## **Supplemental Online Content**

Ho CY, Salimian M, Hegert J, et al. Postmortem assessment of olfactory tissue degeneration and microvasculopathy in patients with COVID-19. *JAMA Neurol*. Published online April 11, 2022. doi:10.1001/jamaneurol.2022.0154

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This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Demographics,	medical history a	and significant auto	onsy findings
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Case No.	Age/ Sex	Interval btwn Symptom Onset & Death (Day)	Postmortem Swab PCR	COVID- 19 Infection Severity	Cause of Death	Comorbidities	Significant Brain Pathology	Note
1	30s/F	4	Pos	Mild	Ruptured basilar artery aneurysm	HTN	Ruptured aneurysm, SAH, HIE	
2	60s/M	28	Pos	Critical	COVID-19 complications	HTN, hyperlipidemia, CAD, PAD	None	
3	50s/M	14	Pos	Critical	COVID-19 pneumonia and superimposed bacterial pneumonia	HTN	None	
4	60s/M	45	Neg	Severe	COVID-19 pneumonia	DM, HTN, hyperlipidemia, CAD	None	
5	50s/M	21	ND	Severe	COVID-19 complications	HTN	Extensive white matter hemorrhage, intravascular thrombi	
6	20s/M	10	Pos	Mild	COVID-19 pneumonia	Transverse myelitis, PE, CAD	None	
7	60s/F	18	Pos	Severe	PE	DM, HTN, CAD	None	
8	40s/M	18	Pos	Moderate	COVID-19 complications	AA s/p chemoradiation, meningioma s/p resection	Radiation necrosis, residual meningioma	
9	70s/M	52	NA	Severe	Cardiac arrhythmia	IPF s/p left lung transplant, DM, HTN, hyperlipidemia	Diffuse Lewy body disease	
10	80s/F	110	NA	Mild	Intracerebral hemorrhage	DM, HTN, hyperlipidemia, left MCA infarct	Acute basal ganglia hemorrhage, remote MCA infarct, intermediate AD neuropathologic change	
11	60s/F	9	Pos	Critical	COVID pneumonia	CAD	None	
12	40s/M	10	Pos	Moderate	COVID-19 complications	DM, chronic heart failure, CKD	None	
13	60s/M	22	Pos	Critical	COVID-19 pneumonia and superimposed bronchopneumonia	DM, HTN, CAD, PAD, hyperlipidemia	Global HIE	

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eTable 1. Demographics, medical history and significant autopsy findings (continued)

Case No.	Age/ Sex	Interval btwn Symptom Onset & Death (Day)	Postmortem Swab PCR	COVID- 19 Infection Severity	Cause of Death	Comorbidities	Significant Brain Pathology	Note
14	40s/F	6	Pos	Critical	COVID-19 pneumonia	Obesity, DM, HCM, DCM	None	
15	60s/M	35	NA	Critical	COVID-19 complications	Obesity, Afib, hyperlipidemia, stroke	None	
16	90s/M	17	Pos	Severe	COVID-19 pneumonia and superimposed bacterial pneumonia	CHF	None	
17	60s/M	72	ND	Severe	COVID-19 complications	DM, HTN, CAD, CHF, COPD	None	
18	80s/F	8	Pos	Mild	Ruptured ascending aortic aneurysm	HTN, hyperlipidemia	None	
19	60s/M	27	Neg	Critical	COVID-19 pneumonia	Obesity, DM, HTN	None	
20	50s/F	37	Pos	Critical	Complications of COPD	COPD, CHF, DVT	None	
21	70s/F	27	Pos	Severe	COVID-19 pneumonia and superimposed bacterial pneumonia	HTN, hyperlipidemia	None	
22	30s/F	Unknown	Pos	Unknown	COVID-19 pneumonia	Obesity	None	
23	30s/M	-	Pos	No symptoms	Acute aspiration	Autism	None	
1C	50s/F	-	NA	-	Diffuse peritoneal carcinomatosis	HTN	HIE	
2C	60s/M	-	NA	-	Bacterial bronchopneumonia	HTN, CAD, Afib, PAD, FTD	FTLD-TDP	Hospitalization: 7D
3C	50s/F	-	NA	-	Bacterial pneumonia	IPF s/p bilateral lung transplant	None	ARDS; Mechanical ventilation +; Hospitalization: 37D (ICU: 12D)
4C	70s/M	-	NA	-	Ruptured AAA	Stroke	Remote frontal infarct, global HIE	
5C	20s/F	-	NA	-	Diabetic ketoacidosis	DM	None	Aspiration pneumonitis
6C	30s/M	-	NA	-	EBV-induced HLH		HIE, hepatic encephalopathy	ICU: 2D

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Case No.	Age/ Sex	Interval btwn Symptom	Postmortem Swab PCR	COVID- 19	Cause of Death	Comorbidities	Significant Brain Pathology	Note
140.	бел	Onset & Death (Day)	SwabiCK	Infection Severity			T athology	
7C	20s/M	-	NA	-	VSD due to chest trauma		None	Mechanical ventilation +; ECMO +; ICU: 36D
8C	60s/M	-	NA	-	Hepatic artery thrombosis	DM, HTN, CAD, NASH and HCC s/p recent liver transplant	Hepatic encephalopathy	ICU: 5D
9C	40s/F	-	NA	-	Bacterial endocarditis	ESRD, HFpEF, nephrotic syndrome	None	Pneumonia with ARDS: Mechanical ventilation +; Hospitalization: 18D (ICU: 7D)
10C	20s/F	-	Neg	-	Non-COVID-19 viral pneumonia		None	
11C	40s/M	-	NA	-	Ruptured AVM		Cerebellar hemorrhage, AVM s/p craniotomy, SAH, HIE	Mechanical ventilation +; ICU: 20D
12C	50s/M	-	NA	-	Myocardial infarction	DM, HTN, CKD	Multifocal frontoparietal hemorrhagic infarcts, SAH, HIE, intermediate AD neuropathologic change	Mechanical ventilation +; ICU: 8D
13C	60s/F	-	NA	-	Septic shock	DM, HTN	Meningitis	
14C	70s/F	-	NA	-	Candida urosepsis	DM, breast cancer	None	Hospitalization: 16D

eTable 1. Demographics, medical history and significant autopsy findings (continued)

Abbreviations: AA: anaplastic astrocytoma; AAA: abdominal aortic aneurysm; AD: Alzheimer disease; Afib: atrial fibrillation; ARDS: acute respiratory distress syndrome; AVM: arteriovenous malformation; CAD: coronary artery disease; CHF: congestive heart failure; CKD: chronic kidney disease; COPD: chronic obstructive pulmonary disease; DCM: dilated cardiomyopathy; DM; diabetes mellitus; DVT: deep vein thrombosis; EBV: Epstein-Barr virus; ECMO: extracorporeal membranous oxygenation; FTD: frontotemporal dementia; FTLD-TDP: frontotemporal lobar degeneration with TDP-43 inclusions; HCC: hepatocellular carcinoma; HCM: hypertrophic cardiomyopathy; HFpEF: heart failure with preserved ejection fraction; HIE: hypoxic-ischemic encephalopathy; HLH: hemophagocytic lymphohistiocytosis; HTN; hypertension; ICU: intensive care unit; IPF: idiopathic pulmonary fibrosis; MCA: middle cerebral artery; NA: not assessed; NASH: nonalcoholic steatohepatitis; ND: non-diagnostic; Neg: negative; PAD: peripheral artery disease; PE: pulmonary embolism; SAH: subarachnoid hemorrhage; Pos: positive; s/p: status post; VSD: ventricular septal defect.

Axon Patholo	ey Scoring						
1	Minimal to mild axon degeneration: Mild unfolding of myelin sheath, slight accumulation of						
	organelles						
2	Moderate axon degeneration: Moderate structural disruption, mild vacuolar changes in myelin						
	sheath						
3	Severe axon degeneration: Major structural disruption, severe vacuolar changes in myelin sheath,						
	presence of lysosomes, abundant myelin fragmentation and debris						
<b>Endothelial</b> P	athology Scoring						
1	Mild to moderate cytoplasmic swelling, mitochondrial injury +/- subendothelial edema						
2	Moderate-severe cytoplasmic swelling, mitochondrial injury +/- subendothelial edema						
3	Obvious rupture of endothelial cells, abundant lysosome accumulation, near complete/complete						
	occlusion of lumen, thrombosis						

## eTable 2. Scoring criteria for axon and microvascular pathology

## eTable 3. Interobserver reliability in axon and microvascular pathology scoring

	Overall Agreement on Axon Pathology <sup>a</sup>										
			Asymptotic	Asymptotic 95% Confidence							
						rval					
	Карра	Standard	Z	Significance	Lower	Upper					
		Error		_	Bound	Bound					
Overall	.411	.041	9.893	.000	.329	.492					
Agreement											

a. Sample data contains 112 effective images and 3 raters.

	<b>Overall Agreement on Microvascular Pathology<sup>b</sup></b>										
			Asymptotic	• •	% Confidence rval						
	Карра	Standard Error	Z	Significance	Lower Bound	Upper Bound					
Overall Agreement	.373	.032	11.635	.000	.310	.436					

b. Sample data contains 190 effective images and 3 raters.

		1		CD20 D	1	
Case	Age/Sex	Smell or	CD3+T	CD20+ B	CD68+	GFAP+
No.		Taste	Lymphocytes	Lymphocytes	Microglia	Reactive
		Dysfunction	(/HPF) <sup>a</sup>		(/HPF) <sup>b</sup>	Astrocytes <sup>c</sup>
1	30s/F	Diminished			ssue	
-	60.04	Smell			ailable	
2	60s/M	Loss of Smell	Focal	None	NA	Frequent
2	50.04	T 60 11	Leptomeningeal	N	20	
3	50s/M	Loss of Smell	Scattered (10)	None	20	Moderate
4	60s/M	Loss of Smell	Focal Perivascular	None	15	Sparse
5	50s/M	Loss of Smell	Perivascular	Ti	ssue	
5	505/1 <b>v</b> 1	& Taste			ailable	
6	20s/M	Loss of Smell	Scattered (5)	None	33	Moderate
0	205/101	& Taste	Scalleleu (3)	None	55	Wiouerate
7	60s/F	Diminished	Scattered (4)	None	30	Moderate
/	003/1	Smell	and Focal	None	50	Wioderate
		Shien	Perivascular			
8	40s/M	Diminished	i cirvascului	Ti	ssue	
0	105/111	Smell			ailable	
9	70s/M	Diminished	Rare	Rare	12	Frequent
-		Smell				
10	80s/F	None	Rare	None	58	Moderate
11	60s/F	None	Rare	None	22	Sparse
12	40s/M	None	Rare	None	12	Moderate
13	60s/M	None	Rare	None	22	Moderate
14	40s/F	None	None	None	12	None
15	60s/M	None		Tis	ssue	
				Unav	ailable	
16	90s/M	None	Focal	NA	10	Frequent
			Perivascular			
17	60s/M	None			ssue	
					ailable	
18	80s/F	None	Scattered (10)	None	17	Frequent
19	60s/M	None			ssue	
					ailable	
20	50s/F	None	Scattered (5)	Very Rare	29	Frequent
21	70s/F	None	Scattered (3)	None	24	Moderate
22	30s/F	Unknown	None	None	Rare	None
23	30s/M	Unknown	Rare	None	15	Sparse
1C	50s/F	None	Scattered (5)	None	30	Moderate
2C	60s/M	None	Scattered (3)	None	18	Frequent
3C	50s/F	None	Focal Clustered (30)	None	20	Frequent
4C	70s/M	None	(-~)	Tis	ssue	
-					ailable	
5C	20s/F	None	Rare	None	5	Moderate
6C	30s/M	None			ssue	
					ailable	
7C	20s/M	None	Rare	None	23	Moderate
8C	60s/M	None	· · · · · · · · · · · · · · · · · · ·		ssue	
					ailable	

eTable 4. No increase in neuroinflammation in olfactory tissue from COVID-19 patients

Case	Age/Sex	Smell or	CD3+T	CD20+ B	CD68+	GFAP+
No.	9.000	Taste Dysfunction	Lymphocytes (/HPF) <sup>a</sup>	Lymphocytes	Microglia (/HPF) <sup>b</sup>	Reactive Astrocytes <sup>c</sup>
9C	40s/F	None	Scattered (10) and Perivascular	None	18	Moderate
10C	20s/F	None	NA	None	NA	Moderate
11C	40s/M	None			sue ailable	
12C	50s/M	None	Tissue Unavailable			
13C	60s/F	None	Focal Perivascular	Rare	55	Frequent
14C	70s/F	None	Focal Perivascular	None	24	Frequent

eTable S4. No increase in neuroinflammation in olfactory tissue from COVID-19 patients (continued)

a. Represents an average of the 3 most dense areas b. Represents an average of the 3 most dense areas; May contain macrophages c. Precise quantification is impossible due to intense background staining from astrocytes and oligodendrocytes GFAP: Glial fibrillary acidic protein; HPF: High-power filed; NA: Not assessed

Case	Age/Sex	Smell or	NFT in	NFT (Braak)	AD Neuropathologic
No.	8	Taste	Olfactory	Staging in	Change
		Dysfunction	Tissue	Brain	0
1	30s/F	Diminished	Tissue	NA	NA
		Smell	Unavailable		
2	60s/M	Loss of Smell	Sparse	II	Low Level (A2B1C2)
3	50s/M	Loss of Smell	Sparse	0	Not (A0B0C0)
4	60s/M	Loss of Smell	None	II	Not (A0B1C0)
5	50s/M	Loss of Smell	Tissue	Ι	Not (A0B1C0)
		& Taste	Unavailable		
6	20s/M	Loss of Smell	None	NA	NA
		& Taste			
7	60s/F	Diminished	Moderate	III	Low Level (A1B2C1)
		Smell			
8	40s/M	Diminished	Tissue	0	Not (A0B0C0)
		Smell	Unavailable		
9	70s/M	Diminished	Sparse	IV	Not (A0B2C0)
		Smell			
10	80s/F	None	Frequent	V	Intermediate level
					(A2B3C2)
11	60s/F	None	Sparse	II	Not (A0B1C0)
12	40s/M	None	None	0	Not (A0B0C0)
13	60s/M	None	None	0	Not (A0B0C0)
14	40s/F	None	None	0	Not (A0B0C0)
15	60s/M	None	Tissue	0	Low Level (A1B0C0)
			Unavailable		
16	90s/M	None	Frequent	III	Low level (A1B2C1)
17	60s/M	None	Tissue	0	Not (A0B0C0)
			Unavailable		
18	80s/F	None	Moderate	II	Low level (A1B1C1)
19	60s/M	None	Tissue	Tissue	Tissue
			Unavailable	Unavailable	Unavailable
20	50s/F	None	None	0	Not (A0B0C0)
21	70s/F	None	Sparse	II	Not (A0B1C0)
22	30s/F	Unknown	None	NA	NA
23	30s/M	Unknown	None	NA	NA
1C	50s/F	None	Sparse	0	Not (A0B0C0)
2C	60s/M	None	Sparse	0	Not (A0B0C0)
3C	50s/F	None	Sparse	0	Not (A0B0C0)
4C	70s/M	None	Tissue	III	Not (A0B2C0)
			Unavailable		
5C	20s/F	None	None	NA	NA
6C	30s/M	None	Tissue	NA	NA
			Unavailable		
7C	20s/M	None	None	NA	NA
8C	60s/M	None	Tissue	Ι	Not (A0B1C0)
			Unavailable		
9C	40s/F	None	None	0	Not (A0B0C0)
10C	20s/F	None	None	NA	NA
11C	40s/M	None	Tissue	0	Low level (A1B0C0)
			Unavailable		
12C	50s/M	None	Tissue	V	Intermediate Level
			Unavailable		(A1B3C2)

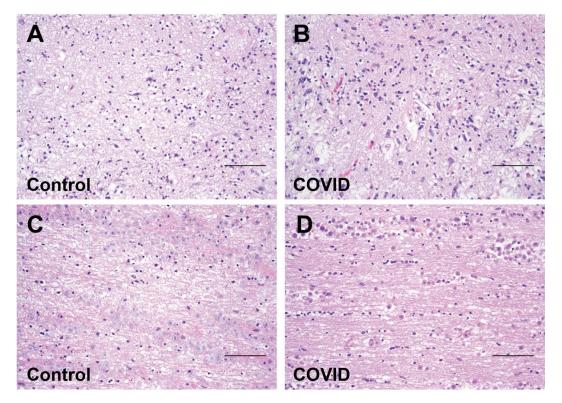
<u>eTable 5. No significant tau deposits in olfactory or brain tissue from COVID-1</u>9 patients

Case No.	Age/Sex	Smell or Taste Dysfunction	Tau Deposits in Olfactory Tissue	NFT (Braak) Staging in Brain	AD Neuropathologic Change
13C	60s/F	None	Sparse	II	Not (A0B1C0)
14C	70s/F	None	Sparse	II	Low level (A1B1C1)

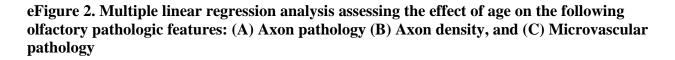
eTable 5. No significant tau deposits in olfactory or brain tissue from COVID-19 patients (continued)

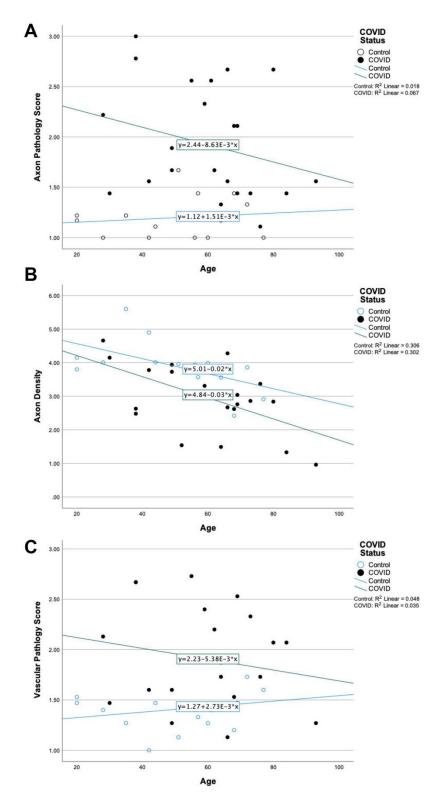
AD: Alzheimer disease; NA: Not assessed; NFT: Neurofibrillary tangles

## eFigure 1. COVID-19 olfactory bulb and olfactory tract are unremarkable on routine histological examination.



Panels A and B are hematoxylin and eosin (H&E)-stained histological sections of olfactory bulb from a control individual (Case 2C) and a COVID-19 patient (Case 2), respectively. Panels C and D are histological images of olfactory tract from the same control and COVID-19 individuals. Note that there is a lack of inflammation and viral cytopathic effect in the COVID-19 olfactory tissue. The purplish spherical bodies in olfactory tract are corpora amylacea, which is a normal structure in both control and COVID-19 cases. Scale bars represent 50 µm.





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