



*Qazvin University
of Medical Sciences*

Type I and Type III Interferons Restrict SARS-CoV-2 Infection of Human Airway Epithelial Cultures


Presenter: Shiva Ansari

M.Sc. Student of Medical Biotechnology
School of Paramedical Sciences
Qazvin University of Medical Sciences

Supervisor: Dr. Nematollah Gheibi

Advisor: Dr. Zahra Rashvand

Type I and Type III Interferons Restrict SARS-CoV-2 Infection of Human Airway Epithelial Cultures

Abigail Vanderheiden,^{a,b,c,d,e} Philipp Ralfs,^{d,e,f} Tatiana Chirkova,^{a,b,c,d} Amit A. Upadhyay,^{d,e,g} Matthew G. Zimmerman,^{a,b,c,d,e} Shamika Bedoya,^{f,i} Hadj Aoued,^{d,e,g} Gregory M. Tharp,^{d,e,g} Kathryn L. Pellegrini,^{d,e,g} Candela Manfredi,^h Eric Sorscher,^h  Bernardo Mainou,^{a,b,c} Jenna L. Lobby,^f Jacob E. Kohlmeier,^{f,i}  Anice C. Lowen,^{f,i} Pei-Yong Shi,^j  Vineet D. Menachery,^k Larry J. Anderson,^{a,b,c,d} Arash Grakoui,^{a,b,c,d,f} Steven E. Bosinger,^{d,e,g}  Mehul S. Suthar^{a,b,c,d,e,i}

Received 19 May 2020

Accepted 17 July 2020

Accepted manuscript posted online 22 July 2020

Published 15 September 2020



Title: Journal of Virology 

Publication Type: Journal



ISSN/ISBN: 0022-538X, 1098-5514

Indexed in: ISI, Scopus, PubMed, Embase




Publisher/Holder: Other



Journal Metrics:

IF:	5.103 	IF (5 year):	5.078	JCI:	1.24
Eigen Factor:	0.076	Immediacy:	3.723	Cited Halflife:	11.4
CiteScore:	8.9 	SNIP:	1.372	SJR:	2.617

ISI Rankings:

Subject	Rank 	Quartile 	Percentile 
Virology (SCIE)	9/36	Q1	N/A

Scopus Rankings:

Subject	Rank 	Quartile 	Percentile 
Insect Science	2/153	Q1	99%
Microbiology	21/150	Q1	86%
Virology	13/69	Q1	81%
Immunology	41/202	Q1	79%

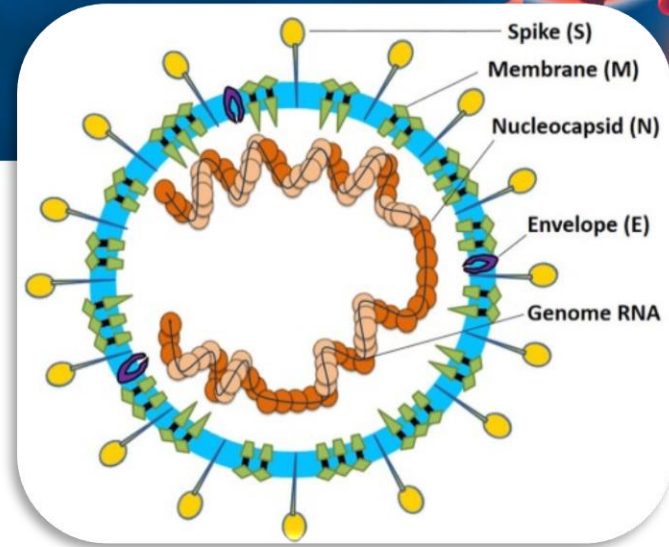


Abbreviations

SARS-CoV-2	severe acute respiratory syndrome coronavirus-2
IL-6	interleukin 6
TNF-α	tumor necrosis factor alpha
pHAE	primary human airway epithelial
IFN	interferon
ISG	interferon-stimulated gene
p.i.	postinfection

Introduction

- COVID-19 caused by SARS-CoV-2
- Emerged in Wuhan, China, in December 2019
- Has caused a pandemic of respiratory illness
- More than millions of cases and thousands of deaths were declared so far
- β -coronavirus genus
- Single strands of RNA (29.8 kb in length)





Introduction

- Manifests as an upper and lower respiratory disease
- Infects airway and lung cells
- Causing fever, dry cough, and shortness of breath

Introduction

dysregulated immune response

high levels of **proinflammatory cytokines** (IL-6, TNF- α ,...)

lung tissue destruction

low level of lymphocytes in the blood

low blood oxygen levels

respiratory failure

even death

Severe Infection



Introduction

- To gain entry to target cells uses **ACE-2** & cellular protease **TMPRSS2**
- Expressed in epithelial tissue (lung & gut), **↑**ciliated cells (nasal cavity)
- pHAE cultures (bronchial region & nasal cavity) are **↑**susceptible to SARS-CoV-2
- Replication occurs primarily in **ciliated cells** (ACE-2 localized expression)

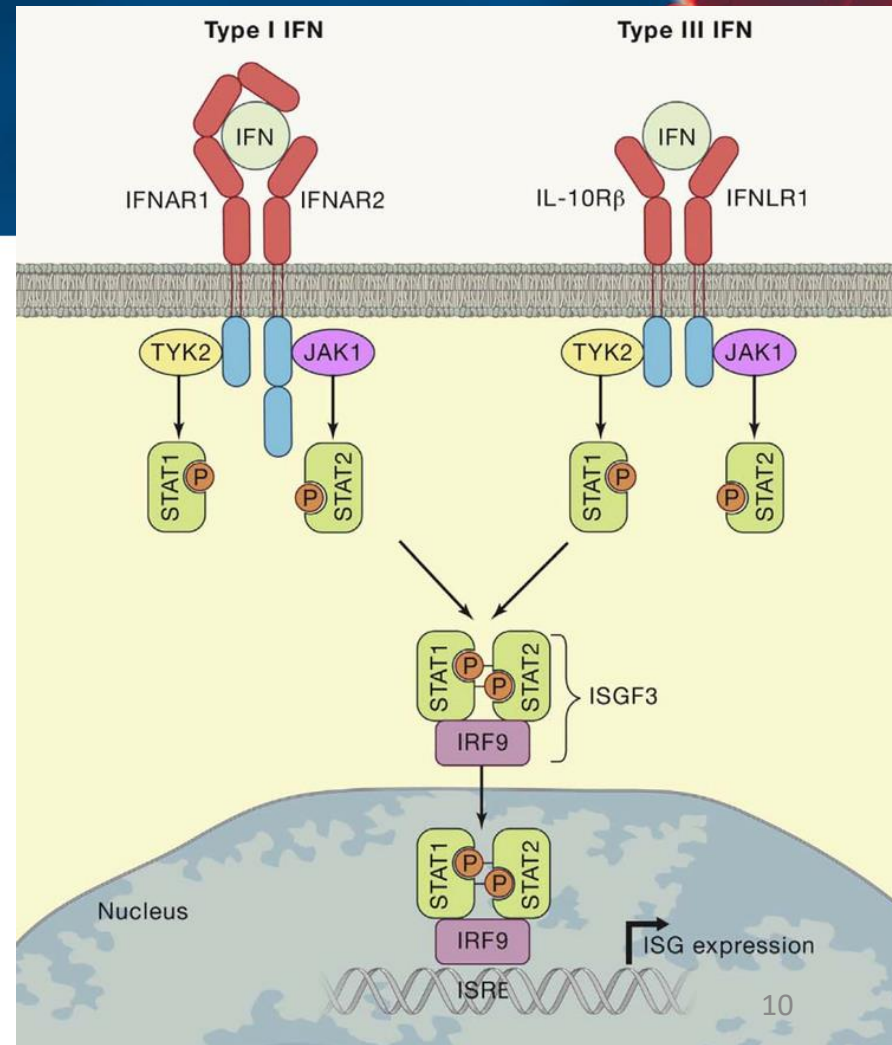


Introduction

- Type I IFNs: first line of defense against viruses
- Critical for blocking early virus replication, spread & tropism as well as promoting the adaptive immune response
- Induces a systemic response that impacts nearly every cell in the host
- Binds IFNAR1 & IFNAR2 (expressed ubiquitously)

Introduction

- **type III IFNs**: restricted to anatomic barriers & selected immune cells
- binds IFNLR1 & IL-10-R β (expressed preferentially on epithelial cells)
- induces lower levels of ISG expression
- produces a less inflammatory & localized response





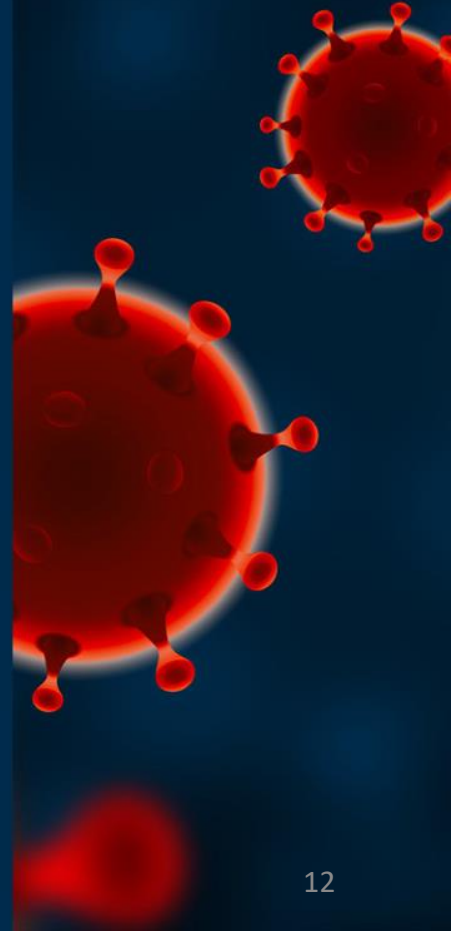
Introduction

1. SARS-CoV2 is released directionally from the **apical** but not basolateral surface of (pHAE) cells
2. **Transcriptional profiling** of infected pHAE cells suggests **NF- κ B** (pro-inflammatory) & **ATF4** (cellular stress pathway) as the dominating transcription factors in SARS-CoV-2 infection
3. Identify type I and III IFNs as potential therapeutics to restrict infection in the airways of COVID-19 patients

Materials

&

Methods



Viruses and cells

1. SARS-CoV-2 (2019-nCoV/WA1) → isolate → first reported case
2. VeroE6 → cultured → complete DMEM
3. GFP-tagged SARS-CoV-2 (icSARS-CoV-2-mNG) → propagated
4. Influenza virus (H1N1) → MDCK → cultured → complete DMEM
5. Viral titers → determined → **plaque assay**

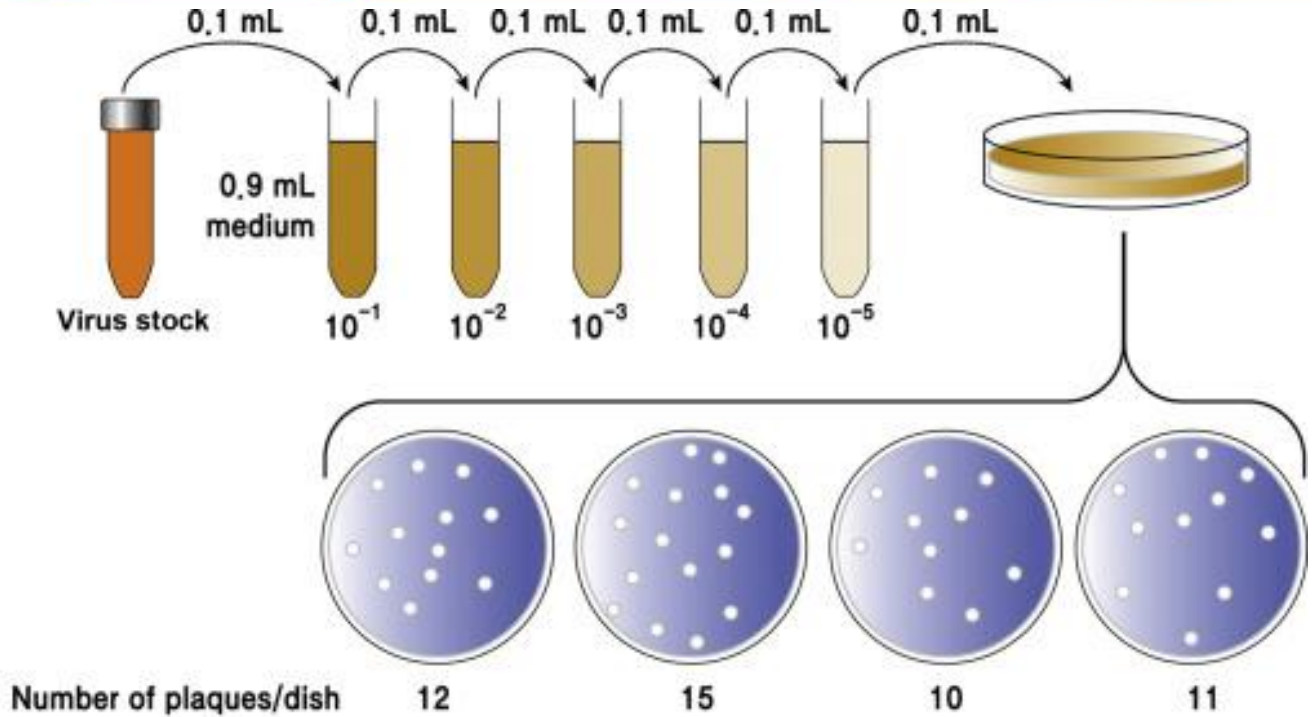
plaque assay

Quantification of infectious virus

1. 10-fold dilutions of viral supernatant → serum-free DMEM
→ overlaid → VeroE6 cell monolayers
2. After adsorption → Oxoid agarose+ DMEM+ FBS+ sodium bicarbonate → overlaid → incubated (72h)
3. Plaques → crystal violet staining

Quantification of infectious virus

plaque assay



Quantification of infectious virus

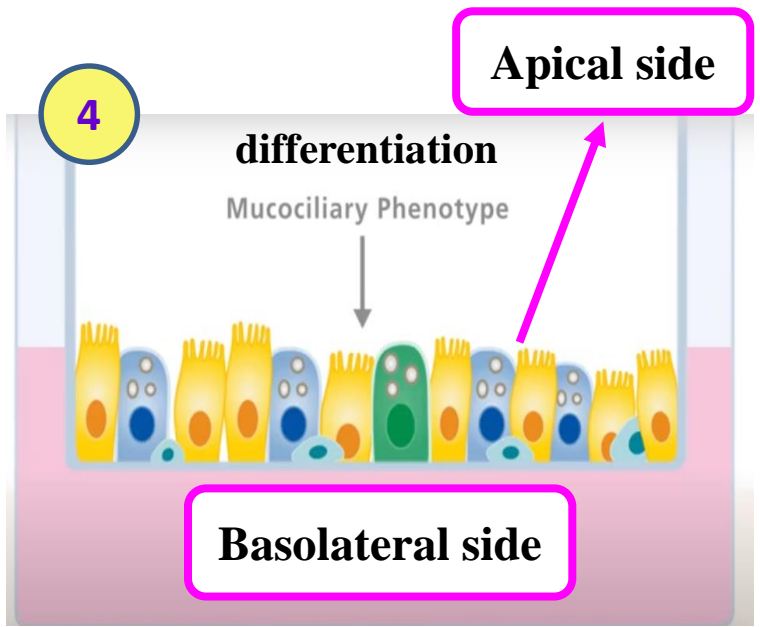
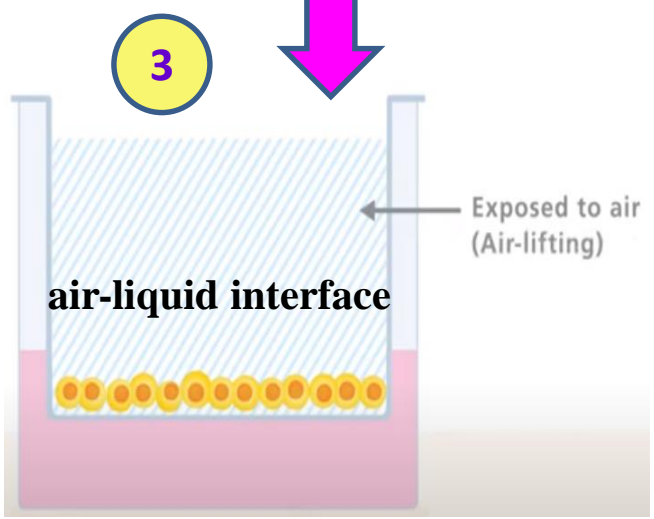
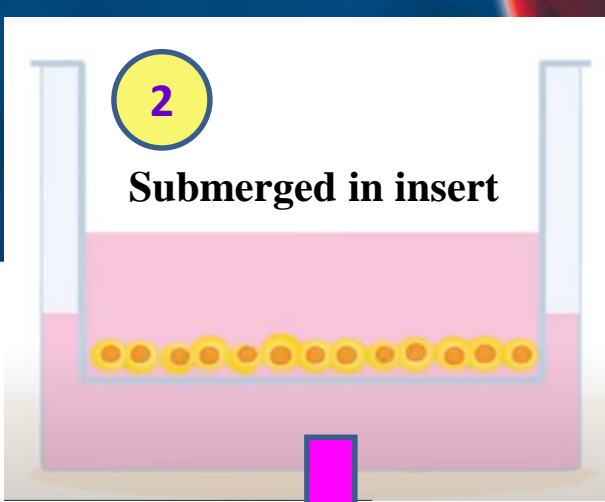
focus-forming assay (FFA)

1. 10-fold dilutions of viral supernatant → VeroE6 →
+ methylcellulose → incubated (24h)
1. Methylcellulose removed → Cells fixation → PFA
2. Cells permeabilization → BSA+PBS
3. Cells incubation → anti-SARS-CoV-2 spike protein primary
antibody +biotin (2h) → avidin-horseradish peroxidase
(HRP)-conjugated secondary antibody (1h)
4. Foci → visualized → True Blue HRP substrate
5. Imaged on → ELISPOT reader



Generation of pHAE cultures

1. Bronchial or tracheal lung specimens (pHAE cells) → expanded
F medium+ ROCK inhibitor
2. Seeded → Transwell permeable support inserts + cultured until
confluent
3. transferred → air-liquid interface
4. Cultures → differentiated + maintained → DMEM/Ham's
F-12+Ultrosor G
5. TEER (>1,000) → ready for use



Generation of pHAE cultures

result

- create a **polarized, pseudostratified** epithelial layer
- It has unique features of the human respiratory tract
(**mucus production** and **coordinated cilium movement**)

SARS-CoV-2 infection of pHAE cultures

1. Apical side of the pHAE culture → PBS
2. Virus → diluted (MOI of 0.1 & 0.25) → PBS
3. Adsorb → for 1 h at 37°C
4. Apical side → PBS → remove excess virus
5. Collect viral supernatant → PBS+ apical side → incubated

→ plaque assay

1. pHAE cultures+ type I or type III IFN (human IFN-β/IFN-λ1)
2. Cytokine levels → measured → cytokine and chemokine kit

RNA sequencing and bioinformatics

1. pHAE cultures → infected (MOI 0.5 for 48h)
2. RNA harvested → mock-infected & Infected pHAE cultures (n = 3)
3. Total RNA extraction → Zymo Quick-RNA miniprep kit
4. Libraries generation → Clontech SMART-Seq v4 kit
5. Adding barcoding & sequencing primers → NexteraXT library prep kit
6. Sequencing → Illumina NovaSeq 6000 in 100-base single-read reactions
7. Demultiplexing → Illumina bcl2fastq v2.17.1.14

RNA sequencing and bioinformatics

8. **Mapping** → hg38 human reference genome & FDAARGOS_983 strain of the 2019-nCoV/USA-WA1/2020 SARS-CoV2 isolate → **STAR** v2.7.3a
9. Reads were **normalized**
10. Differentially expressed genes were analyzed → **DESeq2**
11. Gene set enrichment analysis → MSigDB database
12. Pathway analysis → Cytoscape software

Quantitative reverse transcription-PCR (qRT-PCR)

1. RNA extracted → pHAE cultures
2. RNA → Purified + transcribed → cDNA
3. RNA levels → quantified → master mix+ TaqMan gene expression Primer/Probe sets
4. qPCR performed → 384-well plates + QuantStudio5 qPCR system
5. quantify SARS-CoV-2 & influenza RNA & GAPDH/ IFIT2/ IFIT3/ DDX58/ IFIH1/ OAS1/ IRF1/ IRF7/MX1

Confocal imaging

1. pHAE cultures → fixed → PFA +DPBS
2. PFA → removed → glycine
3. Cultures → washed → DPBS
4. Cells → permeabilized & blocked → Triton X-100 & PBS-BGT
5. Phalloidin -AF647 → diluted → PBS-BGT → incubated on cells
6. Samples → PBS → counterstained Hoechst 33342
7. PBS → mounted on a glass slide
8. Cultures → imaged → confocal microscope
9. Analyzed → ImageJ and Imaris software



Statistical analysis

1. Statistical analyses

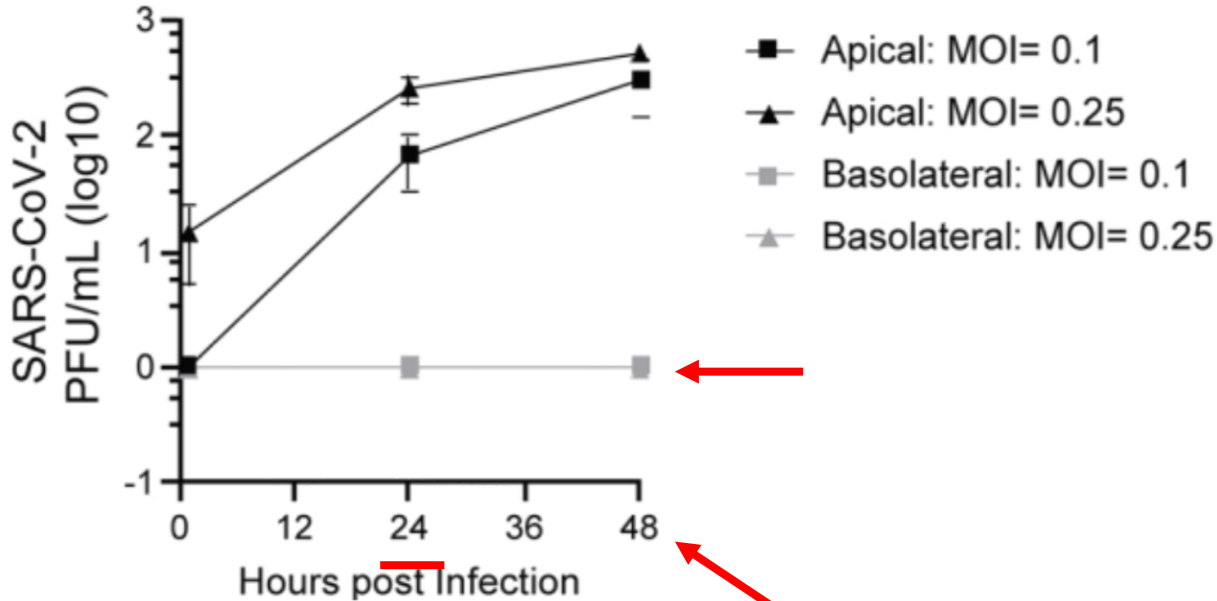
GraphPad Prism 8, ggplot2 R package, and GSEA software

2. Statistical significance

Student's t test & ANOVA

Human bronchial airway epithelial cells are permissive to SARS-CoV-2 infection

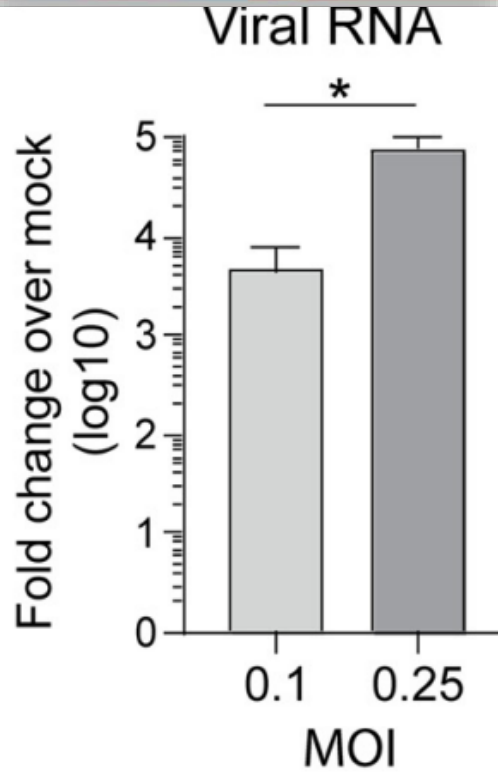
Growth Curve



plaque assay

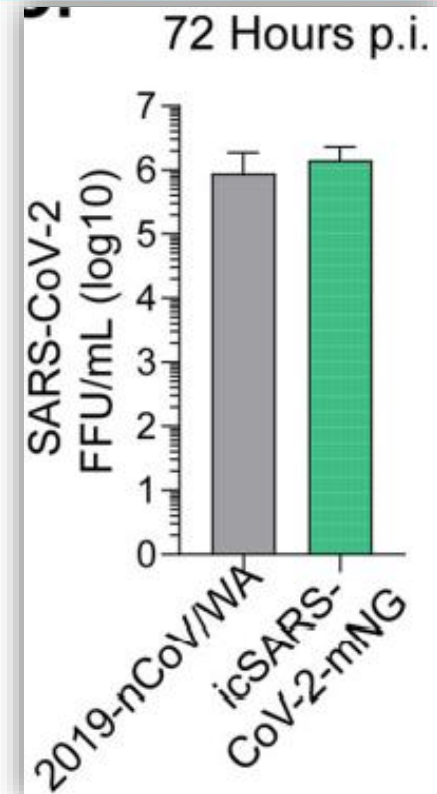
- SARS-CoV-2 beginning 24 h p.i
- ↑ through 48 h p.i
- directional release of the virus (apical side)

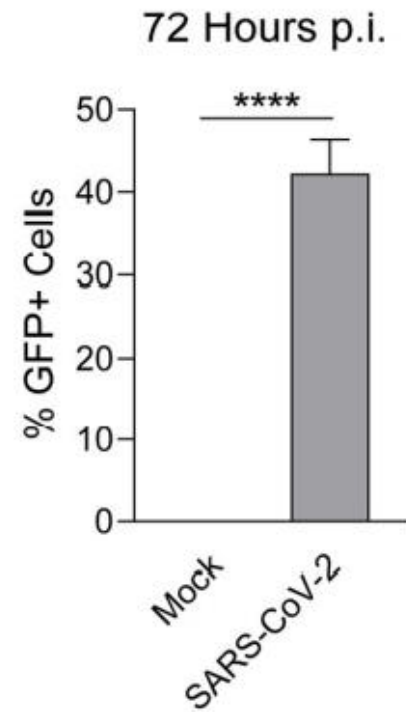
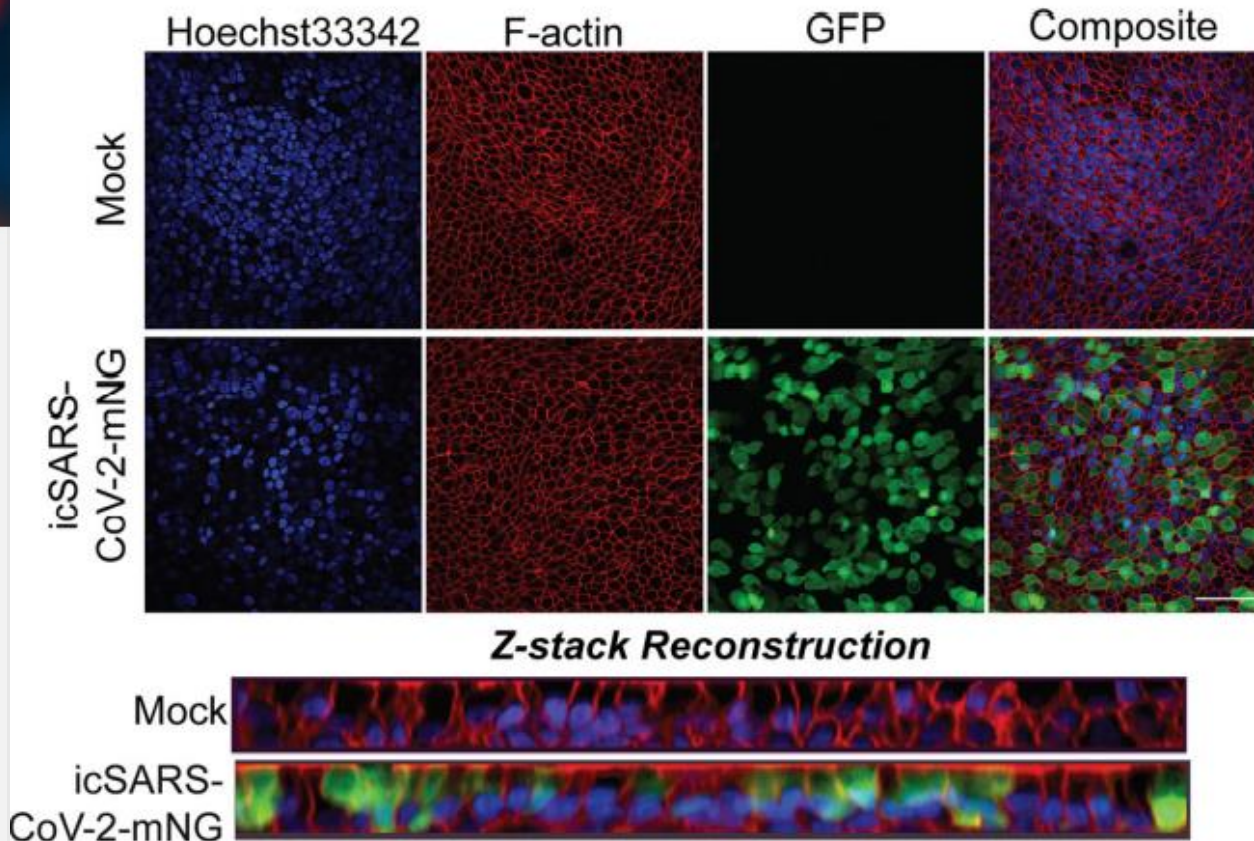
Human bronchial airway epithelial cells are permissive to SARS-CoV-2 infection



qRT-PCR: increase in viral RNA at 48 h p.i.

FFA: viral burden at 72 h p.i.

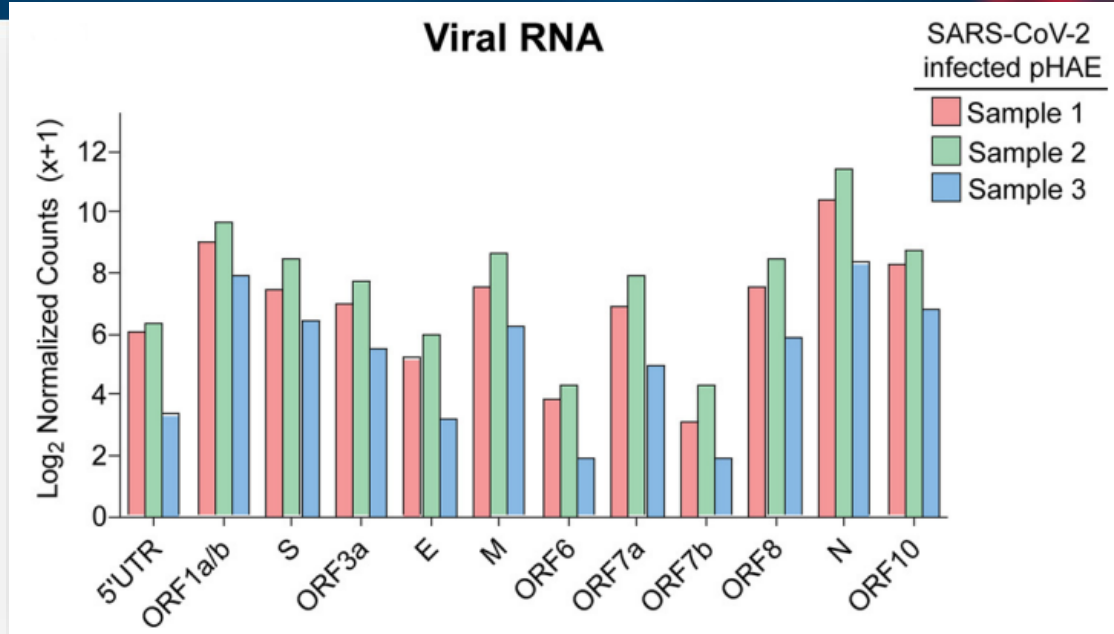
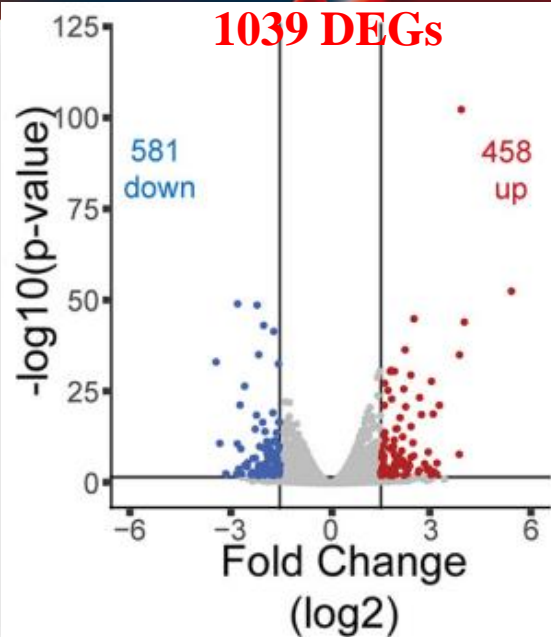




confocal microscope: 40% GFP+ cells

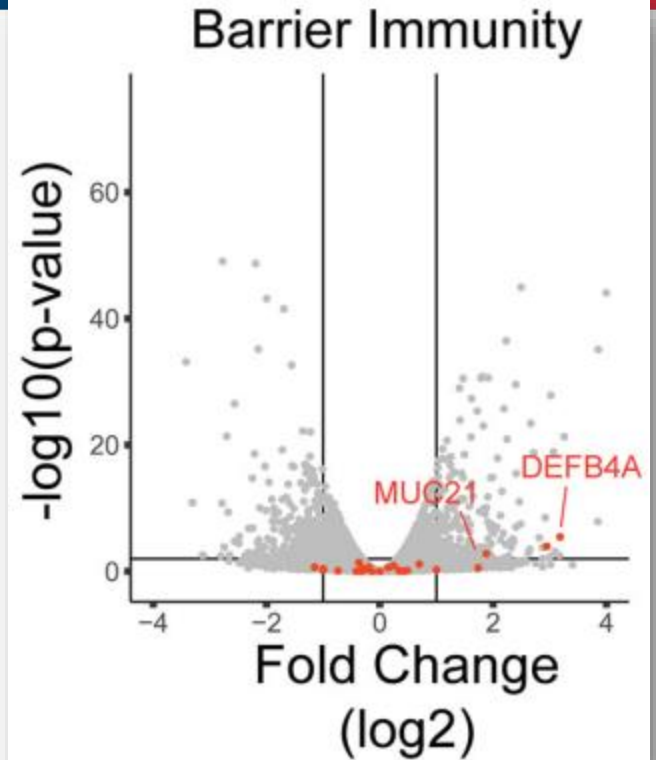
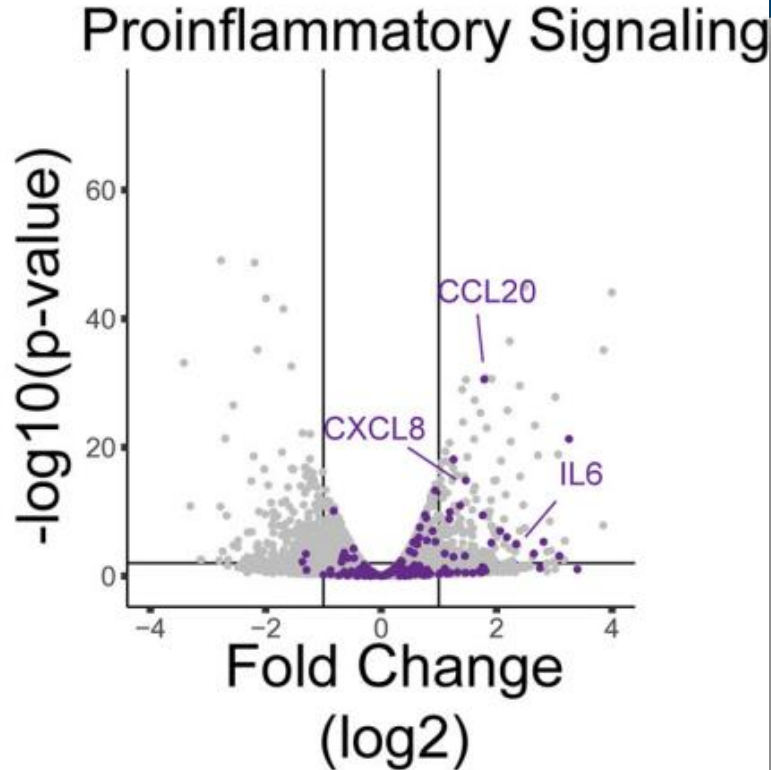
z-stack: GFP expression localized to the **apical** side

SARS-CoV-2 infection prompts a proinflammatory response in pHAE cultures

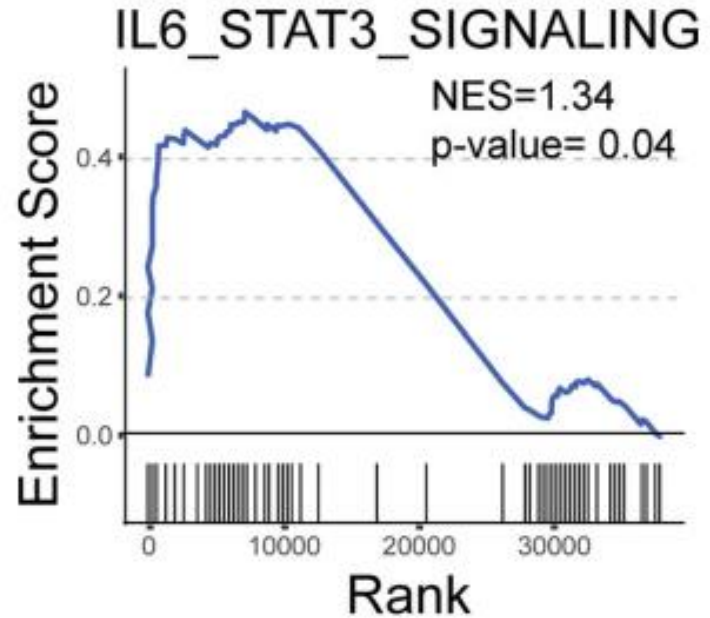
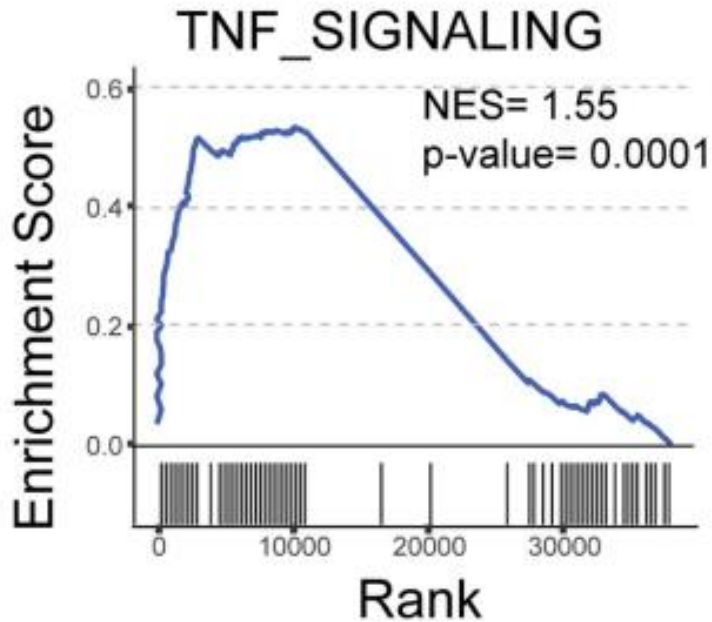


pHAE cultures were infected apically with SARS-CoV-2 (MOI = 0.25) for 48 h
Bulk RNA-Seq analysis of mock & SARS-CoV-2-infected (n=3) samples

SARS-CoV-2 infection prompts a proinflammatory response in pHAE cultures



SARS-CoV-2 infection prompts a proinflammatory response in pHAE cultures

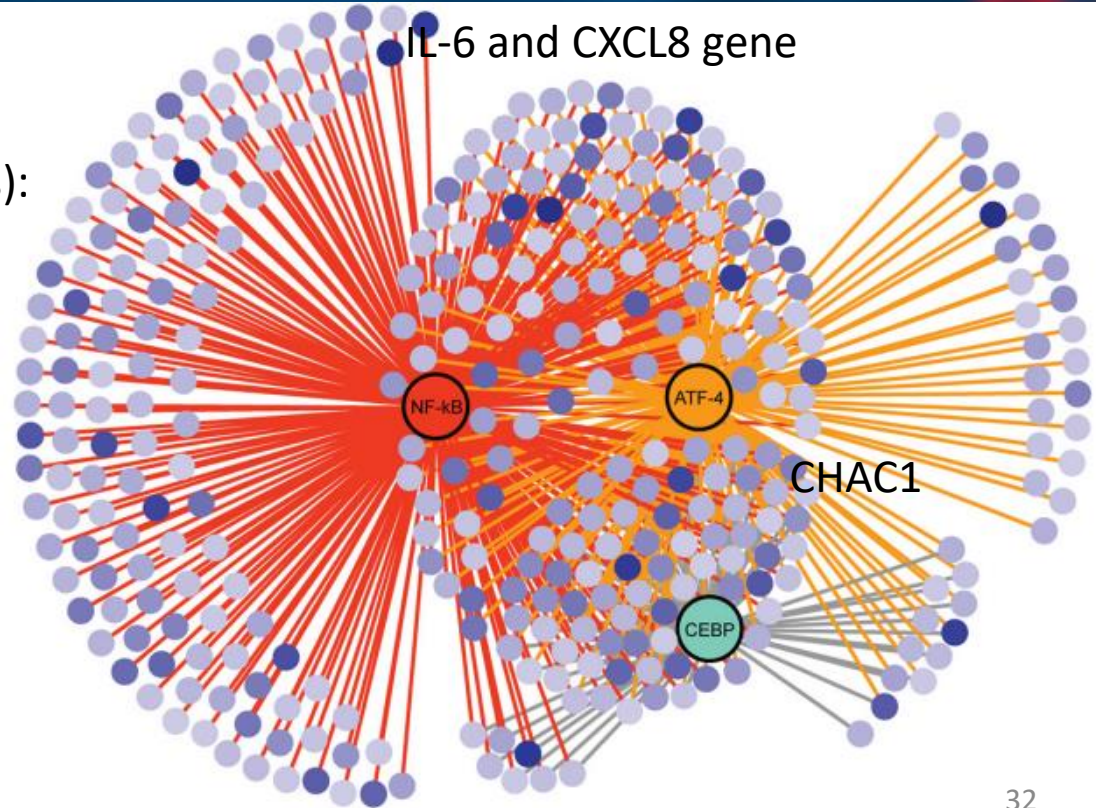


SARS-CoV-2 infection prompts a proinflammatory response in pHAE cultures

To determine the transcriptional regulatory network (regulatory nodes): performed cis-regulatory sequence analysis using iRegulon

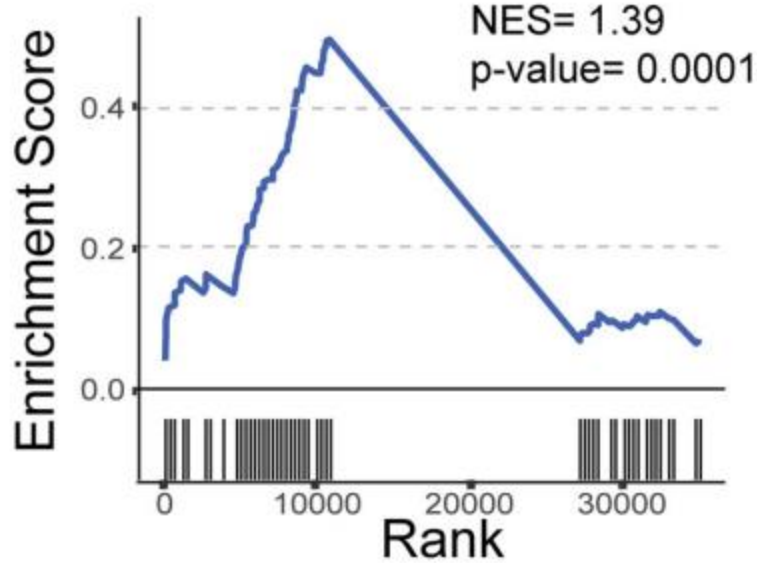
identified NF- κ B and ATF-4 as key drivers of this proinflammatory cytokine response. transcriptional regulators following SARS-CoV-2 infection

NF- κ B regulates a substantial portion of the DEGs

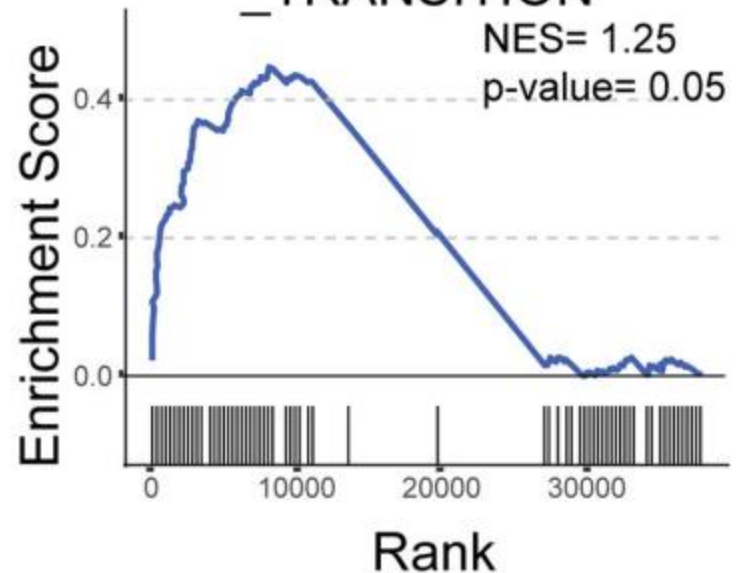


SARS-CoV-2 infection prompts a proinflammatory response in pHAE cultures

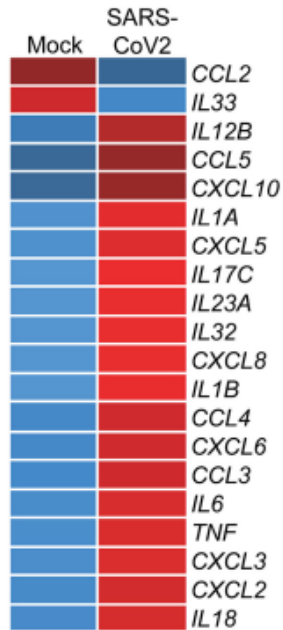
UNFOLDED_PROTEIN_RESPONSE



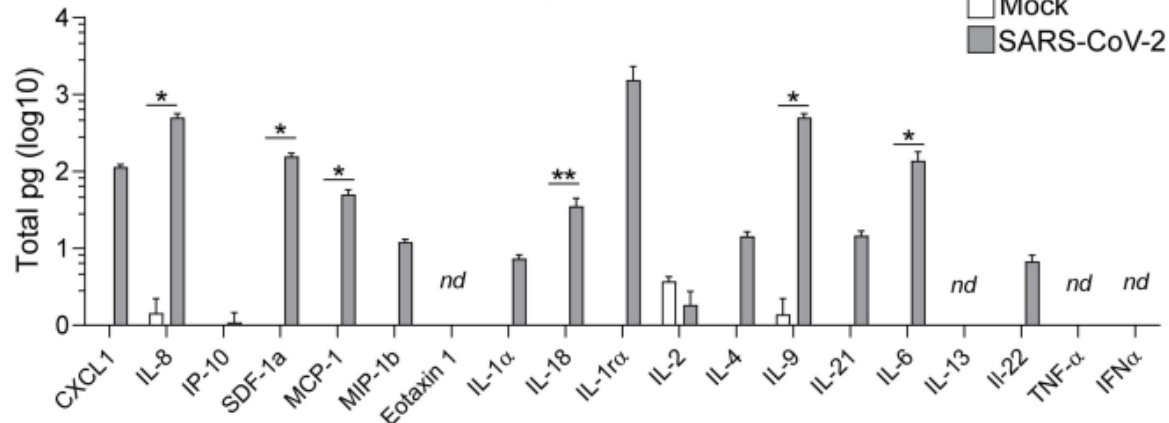
EPITHELIAL_MESENCHYMAL _TRANSITION



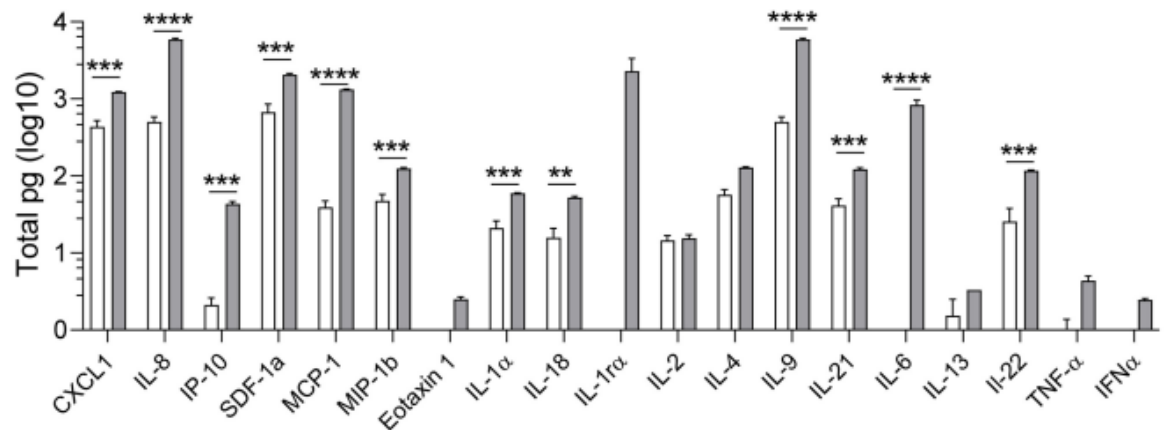
Raw z-score
+1
-1



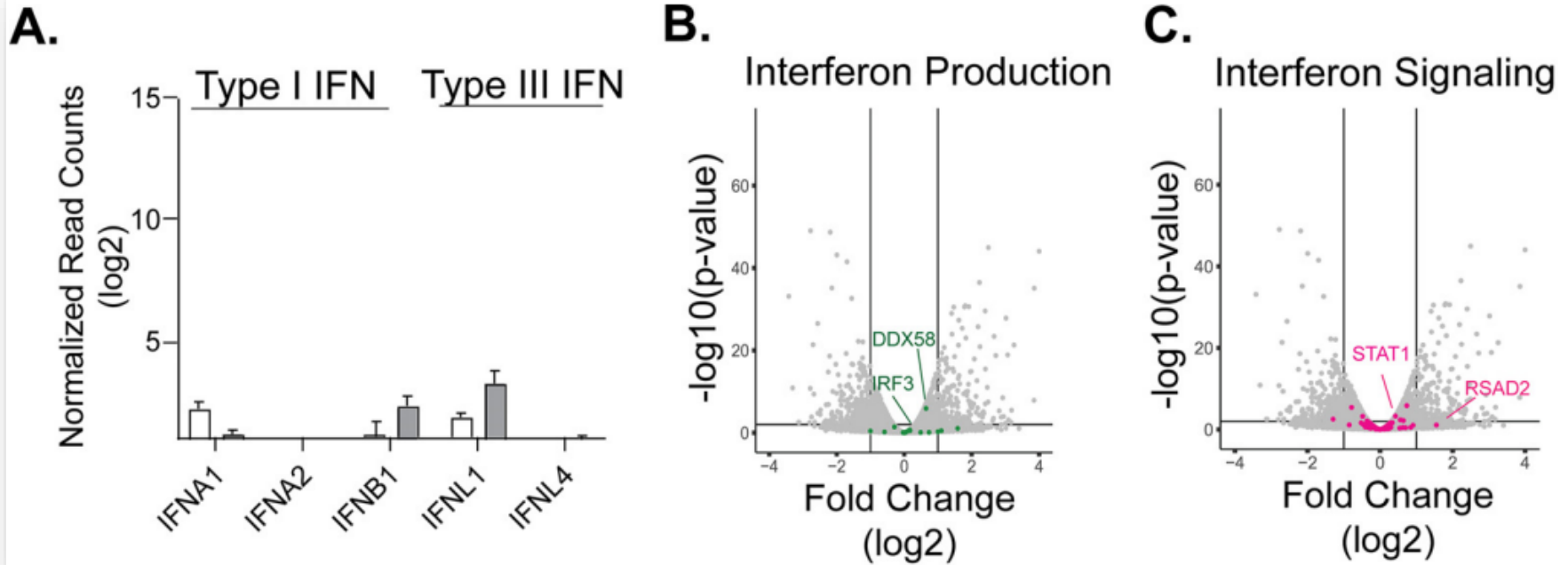
Apical



Basolateral

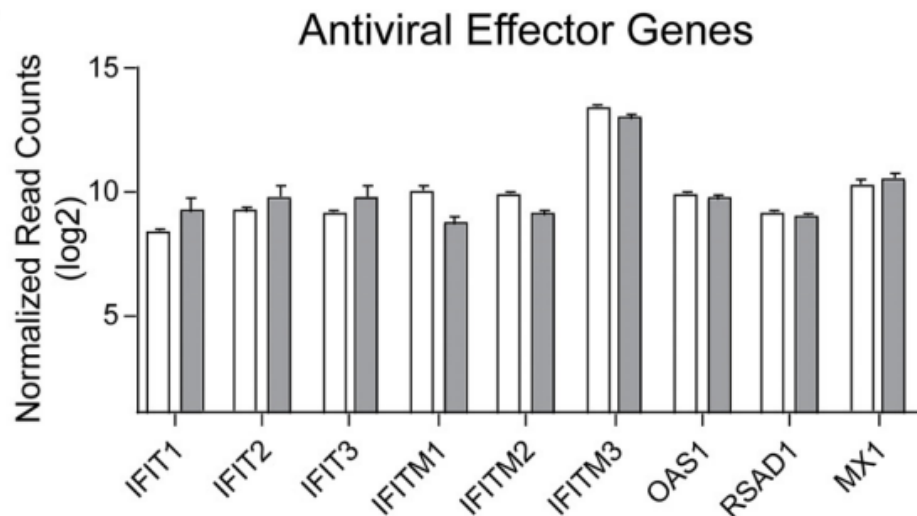


SARS-CoV-2 does not induce IFN production or signaling in pHAE cultures

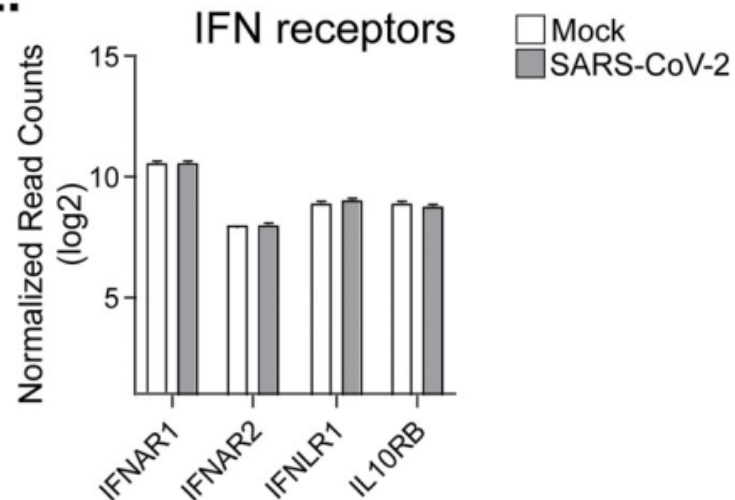


SARS-CoV-2 does not induce IFN production or signaling in pHAE cultures

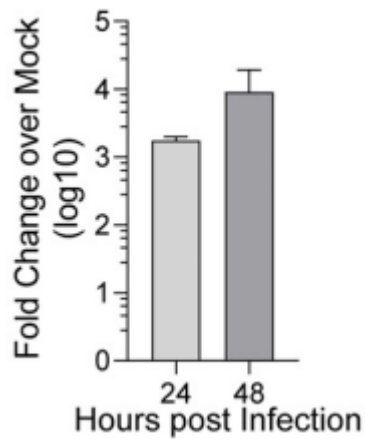
D.



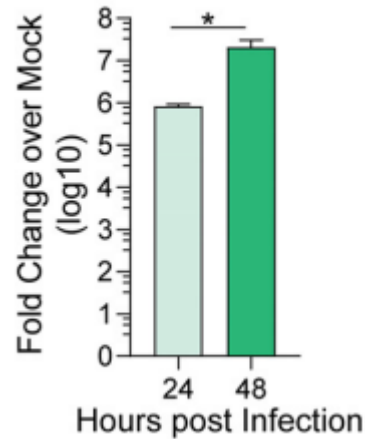
E.

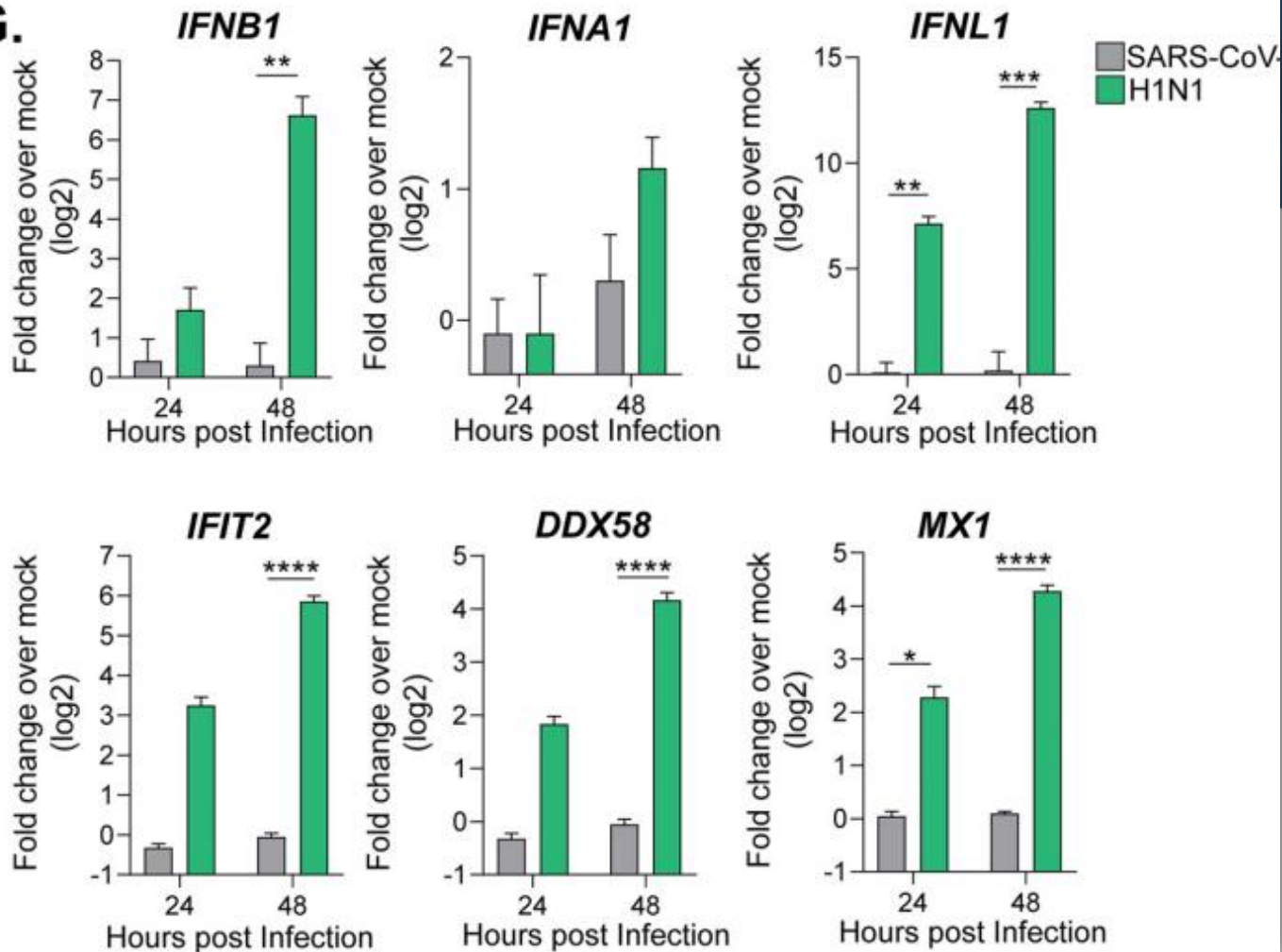


CoV-2 RNA



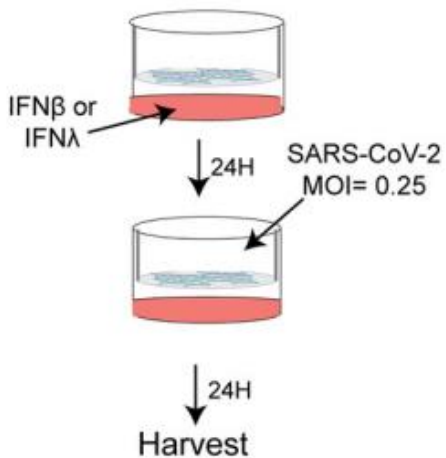
H1N1 RNA



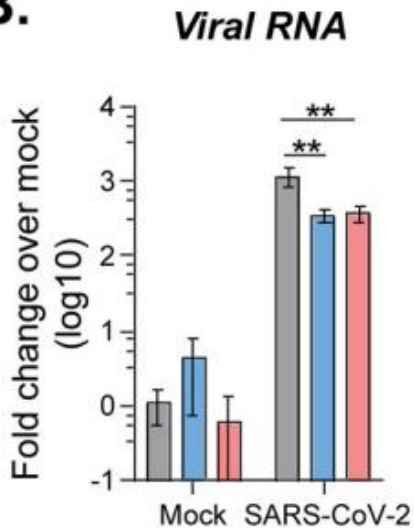
G.

Pretreatment with type I and type III IFN restricts SARS-CoV-2 replication

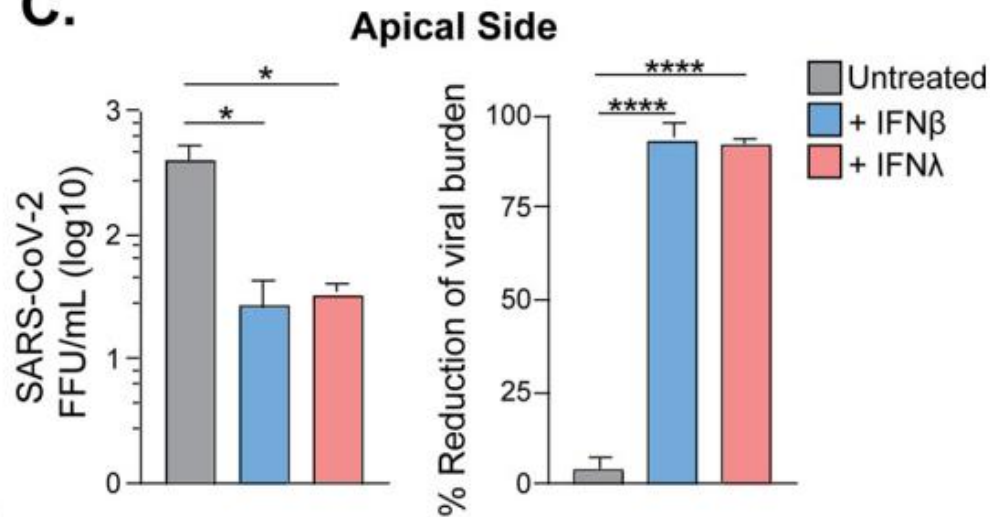
A.

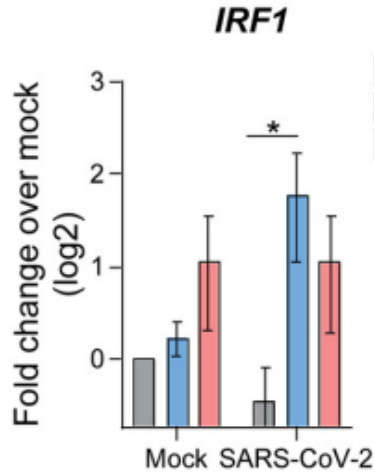
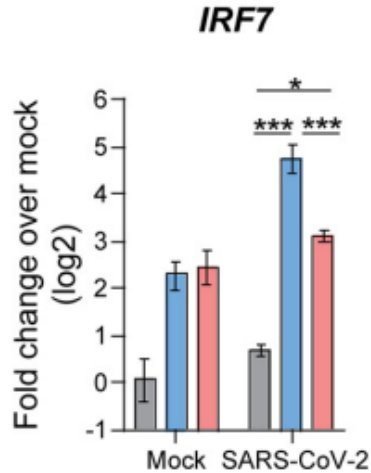
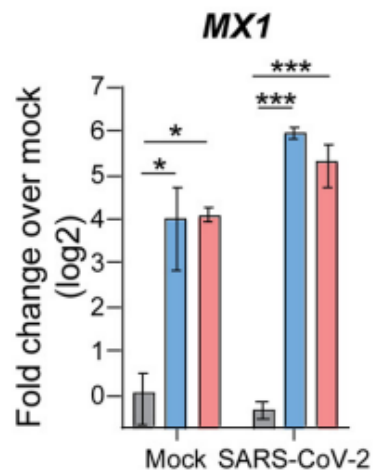
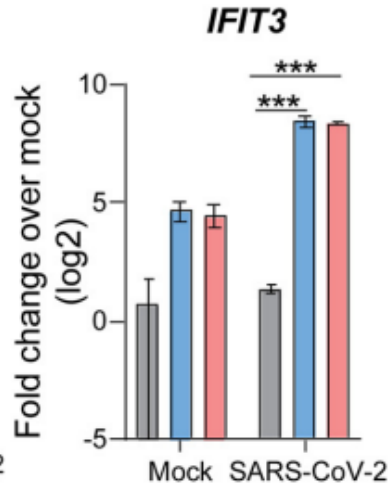
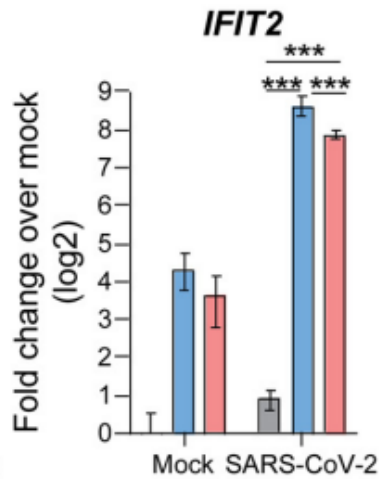
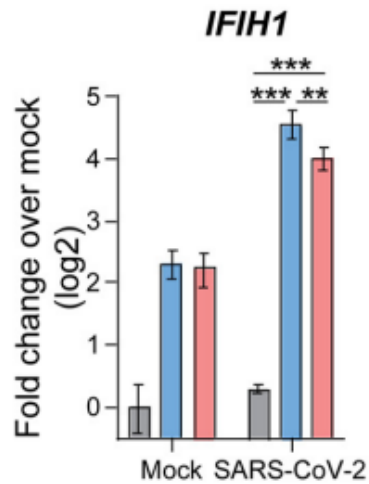
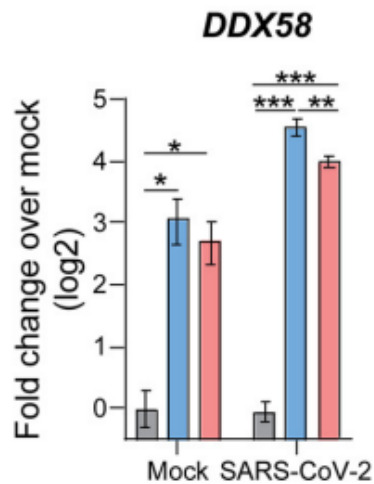


B.



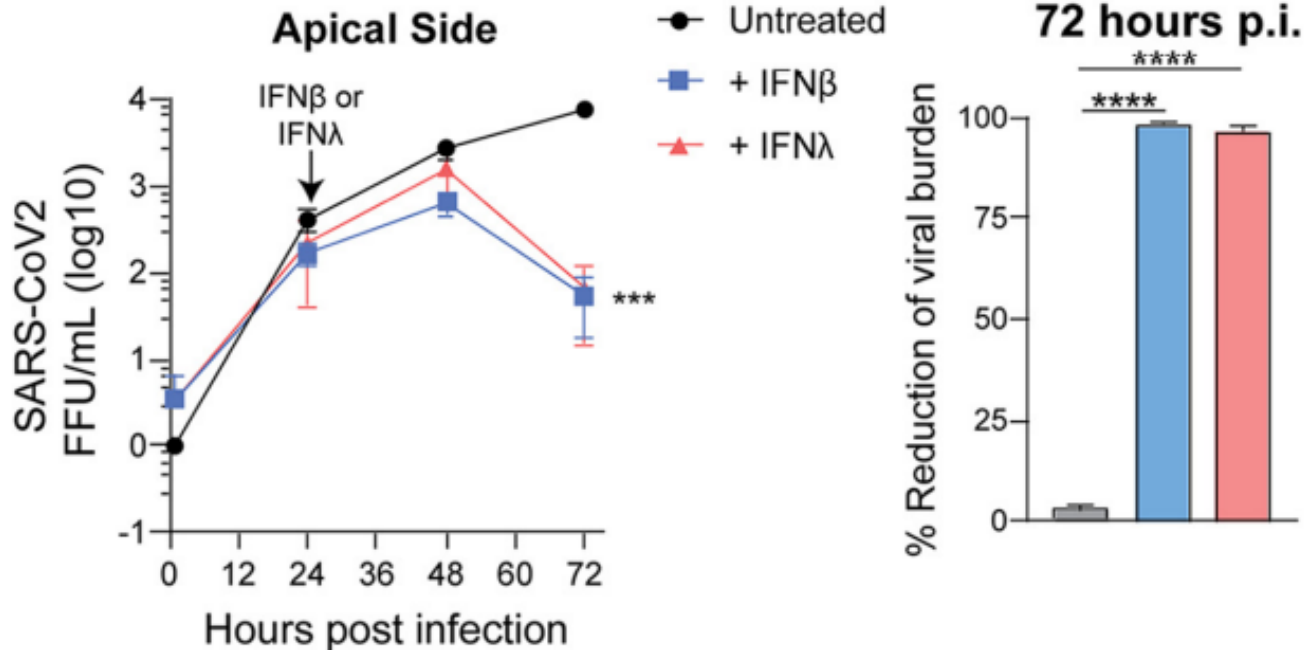
C.



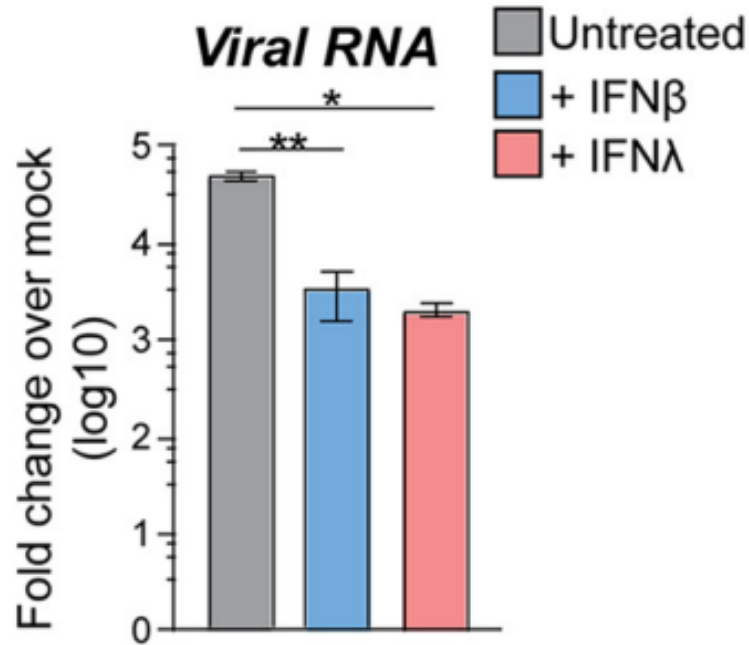


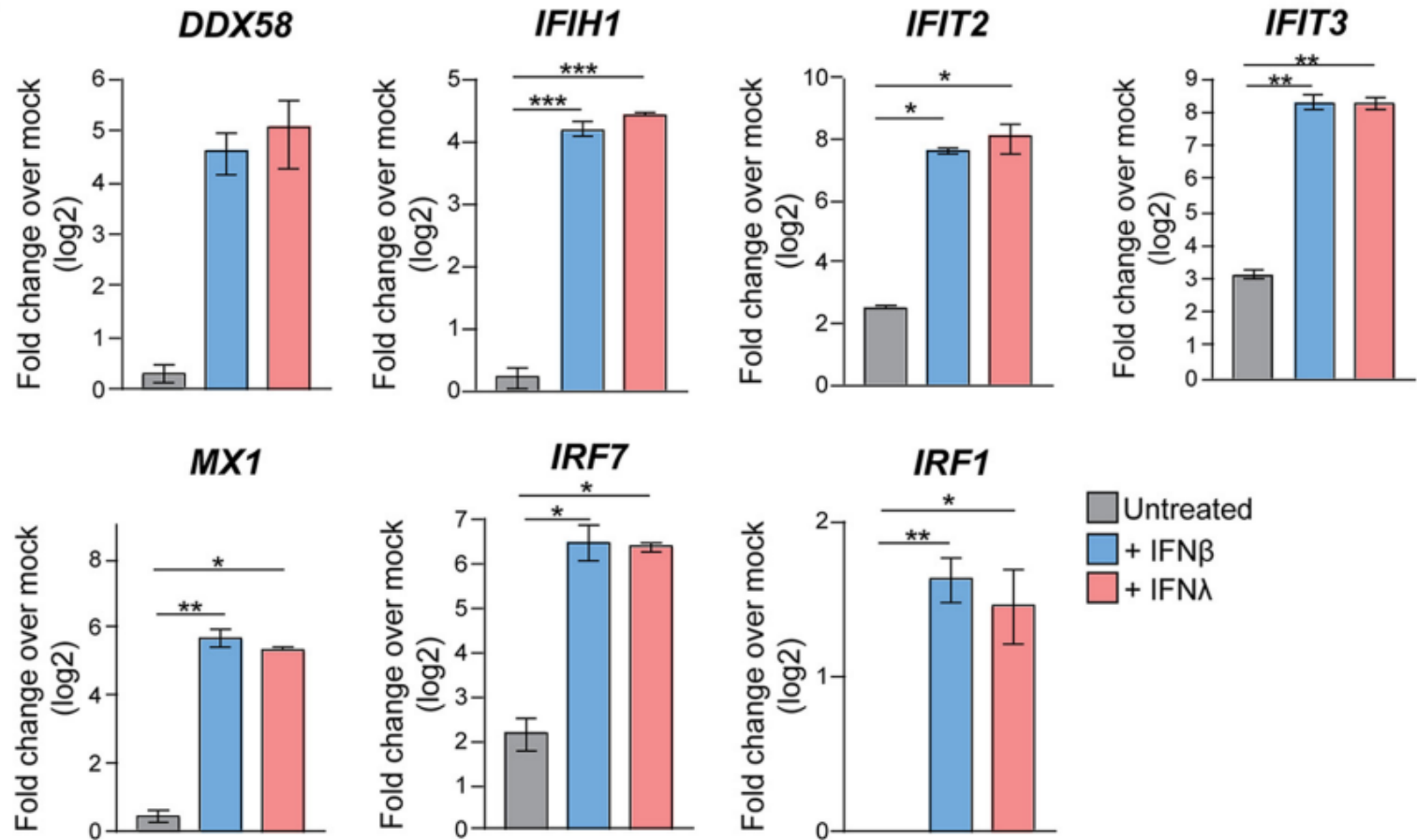
■ Untreated
 ■ + IFN β
 ■ + IFN λ

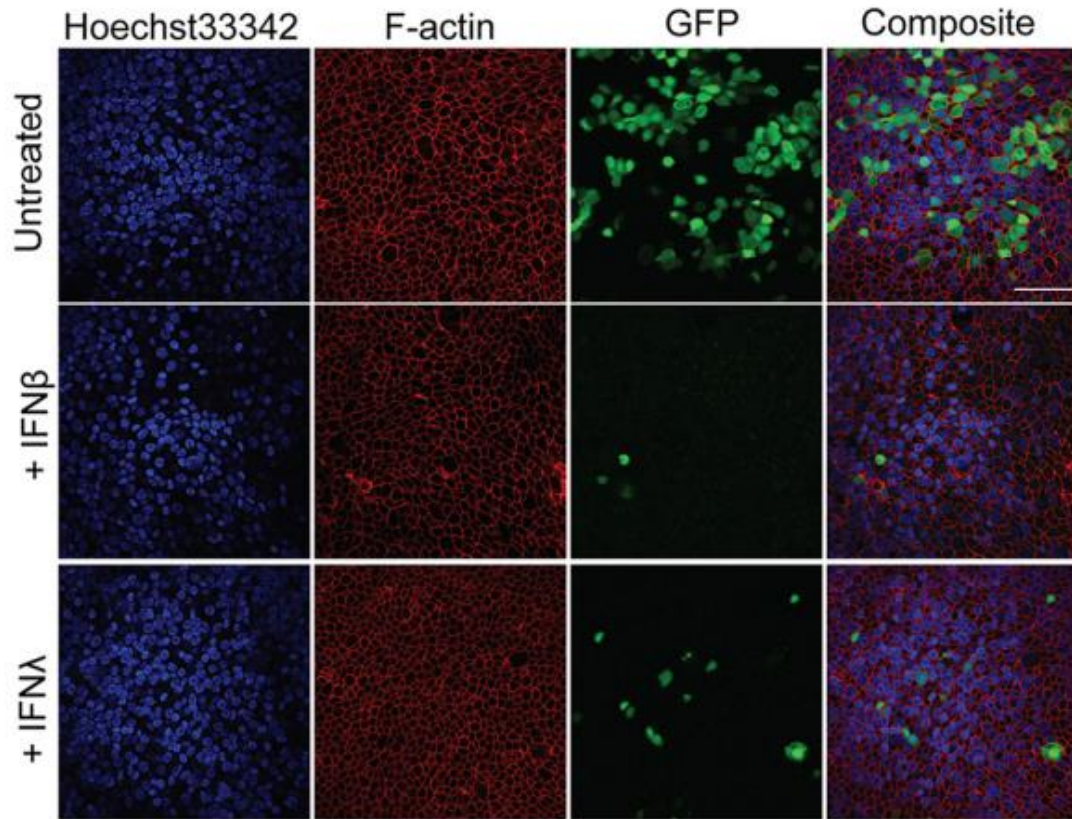
Treatment of SARS-CoV-2-infected pHAE cultures with type I and III IFN reduces viral burden



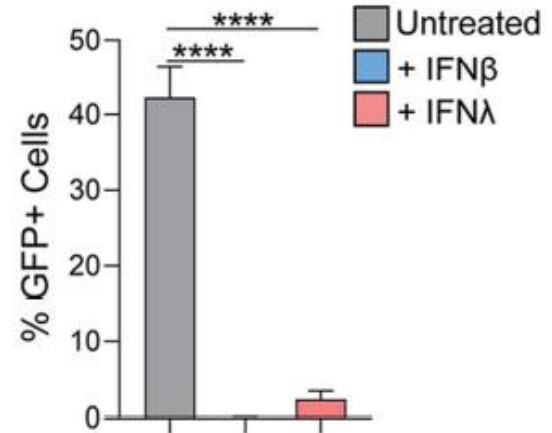
Treatment of SARS-CoV-2-infected pHAE cultures with type I and III IFN reduces viral burden











72 hours p.i.



Discussion

- ✓ pHAE cultures \longrightarrow permissive to SARS-CoV-2 infection
- ✓ Virus \longrightarrow unilaterally released from the **apical** surface
- ✓ **Transcriptional profiling**: SARS-CoV-2- infected pHAE cultures trigger a proinflammatory cytokines (by **ATF-4** & **NF- κ B**)
- ✓ Promote localized edema, fever & recruitment of immune cells into the respiratory tract
- ✓ Dysregulated immune response **+**  ER stress may promote the formation of fibrotic epithelial tissue during SARS-CoV-2 infection

Discussion

- ✓ Enrichment of **ER stress** pathways: SARS-CoV-2 infection disrupted normal cellular functions of pHAE cultures
- ✓ pHAE cultures did not produce type I or III IFN in response to SARS-CoV-2 infection (capable of producing type I and III IFNs)
- ✓ **Pretreatment & posttreatment** with exogenous IFNs: significantly  **viral burden** in pHAE cultures &  **ISGs**
- ✓ Airway epithelial cells  highly polarized, often have differential receptors, such as **ACE-2**, on the **apical side**



Discussion

- ✓ A recent clinical study → type I IFN may be an effective COVID-19 treatment when applied apically (aerosolized)
- pHAE cultures mount a misdirected innate immune response to SARS-CoV-2 infection
- But the early administration of type I or III IFN could potentially decrease virus replication and disease