

Supplemental Information

Elevated Glucose Levels Favor SARS-CoV-2

Infection and Monocyte Response

through a HIF-1 α /Glycolysis-Dependent Axis

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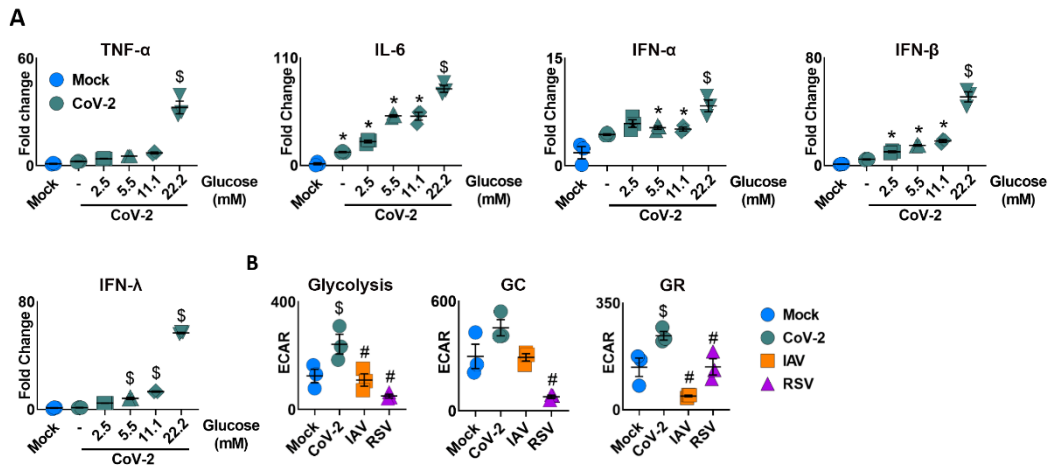


Figure S1. Related to Figure 1. SARS-CoV-2 responds to glucose concentration in extracellular environment.

(A) Human monocytes were infected with mock control or SARS-CoV-2 (CoV-2) (MOI 0.1) for 1 h under continuous agitation and incubated for 24 h in media containing different glucose concentrations (0, 2.5, 5.5, 11.1, 22.2 mM). Relative mRNA expression of cytokines (TNF- α , IL-6, IFN- α , IFN- β and IFN- λ).

(B) ECAR (extracellular acidification rate) - Analysis of Glycolysis (following Glucose injection), Glycolytic capacity (GC: following Oligomycin injection) and Glycolytic reserve (GR: glycolytic capacity - glycolysis) in monocytes infected with mock control, CoV-2, RSV or IAV.

All data represent mean \pm SEM of two independent experiments performed in triplicate. *P < 0.05 compared to mock. #P < 0.05 compared to CoV-2. \$P < 0.05 compared to all other groups (One-Way ANOVA and Tukey post hoc tests).

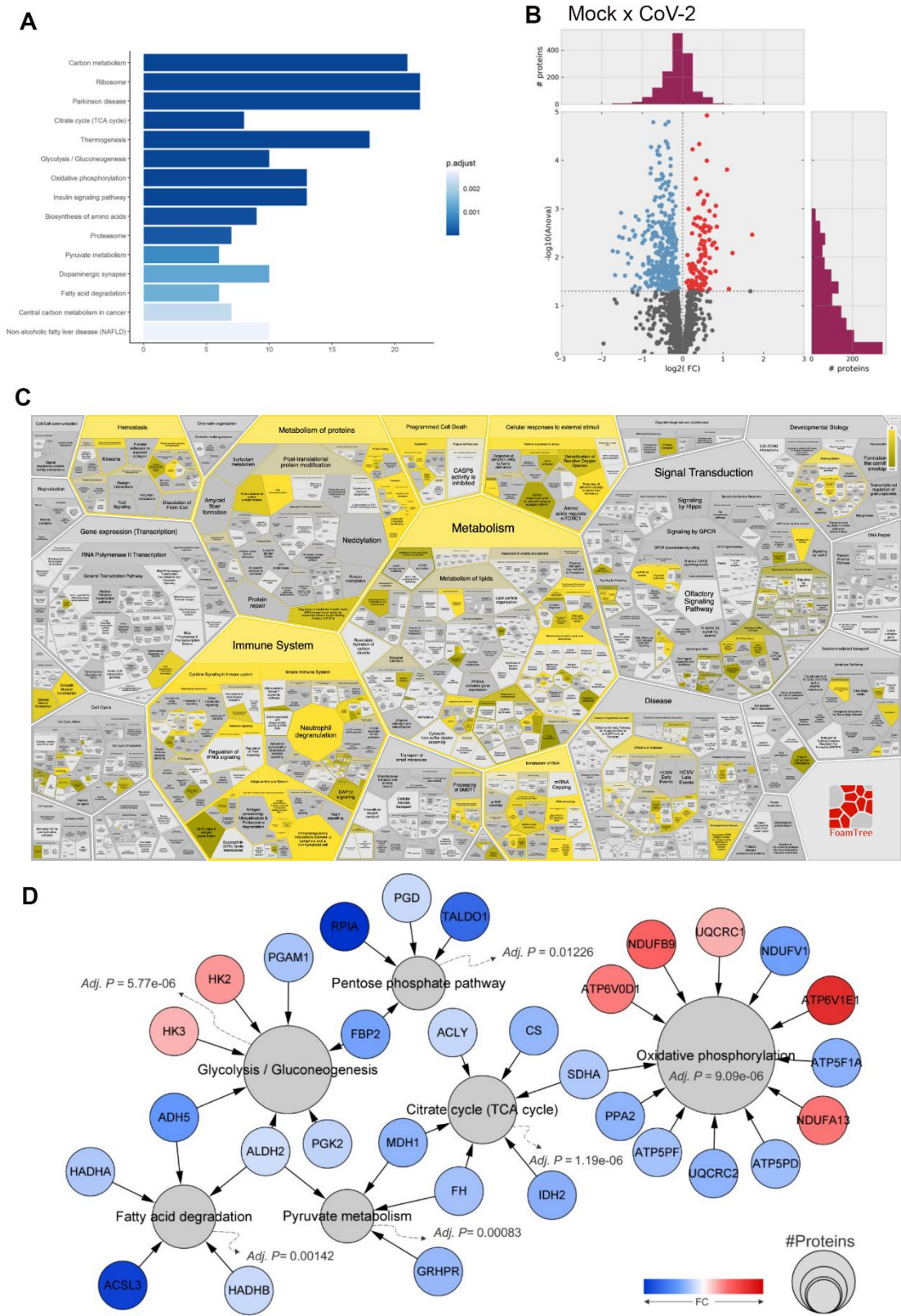


Figure S2. Related to Figure 1 and 3. Proteomic analysis of SARS-CoV-2-infected monocytes.

Human monocytes were infected with mock control or CoV-2 (MOI 0.1) for 1 h under continuous agitation and incubated for 24 h.

- (A) Representation of pathways specifically associated with energy metabolism-related protein found differentially expressed.
- (B) Volcano plot representing the 1509 quantified proteins, of which 510 were found significantly differentially expressed.
- (C) Biological processes associated with the 510 differentially expressed proteins (Reactome).
- (D) Differentially expressed proteins associated with the main energy/oxidative pathways.

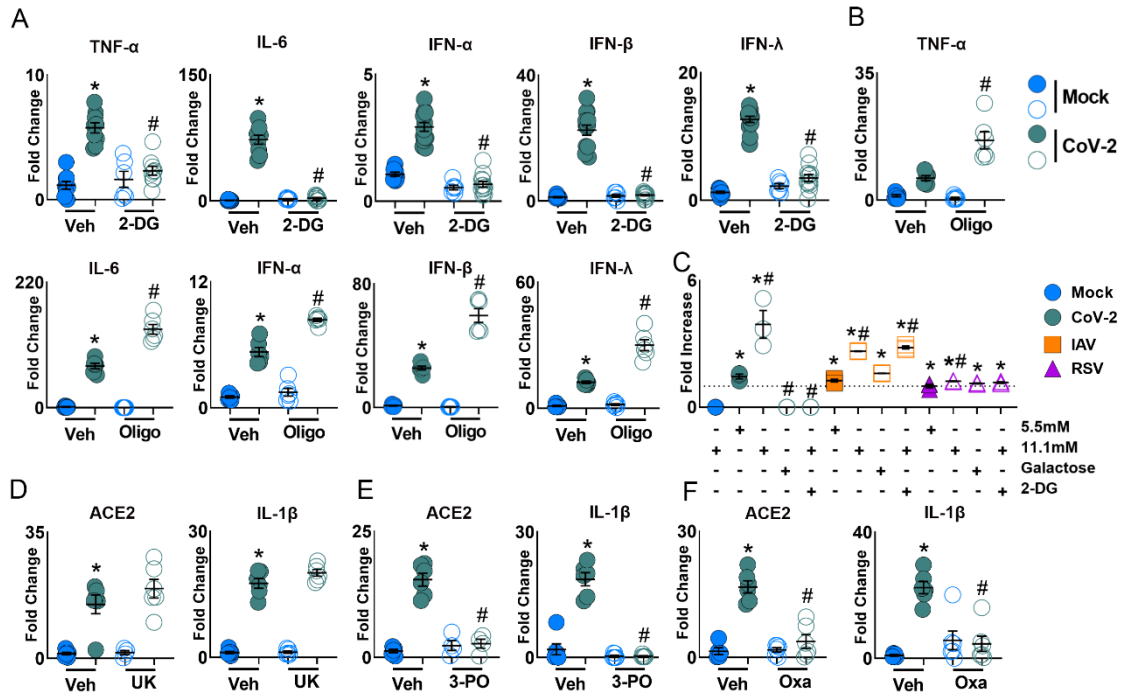


Figure S3. Related to Figure 2. Glycolysis is essential for monocyte inflammatory response to SARS-CoV-2.

Human monocytes were pre-treated with either glycolysis inhibitor 2-DG, PFKFB3 inhibitor 3-PO, LDH-A inhibitor Oxamate (OXA), mitochondrial pyruvate carrier inhibitor UK-5099 (UK) or ATP synthase inhibitor Oligomycin (Oligo) for 2 h prior to SARS-CoV-2 (CoV-2) infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. (A-B) Relative mRNA expression of TNF- α , IL-6, IFN- α , IFN- β and IFN- λ by qPCR in infected monocytes pre-treated with (A) 2-DG or (B) Oligo.

(C) Human monocytes were infected with mock control, CoV-2, RSV or IAV (MOI 0.1) for 1h under continuous agitation and cultured for 24 h in media containing different glucose concentrations (5.5, 11.1 mM), galactose or 2-DG and viral load was determined by qPCR.

(D-F) Relative gene expression ACE2 and IL-1 β in infected monocytes pre-treated with (D) UK-5099, (E) 3-PO and (F) Oxamate.

Data are representative of at least two independent experiments performed in triplicate. Error bars represent mean \pm SEM. (A-B; D-F) *P < 0.05 compared to mock. #P < 0.05 compared to CoV-2 (One-Way ANOVA and Tukey post hoc tests). (C) *P < 0.05 compared to mock. #P < 0.05 compared to its respective 5.5 mM group (One-Way ANOVA and Tukey post hoc tests).

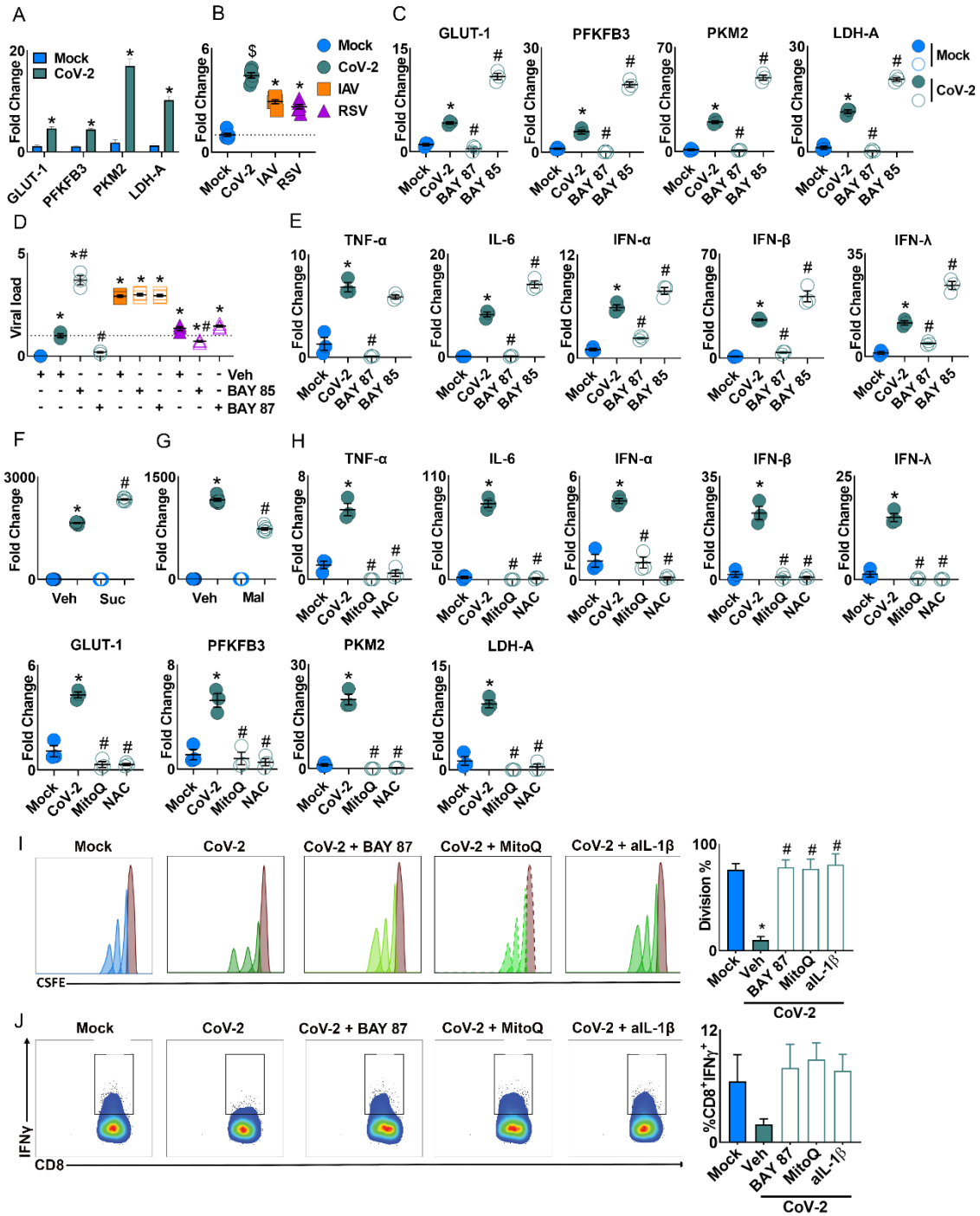


Figure S4. Related to Figure 3 and 4. mtROS/HIF-1 α -axis potentiates SARS-CoV-2 induction of glycolytic enzymes and pro-inflammatory cytokines.

(A) Human monocytes were infected with mock control or SARS-CoV-2 (CoV-2) (MOI 0.1) for 1 h under continuous agitation and incubated for 24 h. Relative gene expression of target genes of HIF-1 α (GLUT-1, PFKFB3, PKM2 and LDH-A).

(B) Human monocytes were infected with mock control, CoV-2, RSV or IAV (MOI 0.1) for 1 h under continuous agitation and incubated for 24 h. HIF-1 α expression was assessed by flow cytometry.

(C) Human monocytes were pre-treated for 2 h with HIF-1 α modulators (BAY85 and BAY87) prior to CoV-2 infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. Relative mRNA expression of GLUT-1, PFKFB3, PKM2 and LDH-A in monocytes pre-treated with either BAY85 or BAY87.

(D) Human monocytes were pre-treated for 2 h with HIF-1 α modulators (BAY85 and BAY87) prior to CoV-2, RSV or IAV infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. Viral load was determined by qPCR.

(E) Human monocytes were pre-treated for 2 h with HIF-1 α modulators (BAY85 and BAY87) prior to CoV-2 infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. Relative mRNA expression of TNF- α , IL-6, IFN- α , IFN- β and IFN- λ was determined by qPCR.

(F-G) Human monocytes were pre-treated for 2 h with cell permeable (F) Succinate (Suc) or (G) Malonate (Mal) prior to CoV-2 infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. Viral load was determined by qPCR.

(H) Human monocytes were pre-treated for 2 h with either MitoQ or NAC prior to SARS-CoV-2 infection (MOI 0.1) for 1 h under continuous agitation and incubation for 24 h. Relative gene expression of TNF- α , IL-6, IFN- α , IFN- β , IFN- λ , GLUT-1, PFKFB3, PKM2 and LDH-A in monocytes pre-treated with either MitoQ or NAC.

(I-J) Human lymphocytes were isolated from peripheral blood, stained with CFSE and cocultured with allogeneic PBMCs in the presence of conditioned media from mock or SARS-CoV-2 (CoV-2) monocytes pre-treated with vehicle, BAY87-2243 (BAY87) and Mitoquinol (MitoQ). Lymphocytes were also given conditioned media from CoV-2-infected monocytes with anti-IL-1 β (aIL-1 β). (I) Proliferation and (J) percentage of viable CD8⁺IFN- γ ⁺ T cells were determined by flow cytometry and are shown by representative dot plots/histograms. Brown histogram represents non-proliferative cells.

All data are representative of two independent experiments performed in triplicate. Error bars represent mean \pm SEM. *P < 0.05 compared to mock. #P < 0.05 compared to CoV-2 (One-Way ANOVA and Tukey post hoc test).

Table S1. Related to Figure 1 and 3. General parameters of human cohorts.

General parameters of healthy and obese/diabetic cohort					
Group	Patient number	Gender	Age (y)	BMI	
Obese/Diabetic	OD1	M	52	31.1	
	OD2	M	59	31.5	
	OD3	F	63	36.7	
	OD4	F	43	31.2	
Healthy controls	HC1	M	34	26.3	
	HC2	M	41	25.9	
	HC3	M	58	24.7	
General parameters of COVID-19 cohort					
Group	Patient number	Gender	Age (y)	BMI	Admittance O₂ saturation (%)
COVID-19 patients	COV1	M	50	20.2	96
	COV2	M	47	31.1	93
	COV3	M	47	24.8	91
	COV4	M	30	27.0	84
	COV5	M	57	27.1	92
Healthy controls	HC4	M	39	26.5	NA
	HC5	M	42	25.8	NA
	HC6	M	39	27.4	NA
	HC7	M	40	27.7	NA
	HC8	M	40	22.1	NA

*M, male; F, female; NA, not available.