1 **Title:**

2 **Impression cytology is a non-invasive and effective method for ocular cell**
 3 **obtention from babies with Congenital Zika Syndrome: perspectives in**
 4 **OMIC studies.**

5

6 **Alternative title:**

7 **Ocular impression cytology enables morphological, molecular and OMIC**
 8 **studies of babies with Congenital Zika Syndrome**

9

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46 **Key words: Congenital Zika Syndrome, Zika virus, impression cytology,**
47 **ocular cells, ophthalmic pathologies, neurodevelopmental disorders,**
48 **molecular research, cell imaging, OMIC studies.**

49 **Key points**

50 **Question:** Are the ocular surface cells of babies with Congenital Zika
51 Syndrome viable to investigate the association between Zika virus infection
52 during embryogenesis and ocular impairment?

53 **Findings:** To this date, this is the first study using an approach with
54 perspectives in morphological, molecular and "OMICs" research from ocular
55 samples captured by impression cytology of ZIKV infected babies during
56 embryogenesis. The microscopic features of the conjunctival epithelial cells
57 from all ZIKV infected babies showed clear morphological alterations.

58 **Meaning**

59 Ocular cell surface capture offers a powerful model for studying the pathways
60 involved in ocular diseases associated with ZIKV.

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75 **Abstract**

76 **IMPORTANCE:** Noninvasive techniques for obtaining ocular surface cells
77 (neuroepithelial) from babies with Congenital Zika Syndrome CZS - resulting
78 from infection by zika virus (ZIKV) during gestational period (malformations
79 include ocular abnormalities and microcephaly) - remain to be determined.

80 **OBJECTIVES:** The aim of this study was to describe an optimized impression
81 cytology method for the isolation of viable cells from babies with CZS in
82 satisfactory amounts and quality to enable the application in the context of
83 genome approaches well as morphological and molecular evaluations.

84 **DESIGN, SETTINGS AND PARTICIPANTS:** In this observational study, ocular
85 surface samples were obtained with a hydrophilic nitrocellulose membrane
86 (through optimized impression cytology method) from twelve babies referred to
87 the Pediatric Service of the Antonio Pedro Hospital, Universidade Federal
88 Fluminense (UFF), Niteroi, Rio de Janeiro, Brazil. Samples were collected with
89 an authorized informed consent from both eyes of eight ZIKV infected babies
90 according to the CZS diagnostic criteria (4 babies with positive PCR for Zika
91 virus in gestation and presence of clinical signs which included ocular
92 abnormalities and microcephaly and 4 babies with positive PCR for Zika virus
93 during gestation but no clinical signs identified) and four unaffected babies
94 (control samples / negative PCR, without clinical signs). Cells were used for
95 microscopy analyses, transcriptomic and proteomic experiments and molecular
96 procedure.

97 **MAIN OUTCOMES AND MEASURES:** The microscopic features of the
98 conjunctival epithelial cells were described by both direct analysis of the
99 membrane-attached cells and analysis of cytopinned captured cells using

100 several staining procedures, including viability evaluation. In parallel, molecular
101 approaches were performed.

102 **RESULTS:** On impression cytology, a considerable amount of viable cells were
103 captured. Epithelial basal, polyhedral and goblet cells were clearly identified in
104 all groups. All cases of ZIKV infected babies showed clear morphological
105 alterations (cell keratinization, piknosis, karyolysis, anucleation and
106 vacuolization). Genomic DNA and RNA were successfully isolated from all
107 samples and allowed the establishment of transcriptomic and proteomic studies.
108 Transcriptome analysis showed 8582 transcripts quantified in all samples and
109 63 differentially expressed genes in ocular cells from the exposed babies.
110 Proteomics analysis allowed the identification of 2080, 2085 and 2086 high
111 confident and unique proteins with at least one unique peptide in the unaffected,
112 exposed to ZIKV and asymptomatic and CZS babies, respectively, being 2062
113 in common. Multivariate supervised analysis using the total quantitative protein
114 features revealed a clear discrimination between the groups.

115 **CONCLUSIONS AND RELEVANCE:** Our method proved to be a suitable, fast,
116 and non-invasive tool for detailed and precise morphological analyses with a
117 perspective of application in OMIC studies for clinical and research studies of
118 CZS.

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125 **Introduction**

126 Zika virus (ZIKV) is an arbovirus of the Flavivirus genus first identified
127 in Uganda - Zika forest, in 1947¹. In 2015, after an outbreak of acute
128 exanthematic disease, ZIKV was detected in Northeast Region of Brazil^{2,3}.
129 However, recent studies indicate that the virus circulation in Brazil occurred
130 prior to this epidemic period^{4, 5, 6, 7}.

131 Congenital Zika Syndrome (CZS) was identified due to the increased
132 incidence of congenital defects associated with ZIKV infection. This led to
133 clinical, epidemiological and experimental studies seeking to address the
134 association between congenital defects and ZIKV infection. Furthermore, the
135 World Health Organization (WHO) recognized ZIKV and associated
136 neurological complications as a long-term public health challenge. A global
137 strategic response plan has been issued to enable detection, prevention, care
138 and support in affected areas⁸. Studies were also launched to advance the
139 development of intervention, control and prevention strategies⁹.

140 Studies on CZS have predominantly involved analysis of brain
141 regions^{10, 11, 12, 13} but studies of the ocular system have also been conducted.
142 The studies documented characteristic ocular lesions, such as pigment mottling,
143 macular atrophy, chorioretinal atrophy, horizontal nystagmus and optic nerve
144 hypoplasia and atrophy in the context of ZIKV infection^{14, 15, 16, 17, 18, 19}. Retinal
145 changes occur in about 30 to 40% of cases and anomalies of the development
146 of the eye may occur in several embryogenesis stages such coloboma and
147 ocular structure, including eyelid, cornea, iris, zonula and ciliary body, choroid,
148 retina and optic nerve^{20, 21}. Consequently, screening and long-term monitoring

149 of ocular health are crucial to all children with possible congenital ZIKV infection
150 ^{22,23}.

151 Molecular methodologies were established to investigate the association
152 between ZIKV and neurological impairment using induced pluripotent stem cells
153 and embryonic stem cell lines differentiated in neuroprogenitors, neurons, glial
154 cells and into brain organoid structures²⁴. However, the use of non-invasive
155 strategies to study ocular cells in ZIKV-infected babies remain to be determined.

156 Impression cytology of ocular cells is a noninvasive method for external
157 evaluation of ocular lesions²⁵. This technique has been developed since the
158 discovery that cells from the eye outside of the epithelial layer could be
159 removed by filter membrane application to evaluate various conditions of ocular
160 surface impairment²⁶. This method has been applied to anatomically locate the
161 conjunctiva, quantify goblet cell density, stage squamous metaplasia staging,
162 differentiate bacterial, viral, allergic, degenerative or tumor affections^{27,28,29,30,}
163 ^{31,32}.

164 The aim of this study was to develop ocular impression cytology for the
165 isolation of viable cells in satisfactory amounts and quality to enable the
166 application in the context of genome approaches. OMIC technologies are high-
167 throughput methodologies that have not been coupled with ocular analysis in
168 CZS until this moment. These technologies encompass genomics,
169 transcriptomics, epigenomics, proteomics, and metabolomics, and can provide
170 a global representation of the processes within cells at several levels,
171 contributing to advances in biology and medicine³³. Here we propose an
172 optimized and noninvasive alternative for obtaining ocular cells from babies with
173 ocular anomalies caused by ZIKV infection during embryogenesis, and its

174 coupling with OMIC applications. Considering that conjunctival cells arise from
175 neurogenic ectoderm³⁴ and the well-documented ZIKV neurotropism with
176 affinity for neural progenitor cells^{35, 36, 37, 10, 38, 35}, the methodology presented
177 here may be used to obtain ocular/neuroepithelial cells as potential models of
178 neural cells for CZS research.

179

180 **Material and Methods**

181 Study design and ethic aspects

182 Twelve babies referred to the Pediatric Service of the Antonio Pedro
183 Hospital, Universidade Federal Fluminense (UFF) were included in this study.
184 All children have been followed by periodical ophthalmological examinations;
185 samples were obtained with an authorized informed consent. This study was
186 approved by Universidade Federal Fluminense Ethics Committee and followed
187 the tenets and guidelines of the Declaration of Helsinki.

188 Ocular surface samples were collected from both eyes of eight babies
189 according to the CZS diagnostic criteria (Group A: Patients 1 to 4 = positive
190 PCR for Zika virus in gestation and presence of clinical signs which included
191 ocular abnormalities and microcephaly (ZIKV/CZS); Group B: Patients 5 to 8 =
192 positive PCR for Zika virus during gestation but no clinical signs identified;
193 ZIKV) and four unaffected babies (Group C; control samples: Patients 9 to 12 =
194 negative PCR, without clinical signs; CTRL).

195

196 *Impression cytology and ocular surface cells capture*

197 A local anesthetic (Proxymetacaine hydrochloride, 0.5% w/v, eye drops,
198 solution.) was instilled into the eye before obtaining the ocular surface samples.

199 The samples were collected with a sterilized 0.45µm, 47mm white plain
200 hydrophilic nitrocellulose membrane (Millipore Sigma®, catalogue number
201 HAWP047S0). Each circular membrane was cut into four strips measuring
202 0.75cm wide and 4.5 long approximately (Figure 1).

203 The method here described does not use tweezers or pediatric lid
204 speculum for sample collection. A stem of the membrane is used as a collection
205 support. The strip ends were rounded and bent at approximately 1cm to
206 facilitate printing on the ocular surface and comprises the capture area of ocular
207 cells (Figure 1). The strip end was then pressed on to the inferior bulbar
208 conjunctiva for approximately five seconds. The strip stem was discarded after
209 the collection by using a sterilized scissors (Figure 1).

210

211 *Cell collection and storage*

212 The cell capture area of the filter membrane was immediately placed in a
213 1.5 mL tube on ice containing 250 µL 1X PBS (Phosphate Buffered Saline,
214 pH7.4 - ThermoFisher Scientific, catalog number: 10010023). Tubes containing
215 filter membranes were rapidly vortexed to allow release of adhered cells (Figure
216 1). Cell suspensions were then used for microscopy analyses or aliquoted in 0.2
217 mL tubes and stored for additional experiments. Specifically, we aliquoted 9 µL
218 for Transcriptomic experiments - Single Cell RNAseq (stored at - 80°C); 100 µL
219 for Proteomic experiments (stored at - 80°C) and 100 µL for DNA isolation
220 (stored at 4°C).

221

222 *Cell analysis and Microscope Image Acquisition*

223 *Cell Viability*

224 Viability of the collected cells was determined by the trypan blue
225 exclusion test [9µL of the suspension cells plus 1µL of 0.4% trypan blue solution
226 (ThermoFisher Scientific, catalog number: 15250061)]. Viable cells were
227 counted in a Neubauer chamber. Images were acquired using on Axio
228 microscope with 20x/0.35 and 40x/0.55 Zeiss A-Plan objectives (Carl Zeiss,
229 Jena, Germany, <http://www.zeiss.com>) and Q-Capture PRO 7 software (Surrey,
230 BC, Canada, www.qimaging.com).

231 Additionally, cytopsin procedure was used for allows the concentration of
232 single cells in suspension on a microscope slide. Cytoentrifuged preparations
233 (200 µL of cell suspension/slide) were obtained in a Cytospin 4 Shandon
234 (Thermo Scientific Corporation, Waltham, MA) at 800 rpm for 5 minutes at room
235 temperature and stained with LIVE/DEAD™ viability/cytotoxicity kit
236 (ThermoFisher Scientific, catalog number L3224) as the manufacturer's
237 instructions. This kit contains a mixture of fluorescent stains (calcein-AM and
238 ethidium homodimer-1) which discriminates live from dead cells by
239 simultaneously staining with green-fluorescent calcein-AM to indicate
240 intracellular esterase activity and red-fluorescent ethidium homodimer-1 to
241 indicate loss of plasma membrane integrity. Analyses were performed on a
242 fluorescence microscope (BX-60, Olympus, Melville, NY, USA) using U-MWB
243 FITC/Texas red filter (488–570 nm excitation wavelengths), which allows
244 simultaneous visualization of both markers.

245

246 *Cell Morphology*

247 To evaluate microscopic features of the captured cells such as
248 morphological types and possible alterations we then used another collection

249 membrane directly stained with hematoxylin and eosin after fixation for 10 min
 250 in a fixation solution (100 mL of 70% ethanol, 5 mL of glacial acetic acid and 5
 251 mL of 37% formaldehyde solution – all solutions are from Merck Millipore).
 252 Samples were hydrated with distilled water for 5 minutes, immersed in Harris'
 253 hematoxylin for 2 minutes, washed with tap water for 15 minutes,
 254 counterstained with eosin for 30 seconds, washed with tap water for 5 minutes,
 255 and then dehydrated in 70%, 80%, 95%, and 100% ethyl alcohol (rapid
 256 immersion for 5 seconds each). After these steps, samples were immersed in
 257 xylene (ten successive immersions for 5 minutes each) and mounted on slides
 258 cover-slipped using Entellan mounting medium (Merck, Millipore). Images were
 259 acquired using on Axio microscope with 20x/0.35 and 40x/0.55 Zeiss A-Plan
 260 objectives (Carl Zeiss, Jena, Germany, <http://www.zeiss.com>) and Q-Capture
 261 PRO 7 software (Surrey, BC, Canada, www.qimaging.com).

262 Another cytocentrifuged preparation was also stained for morphological
 263 analyses. For this, cell suspensions obtained as above were fixed in 4%
 264 paraformaldehyde and cytocentrifuged (Cytospin 4 Shandon, Thermo Scientific,
 265 1200 rpm, 10 minutes). Slides of captured cells (n=3 patients for each group)
 266 were prepared in quadruplicate. For each pair of slides, one was stained with a
 267 Diff-Quik kit, as the standard procedure, and the other one with 0.5% toluidine
 268 blue O solution (Fisher Scientific) for 5 minutes. Cells were analyzed on a BX-
 269 60 Olympus microscope,

270

271 *Molecular analyses*

272 To evaluate the integrity and quality of the genomic material of
 273 captured ocular surface cells, DNA was isolated according to QIAamp DNA mini

274 kit (Qiagen, Valencia, CA), which is indicated for swabs, body fluids or washed
275 cells. Thereafter, we used a pair of primers to amplify a region (exon 4) of the
276 *MCPE2* gene that possess a significant role in embryonic development. The
277 forward: U-GGA AAG GAC TGA AGA CCT GTA AG and Reverse R-CTC CCT
278 CCC CTC GGT GTT TG (fragment size = 372pb) primers were used and PCR
279 conditions with modifications were applied according to previous report³⁹. The
280 PCR was performed in a total volume of 25μL, including 1μL DNA template, 1μL
281 of each primer (10 μM), 13.8μL distilled ddH₂O, 5.0μL buffer, 2.5 μL MgCl₂, 0.5
282 μL dideoxynucleotide and 0.2μL of the Platinum Taq DNA polymerase
283 (Platinum^{TM} Taq DNA polymerase, Catalog number: 10966026; Thermo Fisher
284 Scientific). Touchdown program was used in the Veriti 96 Applied Biosystems
285 PCR thermal cycler and all samples were denatured at 95°C for 2min and
286 30sec, followed by: 25 cycles of 94°C for 30sec, 65°C for 30sec, and 72°C for
287 1min45sec, followed by 10 cycles of 94°C for 30sec, 51°C for 30sec and and
288 72°C for 1min30sec then a final extension 72°C for 5min. For each sample, 5μL
289 of the final PCR product was checked by 1% agarose gel electrophoresis.

290 For transcriptomic experiments 9μL of suspension solution (after fast
291 vortex of capture membrane – Figure 1) containing a maximum number of 150
292 cells were processed through the Single Cell RNASeq Service (SingulOmics⁴⁰/
293 Novogene⁴¹) which included cDNA synthesis and amplification, library
294 preparation, sequencing (10 million paired-end reads) and data analysis.

295 Here, total RNA quality assessment in the samples including preparation
296 of the Single Cell RNA library was performed by SingulOmics⁴⁰ using the 2100
297 Bioanalyzer⁴² - a microfluidic platform for the electrophoretic separation of

298 biomolecules - extremely useful for identifying contaminated and degraded RNA
299 (Figure 4).

300 For proteomics experiments proteins were extracted from the membrane,
301 digested with trypsin and analysed in a data-dependent manner by nanoflow
302 liquid chromatography coupled to high accuracy and resolution mass
303 spectrometry, Orbitrap Fusion tribrid, Thermo Fisher. Raw data were searched
304 using Sequest database search engine using reviewed Uniprot human protein
305 database. Protein identifications were filtered with less than 1% FDR.

306

307 **Results**

308 *Clinical aspects*

309 Samples were collected from both eyes of eight boys and four girls'
310 babies with 21 months median age (Table 1). ZIKV infected babies according to
311 the CZS diagnostic criteria (4 babies with positive PCR for Zika virus in
312 gestation and presence of clinical signs which included ocular abnormalities and
313 microcephaly – ZIKV infection predominantly in the first trimester), 4 babies with
314 positive PCR for Zika virus during gestation (occurring in the second and third
315 trimester) but no clinical signs identified and 4 unaffected babies (control
316 samples / negative PCR, without clinical signs).

317

318 *Cell visualization, counting, distribution and morphological aspects*

319 Here we developed a membrane model for cell collection with a
320 rounded apex and a long base of support that provided a correct positioning for
321 the capture time and for fixing and staining. We used the membrane extremity

322 as collection support and then discarded not requiring the use of tweezers and
323 pediatric lid speculum (Figure 1).

324 The impression cytology with nitrocellulose membrane model we
325 developed here is effective for ocular surface cells capture. We observed the
326 presence of cells in all collection membranes. In only 9 μ L of cell suspension
327 after fast vortex (from an initial total of 250 μ L), the number of cells retrieved
328 ranged from 15 to ~150 cells. Most cells remained attached to the membrane.

329 Cell viability evaluations by trypan blue test of captured cell
330 suspensions showed that most cells (> 95%) were viable immediately after
331 collection in all groups and different epithelial and goblet cells were observed in
332 Neubauer *chamber*. In addition, live cells were imaged by intense, uniform
333 green fluorescence (Figure 2A) while dead cells fluoresced orange-red after
334 staining with a live/dead viability kit (Supplementary Figure 1). We detected the
335 presence of viable cells adhered to the collection membrane (attached to the
336 nitrocellulose fibers) 5h after application of impression cytology (Figure 2).

337 Microscopic analysis of the stained membranes (Figure 2B), showed
338 presence of varying amounts of cells in all of them. Individuals infected with
339 ZIKV (Figure 2B1 and B2) showed apparently more cells attached to the
340 membrane when compared with control subjects (Figure 2B3 and B4). Some
341 impression areas stained more intensely likely due to multilayering of the cells.
342 The morphologic evaluation was impaired in these regions. Of note, we
343 observed that the eyes with excessive tearing had worse results in the capture
344 of cells; however, this did not affect both the collection and additional
345 procedures.

346 Morphological cell analyses were performed after citospinning the cell
347 suspensions which facilitated adhesion of the cells on the slides and resulted in
348 enhanced visualization of cell features (Figure 3). The following cell types,
349 characteristic of the conjunctiva, were identified in all groups: epithelial basal
350 cells, epithelial polyhedral cells and goblet cells (Figure 3A). Epithelial cells of
351 the basal layer were seen individually or in small clusters, with a round to oval
352 shape and a central nucleus and scant cytoplasm (Figure 3A2 and A3). Basal
353 cells stained more strongly compared to other epithelial cells. Intermediate and
354 more superficial epithelial cells were recognized by their polyhedral and
355 abundant cytoplasm with a small and central nucleus (Figure 3A4 and A5).
356 Goblet cells were identified by their typical morphology – an eccentric nucleus
357 and a pale cytoplasm in their apical region (Figure 3A6 and A7). When the
358 groups were compared, morphological changes were clearly detected in cells
359 collected from ZIKV infected patients, predominantly in those with clinical signs
360 (CZS), compared to uninfected controls. These included nuclear and
361 cytoplasmic alterations such as mild to moderate keratinization (Figure 3B1-B4),
362 piknosis (Figure 3B4 and B5), karyolysis (Figure 3B2 and B3), anucleation
363 (Figure 3B6) and cytoplasmic vacuolization (Figure 3B7 and B8).

364

365 *Molecular applications and genomic analyses*

366 Genomic DNA was successfully isolated from all samples. The amount
367 of genomic DNA ranged from 10ng/μL to as much as 70ng/μL, with good
368 integrity, and sufficient for successful PCR reactions. A unique fragment of
369 372bp correspondent to partial region of exon 4 of the *MCPE2* gene was
370 detected in all samples (Figure 4). We also obtained whole and viable cells in

371 good quality for downstream applications using transcriptomic, epigenetic, or
 372 proteomic approaches (Figure 4 and unpublished data). As an example, RNA
 373 preparations were obtained and proceed with RNA-seq. Given the small
 374 number of cells in some preps, we conducted whole transcriptome PCR
 375 amplification prior to sequencing. Sufficient RNA and transcriptome libraries
 376 were obtained for all samples. Transcriptome analysis showed 8582 transcripts
 377 quantified in all samples (5 reads or more). Relative to the unaffected group
 378 (CTRL) group, we observed 63 differentially expressed genes (pvalue<0.001)
 379 when ocular cells from the exposed babies (ZIKV/CZS and ZIKV; Figure 5 and
 380 unpublished data).

381 Large scale quantitative mass spectrometry-based proteomics analysis
 382 allowed the identification of 2080, 2085 and 2086 high confident and unique
 383 proteins with at least one unique peptide in the CTRL, ZIKV and ZIKV/CZS
 384 conditions, respectively, being 2062 in common; Table 2 and unpublished data).
 385 Multivariate supervised analysis using the total quantitative protein features
 386 revealed a clear discrimination between the CTRL and ZIKV/CZS groups.

387

388 Discussion

389 Impression cytology has been shown to be a simple and reproducible
 390 technique that can be successfully performed in preterm or term infants⁴³.
 391 However, some authors have reported difficulties in obtaining adequate
 392 samples of infants^{44,45}. The methods previously described mostly used tweezers
 393 and/ or pediatric lid speculum for collection of samples. Here we optimize the
 394 technique and discard the use of invasive apparatus, enabling a safer and more
 395 effective method for the collection of baby ocular samples. The protocols can be

straightforwardly performed with sufficient training and easily scaled for analyses of larger clinical populations and under a variety clinical context.

Ocular surface cells: perspective applications in CZS studies

Approximately 50% of children born with CZS and microcephaly present serious eye diseases⁴⁶. Furthermore, the ZIKV has the potential to survive for long periods in ocular tissue and potentially cause outcomes that will only be manifested later in life⁴⁷. The human ocular surface, a specialized region derived from neurogenic ectoderm which includes the corneal, limbal, and conjunctival stratified epithelia, play an essential role in ocular system⁴⁸. Due to zika virus neurotropism for infect neural cells in human embryonic development, the ocular cells obtained in this study may represent an adequate model for analysis of molecular alterations resulting from ZIKV virus and neuronal cells interaction. Moreover, since viral ZIKV RNA may be present in ocular fluids (in tears and lacrimal glands)^{49, 50, 51}, in our study we provide a methodology for cell capture with different perspectives of application. For example, the technique is applicable to the immunolocalization of a wide range of proteins, including detection of ZIKV antigens; to viral analysis through Real Time PCR and ultrastructural microscopy. Studies of the cellular anatomy, physiology and molecular aspects of the ocular surface are essential for understanding ZIKV-associated ocular and neurologic disorders.

Since ZIKV infection has been related with central nervous system abnormalities, the investigation of alterations in genes associated with syndromes microcephaly and other syndromes is crucial. The *MECP2* gene, for instance, has been linked to Rett syndrome and Angelman syndrome, X-

421 linked mental retardation, neonatal encephalopathy (severe brain dysfunction in
422 males who live only into early childhood), some cases of autism and systemic
423 lupus erythematosus⁵². Here, with neuroepithelial cells, obtained non-invasively,
424 we have successfully standardized a molecular study protocol for the *MCPE2*
425 gene and can be optimized for several other molecular studies involving other
426 genes of interest investigating the ZIKV and microcephaly association.

427   Molecular and cellular events, fundamental to embryological
428 development, postnatal maturation, and maintenance of the ocular surface, are
429 specifically regulated through advanced gene expression mechanisms. Several
430 studies suggest a significant discrepancy between transcription and protein
431 levels in specific cells, indicating that mechanisms related to regulation of
432 alternative splicing, transcript stability, translation efficiency, protein stability
433 also participate intrinsically in gene expression^{53,54}. With the introduction of
434 transcriptomic and proteomics tools we can compare the findings between the
435 corresponding transcript and protein levels. In this study, we showed cells to be
436 viable both for transcriptomic research via RNAseq technology and for
437 proteomic validation. The quality of the RNA and libraries obtained in the study
438 of transcriptome profiles is crucial for generating accurate and informative
439 results. Transcriptome and proteomic profiling revealed differences between
440 exposed and controls babies. However, this work focuses objectively on the
441 detailed report of the methods performed to obtain viable cells from infants
442 exposed and not exposed to zika virus with appropriate conditions for the
443 establishment of molecular and OMICs procedures. The large-scale data
444 generated from the different high throughput analyses (transcriptomics and
445 proteomics) are detailed in complementary and separate works. Thus, the

analysis of differentially expressed genes identified and CZS associated are described in the Barbosa *et al.*, 2019 manuscript (submitted) and proteomic data are described in the Rosa-Fernades and Barbosa *et al.*, 2019 manuscript (submitted).

Despite their importance, many questions about the genetic characteristics of the conjunctival cells, mainly goblet cells are understudied and deserve further exploration⁵⁵. Moreover, the molecular and morphological aspects of human conjunctival stem cells also have not been clearly elucidated⁴¹.

The strategies here used enabled clear detection of morphological changes in cells from ZIKV-infected patients such as cytoplasmic keratinization and nuclear alterations as observed in other ocular disorders using cytology impression approach⁵⁶. To this date, this is the first study using an approach with perspectives in morphological, molecular and "OMICs" research from ocular samples captured by impression cytology of babies with CZS. Studies of mechanisms involved in CZS in ocular cells require rapid, highly reproducible, and accurate quantification and can be successfully achieved with impression cytology. Ocular cell surface capture offers a powerful model for studying the pathways involved in ocular diseases associated with ZIKV.

Conclusion

The impression cytology with nitrocellulose membrane model developed in this study is safe and effective method for babies ocular surface cells collection and can be applied to morphological, molecular and "OMIC" research in CZS studies.

471

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497

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Figure legends

Figure 1. Overview of the non-invasive strategy (impression cytology method) used to collect ocular cells from children with Congenital Zika Syndrome and applied methodologies. **A.** Impression cytology was optimized (without use of tweezers and pediatric lid speculum) for sample collection. The membrane model has a rounded apex and a long support base that provides a correct positioning and safer method for the collection of baby ocular samples. **B.** Methodologies applied to different studies of captured cells.

Figure 2. Nitrocellulose membrane fibers impregnated by ocular surface cells from CZS patient (A, B1, B2) and uninfected controls (B3 and B4). **A.** Representative live cells are shown by phase contrast (A1) and fluorescence microscopy (A2). An overlay of these two images is seen in (A3). Viable cells fluoresce in bright green after staining with LIVE/DEAD® cell viability/cytotoxicity assay. Cells were imaged 5h after collection. **B.** Representative membranes

675 directly stained with hematoxylin/eosin. Membrane-attached cells are indicated
676 by arrowheads in higher magnification in (B2) and (B3). Scale bars, 20 μ m (A1-
677 A3); 70 μ m (B1); 35 μ m (B2); 50 μ m (B3); 25 μ m (B4).

678

679 **Figure 3. Morphological analyses A.** Different ocular surface cells collected
680 from impression cytology. **A1.** Human conjunctiva cell types pattern.
681 Representative basal, polyhedral and goblets cells from uninfected (A2-A4, A6)
682 and ZIKV-infected children with no clinical signs (A5, A7) show normal
683 morphology. **B.** Morphological changes observed in cells from ZIKV infected
684 children without clinical signs (B1, B2) and CZS children (B3-B8). Cell changes
685 included mild to moderate keratinization (B1-B4), piknosis (B4 and B5),
686 karyolysis (B2 and B3), anucleation (B6) and vacuolization (Figure B7 and B8).
687 Cytoentrifuged preparations were stained with Diff-Quik (A2, A4, A6, B1-B4) or
688 toluidine blue (A3, A5, A7, B5-B8). Scale bars, 5 μ m (A6, A7); 10 μ m (A2, B2-
689 B5); 20 μ m (A3-A5, B1, B7); 25 μ m (B6).

690

691 **Figure 4. Molecular and “OMIC” research perspectives. A.** Electrophoresis
692 in 1.5% agarose gel and the amplification of a 350bp fragment correspondent to
693 amplicon 4 of the *MCPE2* gene in DNA of the ocular surface cells. **B*.** Quality
694 and integrity RNA analysis. L= ladder, 1 and 2= CZS children. **C*.** Quality
695 control libraries - comparative concentrations for positive control (of the used
696 method) and healthy child (control sample of this study). *Provided by
697 Singulomics®.

698

699 **Figure 5. Ocular surface cells gene expression analyses by RNA-Seq. A.**
700 Descriptive analysis table. **B.** Transcripts quantified and regulated. Venn
701 diagram of DRG ($p < 0.001$).

702 **Supplementary Figure 1.** Representative viable and non-viable cells
703 recovered from the conjunctiva of children using an impression cytology
704 method. Live cells fluoresce green whereas dead cells with compromised
705 membranes fluoresce red-orange after staining with LIVE/DEAD® cell
706 viability/cytotoxicity assay. (A, D, G) are from uninfected patients; (B, E, H) are
707 from CZV patients (positive PCR during gestation) with no clinical signs; (C, F,

708 I) are from CZV children (positive PCR) with diagnosed clinical signs (ocular
709 abnormalities and microcephaly). Scale bars, 10 μm (A, D, G); 20 μm (B, H, C);
710 20 μm (C, F, I). Cells were imaged 5h after collection.

711

712 **Table legends.**

713 **Table 1.** Clinical data.

714 **Table 2.** Number of of identified proteins by mass spectrometry-based
715 proteomics analysis.

A **Nitrocellulose membrane** **2mL Microtube containing PBS****B** **Membrane Staining (H&E)****Citospin preparation****Cell Staining
(Diff-Quik and Toluidine blue)****MICROSCOPICAL ANALYSIS**

- ✓ Cell morphology
- ✓ Cell viability: Trypan blue staining and Live/Dead imaging

MOLECULAR RESEARCH

- ✓ PCR
- ✓ cDNA synthesis and amplification
- ✓ Libraries preparation

OMIC STUDIES

- ✓ Transcriptomic
- ✓ Proteomic

DNA and RNA isolation**Single-Cell RNA sequencing**

250µL

((Fast Vortex))**Obtention of
cells suspension**

A**Basal Cells****A2** **A3** **Goblet Cells****A6** **A7** **A1** **CONJUNCTIVA****Polyhedral Cells****A4** **A5** **B****B1** **B2** **B3** **B4** **B5** **B6** **B7** **B8**

A

	Transcripts
Quantified in all samples (5 reads or more)	8582
ZIKV/CZS vs CTRL ($p < 0.001$)	38
ZIKV/CZS vs CTRL ($q < 0.01$)	18
ZIKV vs CTRL ($p < 0.001$)	29
ZIKV vs CTRL ($q < 0.01$)	9

B

Phase Contrast

Fluorescence

Merged

Subject's ID	Gender	Status (ZIKV exposition during pregnancy)	Status (for microcephaly)	Vision impairment	Age at samples collection (in months)	ZIKV infection symptoms and PCR
#1	M	Exposed	Affected	Yes	21	1 ^o trimester
#2	M	Exposed	Affected	Yes	22	1 ^o trimester
#3	M	Exposed	Affected	Yes	19	2 ^o trimester
#4	F	Exposed	Affected	Yes	27	1 ^o trimester
#5	M	Exposed	Non-affected	No	21	2 ^o trimester
#6	M	Exposed	Non-affected	No	20	2 ^o trimester
#7	F	Exposed	Non-affected	No	24	3 ^o trimester
#8	F	Exposed	Non-affected	No	24	3 ^o trimester
#9	M	Non-exposed	Non-affected	No	9	-
#10	F	Non-exposed	Non-affected	No	21	-
#11	M	Non-exposed	Non-affected	No	24	-
#12	M	Non-exposed	Non-affected	No	19	-

Condition	N° of identified proteins
CTRL	2080
ZIKV	2085
ZIKV/CZS	2086
Common between the three conditions	2062