitis in North America, predominantly affecting children under 16 years. Early and accurate diagnosis is critical to reducing morbidity in this vulnerable population. However, existing molecular and serological methods are limited in sensitivity, specificity, and accessibility.

Methods: To address these limitations, we developed a reverse transcription recombinase polymerase amplification (RT-RPA) assay for LACV detection. Primers targeting the divergent M segment of the LACV genome were designed and screened for optimal performance. The assay's analytical sensitivity was evaluated through serial dilutions of LACV RNA prior to reverse transcription, while specificity was assessed using reverse transcribed RNA from related or geographically relevant arboviruses. We further adapted the RT-RPA test into a lateral flow assay (LFA) format for potential point-of-care use. Additionally, we employed a murine model to explore the age-dependent dynamics of LACV neuroinvasion and clearance, with the virus detected using RT-RPA and reverse transcription quantitative polymerase change reaction (RT-qPCR).

Results: Primer screening identified an optimal primer pair that amplified LACV cDNA within 20 minutes at 39°C, with a limit of detection (LOD) of 100 copies. The assay demonstrated high specificity, with no amplification of related or other geographically relevant arboviruses. Integration of the RT-RPA test into an LFA format preserved the LOD and specificity, enabling visual detection via test strips. In the murine model, weanling

mice exhibited LACV neuroinvasion as early as 4 days post-infection (dpi), with sustained

detection between 5-7 dpi. In adult mice, neuroinvasion was first detected at 5 dpi,

plateauing between 6-10 dpi, and cleared entirely by 20 dpi in surviving animals.

Conclusions: This study establishes the RT-RPA assay as an efficient, specific, and

sensitive diagnostic platform for LACV, with potential for adaptation into field-deployable

LFA tests. Moreover, our findings provide valuable insights into the age-dependent

dynamics of LACV neuroinvasion and clearance, informing future diagnostic and

therapeutic strategies.

Background

La Crosse virus (LACV) is a single-stranded, negative-sense virus within the *Peribunyaviridae* family, order *Bunyavirales*, and is classified under the California serogroup (CSG) viruses (1, 2). Members of this viral family possess a distinctive tri-segmented genome composing the small (S), medium (M), and large (L) segments. The S segment of LACV encodes both the nucleocapsid (N) protein and a nonstructural protein (NSs) implicated in the disruption of host innate immune responses (3, 4). The M segment encodes glycoproteins Gn and Gc, which mediate viral attachment and entry, alongside a nonstructural protein (NSm) crucial for virion assembly (5). The L segment encodes the RNA-dependent RNA polymerase (RdRp), an enzyme integral to viral genome transcription and replication (6-8).

LACV was first identified in La Crosse, Wisconsin in the 1960s, and has since remained endemic in North America, particularly in the Midwestern and Eastern United States, including the Appalachian corridor (9). Its principal vector is the Eastern treehole mosquito, *Aedes triseriatus*, although more recent data indicate that *Aedes albopictus* and *Aedes japonicus* may also contribute to transmission, raising concerns about geographic expansion (10-12). Between 2003 and 2023, the Centers for Disease Control and Prevention (CDC) documented 1,266 LACV-related hospitalizations in the United States – most of which affected pediatric patients – yet the actual incidence is likely underestimated due to underreporting and diagnostic limitations (7, 13, 14). Furthermore, snowshoe hare virus (SSHV) – a closely related CSG virus that shares approximately 89% sequence identity with LACV – circulates endemically in Canada and has also been

82   associated with outbreaks in young populations, highlighting that arboviruses within the

83   CSG pose a broad threat to populations across North America (15, 16).

84   Human infections with LACV exhibit a wide spectrum of outcomes. While most

85   cases remain asymptomatic or present as mild febrile illness, a subset of infections

86   progress to severe central nervous system (CNS) involvement, resulting in encephalitis,

87   seizures, altered mental status, and, in rare instances, coma or fatality (17). Children under

88   16 years of age are particularly susceptible to adverse outcomes, a pattern attributed in

89   part to differences in immune responses and blood brain barrier function (10, 18-23).

90   Despite its clinical importance, LACV remains difficult to diagnose. Conventional

methods such as reverse transcription quantitative polymerase chain reaction (RT-qPCR)

provide high sensitivity and specificity during peak viremia, yet its utility diminishes once

viral titers wane (13, 24-27). Serological tools, including enzyme-linked immunosorbent

assays (ELISAs), can identify LACV-specific antibodies, but often require confirmatory

plaque reduction neutralization tests (PRNTs) to differentiate infections from LACV and

closely related viruses (28). Moreover, the absence of commercially available LACV-

specific RT-qPCRs and ELISAs, and the labor-intensive nature of PRNTs, limit the scalability

of these approaches, especially in areas with restricted diagnostic resources.

99   To address these diagnostic hurdles, recombinase polymerase amplification (RPA)

has emerged as a promising isothermal nucleic acid amplification technology (29). By

functioning at 37-42°C and completing amplification in as few as 20 minutes, RPA reduces

the need for specialized equipment. This method employs recombinase enzymes to bind

primers to homologous sequences, single-stranded DNA-binding proteins to stabilize the

resulting complexes, and strand-displacing polymerases to drive rapid amplification (30-

32). When combined with reverse transcription (RT-RPA), the method allows rapid

detection of RNA viruses like LACV through an initial conversion of RNA into cDNA.

Furthermore, RPA amplicons can be evaluated using standard gel electrophoresis or via

lateral flow assays (LFAs), the latter providing near-instantaneous visual results suitable for

field-based or point-of-care settings (27, 33). LFAs capitalize on capillary action within a

nitrocellulose strip, where labeled detection reagents bind to specific target amplicons,

generating visible test and control lines (34-36).

In addition to the critical need for improved diagnostics, LACV exhibits age-

dependent pathogenicity that requires further investigation. Notably, the age-dependent

disease severity observed in humans is recapitulated in murine models, where weanling (3

week old) mice display higher mortality rates and more pronounced CNS pathology

between 5-7 days post-infection (dpi) compared to adult (≥8 week old) mice with minimal

to no death (7, 9, 21, 37, 38). While the pathogenesis of LACV has been relatively well

studied in mice and other mammals, limited data are available regarding the temporal

dynamics of LACV neuroinvasion into the CNS and/or brain (15, 39, 40).

In this study, we describe the development and validation of an RT-RPA assay to

detect LACV with high sensitivity and specificity. We also utilize an age-susceptible mouse

model to characterize the temporal progression of LACV infection in the brain, exploring

how host age influences both neuroinvasion and viral clearance. Our study seeks to

enhance early detection in endemic regions and improve the broader understanding of

host-pathogen interactions in LACV encephalitis.

Methods

Multiple sequence alignments and primer/probe design

128   Percent identity matrix analysis was performed on the S, M, and L segments from a

panel of CSG viruses. These included LACV (GenBank accession number: EF485031.1),

SSHV (GenBank accession number: EU262553.1), Khatanga virus (GenBank accession

number: KT288294.1), California Encephalitis virus (GenBank accession number:

KX817313.1), San Angelo virus (GenBank accession number: KX817331.1), Lumbo virus

(GenBank accession number: KX817325.1), Tahnya virus (GenBank accession number:

EU622819.2), and Jamestown Canyon virus (GenBank accession number: HM007351.1).

Multiple sequence alignments and homology analyses were generated using Clustal

Omega (version 1.2.4). The resulting sequence alignments were subjected to phylogenetic

analysis by constructing maximum-likelihood trees based on the Tamura-Nei model and

500 bootstrapping replications using Mega11 software.

139   Primers were manually designed using SnapGene software (version 8.0.1)

(Supplementary Table 1), adhering to established RPA guidelines that limit the primer

length to 30-35 bases, maintain 40-60% GC content, and minimize palindromic or

repetitive sequences (32). Primer candidates were initially tested in silico for hairpin and

dimer formation. Those meeting these criteria underwent validation at three temperatures,

including 37°C, 39°C, and 42°C, for 20 minutes. The primer pair that yielded the strongest,

most specific band was used in subsequent experiments.

RNA Extraction

The PureLink Viral RNA/DNA Mini kit (ThermoFisher) was used for RNA extraction

from LACV (BEI Resources: NR-540, GenBank accession number: GCA_004789695.1),

SSHV (BEI Resources: NR-535, GenBank accession number: GCA_004789895.1), DENV-1

(BEI Resources: Hawaii strain, GenBank accession number: KM204119.1), DENV-2 (BEI

Resources: DakArA1247 strain, GenBank accession number: EF105383), DENV-3 (BEI

Resources: DENV-3/US/BID-V1043/2006 strain, GenBank accession number: EU482555),

DENV-4 (BEI Resources: H241 strain, GenBank accession number: AY947539), ZIKV (BEI

Resources: DAK AR 41524 strain, GenBank accession number: KX601166), WNV (BEI

Resources: Bird114 strain, GenBank accession number: GU827998.1), and YFV (BEI

Resources: YFV17D strain, GenBank accession number: MG051217.1), following the

manufacturer's instructions. Additionally, RNA from mouse brains was extracted using the

RNeasy Lipid tissue Mini Kit (Qiagen), following the manufacturer's instructions. The

concentration of the RNA extracts was determined using a NanoDrop One device

(ThermoFisher).

cDNA synthesis and primer screening

Viral RNA was converted to cDNA using the High-Capacity cDNA Reverse

Transcription Kit (ThermFisher), following the manufacturer's instructions. 10 µl of

extracted RNA was input into a 20 µL cDNA synthesis reaction. For the primer screen, 1 µl

of viral cDNA was used as input for primer screens, limit of detection (LOD) test, and cross-

reactivity screen RPA reactions. 1 μl of water was used as input for negative controls.

RT-RPA reactions using unlabeled primers

RPA reactions were conducted using the TwistAmp Basic Lyophilized Kit (TwistDx),

following the manufacturer's instructions, but were scaled down from a 50 μL reaction to a

10 μL reaction. In brief, the lyophilized mix was rehydrated using 29.5 μL of the provided

rehydration buffer and 10 μL of nuclease-free water. 7.9 μL of the rehydrated mix was used

per 10 μL reaction, along with 0.3 μM of each primer, 280 mM magnesium acetate, and 1μL

of cDNA. The reactions were incubated for 20 minutes at either 37°C, 39°C, or 42°C.

Diluted reaction products (2:1) were run on a 2.5% agarose gel (BioRad) in 1x TAE buffer

(BioRad) for 30 minutes at 100 volts.

RT-RPA reactions using labelled primers

For the hybridization method, reactions were set up as described as above, with one

minor change, where the reverse primer was replaced with a reverse primer with a 5'biotin

labelled version, with the same primer concentration in the reaction. The hybridization step

was performed as described by Qian's hybridization protocol (41), using a probe that was

labeled with a 5'-FAM tag (Supplementary Table 1). Following the RPA reaction run, 1 μL of

5 μM hybridization probe (final concentration of 0.167 μM) and 19 μL of hybridization buffer

(10 mM Tris HCl at pH 8.5) were added to each reaction. This reaction mix was heated to

95°C for 3 minutes on the thermocycler and then cooled to room temperature to allow for

the hybridization reaction.

Detection of RPA products on LFA strips

The products from the hybridization reactions were processed using the

HybriDetect 2T LFA strips (Milenia Biosciences), following the manufacturer's instructions.

Unpurified reaction products were diluted in the provided assay buffer (1:15 for

hybridization reactions) and applied to the strip. The strip was then immersed in 70 μL of

the provided assay buffer and was allowed to react for 10-15 minutes. The strips were

imaged using a smartphone camera.

qPCR

cDNA samples derived from mice brains were analyzed by qPCR using PowerTrack

SYBR Green kit (ThermoFisher) to detect LACV. The following primers were used: forward

(ATTCTACCCGCTGACCATTG) and reverse (GTGAGAGTGCCATAGCGTTG) (15). qPCR was

performed using a QuantStudio 3Flex instrument (Applied Biosystems). QuantStudio Real-

Time PCR software was used to extract data. GAPDH was used as a control of expression

for qPCR samples.

Infection of mice with LACV and timepoint collection

All animal studies were approved by the Rutgers University IACUC (protocol number

202300007) and performed in accordance with protocols set forth by the National

Institutes of Health *Guide for the Care and Use of Laboratory Animals* and ARRIVE

guidelines. Wildtype (C57BL/6) mice were purchased from Jackson Laboratories and

maintained in a breeding colony at the Child Health Institute of New Jersey. Weanling (3

weeks old) and adult mice (8 weeks old) were inoculated with 10^3 PFU of LACV in

phosphate-buffered saline (PBS) intraperitoneally in a volume of 100 μl/mouse. Mice were

observed daily for signs of neurological disease. Animals with clinical signs were scored

and humanely euthanized if they demonstrated clear signs of neurological disease,

including seizures plus lethargy. For the clinical scoring graphs, the percentage of mice

with neurological disease was calculated based on the number of weanling or adult mice

out of the total number of surviving animals for each age groups. Mice were sacrificed and

brains were collected at the following timepoints: 2, 3, 4, 5, and 7 days post-infection (dpi)

for weanlings and 4, 5, 6, 7, 10, and 20 dpi for adults and were stored in RNAse away, as

previously described (20, 22). Viral RNA was extracted as described.

Rapid test strip image analysis and viral quantification

To estimate viral loads from rapid test strip images, we first established a standard

curve using known viral RNA copies. LACV RNA was serially diluted to generate

concentrations ranging from 10^6 to 0 copies for RT-RPA testing with results visualization via

LFA strips. Resulting test line bands were imaged using under consistent lighting

conditions. Image processing and pixel intensity quantification were performed using

ImageJ software (NIH) (27, 42-44). The pixel intensity of the test line for each dilution was

recorded and plotted against the corresponding viral copy number to generate a standard

curve. A linear regression model was fitted to the standard curve, and the equation y =

$10^{(m*x+b)}$ was derived, where x represents the pixel intensity, and y corresponds to the

estimated viral copy number. This equation was used to interpolate viral loads for test

samples based on their measured pixel intensities.

The test line intensity for each weanling and adult mouse sample was measured

using ImageJ and converted to viral copies using the standard curve equation. Pixel

intensities for adult and weanling samples were plotted on the standard curve to estimate

viral load dynamics over time. Graphical representations were performed using Python

(Matplotlib, NumPy, SciPy, and Seaborn). The standard curve was plotted as a black

straight live, generated using linear repression.

Results

Screening of RT-RPA primer pairs for LACV detection

To identify a genome segment best suited for specific and sensitive detection of

LACV, we performed a percentage identity matrix analysis on the S, M, and L segments

from a panel of CSG viruses. These included LACV, SSHV, Khatanga virus, California

Encephalitis virus, San Angelo virus, Lumbo virus, and Tahnya virus, and one virus from the

Melaka virus family, Jamestown Canyon virus. Based on homology analyses of DNA

sequences, the S, M, and L segments displayed homology ranging from 76.1-88%, 69-

78.8%, and 73.7-81.6%, respectively (Fig. 1, Table 1). Since the M segment exhibited the

greatest divergence between LACV and other CSG viruses, we selected it as the target for

LACV-specific primer design.

Four primer pairs were generated, each producing amplicons of at least 100 base

pairs. These primers were tested at 37°C, 39°C, and 42°C for 20 minutes. Primer pair 3 at

39°C yielded the clearest and most intense amplification band (208 base pairs [bp]) and

was chosen for subsequent optimization (Fig. 2). Primer pair 4 also showed reliable results

(240 bp), but was slightly less optimal. Notably, the RT-RPA amplified products were

analyzed via agarose gel electrophoresis without prior purification, enabling efficient

screening of primer pairs.

Assessing LACV RT-RPA amplification time and analytical sensitivity and specificity

via gel electrophoresis

After identifying the best performing primer pair, we conducted a time course study

to determine the minimal incubation period necessary for effective RT-RPA detection of

LACV. Reactions were incubated for 5, 10, 20, and 60 minutes before the amplicons were

purified and visualized by agarose gel electrophoresis. Although faint bands appeared as

early as 10 minutes, we observed optimal band clarity and intensity at 20 minutes (Fig. 3A).

Next, we evaluated the RT-RPA assay's analytical sensitivity using a ten-fold serial

dilution of LACV RNA, ranging from 10^5 to 0 input copies in the RT step. The RT-RPA

reactions were purified and then assessed via agarose gel electrophoresis. The LOD was

established at 100 copies (Fig. 3B), similar to the RT-qPCR assay. To verify the RT-RPA

assay's specificity, we tested RNA extracted from other arboviruses, including SSHV,

dengue virus serotypes 1-4 (DENV-1-4), Zika virus (ZIKV), West Nile virus (WNV), and yellow

fever virus (YFV). Similarly, the RT-RPA reactions were purified and then assessed via

agarose gel electrophoresis. No RT-RPA or RT-qPCR amplification occurred in any non-

LACV samples, confirming the specificity of our primer pair (Fig. 3C).

Integration of the LACV RT-RPA assay with an LFA

To enable the potential point-of-care diagnosis of LACV, a lateral flow assay (LFA) was developed and integrated with the LACV RT-RPA assay. We employed the same unlabeled forward primer, but the reverse primer was adapted to contain a 5'-biotin tag, combined with a short hybridization step in which the probe was labeled with a 5'-FAM tag. After RT-RPA and hybridization, the product was exposed to the LFA strip, containing detection lines coated with streptavidin on the test area and anti-rabbit antibody on the control area. Gold nanoparticle-conjugated anti-rabbit-FITC antibodies generated the visual signal upon binding to hybridization product containing the FAM and biotin labels. The LFA exhibited the same LOD of 100 copies (Fig. 4A). Similarly, the LFA also did not cross-react with SSHV and the other geographically relevant arboviruses (Fig. 4B). These results confirm the LFA's utility as a potential rapid and field-deployable tool for LACV detection.

Evaluation of age-dependent detection and clearance of LACV in weanling and adult mouse brains

To probe how host age modulates LACV neuroinvasion, we utilized both weanling and adult C57BL/6 mice. Animals were inoculated intraperitoneally with 10^3 plaque forming units (PFU) of LACV, and brains were collected at distinct dpi. Weanling mice were sacrificed and sampled at 2, 3, 4, 5, and 7 dpi, whereas adult mice were sacrificed and sampled at 4, 5, 6, 7, 10, and 20 dpi (Supplementary Fig. 1A). RNA from brains was extracted, reverse transcribed to cDNA, and evaluated using RT-qPCR as well as the newly

developed RT-RPA test, with results visualization by LFA strips and agarose gel

electrophoresis.

We observed that LACV accessed the brains of weanling mice as early as 4 dpi and

was detectable in all mice at the 5-7 dpi timepoints (Fig. 5A, Supplementary Fig. 1B). The

onset of symptoms coincided with LACV access to the CNS, with abnormal gait observed

in 11% (one out of nine remaining weanling mice at 4 dpi), and 100% of the remaining

weanlings exhibiting severe neurological symptoms between 5-7 dpi (Fig. 5B). In adult

mice, LACV was first detected at 5 dpi, plateauing between 6-10 dpi (Fig. 5C,

Supplementary Fig. 1C). By 20 dpi, LACV was undetectable in the surviving adults,

suggesting robust viral clearance. In contrast to weanlings, 100% of adults exhibited no

symptoms between 4-7 dpi, with abnormal gait observed in 16.7% (one out of six remaining

adult mice) at 10 dpi (Fig. 5D). The 20 dpi timepoint included only two mice as one mouse

in the 20 dpi cohort succumbed to the infection at 12 dpi and could not be included in the

analysis.

Furthermore, viral load quantification was derived from a standard curve generated

from known LACV RNA copies (Fig. 4A). The standard curve demonstrated a strong

correlation between pixel intensity and viral copies ($R^2 > 0.99$), enabling estimation of LACV

burden in the brain. Estimated viral copies in weanling brains at peak infection (4-5 dpi)

ranged from ~$10^{4.5}$ to ~10^6, consistent with high neuroinvasive potential at early time points

(Fig. 6A-B). Peak viral burden in adult brains was notably lower than in weanlings between

5-10 dpi, with estimated viral loads between ~10^2 to ~10^3 copies between (Fig. 6A-B).

However, there was one adult with high viral load at 10 dpi (Fig. 6A-B).

Discussion

In this study, we developed, optimized, and validated an RT-RPA assay to detect

LACV. Traditional RT-qPCR techniques, although highly sensitive, rely on costly equipment

and specialized laboratory settings, and often lose sensitivity as viral titers decline (24, 25).

Serological tools, meanwhile, necessitate confirmatory plaque reduction neutralization

tests (PRNTs) to differentiate among closely related arboviruses—a process that can be

time-intensive and cumbersome for large-scale or field-based testing (26, 45). Our RT-RPA

assay addresses these limitations by demonstrating efficient and robust LACV detection

with a LOD of 100 RNA copies and without cross-reaction. This performance was

replicated in both agarose gel electrophoresis and LFA strips, underscoring the assay's

versatility and potential utility in resource-constrained environments where on-site

diagnostics could significantly improve patient management and epidemiological

surveillance.

An important aspect of our assay's development was the primer design targeting the

M segment. Using bioinformatic analysis of multiple CSG viruses, we observed greater

sequence divergence in the M segment between LACV and closely related CSG viruses. By

designing primers and a probe that map specifically to these divergent regions, we

achieved high specificity without any cross-reactivity against SSHV and other

geographically relevant arboviruses (46). These findings confirm that our assay is well

suited to environments where multiple arboviruses circulate simultaneously. Moreover, the

integrated approach of utilizing an unpurified RT-RPA product for hybridization plus results

readout via an LFA strip reliably produced clear test lines, suggesting a potentially

straightforward workflow for use in clinics or field settings lacking sophisticated

equipment. In future iterations, combining the RT and RPA steps into a single reaction may

further streamline testing by potentially eliminating the need for RNA extraction and cDNA

synthesis.

Beyond its diagnostic innovation, our study provides important new insights into

LACV pathogenesis, particularly the impact of host age on the temporal neuroinvasion

dynamics. While the progression of LACV neuroinvasion in weanling mice has been well

studied, the dynamics in adult mice remained poorly characterized, and a direct

comparative analysis between weanlings and adults had not been previously investigated

(39). Using a serial euthanasia approach, we assessed LACV detection in the brain of both

weanling and adult mice at predefined intervals (2–7 dpi for weanlings; 4–20 dpi for adults).

We demonstrated that weanling mice exhibited detectable virus in the brain as early as 4

dpi, with sustained high viral loads between 5-7 dpi, and most weanling mice displaying

severe CNS pathology by the end of the study window. Conversely, in adult mice, LACV was

first detected in the brain at 5 dpi—indicating a delayed onset of neuroinvasion compared

to weanlings—and exhibited plateauing levels between 6–10 dpi. Notably, some adults still

harbored detectable virus at 10 dpi, yet all surviving adults cleared the virus within the

brain completely by 20 dpi.

While survival outcomes were not directly assessed in this study due to our serial

euthanasia design, extensive prior research has consistently demonstrated that weanlings

typically succumb by 7 dpi, whereas adult mice exhibit minimal to no mortality (20-22, 39,

40). However, our estimation of LACV burden based on LFA strip image analysis

demonstrated notably higher viral loads in the brains of weanlings compared to adults.

Together with the current study, these findings suggest that adult mice experience a slower

initial spread of virus into the CNS relative to weanlings, potentially allowing more time for

immune responses to mitigate viral replication and promote survival. Although further

immunological assays would be required to pinpoint the specific immune responses

involved, the delayed neuroinvasion and ultimately effective viral clearance in adults likely

underlie their more favorable clinical outcomes compared to younger hosts (21). Our

recent analysis of T cell immunity demonstrates significant disparities in the cellular

response to LACV in weanling and adult mice (47). Adult mice mount significantly more

polyfunctional CD4$^+$ and CD8$^+$ T cell responses compared to minimal responses in

weanlings (47).

Despite the strengths of our study, several limitations should be acknowledged.

First, while our RT-RPA assay demonstrated high sensitivity and specificity for LACV

detection, we did not evaluate its performance using human clinical samples. Given the

rarity of confirmed LACV cases and the challenges in obtaining clinical specimens,

validation in patient samples remains an important next step. Additionally, our study relied

on in vitro and murine models to assess viral detection and neuroinvasion. While these

models provide valuable insights, human pathophysiology may differ, necessitating further

validation in human-derived tissues or clinical studies. Another limitation is that while our

assay successfully distinguished LACV from closely related CSG viruses, broader

validation against a wider panel of co-circulating arboviruses would further strengthen its

diagnostic utility.

Furthermore, a potential limitation of RT-RPA/LFA is reduced sensitivity at early and

late stages of infection, when viral titers are low. While our assay demonstrated a limit of

detection of 100 copies, further optimization is needed to enhance sensitivity for clinical

applications. Future improvements could include incorporating a pre-amplification step to

increase RNA yield, using fluorescent or nanoparticle-based lateral flow detection to

enhance signal amplification, and developing a multiplexed RT-RPA approach targeting

multiple genomic regions to improve detection across a range of viral loads. Finally, future

work should explore the integration of RT and RPA into a single-tube reaction to further

simplify the assay workflow, enhancing its feasibility for field deployment.

Conclusion

Taken together, our work underscores a dual contribution to the field: we introduce a

highly sensitive and specific RT-RPA assay for LACV detection, and we leverage this assay

to enhance our understanding of age-dependent neuroinvasion in a murine model.

Importantly, the RT-RPA method is amenable to further refinements, such as one-step RT-

RPA protocols or improved probe chemistries, which could streamline its use under

outbreak conditions. From a public health perspective, quicker diagnoses in endemic or

high-risk regions would facilitate timely interventions, especially for pediatric populations

at greatest risk of severe outcomes. Meanwhile, our findings on the timing and efficiency of

viral invasion in adult versus weanling brains point toward an inherent advantage conferred

by age-related immune maturity, reinforcing the notion that prophylactic or early

therapeutic measures could be particularly impactful in children. Overall, these

advancements promise to mitigate the burden of LACV disease and enrich our broader

comprehension of arboviral neuroinvasion.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and material

All data generated or analyzed during this study are included in the published article

and its supplementary information files.

Competing interests

BBH is a co-founder of Mir Biosciences, Inc., a biotechnology company focused on T

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Author Contributions

LL designed probes and primers, planned, ran most of the experiments described

above, analyzed experimental data, and wrote the original draft of manuscript. RA assisted

with mouse infections, mouse monitoring, and brain collection. SS helped with the

development of primers, probes, and protocol optimization. PBT helped with RNA

extractions. BBH developed the ideas for the project, as well as supervised the work, and

planned and carried out experiments. All authors contributed to the interpretation of the

data and played a role in reviewing and editing the manuscript.

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563   **Tables**

564   **Table 1. Nucleic acid sequence homology of the S, M, and L segments between LACV**

565   **and other related bunyaviruses**

Virus	S Segment Homology	M Segment Homology	L Segment Homology
La Crosse virus	100%	100%	100%
Snowshoe hare virus	88%	78.8%	81.6%
Khatanga virus	87%	77.5%	78%
California encephalitis virus	79.8%	73.6%	76.9%
Tahyna virus	82.2%	73%	77.3%
Lumbo virus	80.7%	72.3%	76.7%
San Angelo virus	80.1%	70.5%	77.1%
Jamestown Canyon virus	76.1%	69%	73.7%

Figures

Fig. 1 Phylogenetic trees of the S, M, L segments of LACV and related bunyaviruses.

Phylogenetic trees were constructed from aligning nucleotide sequences of the A) small

(S), B) medium (M), and C) large (L) segments from bunyaviruses within the CSG, including

La Crosse virus, Snowshoe hare virus, Khatanga virus, California Encephalitis virus, San

Angelo virus, Lumbo virus, and Tahnya virus, and Melaka virus (MELV) family, including

Jamestown Canyon virus. The sequences were aligned using Clustal omega, and the

resulting alignments were used to construct maximum-likelihood trees based on the

Tamura-Nei model and 500 bootstrapping replications using Mega11. Associated

accession numbers are included by the name of each virus for each tree.

590   **Fig. 2 Primer screen RT-RPA testing.** Primer screen RT-RPA testing at A) 37°C, B) 39°C, and

591   C) 42°C using 4 different primer pairs. Primer pair 3 at 39°C was chosen for further

592   experimentation. The RT-RPA amplified products were not purified prior to running on the

593   agarose gel. Pos, positive control, La crosse virus cDNA input. NTC, no template control,

594   water input. +, positive result. -, negative result.

RT-RPA Result: + + + + -   + + + + - -   - + - - - - - - - -

RT-qPCR Result: NA NA NA NA NA   + + + + - -   - + - - - - - - - -

Fig. 3 Time Course, limit of detection, and cross-reactivity RT-RPA testing with

visualization of results via gel electrophoresis. A) Time course tests were performed at 5

minutes, 10 minutes, 20 minutes and 60 minutes. The time course was optimized at 20

minutes. RT-qPCR testing in the time course experiment was not applicable (NA). B) Viral

RNA from 10^5 copies to 0 copies was reverse transcribed to cDNA and used in RT-RPA and

RT-qPCR testing. The RT-RPA limit of detection was determined to be 100 viral copies. C)

RT-RPA was performed using cDNA from La Crosse virus (LACV), Snowshoe hare virus

(SSHV), dengue virus serotype 1 (DENV-1), dengue virus serotypes 2 (DENV-2), dengue virus

serotype 3 (DENV-3), dengue virus serotype 4 (DENV-4), Zika virus (ZIKV), West Nile virus

(WNV), or yellow fever virus (YFV). No cross-reactivity was observed. The RT-RPA products

were purified prior to running on the agarose gel. NTC, no template control, water input. +,

positive result. -, negative result.

Fig. 4. RT-RPA limit of detection and cross-reactivity testing with visualization of

results via LFA strips. A) Viral RNA from 10^6 copies to 0 copies were reverse transcribed to

cDNA and used in RT-RPA and RT-qPCR testing. The limit of detection was determined to be

100 viral copies. B) RT-RPA and RT-qPCR testing was performed using cDNA from La Crosse

virus (LACV), Snowshoe hare virus (SSHV), dengue virus serotype 1 (DENV-1), dengue virus

serotypes 2 (DENV-2), dengue virus serotype 3 (DENV-3), dengue virus serotype 4 (DENV-4),

Zika virus (ZIKV), West Nile virus (WNV), or yellow fever virus (YFV). No cross-reactivity was

observed with either RT-RPA or RT-qPCR testing. NTC, no template control, water input. +,

positive result. -, negative result.

Fig. 5. LACV neuroinvasion into the brain of weanling and adult mice visualized by LFA

strips. Mice were infected with 1000 plaque forming units of LACV and were humanely

sacrificed and brains were collected 2-7 days post-infection (DPI) for weanlings and 4-20

DPI for adults. A) LACV was detected in the brain in weanling mice by both RT-RPA and RT-

qPCR as early as 4 DPI. B) Bar chart representing percent weanling mice found with

neurological symptoms. There was an onset of clinical symptoms by 4 DPI in weanlings,

with worsening of neurological symptoms between 5-7 DPI. C) LACV was detected in the

brain in adult mice by both RT-RPA and RT-qPCR by 5 DPI with clearance of the virus by 20

DPI. D) Bar chart representing percent adult mice found with neurological symptoms. There

were no symptoms exhibited in adults between 4-7 DPI; however, one adult exhibited

neurological symptom by 12 DPI and could not be included in the analysis. Two remaining

adults were asymptomatic throughout the course of the study. Pos, positive control, La

crosse virus cDNA input. NTC, no template control, water input. +, positive result. -,

negative result.

Fig. 6. Estimation of LACV viral burden in the brain from LFA strips. A) Test line pixel

intensities for LACV-infected weanling (orange circles) and adult (blue squares) mice were

plotted on the standard curve to estimate viral load dynamics over time. The standard

curve is plotted as a black straight line, generated using linear regression (equation of the

standard curve is included in the box). A logarithmic scale was used for viral copies to

better represent dynamic changes in viral loads across multiple orders of magnitude. B)

Box-and-whisker plot represents the distribution of estimated viral copies in weanlings

(orange) and adults (blue) at each time point.

Supplementary Figure

Supplementary Fig. 1. Serial euthanasia schematic and LACV neuroinvasion into the

brain of weanling and adult mice visualized by gel electrophoresis. A) Mice were

infected with 1000 plaque forming units of LACV and mice were humanely sacrificed, and

brains were collected 2-7 days post-infection (dpi) for weanlings and 4-20 dpi for adults. B)

LACV was detected in the brain in weanling mice by both RT-RPA and RT-qPCR as early as 4

DPI. The RT-RPA amplified products were not purified prior to running on the agarose gel. C)

LACV was detected in the brain in adult mice by both RT-RPA and RT-qPCR by 5 DPI with

clearance of the virus by 20 DPI. The RT-RPA amplified products were not purified prior to

running on the agarose gel. Pos, positive control, La crosse virus cDNA input. NTC, no

template control, water input. +, positive result. -, negative result. eq, equivocal result.

690 **Supplementary Table**

691 **Supplementary Table 1. RT-RPA primer pairs and hybridization probe.**

Primer Pair	Forward	Reverse	Amplicon Size
1	GTCTTGTTATCATTGGATTGTTGATCGGGCTGC	CCTGTGAGCCATCAAACCTGCAGCATCTTC	204
2	CAACCCAGCAAAGGCCTCAAACCTTGCTAGAGG	TGATCAGTGCTAGATTGGAATACACCACCTGATGG	228
3 (unlabeled)	**TGATTACCAAGCATGCAAATTCCTTCAAAGCCC**	**TTCGAAGCAGTTAATACAGCCGGTGCATGACCC**	**208**
3 (labeled reverse)	**TGATTACCAAGCATGCAAATTCCTTCAAAGCCC**	**/5Biosg/TTCGAAGCAGTTAATACAGCCGGTGCATGACCC**	**208**
4	CCTGACGTAAAGCTCATCCAAGAAGGCGATGGG	CGCTATGCTAGATCTGCTTACTTGCCAATTACAG	240
Hybridization Probe	**/56-FAM/GTGGCACTGTGACCATAA**		