

Supplementary Materials for
**SARS-CoV-2 disrupts respiratory vascular barriers by suppressing
Claudin-5 expression**

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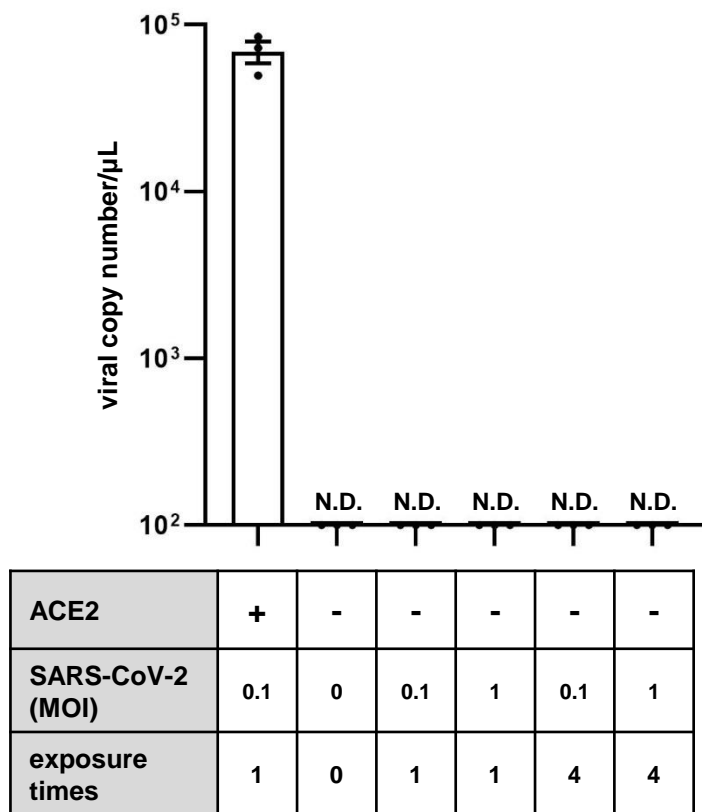


Figure S1. SARS-CoV-2 does not infect HMVEC-L in the absence of exogenous ACE2 expression.

HMVEC-L cells were transduced with ACE2-expressing adenovirus vector (Ad-ACE2) to overexpress ACE2 and cultured for 2 days before SARS-CoV-2 infection. Ad-ACE2 were generated according to our previous report (43). When exposing HMVEC-L to SARS-CoV-2 once, the cells were treated with 0.1 or 1 MOI SARS-CoV-2 for 120 min and then cultured with fresh medium for 4 days. When exposing HMVEC-L to SARS-CoV-2 4 times, the cells were cultured for 4 days with daily medium change containing 0.1 or 1 MOI SARS-CoV-2. The viral copy numbers in the cell culture supernatant of HMVEC-L in the presence or absence of exogenous ACE2 expression and SARS-CoV-2 are shown. Data are expressed as the mean \pm s.e.m. ($n=3$). N.D., not detected.

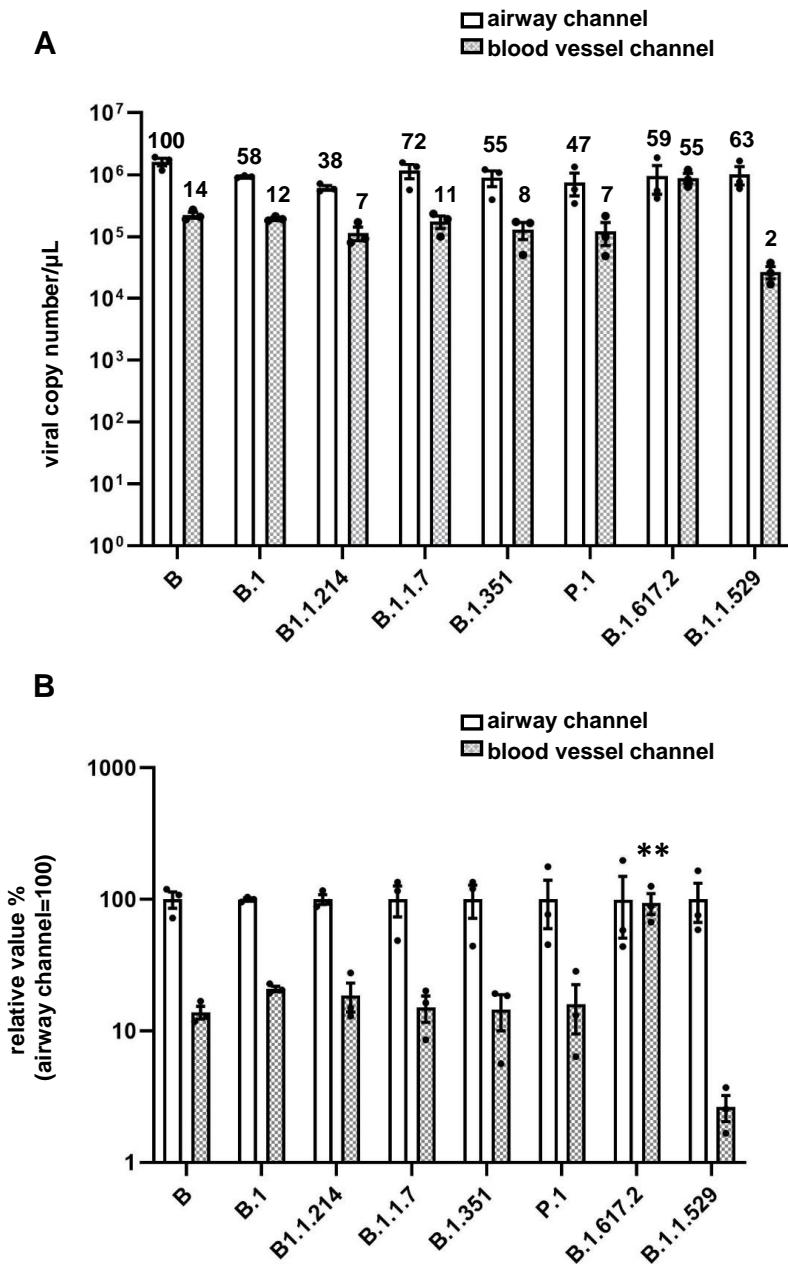


Figure S2. Viral copy number in the blood vessel channel of airway-on-a-chip exposed to various SARS-CoV-2 variants.

Medium containing 0.1 MOI SARS-CoV-2 (B, B.1, B.1.1.214, B.1.1.7, B.1.351, P.1, B.1.617.2, and B.1.1.529) was injected into the airway channel of the airway-on-a-chip, which was then cultured for 8 days. (A) Viral copy numbers in the cell culture supernatant of

the airway and blood vessel channels. The numbers above the bars are normalized x100 to the viral copy numbers in the cell culture supernatant of the airway channels of SARS-CoV-2 B-infected airway-on-a-chip. **(B)** Relative viral copy numbers in the cell culture supernatant of the airway and blood vessel channels relative to SARS-CoV-2 B in the airway channel. The viral copy numbers in the cell culture supernatant of blood vessel channels were compared between SARS-CoV-2 variants by performing one-way ANOVA followed by Tukey's post hoc test (** $p < 0.01$). Data are expressed as the mean \pm s.e.m. ($n=3$).

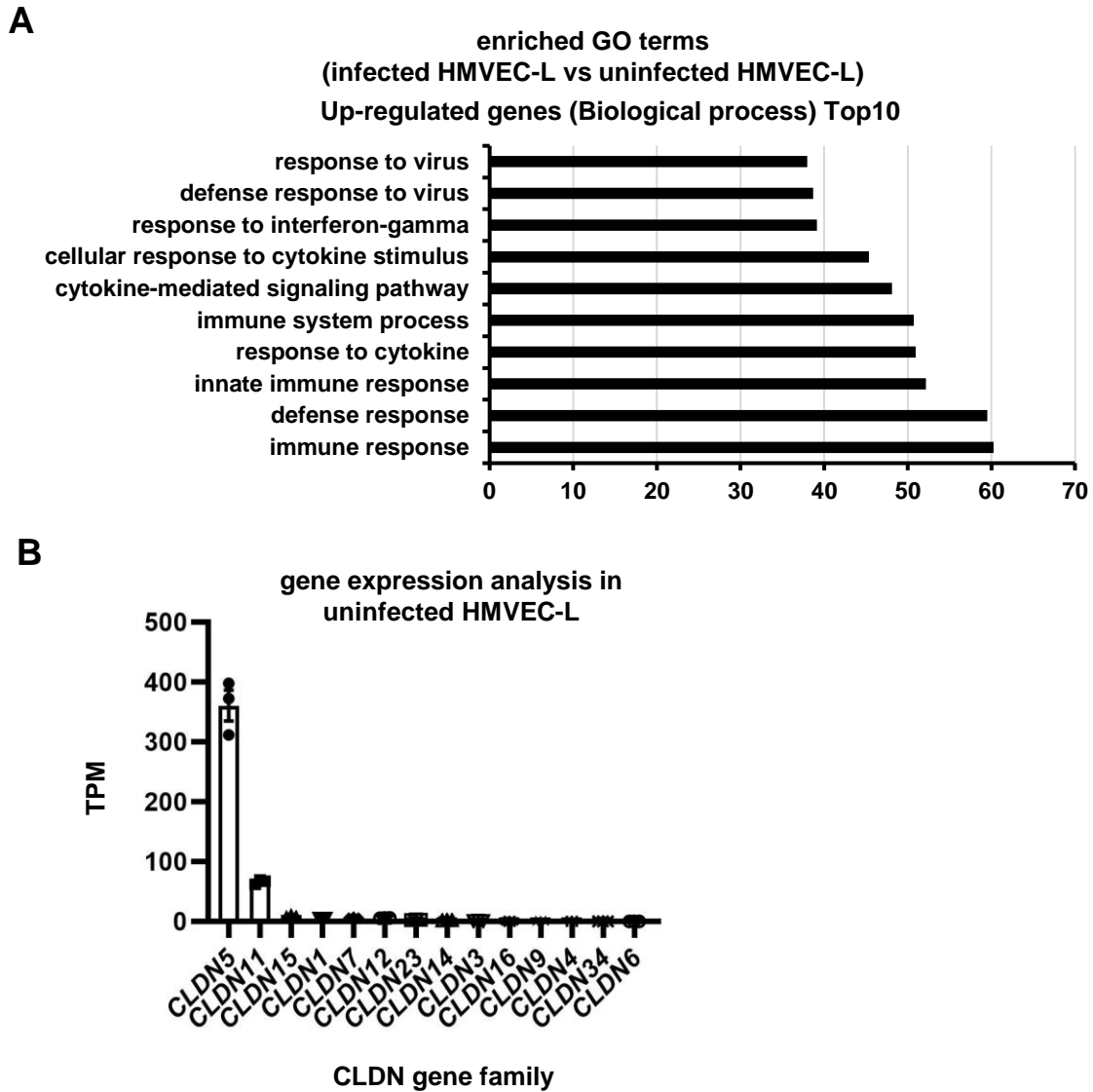


Figure S3. Gene expression analysis of HMVEC-L in infected airway-on-a-chip.

Medium containing 0.1 MOI SARS-CoV-2 was injected into the airway channel of the airway-on-a-chip, which was then cultured for 8 days. **(A)** A GO enrichment analysis of uninfected versus infected HMVEC-L in airway-on-a-chip. **(B)** The endogenous gene expression levels of the *CLDN* family in uninfected HMVEC-L in airway-on-a-chip. Data are expressed as the mean \pm s.e.m. ($n=3$).

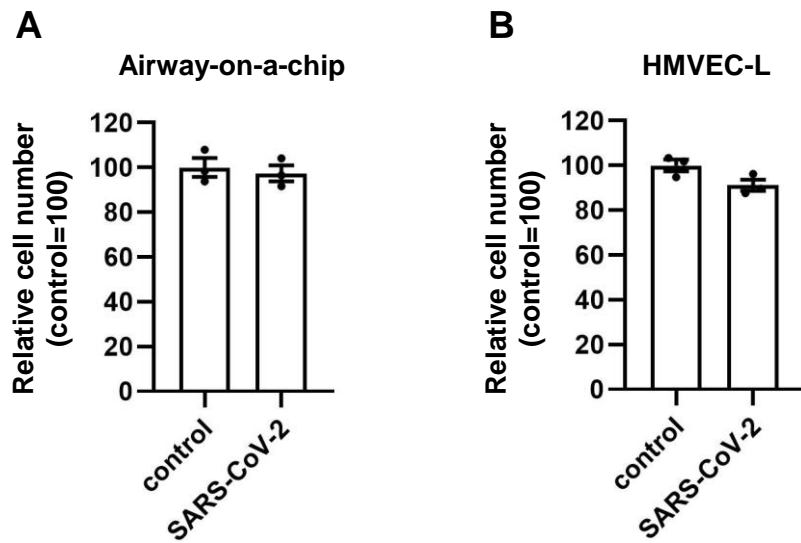


Figure S4. Cell number of HMVEC-L was not changed by SARS-CoV-2 infection.

(A) Medium containing 0.1 MOI SARS-CoV-2 was injected into the airway channel of the airway-on-a-chip, which was then cultured for 8 days. At 8 dpi, the cell number of HMVEC-L was calculated. (B) HMVEC-L were cultured on a chamber slide in the presence or absence of 1 MOI SARS-CoV-2 for 4 days. At 4 dpi, the cell number of HMVEC-L was calculated. Data are expressed as the mean \pm s.e.m. ($n=3$).

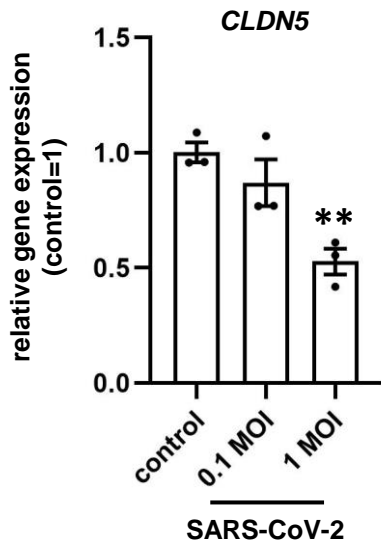


Figure S5. *CLDN5* expression level in HMVEC-L is decreased by exposure to high-titer SARS-CoV-2.

The gene expression levels of *CLDN5* in HMVEC-L cultured for 4 days with daily medium change containing 0.1 or 1 MOI SARS-CoV-2. One-way ANOVA followed by Tukey's post hoc test (** $p < 0.01$). Data are expressed as the mean \pm s.e.m. ($n=3$).

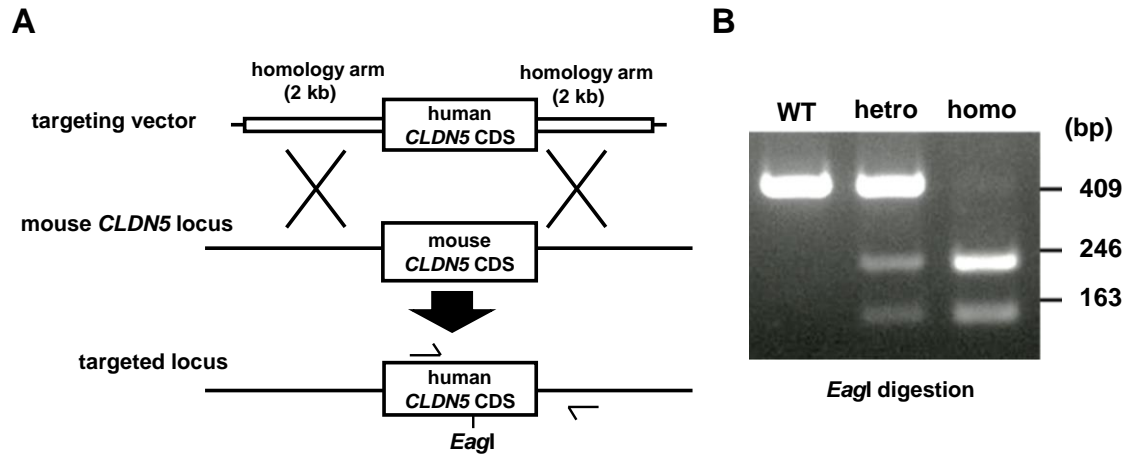


Figure S6. Generation of human *CLDN5* knock-in mouse

(A) Schematic illustration of the homologous recombination. Human and mouse *CLDN5* coding sequences (CDS) are the same length and included in the single exon. Mouse *CLDN5* CDS was precisely replaced with human CDS without any alteration of other DNA sequences.

(B) Genotyping results for homo and hetero human *CLDN5* knock-in mice. Genomic fragments were amplified by PCR using the primers indicated in **figure S6A** and digested with *EagI*, which is a unique restriction site included in human *CLDN5* CDS.

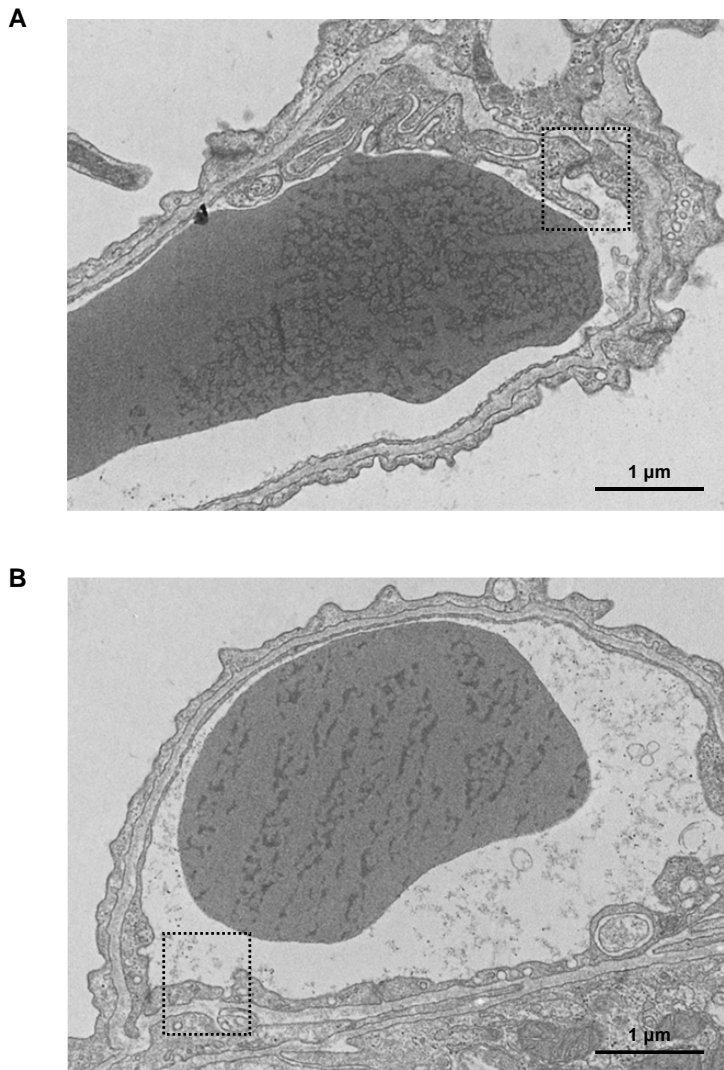


Figure S7. TEM images of lung endothelial cells from CLDN5 antibody-injected mice. TEM images of vasculatures were obtained using lungs from hCLDN5-KI mice injected with anti-CLDN5 antibody (**A**) or control IgG (**B**). The high-magnification TEM images shown in **Figure 3G** are the areas surrounded by the dotted lines.

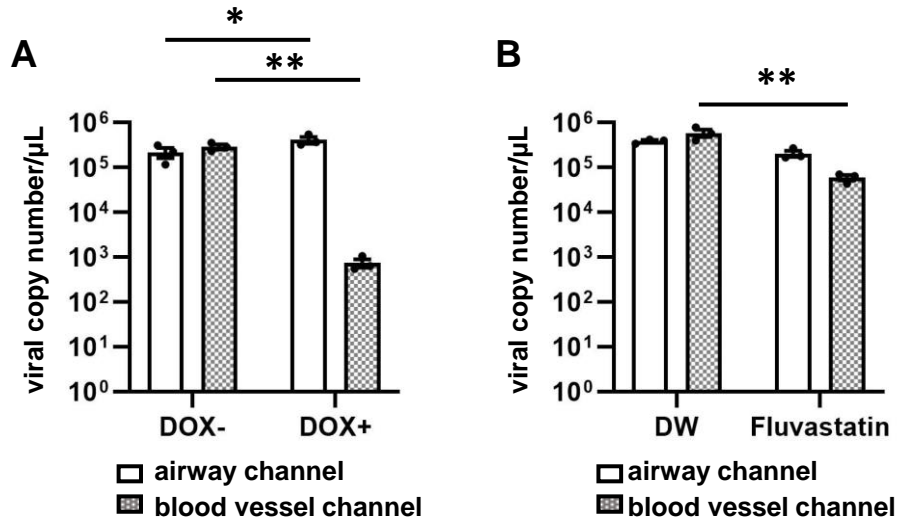


Figure S8. CLDN5 overexpression and Fluvastatin treatment inhibit SARS-CoV-2-induced respiratory endothelial barrier disruption.

(A) Viral copy numbers in the cell culture supernatant of the airway and blood vessel channels in the presence or absence of 1 μM DOX. Two-way ANOVA followed by Sidak post hoc test ($*p < 0.05$, $**p < 0.01$). DW=vehicle (distilled water)-treated cells. (B) Viral copy numbers in the cell culture supernatant of the airway and blood vessel channels in the presence or absence of 10 μM Fluvastatin. Two-way ANOVA with Sidak post hoc test ($**p < 0.01$). Data are expressed as the mean \pm s.e.m. ($n=3$).

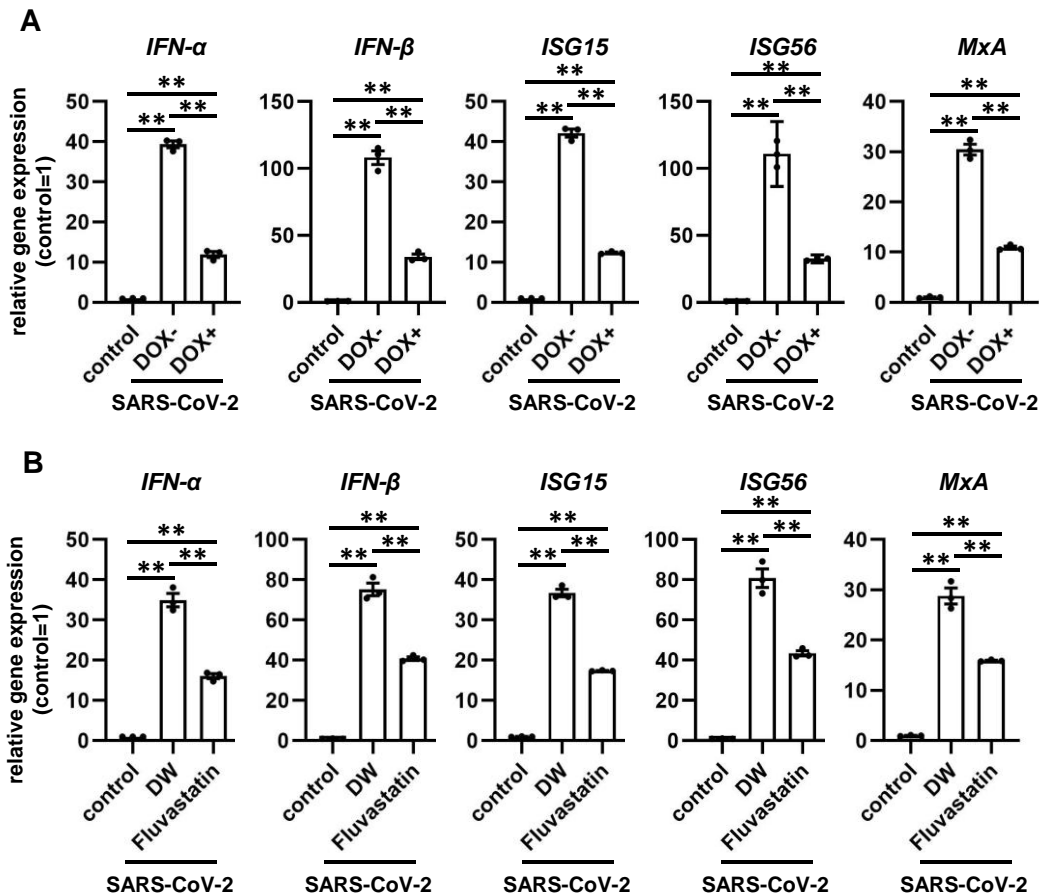


Figure S9. CLDN5 overexpression and Fluvastatin treatment inhibit SARS-CoV-2-induced expression levels of innate immune response-related genes.

(A) Effect of CLDN5 overexpression on human CLDN5-expressing HMVEC-L cells of infected airway-on-a-chip. The gene expression levels of *IFN-α*, *IFN-β*, *ISG15*, *ISG56*, and *MxA* in human CLDN5-expressing HMVEC-L cells treated with or without 1 μM DOX. One-way ANOVA followed by Tukey's post hoc test (** $p < 0.01$). (B) Effect of Fluvastatin treatment on HMVEC-L in infected airway-on-a-chip. The gene expression levels of *IFN-α*, *IFN-β*, *ISG15*, *ISG56*, and *MxA* in HMVEC-L treated with or without 10 μM Fluvastatin. DW=vehicle (distilled water)-treated cells. One-way ANOVA followed by Tukey's post hoc test (** $p < 0.01$). Data are expressed as the mean ± s.e.m. ($n=3$).

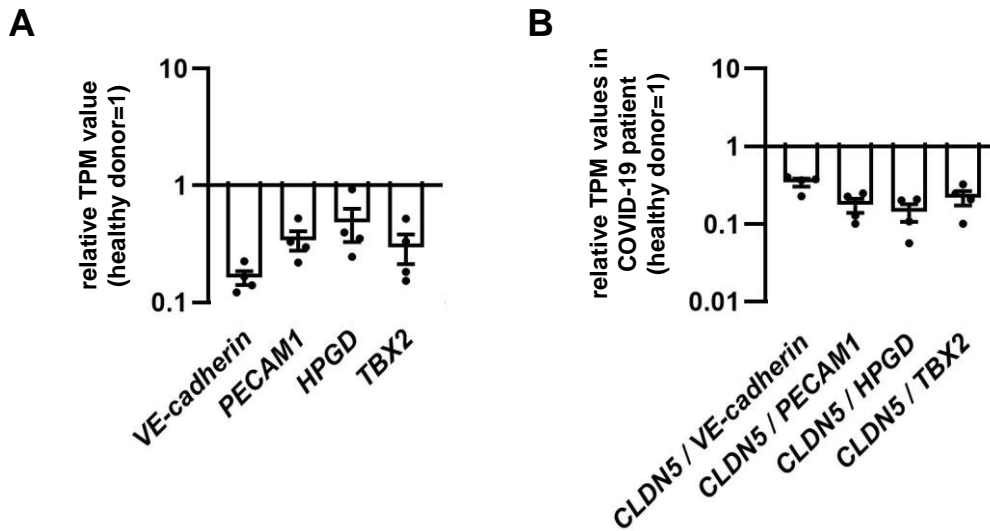


Figure S10. Gene expression analysis of CLDN5, conventional EC markers, and aerocyte-specific markers.

(A) The gene expression levels of conventional EC markers (*VE-cadherin* and *PECAM1*) and aerocyte-specific markers (*HPGD* and *TBX2*) in the lungs of patients with or without COVID-19. (B) The gene expression levels of *CLDN5* normalized to conventional EC markers or aerocyte-specific markers in the lungs of patients with or without COVID-19. Data are expressed as the mean \pm s.e.m ($n=4$).

Supplemental tables

Table S1. Primers used in this study.

| qPCR for viral copy number | | 5'-3' |
|-----------------------------------|----|--------------------------|
| SARS-CoV-2 RNA | Fw | AGCCTCTTCTCGTTCCTCATCAC |
| | Rv | CCGCCATTGCCAGCCATTC |
| qPCR for airway-on-a-chip | | 5'-3' |
| human CLDN5 | Fw | CTCTGCTGGTTCGCCAACAT |
| | Rv | CAGCTCGTACTTCTGCGACA |
| human VE-cadherin | Fw | TTGGAACCAGATGCACATTGAT |
| | Rv | TCTTGCGACTCACGCTTGAC |
| human IL-6 | Fw | CCTGAACCTTCCAAAGATGGC |
| | Rv | TTCACCAGGCAAGTCTCCTCA |
| human VCAM-1 | Fw | GGGAAGATGGTCGTGATCCTT |
| | Rv | TCTGGGGTGGTCTCGATTTTA |
| human ICAM-1 | Fw | ATGCCCAGACATCTGTGTCC |
| | Rv | GGGGTCTCTATGCCCAACAA |
| human IFN- α | Fw | GCCTCGCCCTTTGCTTTACT |
| | Rv | CTGTGGGTCTCAGGGAGATCA |
| human IFN- β | Fw | ATGACCAACAAGTGTCTCCTCC |
| | Rv | GGAATCCAAGCAAGTTGTAGCTC |
| human ISG15 | Fw | GCAGATCACCCAGAAGATCG |
| | Rv | GGCCCTTGTTATTCCTCACC |
| human ISG56 | Fw | CCTTGCTGAAGTGTGGAGGA |
| | Rv | CCAGGCGATAGGCAGAGA |
| human GAPDH | Fw | GGAGCGAGATCCCTCCAAAAT |
| | Rv | GGCTGTTGTCATACTTCTCATGG |
| qPCR for HMVEC-L monolayer | | 5'-3' |
| human CLDN5 | Fw | TGCGAGGCGTTGGATAAGCC |
| | Rv | TTCATTCCGTCTGTAAAGGGCAGG |

| | | |
|-------------------|----|--------------------------|
| human VE-cadherin | Fw | GCGACTACCAGGACGCTTTCA |
| | Rv | CATGTATCGGAGGTCGATGGTG |
| human IL-6 | Fw | GGTACATCCTCGACGGCATCT |
| | Rv | GTGCCTCTTTGCTGCTTTTAC |
| human VCAM-1 | Fw | GAATGGGAGCTCTGTCACTGTAAG |
| | Rv | CTTGACACAGTGCCAAACAC |
| human ICAM-1 | Fw | CTCCAATGTGCCAGGCTTG |
| | Rv | CAGTGGGAAAGTGCCATCCT |
| human GAPDH | Fw | TGGAGTCCACTGGCGTCTTC |
| | Rv | GGCTGTTGTCATACTTCTCATGGT |

Generation of CLDN5 knock-in mouse

5'-3'

| | | |
|-------------------|----|---------------------|
| genotyping primer | Fw | TCTGCTGGTTCGCCAACAT |
| | Rv | ATGGTCAACGGACTCTGAG |

qPCR for CLDN5 knock-in mouse

5'-3'

| | | |
|-------------|----|--------------------------|
| mouse CLDN5 | Fw | CTGGACCACAACATCGTGAC |
| | Rv | AGTGCTACCCGTGCCTTAAC |
| mouse GAPDH | Fw | AAATGGTGAAGGTCGGTGTGAACG |
| | Rv | ATCTCCACTTTGCCACTGC |

Table S2. Primary antibodies used in this study.

| antigen | catalogue | clone | host | company | application |
|------------------|------------------|--------------|-------------|--------------------------|--------------------|
| Claudin 5 | 35-2500 | 4C3C2 | mouse | Thermo Fisher Scientific | WB, IF |
| FoxO1 | 2880 | C29H4 | rabbit | Cell signaling | IF |
| GAPDH | MAB374 | 6C5 | mouse | Sigma-Aldrich | WB |
| VE-cadherin | sc-9989 | F-8 | mouse | Santa Cruz Biotechnology | WB, IF |
| VE-cadherin | AF1002 | polyclonal | goat | R&D Systems | WB |
| β -catenin | sc-7963 | E-5 | mouse | Santa Cruz Biotechnology | IF |

Table S3. COVID-19 patient information.

| patient number | age | severity of COVID-19 | sex | anamnesis | blood sampling (days after onset) |
|-----------------------|------------|-----------------------------|------------|---|--|
| Patient 1 | 85 | severe | male | epilepsy | 5, 6, 7 |
| Patient 2 | 83 | severe | female | high blood pressure, dyslipidemia, asthma | 5, 6 |
| Patient 3 | 87 | critical | female | - | 4, 5, 6, 7 |
| Patient 4 | 89 | severe | male | high blood pressure, reflux esophagitis | 6, 7 |
| Patient 5 | 86 | severe | male | sick sinus syndrome, malignant tumor | 1, 2, 5 |
| Patient 6 | 85 | severe | male | hepatitis C, bullous pemphigoid, diabetes | 5, 6 |
| Patient 7 | 55 | moderate | female | brain tumor | 6 |
| Patient 8 | 58 | asymptomatic | male | - | 3, 6 |
| Patient 9 | 27 | mild | female | missed abortion | 4 |
| Patient 10 | 55 | moderate | male | dyslipidemia, sleep apnea syndrome | 6 |
| Patient 11 | 58 | moderate | male | asthma | 4, 6 |
| Patient 12 | 47 | moderate | male | alveolar proteinosis, hepatitis | 3, 4, 5 |
| Patient 13 | 67 | mild | female | interstitial pneumonia | 2, 3, 6 |
| Patient 14 | 64 | mild | male | diabetes | 2 |