## In Vitro Efficacy of Chloroquine (CQ) Against the Novel Coronavirus SARS-CoV-2

David Meyerhoff, Jeff Whyte, and Jeffrey Adamovicz (PI)

## **Overview**

Coronaviruses are named for the crown-like spikes on their surface. There are seven coronaviruses that can infect humans.

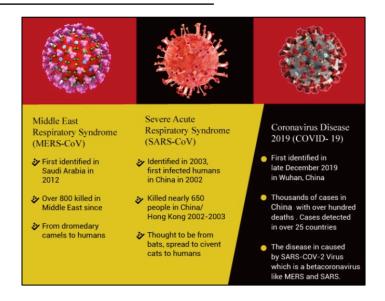
#### Common human coronaviruses:

**229E** (alpha coronavirus) **OC43** (beta coronavirus)

NL63 (alpha coronavirus) HKU1 (beta coronavirus)

Coronaviruses that have crossed over from animals to humans are:

- MERS-CoV (Middle East Respiratory Syndrome MERS)
- **SARS-CoV** (Severe Acute Respiratory Syndrome SARS)
- SARS-CoV-2 (2019 Novel Coronavirus SARS-CoV-2, COVID-19)



## Chloroquine as a potential treatment for COVID-16

- The COVID-19 pandemic caused by SARS-CoV-2 is having serious consequences on health and the economy worldwide.
- Chloroquine (CQ) is an established drug used in the treatment of malaria.
- The antiviral efficacy of CQ has been reported previously, including against coronaviruses.
- · CQ could be integrated into current treatment strategies while novel treatments are awaited.

Oscanoa, et al. (2020). A pharmacological perspective of chloroquine in SARS-CoV-2 infection: An old drug for the fight against a new coronavirus? Int J Antimicrob Agents 56, 106078

## In Vitro Efficacy of Chloroquine (CQ) Against the Novel Coronavirus SARS-CoV-2

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## **Experimental Aims**

Goal: Determine the effectiveness of Chloroquine in inhibiting SARS-CoV-2 infection in vitro.

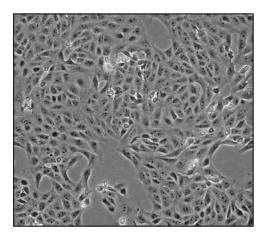
# Test system: Vero E6 cell line.

- The Vero cell line was initiated from the kidney of a normal adult African green monkey on March 27, 1962, by Y. Yasumura and Y. Kawakita (Ammerman, et al. 2008).
- Vero E6 is a **continuous cell line** (can be replicated through many cycles of division and not become senescent).
- Vero E6 cells are **interferon-deficient**; unlike normal mammalian cells, they do not • secrete interferon alpha or beta when infected by viruses
- This characteristic allows Vero E6 to be used as host cells for growing viruses.

## Uses include:

- · Measurement of virus replication in the presence or absence of a research pharmaceuticals.
- The growth of viral stocks for research purposes.

Ammerman, et al. (2008). Growth and maintenance of Vero cell lines. Curr Protoc Microbiol. Appendix 4E.





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## The Laboratory for Infectious Disease Research (LIDR) at the University of Missouri

- State-of-the-art facilities to support research on infectious diseases.
- **Goal**: Develop novel approaches to prevent and treat diseases caused by some of our most deadly pathogens, including **SARS-CoV-2 (COVID-19)**.
- 10,000 net sq. feet of biosafety level **BSL-2** and **BSL-3** laboratories.
- Assist health officials in the event of an infectious disease outbreak in the United States.
- Designed to protect researchers and the environment from any release of biohazards.
- Access is strictly controlled, limited to a small number of trained MU faculty, staff and students.
- One of 13 structures as part of the National and Regional Biocontainment Laboratory Network. Partial federal support from the National Institute of Allergy and Infectious Diseases (NIAID).



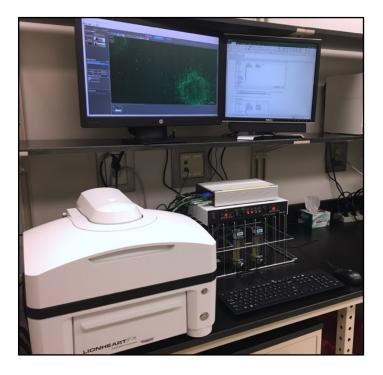


## In Vitro Efficacy of Chloroquine (CQ) Against the Novel Coronavirus SARS-CoV-2

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# Lionheart FX Automated Microscope (BioTek)

- 4x, 20x, 40x, and 60x magnification with auto-focus and auto-exposure
- Brightfield, phase contrast, and fluorescence imaging (10 colors, 4 simultaneously)
- Temperature (up to 40°C), CO<sub>2</sub>/O<sub>2</sub> gas, and humidity control for kinetic assays (tested at LIDR to 96 hours)
- Vessel adapters (multiwell plates, microscope slides, flasks (25 and 75 cm<sup>2</sup>), and dishes (35 and 60 mm)
- Powerful Gen5 software for image capture and quantitative data analysis







Experiment #1: Vero E6 Exposure to Chloroquine (CQ) – Lionheart FX Kinetic Assay - Experimental Overview Vero E6 dosing with chloroquine (2-fold dilution series) in infection medium – 19 h exposure.

#### **Objective:**

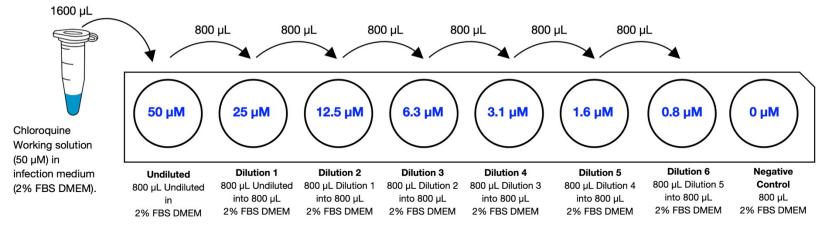
- Pilot study to establish the optimal CQ concentrations to minimize toxicity to Vero E6 cells.
- These established CQ concentrations will be used to test effectiveness against SARS-CoV-2 infection.

## **Brief Experimental Methods**

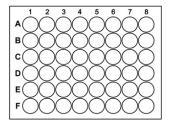
- > 03-01-2021: Preparation of Vero E6 Cells (Immunology Lab BSL-2):
  - Seeded Vero E6 cells (ATCC #CRL-1586) in a 48-well plate at 65,000 cells/well.
  - 250 μL/well of complete growth medium (DMEM +10% FBS +1 mM GlutaMax +10 μg/mL gentamicin).
  - Cells incubated for 20 hours (37°C, 5% CO2, humidified environment) until 70-80% confluent.

#### > 03-02-2021: Chloroquine addition to Vero E6 cells (Immunology Lab - BSL-2)):

- Preparation of 50 mM chloroguine stock solution in 1X PBS (syringe filtered 0.22 µm). Aliguots (500 µL) stored at -20°C.
- Working solution of chloroquine (50 μM) prepared in infection medium (DMEM +2% FBS +1 mM GlutaMax +10 μg/mL gentamicin).
- Two-fold dilution series of chloroguine in infection medium:

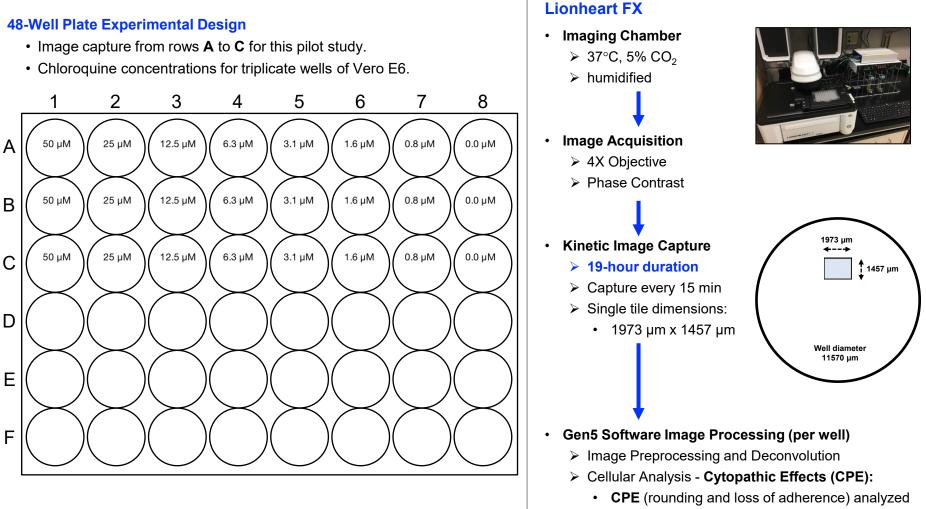


Growth medium removed from Vero E6 48-well plate and replaced with 250 µL/well chloroguine dilutions in triplicate.





## Experiment #1: Vero E6 Exposure to Chloroquine (CQ) – Lionheart FX Kinetic Assay - Experimental Overview Vero E6 dosing with chloroquine (2-fold dilution series) in infection medium – 19 h exposure.

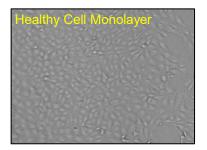


per well at each frame over the 19-h kinetic assay duration.

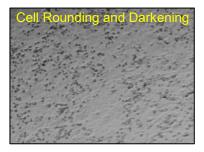


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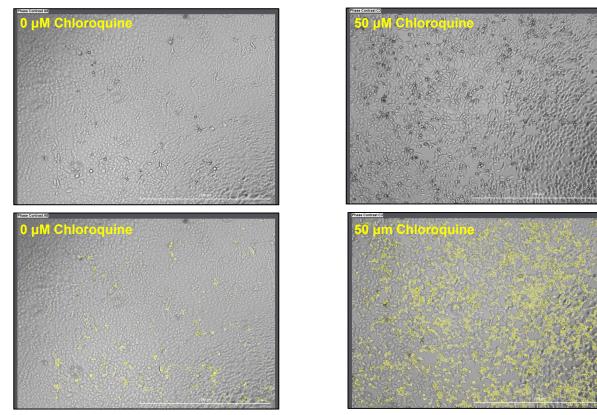
Lionheart Gen5 Cellular Analysis for Cytopathic Effect (CPE) of Chloroquine.







Example Micrographs from Experiment #1 – 19-hour CQ exposure (Phase Contrast 4X).



Unmasked Images

Masked Images CPE in yellow

Vero E6 dosing with chloroquine (2-fold dilution series) in infection medium – 19 h exposure.

Micrographs per well at end of 19-hour acquisition.

Chloroquine Concentration:	50 μM Undiluted	25 μΜ Dil -1	12.5 μM Dil -2	6.3 μM Dil -3	3.1 μM Dil -4	<mark>1.6 μΜ</mark> Dil -5	<mark>0.8 μΜ</mark> Dil -6	0 μM Neg Control
	1	2	3	4	5	6	7	8
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Cell count graphs per well over 19-hour acquisition (one image capture every 15 min).

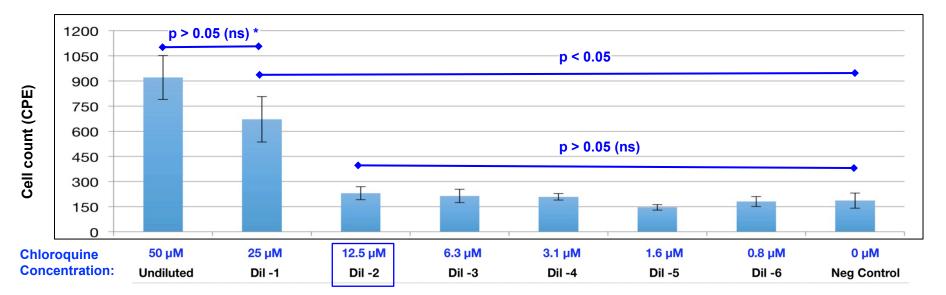
Chloroquine Concentration:	50 μM Undiluted	25 μM Dil -1	12.5 μM Dil -2	6.3 μM Dil -3	3.1 μM Dil -4	1.6 μM Dil -5	0.8 μM Dil -6	0 μM Neg Control
	1	2	3	4	5	6	7	8
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Vero E6 dosing with chloroquine (2-fold dilution series) in infection medium – 19 h exposure.

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ſ		1	2	3	4	5	6	7	8
	A	856	429	153	163	184	116	132	96
	в	734	688	268	187	247	173	234	231
	С	1173	897	270	292	195	149	175	231



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#### \* One-way ANOVA with post-hoc Tukey HSD Test

Vero E6 dosing with chloroquine (10-fold dilution series) in infection medium – 48 h exposure.

#### **Objective:**

- > Extend dilution range of CQ based on Vero E6 toxicity results form Experiment #1.
- > Increase duration to 48 hours based on published test conditions for other SARS-CoV-2 antiviral compounds<sup>1</sup>.

## **Brief Experimental Methods**

- > 03-07-2021: Preparation of Vero E6 Cells (Immunology Lab BSL-2):
  - Seeded Vero E6 cells (ATCC #CRL-1586) in a 48-well plate at 65,000 cells/well.
  - 250 μL/well of complete growth medium (DMEM +10% FBS +1 mM GlutaMax +10 μg/mL gentamicin).

100 µL

• Cells incubated for 20 hours (37°C, 5% CO2, humidified environment) until 70-80% confluent.

#### > 03-08-2021: Chloroquine addition to Vero E6 cells (Immunology Lab - BSL-2)):

100 µL

• Working solution of chloroquine (50 μM) prepared in infection medium (DMEM +2% FBS +1 mM GlutaMax +10 μg/mL gentamicin).

100 µL

• **10-fold** dilution series of chloroquine in infection medium:

1500 µL

10000 100 100 10 0.01 1.0 0.1 0 μM μM μM uМ μΜ μM μΜ uМ Chloroquine Working solution (10000 µM) in Dilution 1 **Dilution 2 Dilution 3 Dilution 4 Dilution 5** Dilution 6 Negative infection medium Undiluted 100 µL Dilution 4 100 µL Dilution 5 Control 100 µL Undiluted 100 µL Dilution 1 100 µL Dilution 2 100 µL Dilution 3 1000 µL Undiluted (2% FBS DMEM). into 900 µL 1000 uL into 900 µL in 2% FBS DMEM 2% FBS DMEM

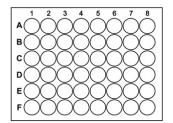
100 µL

100 µL

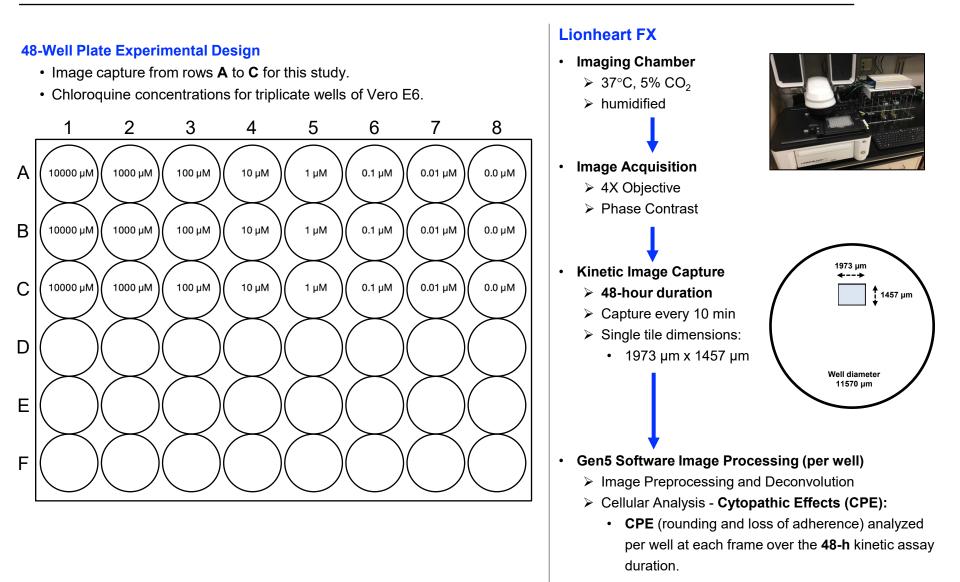
100 µL

• Growth medium removed from Vero E6 48-well plate and replaced with 250 µL/well chloroquine dilutions in triplicate.

<sup>1</sup> Holwerda, M., V'kovski, P., Wider, M., Thiel, V., and Dijkman, R. (2020). *Identification of an Antiviral Compound from the Pandemic Response Box that Efficiently Inhibits SARS-CoV-2 Infection In Vitro*. Microorganisms 8.



Vero E6 dosing with chloroquine (10-fold dilution series) in infection medium – 48 h exposure.



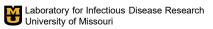
Vero E6 dosing with chloroquine (10-fold dilution series) in infection medium – 48 h exposure.

#### Micrographs per well at end of 48-hour acquisition.

Chloroquine Concentration:	10000 µM Undiluted	1000 μM Dil -1	100 μM Dil -2	10 μM Dil -3	1.0 μM Dil -4	0.1 μM Dil -5	0.01 μM Dil -6	0.0 μM Neg Control
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	1	2	3	4	5	6	7	8
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#### Cell count graphs per well over 48-hour acquisition (one image capture every 10 min).

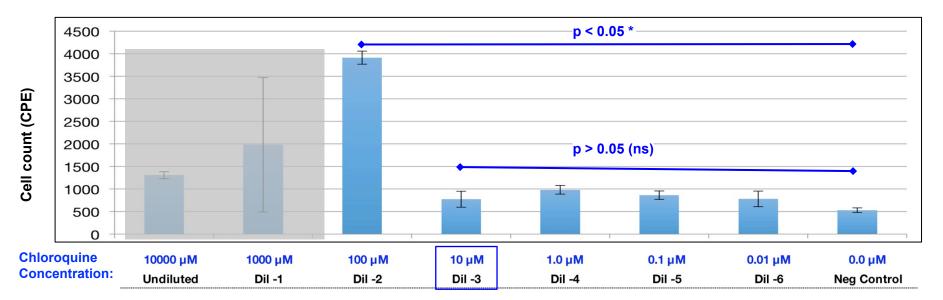
Chloroquine Concentratio	10000 μM Undiluted	1000 μM Dil -1	100 μM Dil -2	10 μM Dil -3	1.0 μM Dil -4	0.1 μM Dil -5	0.01 μM Dil -6	0.0 μM Neg Control
	1	2	3	4	5	6	7	8
A	2	~	$\int$					
В	2		/					
с	1		$\checkmark$					



Vero E6 dosing with chloroquine (10-fold dilution series) in infection medium – 48 h exposure.

Cell count per well at end of 48-hour acquisition.

Chloroquine Concentration:		10000 μM Undiluted	1000 μM Dil -1	100 µM Dil -2	10 μM Dil -3	1.0 μM Dil -4	0.1 μM Dil -5	0.01 μM Dil -6	0.0 μM Neg Control
-		1	2	3	4	5	6	7	8
	A	1384		3811	549	907	797	435	522
-	в	1149	65	3730	651	1171	1048	947	448
-	с	1383	963	4199	1121	868	744	959	623



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#### \* One-way ANOVA with post-hoc Tukey HSD Test

#### Experiment #3: Vero E6 Exposure to Chloroquine (CQ) and SARS-CoV-2 - Experimental Overview

#### **Objective:**

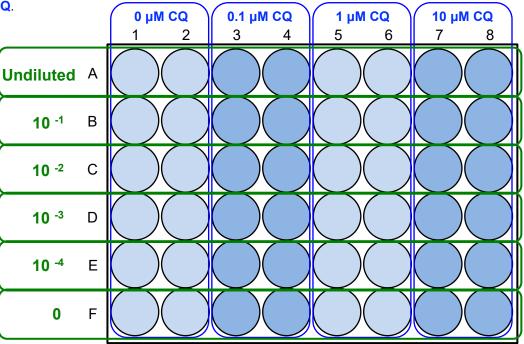
- > Determine effectiveness of CQ at reducing CPE in Vero E6 cells infected with SARS-CoV-2.
- > Expose Vero E6 to CQ concentrations determined to have minimal toxicity to cells based on Experiments #1 and #2.
- > Toxicity of 10  $\mu$ M CQ concentration was not significantly different from negative control (0  $\mu$ M).
- > Infect cells with 10-fold dilution series of SARS-CoV-2 at each CQ concentration and measure CPE at 48 and 96 hours.

#### **Brief Experimental Methods**

- > 04-04-2021: Preparation of Vero E6 Cells (Immunology Lab BSL-2):
  - Seeded Vero E6 cells in a 48-well plate (65,000 cells/well; 250 µL/well of growth medium, incubated 20 hours until 70-80% confluent.
- > 04-05-2021: Chloroquine addition to Vero E6 cells (Immunology Lab BSL-2)):
  - Cells exposed to 10-fold dilution series of chloroquine in infection medium: 10 μM, 1 μM, 0.1 μM, and 0 μM in duplicate (125 μL/well).
- > 04-05-2021: SARS-CoV-2 infection of Vero E6 cells (Virology Lab BSL-3):
  - 10-fold dilution series SARS-CoV-2 virus in infection medium (125 µL/well) added to existing medium with CQ.
  - Images captured with EVOS microscope at 48- and 96-hours post-infection.
  - SARS-CoV-2 Isolate (BEI Resources) SARS-Related Coronavirus 2, Isolate USA-WA1/2020 Catalog No. NR-5228.

SARS-CoV-2 Dilutions (3.16E+05 TCID<sub>50</sub>/mL)







## Experiment #3: Vero E6 Exposure to Chloroquine (CQ) and SARS-CoV-2 - Experimental Overview

#### Vero E6 Image Capture and TCID<sub>50</sub> Analysis

- > Image Capture with Life Technologies EVOS XL Digital Imaging System Microscope.
  - 4X magnification digital images acquired for each well (TIF format).

#### TCID<sub>50</sub> Assay

A measure of infectivity (viral replication in cells) to obtain a titer for a given virus stock.

Titer: A given number of infectious viral units per unit volume.

Infectious Unit: The smallest amount of virus that produces cytopathic effects (CPE).

**TCID**<sub>50</sub>: The median tissue culture infectious dose. Defined as the dilution of a virus required to infect 50% of a given cell culture.

**Scoring of CPE**: Each individual well of a multiwell plate is designated **positive** or **negative** based on the presence or absence of CPE (dark cells, loss of adherence), respectively.

Infection rate =

number of cumulative positive units

number of cumulative positive units + number of cumulative negative units

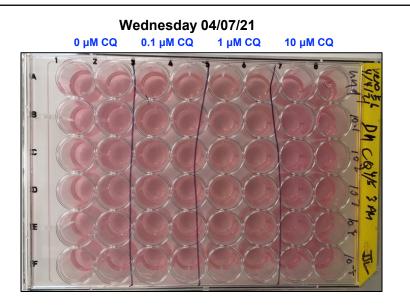
#### TCID<sub>50</sub> Methods adapted from the following publications:

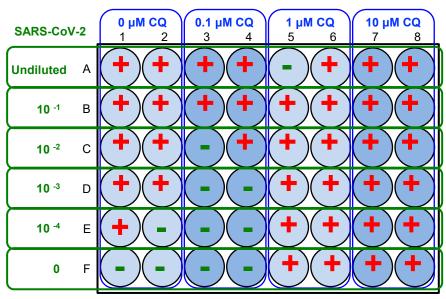
Lei, C., Yang, J., Hu, J., and Sun, X. (2020). On the Calculation of TCID50 for Quantitation of Virus Infectivity. Virologica Sinica.

Reed, L.J. and Muench, H. (1938). A simple method of estimating fifty percent endpoints. Am J Hyg 27, 493497.

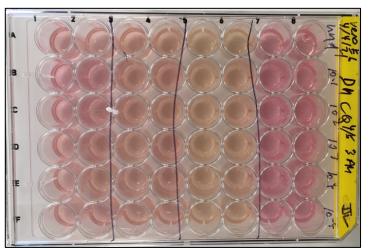


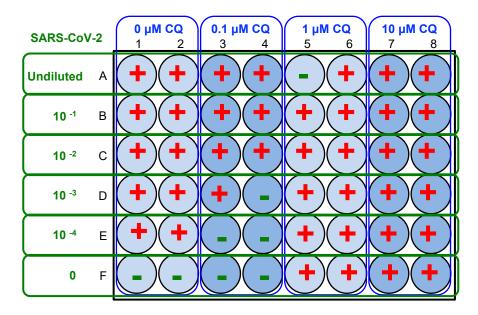
Experiment #3: Vero E6 Exposure to Chloroquine (CQ) and SARS-CoV-2 - Experimental Overview Plate images and scoring sheets (04/07/21) and (04/09/21).





Wednesday 04/09/21 0 μM CQ 0.1 μM CQ 1 μM CQ 10 μM CQ





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# Experiment #3: Vero E6 Exposure to Chloroquine (CQ) and SARS-CoV-2 - Experimental Overview TCID<sub>50</sub> Values (04/07/21) and (04/09/21).

SARS-CoV-2 Infection Date	Imaging/ Scoring Date	Infection Duration (h)	Chloroquine Concentration (µM)	SARS-CoV-2 TCID <sub>50</sub> /mL
05-Apr	07-Apr	48 hours	10.0 µM CQ	8.00E+05
05-Apr	07-Apr	48 hours	1.0 μM CQ	1.42E+06
05-Apr	07-Apr	48 hours	0.1 μM CQ	8.00E+02
05-Apr	07-Apr	48 hours	0.0 μM CQ	8.00E+04
05-Apr	09-Apr	96 hours	10.0 µM CQ	8.00E+05
05-Apr	09-Apr	96 hours	1.0 µM CQ	8.00E+05
05-Apr	09-Apr	96 hours	0.1 μM CQ	8.00E+03
05-Apr	09-Apr	96 hours	0.0 μM CQ	2.53E+05

## **TCID**<sub>50</sub> Analysis

- The lowest TCID<sub>50</sub> based on CPE was determined to be in Vero E6 cells treated with 0.1 µM CQ.
- Compared to cells not treated with CQ (0 μM), the "protective" effect of 0.1 μM CQ against SARS-CoV-2 was a two-order-of-magnitude reduction in CPE.

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## Conclusions

- Chloroquine at less than 12.5 µM was not toxic to Vero E6 cells over 48 hours.
- Chloroquine at 0.1 µM provided a protective effect against SARS-CoV-2 cytopathic effects.

## **Future Directions**

- Moving from the Vero E6 (monkey cell line) to a human cell line model could more accurately reflect chloroquine's ability to protect from SARS-CoV-2 in vitro.
- Ultimately, in vivo (animal model) studies are required to determine how chloroquine exerts its effects in a physiological system.
- More investigation into the mechanism of action of chloroquine is required to truly make an informed, definitive statement about its efficacy as a clinical treatment for COVID-19.

