1 2	updated June 6, 2021
3	Brief Research Report
4	
5 6	Expression of the ACE2 virus entry protein in the nervus terminalis reveals the potential for an alternative route to brain infection in COVID-19
7	
8	Katarzyna Bilinska ¹ , Christopher S. von Bartheld ^{2*} and Rafal Butowt ^{1*}
9	
10	
11 12	¹ L. Rydygier Collegium Medicum, Nicolaus Copernicus University, Bydgoszcz, Poland
13 14	² Department of Physiology and Cell Biology, University of Nevada, Reno School of Medicine, Reno, NV, United States
15	
16	* Corresponding authors:
17	Christopher S. von Bartheld, cvonbartheld@med.unr.edu
18	Rafal Butowt, <u>r.butowt@cm.umk.pl</u>
19	
20	
21	Number of words in text: 3,984
22	Number of Figures: 4
23	Number of Tables: 0
24	Supplemental Figures: 1
25	Supplemental Tables: 2
26	
27	Key words: Nervus terminalis, ACE2, SARS-CoV-2, COVID-19, brain infection,
28	olfactory system, cathepsin

29 Abstract

30

31 Previous studies suggested that the SARS-CoV-2 virus may gain access to the brain by using a route along the olfactory nerve. However, there is a general consensus that 32 the obligatory virus entry receptor, angiotensin converting enzyme 2 (ACE2), is not 33 expressed in olfactory receptor neurons, and the timing of arrival of the virus in brain 34 35 targets is inconsistent with a neuronal transfer along olfactory projections. We determined whether nervus terminalis neurons and their peripheral and central 36 37 projections should be considered as a potential alternative route from the nose to the brain. Nervus terminalis neurons in postnatal mice were double-labeled with antibodies 38 39 against ACE2 and two nervus terminalis markers, gonadotropin-releasing hormone (GnRH) and choline acetyltransferase (CHAT). We show that a small fraction of CHAT-40 labeled nervus terminalis neurons, and the large majority of GnRH-labeled nervus 41 terminalis neurons with cell bodies in the region between the olfactory epithelium and 42 the olfactory bulb express ACE2 and cathepsins B and L. Nervus terminalis neurons 43 therefore may provide a direct route for the virus from the nasal epithelium, possibly 44 via innervation of Bowman's glands, to brain targets, including the telencephalon and 45 diencephalon. This possibility needs to be examined in suitable animal models and in 46 human tissues. 47

48 **INTRODUCTION**

Many previous reports have suggested that the severe acute respiratory syndrome 49 coronavirus 2 (SARS-CoV-2) gains access to the brain by using an olfactory route from 50 51 the nose to the brain (Bougakov et al., 2020; Briguglio et al., 2020; Butowt and Bilinska, 2020; Li et al., 2020; Natoli et al., 2020; Meinhardt et al., 2021; Zubair et al., 2021; 52 53 Burks et al., 2021), similar to some other neuro-invasive viruses that are known to infect olfactory receptor neurons and spread from these first-order olfactory neurons to 54 secondary and tertiary olfactory targets in the brain (Barnett and Perlman, 1993; van 55 Riel et al., 2015; Dubé et al., 2018). Indeed, it has been shown that SARS-CoV-2 can 56 accumulate in various brain regions, in animal models (reviewed in: Butowt and von 57 Bartheld, 2020; Rathnasinghe et al., 2020; Butowt et al., 2021) and in a small number 58 of human patients with COVID-19 (Ellul et al., 2020; Matschke et al., 2020; Meinhardt 59 et al., 2021; Mukerji and Solomon, 2021; Solomon, 2021; Thakur et al., 2021). 60

61

However, the route along the olfactory nerve from the nose to the brain is controversial 62 63 for SARS-CoV-2, primarily for two reasons: (1) the olfactory receptor neurons do not express the obligatory virus entry receptor, angiotensin-converting enzyme 2 (ACE2), 64 or expression is restricted to a very small subset of these neurons (Butowt and von 65 Bartheld, 2020; Cooper et al., 2020; Brechbühl et al., 2021; Butowt et al., 2021). 66 Because sustentacular cells tightly enwrap olfactory receptor neurons (Liang, 2020), 67 these ACE2-expressing support cells can easily be mistaken for olfactory receptor 68 neurons, resulting in false positive identification. (2) The timeline of appearance of 69 SARS-CoV-2 in the brain is inconsistent with a "neuron-hopping" mode: infection of 70 third-order olfactory targets should occur with a significant delay after infection of the 71 olfactory epithelium, as has been reported for other neuro-invasive viruses (Barnett et 72 al., 1995), but instead the hypothalamus and brainstem are reported to be infected as 73 early as, or even earlier than, the olfactory bulb (de Melo et al., 2021; Zheng et al., 74 2020), and SARS-CoV-2 may even skip the olfactory nerve and olfactory bulb on its 75 way to brain infection (Winkler et al., 2020; Zhou et al., 2020; Carossino et al., 2021). 76 These findings have raised doubt about the notion that the olfactory nerve serves as a 77 major conduit for brain infection in COVID-19 (Butowt et al., 2021). 78

79

With few exceptions (Briguglio et al., 2020; Butowt and von Bartheld, 2020; Butowt et 80 al., 2021), studies suggesting an olfactory route for SARS-CoV-2 to achieve brain 81 infection fail to consider the potential for an alternative route from the nose to the brain, 82 the route via the nervus terminalis. Many peripheral processes of the nervus terminalis 83 innervate the olfactory epithelium, the blood vessels below this epithelium, as well as 84 cells in Bowman's glands (Larsell, 1950), and the central processes of some of these 85 neurons extend to various targets in the forebrain as far caudal as the hypothalamus 86 87 (Pearson, 1941; Larsell, 1950; Schwanzel-Fukuda et al., 1987; Demski, 1993; von Bartheld, 2004). Some of the nervus terminalis neurons are in direct contact with 88 spaces containing cerebrospinal fluid (CSF) in the region of the olfactory nerve and 89 bulb (Jennes, 1987). About 30-40% of the neurons of the nervus terminalis express 90 gonadotropin-releasing hormone (GnRH), and some of these neurons may release 91 92 GnRH into blood vessels below the olfactory epithelium (Jennes, 1987; Schwanzel-Fukuda et al., 1987), while other neuronal populations of the nervus terminalis system 93 94 are thought to regulate blood flow and blood pressure in the nose and forebrain (Larsell, 1918; Oelschläger et al., 1987; Ridgway et al., 1987). These properties make 95 the nervus terminalis a strong candidate for expression of ACE2, which is known to 96 regulate blood flow and blood pressure in many tissues (Tikellis and Thomas, 2012). 97 Expression of ACE2 in the nervus terminalis would suggest that this cranial nerve is a 98 plausible alternative to the olfactory nerve for the SARS-CoV-2 virus to gain access to 99 the brain. However, it has not been previously examined and reported whether nervus 100 terminalis neurons express the obligatory viral entry receptor, ACE2, and any other 101 virus entry proteases such as TMPRSS2 and cathepsins B and L. We have therefore 102 103 examined whether these entry proteins are expressed in nervus terminalis neurons in 104 an animal model, the postnatal mouse.

105 MATERIALS AND METHODS

- 106
- 107

108 Animals and tissue processing

A total of eight wildtype C57BL/6J mice (Jackson Laboratory) at age 3-4 weeks old 109 were used to obtain tissues for experiments. Mice were housed with a 12/12 hours 110 light/dark cycle and given access to water and food ad libitum. All animal experiments 111 were approved by the local ethics committee for animal research at Bydgoszcz 112 (Poland). Immediately after cervical dislocation, the mice were exsanguinated and 113 tissues were dissected. Olfactory epithelium and brain were frozen at -80°C for 114 storage and further usage, or fixed for 3 hours at 4°C in 4% (w/v) freshly prepared 115 paraformaldehyde in phosphate-buffered saline (PBS, pH 7,5), and then incubated in 116 25% (w/v) sucrose/PBS at 4°C for 16–24 hours, frozen in Tissue-Tek O.C.T. (Sakura 117 Finetek), and cryosectioned at 10-12 µm using a Leica CM1850 cryostat. 118

119

120 ACE2 -/- knockout (ACE2 KO) control

121 To verify the specificity of the ACE2 antibody, an ACE2 knock-out (KO) mouse line was obtained from Taconic (strain #18180). Two male homozygous ACE2 KO mice at 122 age 3 weeks old were processed and immunolabeled as described below for wildtype 123 mice. Genotyping was performed according to the manufacturer's suggested PCR 124 protocol. Lack of an ACE2 protein band was confirmed by using Western blots as 125 described previously (Bilinska et al., 2020). In brief, tissue was homogenized on ice in 126 N-Per Total Protein Extraction reagent (Thermo Scientific) with addition of protease 127 and phosphatase inhibitor cocktails (Sigma-Aldrich). Homogenates were centrifuged 128 for 30 minutes at 20,000 g at 4°C and supernatants were collected. Protein content 129 was measured by the BCA method (Thermo Scientific). Equal amounts of total proteins 130 were mixed with 4x Laemmli sample buffer and boiled for 10 minutes at 80°C. Protein 131 extracts were separated on SDS-PAGE 7.5% gels and mini-protean III apparatus. 132 GAPDH was used as positive control and to verify equal loading. Proteins were blotted 133 to nitrocellulose membranes using standard Tris-glycine wet method. Membranes 134 were blocked with 5% dry milk (Bio-Rad), incubated with goat polyclonal anti-ACE2 135 (R&D Systems AF3437) at 1/1000 or rabbit polyclonal anti-GAPDH (Protein-Tech, 136 #10494-1-AP) at 1/5000 dilution overnight at 4°C, washed several times in TBST buffer 137

(pH 8.0) and incubated 60 minutes with secondary antibody, anti-goat-HRP (ProteinTech). Signal was detected using Clarity Max chemiluminescence substrate (Bio-Rad).
For confirmation, blots were stripped and re-probed with an additional rabbit
monoclonal anti-ACE2 antibody (Abclonal, #A4612). Blots were prepared in three
separate experiments with comparable results.

143

144 ACE2 immunocytochemistry and co-localization analysis

For double immunofluorescence labeling, antigen retrieval procedure was performed 145 on frozen sections cut at 10-12 µm. Sections were incubated overnight with a mixture 146 of primary goat anti-ACE2 at 1/500 dilution (R&D Systems, #AF3437) and rabbit anti-147 GnRH (gonadotropin releasing hormone) at 4°C. On the next day, sections were 148 washed five times in PBST (PBS with 0.05% Triton X-100) and incubated with a 149 mixture of secondary anti-rabbit-AF488 antibody and anti-goat-AF594 at 1/500 dilution 150 for 60 minutes at room temperature. Next, sections were stained for 5 minutes at room 151 temperature in Hoechst 33258 (Sigma-Aldrich) to visualize cell nuclei, and sections 152 153 were then embedded in aqueous antifade medium (Vector laboratories). Alternating 154 cryosections were incubated with rabbit polyclonal anti-CHAT (choline acetyltransferase) instead of rabbit anti-GnRH antibody in the double staining primary 155 antibody mixture. Occasionally, sections were incubated with anti-OMP (olfactory 156 marker protein) at 1/500 dilution in PBST, following the same protocol. After 157 158 immunocytochemical reactions, sections were analyzed on a Nikon Eclipse 80i microscope and images were taken using a Nikon DP80 camera. Microscopic images 159 160 were processed using cellSens Dimension 1.13 software (Olympus). Antibodies and vendors are listed in Supplemental Material, Table S1. To compare the signal intensity 161 162 between nervus terminalis neurons and cells known to express ACE2 and to internalize 163 SARS-CoV-2, the ACE2 fluorescent signal was compared by measuring the optical density of the signal in gray scale (8-bit maps) in ACE2-expressing nervus terminalis 164 neurons and in sustentacular cells of the dorsal olfactory epithelium, using cellSens 165 Dimension 1.13 software (Olympus). Intensity values were defined by regions of 166 interest and a quantitative immunofluorescence score was calculated by comparing 167 the target mean gray intensity for 15 sustentacular cells and 12 GnRH-positive nervus 168 169 terminalis neurons.

171 Cell counting and statistical analysis

For counting double-labeled neurons, five male wildtype mice at age 3-4 weeks old 172 were used. Approximately every third coronal cryosection (10-12 µm thickness) was 173 stained as described above, and positive neurons were counted in tissue sections 174 under a fluorescent microscope as indicated in Fig. 1 (the medial region from the 175 posterior olfactory epithelium to the caudal end of the olfactory bulb). For each animal, 176 the percentage of double labeled GnRH+/ACE2+ neurons was calculated in relation to 177 the total number of GnRH-positive neurons detected. The same protocol was applied 178 for counting cholinergic nervus terminalis neurons co-labeled with ACE2. A total 179 number of 119 GnRH-positive neurons and a total of 52 CHAT-positive neurons were 180 181 counted from 3-5 animals, as shown in detail in the Supplemental Material, Table S2. The results were analyzed using GraphPad Prism software. Results are presented as 182 mean ± standard error of the mean (SEM). An unpaired t-test was applied to determine 183 whether the difference in ACE2 colocalization between GnRH⁺ and CHAT⁺ neurons 184 was statistically significant. For details of quantification, see the Supplementary 185 Material, Table S2. 186

187

188 **TMPRSS2 and cathepsin B and L immunocytochemistry**

TMPRSS2 and cathepsins B and L are proteases that SARS-CoV-2 can use to gain 189 entry into host cells (Shang et al., 2020). To determine whether nervus terminalis 190 neurons also express TMPRSS2, tissue sections were incubated with TMPRSS2 191 antibodies at 1:50 or 1:200 dilution as recommended by the manufacturer. We tested 192 one cathepsin B and one cathepsin L antibody and three different anti-TMPRSS2 193 antibodies (listed in the Supplementary Table S1) to determine the presence of these 194 proteases in GnRH-positive nervus terminalis neurons. The same protocol as 195 described above for the ACE2 antibody was used. Quantification of GnRH and 196 cathepsin L co-labeled neurons was performed using the same protocol as described 197 for quantification of neurons labeled with ACE2. 198

199 **RESULTS**

200

It was previously shown that GnRH is a marker for a major fraction of nervus terminalis 201 neurons (Jennes, 1987; Schwanzel-Fukuda et al., 1987; Demski, 1993; Kim et al., 202 1999; von Bartheld, 2004). Immunolabeling for GnRH in 3-4 week-old mice showed 203 204 labeled neurons localized along the olfactory nerve between the olfactory epithelium and the olfactory bulbs (Fig. 2A-H), as expected from previous studies in rodents 205 206 (Schwanzel-Fukuda et al., 1986; Wirsig and Leonard, 1986; Schwanzel-Fukuda et al., 207 1987). The majority of the GnRH-positive nervus terminalis neurons was located along 208 the midline in the posterior part of the olfactory epithelium and adjacent to the olfactory bulbs. Preliminary examination revealed that these cells were in the same vicinity as 209 210 cells labeled with the ACE2 antibody (Fig. 2A-B, E-F). The large majority of GnRHpositive nervus terminalis neurons were fusiform and unipolar in shape. 211

212

213 Most GnRH⁺ nervus terminalis neurons express ACE2

214 To determine whether some neurons of the nervus terminalis contained both GnRH and ACE2, and to estimate the number of such neurons, we performed double 215 immunolabeling experiments, and single- and double-labeled cells were counted on 216 15-20 sections from five different animals. The analyzed olfactory epithelium and 217 olfactory bulb region and section's cutting plane are as indicated in Fig. 1. Out of 119 218 GnRH+ neurons, 107 (89.9%) were double-labeled for ACE2 (Fig. 3A). The intensity 219 (0-250 scale) of ACE2 immunolabel in nervus terminalis neurons (range of 63 to 114, 220 mean=86) was comparable to the intensity of ACE2 immunolabel (range of 70 to 141, 221 mean=108) that we have previously demonstrated for sustentacular cells in the 222 223 olfactory epithelium in some of the same tissue sections, and with the same protocol (Bilinska et al., 2020). Controls included omission of the primary antibody (not shown) 224 and double immunofluorescent reactions performed using cryosections derived from 225 an ACE2 knockout mouse as shown in Fig. 2 (I-L). The GnRH-positive neurons were 226 227 never labeled for olfactory marker protein (OMP), a marker for mature olfactory receptor neurons (Fig. S1, Supplementary Material). The total number of GnRH+ 228 229 nervus terminalis neurons per mouse was estimated to be approximately 125, which is very similar to a previous serial section analysis in hamster (about 130-140 GnRH+ 230 231 neurons, Wirsig and Leonard, 1986).

233 A small fraction of CHAT⁺ nervus terminalis neurons express ACE2

The nervus terminalis complex is comprised of several distinct heterogenous 234 populations of neurons. In addition to GnRH neurons which form the major fraction of 235 nervus terminalis neurons, the second largest nervus terminalis subpopulation are 236 cholinergic neurons that can be identified by the presence of choline acetyltransferase 237 (CHAT) or cholinesterase (Wirsig and Leonard, 1986; Demski, 1993; von Bartheld, 238 2004). Therefore, CHAT neurons were also double-labeled with ACE2 and the fraction 239 240 of CHAT-positive and ACE2-positive neurons was estimated out of a total of 52 CHATpositive neurons in three animals. In contrast to GnRH+/ACE2+ cells, only a minor 241 fraction (9.4%) of CHAT-positive neurons were labeled with ACE2 which indicates that 242 243 relatively few cholinergic nervus terminalis neurons express ACE2 protein (Fig. 3A, Table S2). Most of the CHAT-positive and also ACE2-positive nervus terminalis 244 245 neurons were fusiform and unipolar in shape. Control experiments included omission of primary antibody (not shown) and double immunofluorescent reactions performed 246 247 using cryosections derived from ACE2 knockout mouse (see below). The total number of CHAT-positive nervus terminalis neurons per mouse was estimated to be 248 approximately 60-70. This is less than the 130-140 acetylcholinesterase containing 249 nervus terminalis neurons in hamster (Wirsig and Leonard, 1986), but it is known that 250 only a fraction of neurons containing acetylcholinesterase actually are cholinergic 251 (Schwanzel-Fukuda et al., 1986). The difference in colocalization of ACE2 between 252 the two transmitter phenotypes of nervus terminalis neurons was highly significant, 253 indicating that ACE2 expression is not randomly distributed in the nervus terminalis 254 255 system.

256

Proof of the specificity of the ACE2 antibody: Western blots from ACE2 -/- mice 257 Immunolabeling experiments did not reveal any signal beyond background when the 258 primary antibodies were omitted. For more precise visualization of background ACE2 259 260 staining, tissue derived from ACE2 knock-out mouse was used. In Western blots, the ACE2-specific band was absent in total protein extract obtained from ACE2 -/- animals 261 (Fig. 3B). Therefore, sections from ACE2 -/- mice were also used for double 262 immunolabeling experiments with ACE2 antibody and results showed that, as 263 264 expected, GnRH-positive neurons were negative for ACE2 in tissue sections from the knock-out animals (Fig. 2 I-L). 265

266

The protease TMPRSS2 is not or minimally expressed in nervus terminalis neurons

TMPRSS2 is one of several proteases that cleave the spike protein, allowing SARS-CoV-2 to enter the host cell (Shang et al., 2020). Our attempts to double-label nervus terminalis neurons using three different anti-TMPRSS2 antibodies (Table S1) resulted in no specific label above background in GnRH-positive nervus terminalis neurons (Supplemental Material, Fig. S1E). Levels of TMPRSS2 expression in these neurons may be too low for detection, or TMPRSS2 is not expressed by either the GnRH- or CHAT-expressing nervus terminalis neurons.

276

277 The proteases cathepsins B and L are expressed in nervus terminalis neurons

It is known that endolysosomal proteases cathepsin B and L can also enhance entry 278 279 of SARS-CoV-2 to host cells (Gomes et al., 2020; Bollavaram et al., 2021; Zhao et al., 2021). To determine whether some neurons of the nervus terminalis contained both 280 281 GnRH and cathepsin B or L, and to estimate the number of such cells, we performed double immunolabeling experiments, and single- and double-labeled cells were 282 283 counted on 15-20 sections from three different animals. The analyzed olfactory epithelium and olfactory bulb region and section's cutting plane are as indicated in Fig. 284 1. After surveying a total of 51 GnRH positive neurons, we found that 90.0% of them 285 were double-labeled for cathepsin L (Cath L, Fig. 3A). A similar trend was observed for 286 cathepsin B with a large proportion of GnRH-positive neurons co-labeled with the two 287 antibodies (data not shown). 288

289 **DISCUSSION**

290

Our experiments confirmed the locations and approximate numbers of GnRH-positive 291 neurons of the nervus terminalis in rodents (Schwanzel-Fukuda et al., 1986; Wirsig 292 and Leonard, 1986; Schwanzel-Fukuda et al., 1987). In mouse, we found that the 293 294 number of CHAT-positive neurons was about half of the number of GnRH-positive neurons. Interestingly, the large majority of GnRH-positive neurons expressed ACE2 295 296 and cathepsin B or L, while only a small fraction of CHAT-positive neurons co-localized 297 ACE2. Previous studies have suggested that a larger fraction of the CHAT-positive neurons were multipolar and possibly associated with an autonomic function, while 298 299 GnRH-positive neurons are thought to be sensory and/or may have neurosecretory functions (Wirsig and Leonard, 1986; Schwanzel-Fukuda et al., 1986). 300

301

Mice have been most often used as model systems for ACE2 expression, for 302 303 localization of SARS-CoV-2 in the olfactory epithelium, and to study neuro-invasion of the brain along the olfactory route (Butowt and von Bartheld, 2020; Cooper et al., 2020; 304 Rathnasinghe et al., 2020). Mice have the advantage that a large number of mutants 305 are available (Butowt and von Bartheld, 2020), but they normally express an ACE2 306 version that binds SARS-CoV-2 with low affinity (Damas et al., 2020). Therefore, to 307 study SARS-CoV-2 infection in mice, a mouse-adapted virus has to be used (Leist et 308 al., 2020), or mice have to be engineered to express human ACE2 (Butowt et al., 309 2021). 310

311

SARS-CoV-2 uses ACE2 to bind to host cells, and then the spike protein is cleaved by 312 surface or endosomal proteases to facilitate virus entry. One of the more common 313 proteases to facilitate SARS-CoV-2 entry is TMPRSS2 (Shang et al., 2020). TMPRSS2 314 is minimally expressed in adult neurons (Paoloni-Giacobino et al., 1997), including 315 316 GnRH-expressing neurons in the brain (Ubuka et al., 2018). Similarly, TMPRSS2 was minimally or not at all expressed in nervus terminalis neurons. TMPRSS2 is only one 317 of several proteases that are known to cleave the spike protein of SARS-CoV-2. 318 319 Additional proteases that can facilitate SARS-CoV-2 entry into host cells in the absence 320 of TMPRSS2 include cathepsins B and L (Butowt et al., 2020; Gomes et al., 2020; Bollavaram et al., 2021; Zhao et al., 2021), and also furin. Pre-activation by furin 321 322 enhances viral entry in cells that lack TMPRSS2 or cathepsins, or have low levels of

expression of these proteases (Shang et al., 2020). Furin is a ubiquitously expressed 323 protease with a fundamental role in maturation of proteins in the secretory pathway; it 324 is expressed in virtually all cells in rodent brain albeit at different levels (Day et al., 325 1993). Furin is known to be expressed in Bowman gland cells (Ueha et al., 2021), and 326 therefore would not be a limiting factor for SARS-CoV-2 entry into innervating nervus 327 terminalis neurons. Accordingly, lack of TMPRSS2 in nervus terminalis neurons does 328 not negate the possibility of SARS-CoV-2 infecting these neurons after using 329 330 alternative proteases to gain entry.

331

Our finding of expression of ACE2 and cathepsins B and L in the large majority of 332 333 GnRH-expressing nervus terminalis neurons suggests that this cranial nerve is a more plausible conduit for brain infection than the olfactory neurons that entirely or for the 334 most part lack ACE2 expression (Butowt and von Bartheld, 2020; Cooper et al., 2020; 335 Klingenstein et al., 2021). The nervus terminalis neurons may obtain the SARS-CoV-336 337 2 directly from infected cells in Bowman's glands, or through free nerve endings within the olfactory epithelium, many parts of which degenerate when sustentacular cells are 338 infected by SARS-CoV-2 (Bryche et al., 2020). The lack of ACE2 in olfactory receptor 339 neurons (except for those in the Grueneberg ganglion, Brechbühl et al., 2021) appears 340 to be an effective barrier to virus transfer along the olfactory nerve (Butowt et al., 2021). 341 The nervus terminalis, however, has multiple venues to become infected by the virus, 342 as illustrated in Fig. 4. 343

344

Another important aspect is that the timeline of appearance of SARS-CoV-2 in the 345 brain fits the nervus terminalis projections, with an explosive appearance of the virus 346 in the forebrain in some mouse models (Winkler et al., 2020; Zheng et al., 2020; Zhou 347 et al., 2020; Carossino et al., 2021), rather than a gradual transfer along the olfactory 348 projections as would be expected from a virus that gains access to the brain via 349 350 olfactory projections (Barnett and Perlman, 1993). The nervus terminalis has direct projections into the forebrain, reaching as far caudal as the hypothalamus (von 351 352 Bartheld, 2004), and if the virus indeed infects these neurons, this could explain why the virus reaches the brain and cerebrospinal fluid (CSF) spaces much faster than 353 354 seems possible via "neuron hopping" along olfactory projections. Most of the viruscontaining axons in the olfactory nerve demonstrated by de Melo et al. (2021) do not 355 356 express olfactory marker protein, suggesting that they are not axons belonging to

olfactory receptor neurons, and therefore may be nervus terminalis axons which alsoproject along the olfactory nerve (Larsell, 1950).

359

On a comparative note, since dolphins and whales have a much larger number of nervus terminalis neurons than any other vertebrates (Oelschläger et al., 1987), and these marine mammals express ACE2 that is highly susceptible to SARS-CoV-2 binding (Damas et al., 2020), our finding of ACE2 in nervus terminalis neurons suggests that these animals may be more vulnerable to brain infection via the nervus terminalis – even in the absence of an olfactory system.

366

In humans, the number of nervus terminalis neurons is relatively small (a few hundred 367 to a few thousand neurons depending on age, Brookover, 1917; Larsell, 1950; Jin et 368 al., 2019). However, it is possible that such a relatively small number is sufficient to 369 mediate viral infection. The nervus terminalis directly innervates secretory cells of the 370 371 Bowman's glands (Larsell, 1950) that are known to express ACE2 (Brann et al., 2020; Chen et al., 2020; Cooper et al., 2020; Ye et al., 2020; Zhang et al., 2020; Klingenstein 372 et al., 2021) and readily become infected with SARS-CoV-2 (Ye et al., 2020; Leist et 373 al., 2020; Meinhardt et al., 2020; Zhang et al., 2020; Zheng et al., 2020) (Fig. 4). In 374 addition, the nervus terminalis has many free nerve endings within the olfactory 375 epithelium (Larsell, 1950) - an epithelium that is heavily damaged when ACE2-376 expressing sustentacular cells become infected and degenerate (Bryche et al., 2020). 377 Finally, a major component of the nervus terminalis innervates blood vessels below 378 the olfactory epithelium and projects via cerebrospinal fluid (CSF)-containing spaces 379 380 (Larsell, 1950; Jennes, 1987). Some nervus terminalis neurons have direct projections to the hypothalamus (Pearson, 1941; Larsell, 1950; von Bartheld, 2004), a brain region 381 that may serve as a hub for virus spread throughout the brain (Nampoothiri et al., 2020; 382 Zheng et al., 2020). 383

384

Another argument to consider the nervus terminalis as an alternative to the olfactory route is that neuro-invasion in most animal models is highly variable, even in the same species and transgenic model (Jiang et al., 2020; Oladunni et al., 2020; Rathnasinghe et al., 2020; Winkler et al., 2020; Ye et al., 2020; Zheng et al., 2020; Zhou et al., 2020), and this is in contrast to the olfactory system that is consistent in terms of numbers of

neurons, gene expression and projections. The nervus terminalis, on the other hand, 390 391 is known for its large variability between individuals of the same species or even when comparing the right side with the left side of the same individual (Larsell, 1918; Jin et 392 al., 2019). Such numerical differences can approach or even exceed an entire order of 393 magnitude (Schwanzel-Fukuda et al., 1987; Jin et al., 2019) – and thus may explain 394 the reported large variability in neuro-invasion (Butowt et al., 2021). Taken together, 395 nervus terminalis neurons, for the above reasons, should be considered as a plausible 396 alternative to the olfactory projections for neuro-invasion of SARS-CoV-2 from the nose 397 to the brain in COVID-19. Whether the virus can indeed infect nervus terminalis 398 neurons cannot be deduced by protein expression, but has to be determined by 399 400 experiments using infectious SARS-CoV-2 after nasal inoculation in experimental animal models, or by demonstration of SARS-CoV-2 in nervus terminalis neurons in 401 402 tissues from patients with COVID-19.

403

404

405 **ACKNOWLEDGMENTS**

Supported by the "Excellence Initiative-Research University" programme at the
Nicolaus Copernicus University (R.B.), and grant GM103554 from the National
Institutes of Health (C.S.v.B.).

410 CONTRIBUTION TO THE FIELD

411

The new coronavirus responsible for the COVID-19 pandemic can infect the brain in 412 humans and in some animal models. It is currently not known how this virus infects the 413 brain. Many researchers believe that the virus enters the brain by using a route along 414 the olfactory nerve. However, the olfactory neurons in the nose do not express the 415 obligatory virus entry receptors, and the timing of arrival and transfer of the virus in 416 brain targets is inconsistent with a neuronal transfer along olfactory projections. Here 417 we show that an alternative route for the new coronavirus to infect the brain is more 418 plausible. We show that many nervus terminalis neurons express the spike-binding 419 virus entry protein. Since these neurons have direct synaptic contact with cells known 420 to become infected in the nose, and have direct projections to various targets in the 421 forebrain, the nervus terminalis neurons may provide an alternative route for the new 422 coronavirus to gain access from the nose to the brain. The main contribution of our 423 paper is to show that a plausible alternative route to brain infection exists that needs 424 to be pursued by examination of human tissues and by testing in appropriate animal 425 models whether the new coronavirus indeed utilizes this pathway. 426

427 **REFERENCES**

- 428
- 429
- 430

Barnett, E.M., and Perlman, S. (1993). The olfactory nerve and not the trigeminal nerve
is the major site of CNS entry for mouse hepatitis virus, strain JHM. Virology. 194(1),
185-191.

434

Barnett, E.M., Evans, G.D., Sun, N., Perlman, S., and Cassell, M.D. (1995).
Anterograde tracing of trigeminal afferent pathways from the murine tooth pulp to
cortex using herpes simplex virus type 1. J Neurosci. (4), 2972-2984.

438

Bilinska, K., Jakubowska, P., Von Bartheld, C.S., and Butowt, R. (2020). Expression
of the SARS-CoV-2 Entry Proteins, ACE2 and TMPRSS2, in Cells of the Olfactory
Epithelium: Identification of Cell Types and Trends with Age. ACS Chem Neurosci.
11(11), 1555-1562.

443

Bollavaram, K., Leeman, T. H., Lee, M. W., Kulkarni, A., Upshaw, S. G., Yang, J., et
al. (2021). Multiple sites on SARS-CoV-2 spike protein are susceptible to proteolysis
by cathepsins B, K, L, S, and V. Protein Sci. 2021 Jun;30(6):1131-1143.

447

Bougakov, D., Podell, K., and Goldberg, E. (2020). Multiple Neuroinvasive Pathways
in COVID-19. Mol Neurobiol. 29,1–12.

450

454

Briguglio, M., Bona, A., Porta, M., Dell'Osso, B., Pregliasco, F.E., and Banfi, G. (2020).
Disentangling the hypothesis of host dysosmia and SARS-CoV-2: The bait symptom
that hides neglected neurophysiological routes. Front Physiol. 11, 671.

Brann, D.H., Tsukahara, T., Weinreb, C., Lipovsek, M., Van den Berge, K., Gong, B.,
et al. (2020). Non-neuronal expression of SARS-CoV-2 entry genes in the olfactory
system suggests mechanisms underlying COVID-19-associated anosmia. Sci Adv.
6(31):eabc5801.

459

Brechbühl, J., Wood, D., Bouteiller, S., Lopes, A.C., Verdumo, C., and Broillet, M.-C.
(2021). Age-dependent appearance of SARS-CoV-2 entry cells in mouse
chemosensory systems reflects COVID-19 anosmia and ageusia symptoms. bioRxiv
[Preprint] March 29, 2021 doi: https://doi.org/10.1101/2021.03.29.437530.

464

467

Brookover, C. (1917). The peripheral distribution of the nervus terminalis in an infant.J Comp Neurol. 28, 349-360.

Bryche, B., St Albin, A., Murri, S., Lacôte, S., Pulido, C., Ar Gouilh, M., et al. (2020).
Massive transient damage of the olfactory epithelium associated with infection of
sustentacular cells by SARS-CoV-2 in golden Syrian hamsters. Brain Behav Immun.
89, 579-586.

Burks, S.M., Rosas-Hernandez, H., Alenjandro Ramirez-Lee, M., Cuevas, E., and
Talpos, J.C. (2021). Can SARS-CoV-2 infect the central nervous system via the
olfactory bulb or the blood-brain barrier? Brain Behav Immun. 20, 32489-32492.

476

Butowt, R., and Bilinska, K. (2020). SARS-CoV-2: Olfaction, Brain Infection, and the
Urgent Need for Clinical Samples Allowing Earlier Virus Detection. ACS Chem
Neurosci. 11(9),1200-1203.

Butowt, R., and von Bartheld, C.S. (2020). Anosmia in COVID-19: Underlying
Mechanisms and Assessment of an Olfactory Route to Brain Infection. Neuroscientist.
doi: 10.1177/1073858420956905. Epub ahead of print.

484

480

Butowt, R., Pyrc, K., and von Bartheld, C.S. (2020). Battle at the entrance gate: CIITA
as a weapon to prevent the internalization of SARS-CoV-2 and Ebola viruses. Signal
Transduct Target Ther. Nov 24;5(1):278.

488

Butowt, R., Meunier, N., Bryche, B., and von Bartheld, C.S. (2021). The olfactory nerve
is not a likely route to brain infection in COVID-19: a critical review of data from humans
and animal models. Acta Neuropathol, 1–14. Advance online publication.
https://doi.org/10.1007/s00401-021-02314-2.

493

Carossino, M., Montanaro, P., O'Connell, A., Kenney, D., Gertje, H., Grosz, K.A., et al.
(2021). Fatal neuroinvasion of SARS-CoV-2 in K18-hACE2 mice is partially dependent
on hACE2 expression. bioRxiv [Preprint] doi: 10.1101/2021.01.13.425144. (accessed
on May 30, 2021).

Chen, M., Shen, W., Rowan, N. R., Kulaga, H., Hillel, A., Ramanathan, M., Jr, et al.
(2020). Elevated ACE-2 expression in the olfactory neuroepithelium: implications for
anosmia and upper respiratory SARS-CoV-2 entry and replication. Eur Resp J. 56(3),
2001948.

Cooper, K.W., Brann, D.H., Farruggia, M.C., Bhutani, S., Pellegrino, R., Tsukahara, T.,
et al. (2020). COVID-19 and the Chemical Senses: Supporting Players Take Center
Stage. Neuron. 107(2), 219-233.

507

503

Damas, J., Hughes, G.M., Keough, K.C., Painter, C.A., Persky, N.S., Corbo, M., et al.
(2020). Broad host range of SARS-CoV-2 predicted by comparative and structural
analysis of ACE2 in vertebrates. Proc Natl Acad Sci U S A. 117(36), 22311-22322.

511

512 Day, R., Schafer, M.K., Cullinan, W.E., Watson. S.J., Chrétien. M., Seidah, N.G. 513 (1993). Region specific expression of furin mRNA in the rat brain. Neurosci Lett. 514 149(1), 27-30. 515

de Melo, G.D., Lazarini, F., Levallois, S., Hautefort, C., Michel, V., Larrous, F., et al.
(2021). COVID-19-related anosmia is associated with viral persistence and
inflammation in human olfactory epithelium and brain infection in hamsters. Sci Transl
Med, eabf8396. E-pub. https://doi.org/10.1126/scitranslmed.abf8396.

520

522

521 Demski, L.S. (1993). Terminal nerve complex. Acta Anat (Basel). 148(2-3), 81-95.

523 Dubé, M., Le Coupanec, A., Wong, A.H.M., Rini, J.M., Desforges, M., and Talbot, P.J. 524 (2018). Axonal Transport Enables Neuron-to-Neuron Propagation of Human 525 Coronavirus OC43. J Virol. 92(17), 404-418.

Ellul, M.A., Benjamin, L., Singh, B., Lant, S., Michael, B.D., Easton, A., et al. (2020). 526 527 Neurological associations of COVID-19. Lancet Neurol. 19(9), 767-783. 528 Gomes, C. P., Fernandes, D. E., Casimiro, F., da Mata, G. F., Passos, M. T., Varela, 529 P., et al. (2020). Cathepsin L in COVID-19: From Pharmacological Evidences to 530 Genetics. Front Cell Infect Microbiol. Dec 8;10:589505. 531 532 Jennes, L. (1987). The nervus terminalis in the mouse: light and electron microscopic 533 immunocytochemical studies. Ann N Y Acad Sci. 519,165-173. 534 535 Jiang, R. D., Liu, M. Q., Chen, Y., Shan, C., Zhou, Y. W., Shen, X. R., et al. (2020). 536 Pathogenesis of SARS-CoV-2 in Transgenic Mice Expressing Human Angiotensin-537 Converting Enzyme 2. Cell. 182(1), 50–58.e8. 538 539 Jin, Z.W., Cho, K.H., Shibata, S., Yamamoto, M., Murakami, G., and Rodríguez-540 541 Vázquez, J.F. (2019). Nervus terminalis and nerves to the vomeronasal organ: a study using human fetal specimens. Anat Cell Biol. 52(3), 278-285. 542 543 544 Kim, K.H., Patel, L., Tobet, S.A., King, J.C., Rubin, B.S., and Stopa, E.G. (1999). Gonadotropin-releasing hormone immunoreactivity in the adult and fetal human 545 546 olfactory system. Brain Res. 826(2), 220-229. 547 Klingenstein, M., Klingenstein, S., Neckel, P.H., Mack, A.F., Wagner, A.P., Kleger, A., 548 et al. (2021). Evidence of SARS-CoV2 Entry Protein ACE2 in the Human Nose and 549 550 Olfactory Bulb. Cells Tissues Organs 209(4-6), 155-164. 551 Larsell, O. (1918). Nervus terminalis: mammals. J Comp Neurol. 30, 3-68. 552 553 Larsell, O. (1950). The nervus terminalis. Ann Otol Rhinol Laryngol. 59(2), 414-438. 554 555 Leist, S.R., Dinnon, K.H., Schäfer, A., Tse, L.V., Okuda, K., Hou, Y.J., et al. (2020). A 556 557 Mouse-Adapted SARS-CoV-2 Induces Acute Lung Injury and Mortality in Standard Laboratory Mice. Cell. 183 (4),1070-1085. 558 559 560 Li, Z., Liu, T., Yang, N., Han, D., Mi, X., Li, Y., et al. (2020). Neurological manifestations of patients with COVID-19: potential routes of SARS-CoV-2 neuroinvasion from the 561 periphery to the brain. Front Med. 14(5), 533-541. 562 563 Liang, F. (2020). Sustentacular Cell Enwrapment of Olfactory Receptor Neuronal 564 Dendrites: An Update. Genes (Basel). 11(5), 493. 565 566 Masre, S.F., Jufri, N.F., Ibrahim, F.W., and Abdul Raub, S.H. (2020). Classical and 567 alternative receptors for SARS-CoV-2 therapeutic strategy. Rev Med Virol. e2207. 568 569 Advance online publication. https://doi.org/10.1002/rmv.2207. 570 Matschke, J., Lütgehetmann, M., Hagel, C., Sperhake, J.P., Schröder, A.S., Edler, C., 571 et al. (2020). Neuropathology of patients with COVID-19 in Germany: a post-mortem 572 case series. Lancet Neurol. 19(11), 919-929. 573 574

Meinhardt, J., Radke, J., Dittmayer, C., Franz, J., Thomas, C., Mothes, R., et al. (2021). 575 576 Olfactory transmucosal SARS-CoV-2 invasion as a port of central nervous system 577 entry in individuals with COVID-19. Nat Neurosci. 24(2), 168-175. 578 579 Mukerji, S.S., and Solomon, I.H. (2021). What can we learn from brain autopsy in COVID-19? Neurosci Lett. 742:135528. doi: 10.1016/j.neulet.2020.135528. 580 581 Nampoothiri, S., Sauve, S., Ternier, G., Fernandois, D., Coelho, C., Imbernon, M., et 582 al. (2020). The hypothalamus as a hub for putative SARS-CoV-2 brain infection. 583 584 bioRxiv [Preprint] doi: https://doi.org/10.1101/2020.06.08.139329. (accessed on May 585 30, 2021) 586 Natoli, S., Oliveira, V., Calabresi, P., Maia, L.F., and Pisani, A. (2020). Does SARS-587 Cov-2 invade the brain? Translational lessons from animal models. Eur J Neurol. 588 9,1764-1773. 589 590 Netland, J., Meyerholz, D.K., Moore, S., Cassell, M., and Perlman, S. (2008). Severe 591 592 acute respiratory syndrome coronavirus infection causes neuronal death in the 593 absence of encephalitis in mice transgenic for human ACE2. J Virol. 82(15), 7264-594 7275. 595 Oelschläger, H.A., Buhl, E.H., and Dann, J.F. (1987). Development of the nervus 596 terminalis in mammals including toothed whales and humans. Ann N Y Acad Sci. 519, 597 447-464. 598 599 Oladunni, F. S., Park, J. G., Pino, P. A., Gonzalez, O., Akhter, A., Allué-Guardia, A., et 600 al. (2020). Lethality of SARS-CoV-2 infection in K18 human angiotensin-converting 601 enzyme 2 transgenic mice. Nat Commun. 11(1), 6122. 602 603 Paoloni-Giacobino, A., Chen, H., Peitsch, M. C., Rossier, C., and Antonarakis, S.E. 604 (1997). Cloning of the TMPRSS2 gene, which encodes a novel serine protease with 605 606 transmembrane, LDLRA, and SRCR domains and maps to 21q22.3. Genomics, 44(3), 309–320. 607 608 609 Pearson, A.A. (1941). The development of the nervus terminalis in man. J Comp Neurol. 75, 39-66. 610 611 612 Rathnasinghe, R., Strohmeier, S., Amanat, F., Gillespie, V.L., Krammer, F., García-Sastre, A., et al. (2020). Comparison of transgenic and adenovirus hACE2 mouse 613 models for SARS-CoV-2 infection. Emerg Microbes Infect. 1, 2433-2445. 614 615 Ridgway, S.H., Demski, L.S., Bullock, T.H., and Schwanzel-Fukuda, M. (1987). The 616 617 terminal nerve in odontocete cetaceans. Ann N Y Acad Sci. 519, 201-212. 618 Schwanzel-Fukuda, M., Morrell, J. I., and Pfaff, D. W. (1986). Localization of choline 619 acetyltransferase and vasoactive intestinal polypeptide-like immunoreactivity in the 620 nervus terminalis of the fetal and neonatal rat. Peptides. 7(5), 899–906. 621 622

Schwanzel-Fukuda, M., Garcia, M.S., Morrell, J.I., and Pfaff, D.W. (1987). Distribution 623 624 of luteinizing hormone-releasing hormone in the nervus terminalis and brain of the mouse detected by immunocytochemistry. J Comp Neurol. 255(2), 231-244. 625 626 627 Shang, J., Wan, Y., Luo, C., Ye, G., Geng, Q., Auerbach, A., and Li, F. (2020). Cell entry mechanisms of SARS-CoV-2. Proc Natl Acad Sci USA, 117(21), 11727–11734. 628 629 Solomon, T. (2021). Neurological infection with SARS-CoV-2 - the story so far. Nat 630 Rev Neurol. 1–2. 631 632 Thakur, K.T., Miller, E.H., Glendinning, M.D., Al-Dalahmah, O., Banu, M.A., Boehme, 633 A.K., et al. (2021). COVID-19 neuropathology at Columbia University Irving Medical 634 Center/New York Presbyterian Hospital. Brain, awab148. Advance online publication. 635 https://doi.org/10.1093/brain/awab148. 636 637 638 Tikellis, C., and Thomas, M.C. (2012). Angiotensin-Converting Enzyme 2 (ACE2) Is a Key Modulator of the Renin Angiotensin System in Health and Disease. Int J Pept. 639 2012:256294. 640 641 Ubuka, T., Moriya, S., Soga, T., and Parhar, I. (2018). Identification of Transmembrane 642 643 Protease Serine 2 and Forkhead Box A1 As the Potential Bisphenol A Responsive 644 Genes in the Neonatal Male Rat Brain. Front Endocrinol, 9, 139. 645 Ueha, R., Kondo, K., Kagoya, R., Shichino, S., Shichino, S., and Yamasoba, T. (2021). 646 ACE2, TMPRSS2, and Furin expression in the nose and olfactory bulb in mice and 647 648 humans. Rhinology, 59(1), 105-109. 649 van Riel, D., Verdijk, R., and Kuiken, T. (2015). The olfactory nerve: a shortcut for 650 influenza and other viral diseases into the central nervous system. J Pathol. 235(2), 651 277-287. 652 653 654 von Bartheld, C.S. (2004). The terminal nerve and its relation with extrabulbar "olfactory" projections: lessons from lampreys and lungfishes. Microsc Res Tech. 65(1-655 2), 13-24. 656 657 Winkler, E. S., Bailey, A. L., Kafai, N. M., Nair, S., McCune, B. T., Yu, J., et al. (2020). 658 SARS-CoV-2 infection of human ACE2-transgenic mice causes severe lung 659 660 inflammation and impaired function. Nat Immunol. 21(11), 1327–1335. 661 662 Wirsig, C.R., and Leonard, C.M. (1986). Acetylcholinesterase and luteinizing hormonereleasing hormone distinguish separate populations of terminal nerve neurons. 663 Neuroscience, 19(3), 719-740. 664 665 666 Ye, Q., Zhou, J., Yang, G., Li, R.-T., He, Q., Zhang, Y., et al. (2020). SARS-CoV-2 infection causes transient olfactory dysfunction in mice. bioRxiv [Preprint] doi: 667 https://doi.org/10.1101/2020.11.10.376673. (accessed on May 30, 2021). 668 669 Zhang, A.J., Lee, A.C., Chu, H., Chan, J.F., Fan, Z., Li, C., et al. (2020). SARS-CoV-2 670 infects and damages the mature and immature olfactory sensory neurons of hamsters. 671 Clin Infect Dis. 15:ciaa995. doi: 10.1093/cid/ciaa995 672

673

Zhao, M.M., Yang, W.L., Yang, F.Y., Zhang, L., Huang, W.J., Hou, W., et al. (2021).
Cathepsin L plays a key role in SARS-CoV-2 infection in humans and humanized mice
and is a promising target for new drug development. Signal Transduct Target Ther.
Mar 27;6(1):134.

678

Zheng, J., Wong, L.R., Li, K., Verma, A.K., Ortiz, M., Wohlford-Lenane, C., et al.
(2021). COVID-19 treatments and pathogenesis including anosmia in K18-hACE2
mice. Nature 589, 603–607.

682

Zhou, B., Thao, T.T.N., Hoffmann, D., Taddeo, A., Ebert, N., Labroussaa, F., et al.
(2020). SARS-CoV-2 spike D614G variant confers enhanced replication and
transmissibility. bioRxiv [Preprint]. doi: 10.1101/2020.10.27.357558. (accessed on
May 30, 2021).

687

Zubair, A.S., McAlpine, L.S., Gardin, T., Farhadian, S., Kuruvilla, D.E., and Spudich,
 S. (2020). Neuropathogenesis and Neurologic Manifestations of the Coronaviruses in

- the Age of Coronavirus Disease 2019: A Review. JAMA Neurol. 77(8), 1018-1027.
- 691

692 FIGURES AND FIGURE LEGENDS





Fig. 1. Schematic sagittal section through a mouse head shows the orientation and
planes of tissue sections from Fig. 2A, E, I and M. Sections within those planes were
used for demonstration of double-immunolabeling and for cell counting. CNS, central
nervous system; OB, olfactory bulb; OE, olfactory epithelium.



715

Fig. 2. Examples of double immunofluorescent labeling for nervus terminalis 716 neuronal markers GnRH (A, E) or CHAT (M) and ACE2 (B, F, J, N) in the medial 717 region adjacent to the olfactory bulbs as indicated in Fig. 1. Panels A-D and E-H 718 show slightly different focal planes to demonstrate the morphology of the two or three 719 different neurons. Nuclei are stained with Hoechst 33258 (C, G, K, O). Merged 720 images are shown in the last column (**D**, **H**, **L**, **P**). The neuronal somas labeled with 721 GnRH (A, E) are co-labeled with ACE2 (B, F) as shown after merging (D, H). GnRH 722 positive cells in the ACE2 knock-out mouse (I) are not labeled with ACE2 (J). The 723 majority of cholinergic neurons are not labeled with ACE2 (M, N), as quantified in Fig. 724 3A. Control sections probed without primary antibodies or with control rabbit IgG had 725 726 no detectable signal (not shown). Arrows and triangles indicate double-labeled neurons or lack thereof. Scale bars: 20 µm. 727





730

Fig. 3A-F. Quantification of neurons labeled with nervus terminalis markers, virus 731 entry proteins, and verification of the specificity of the ACE2 antibody. 732

A. The large majority of GnRH-positive neurons is also ACE2-positive. In contrast, 733 the majority of CHAT-positive (cholinergic) nervus terminalis neurons lack ACE2-734 expression. The total number of counted GnRH-positive or CHAT-positive neurons 735 736 was set at 100%. Error bars represent ± SEM. A t-test shows that the colocalization difference between GnRH- and CHAT-positive nervus terminalis neurons is 737 significant at p<0.0001. For further details, see Table S2. B. Western blot of ACE2 in 738 wildtype (wt) mice and in ACE2 knock-out (KO) mice. The first two lanes (kidney) 739 were loaded with 25 µg total protein, the lanes for olfactory bulb and cerebral cortex 740 were loaded with 60 µg total protein, and probed with the R&D ACE2 antibody. No 741 ACE2 protein was detectable in the ACE2 KO mice, proving that the antibody indeed 742 recognizes ACE2. C-F. Example of GnRH-positive nervus terminalis neurons which 743 are also cathepsin L-positive. C. One GnRH-labeled neuron is marked with a white 744 arrow. **D.** The same neuron is labeled with the cathepsin L antibody (CatL, white 745 arrow). E. The cell nuclei are stained with Hoechst nuclear dye. F. The three images 746 are merged to show co-localization in the neuron indicated with the white arrow. All 747 scale bars are 20 µm. 748





Fig. 4. Peripheral projections of nervus terminalis (NT) neurons and their 752 753 presumptive relationship with ACE2-expressing neurons in the olfactory epithelium and known SARS-CoV-2 infection. NT neurons innervate blood vessels (BV), 754 755 Bowman gland (BG) cells, the olfactory epithelium (OE), and contact cerebrospinal fluid (CSF) spaces. Peripheral projections of NT neurons according to Larsell (1950), 756 757 CSF contacts according to Jennes (1987). Cells expressing ACE2 are indicated in green, including sustentacular cells (SUS) and BG cells. Both of these cell types 758 have been shown to express ACE2 (Bilinska et al., 2020; Brann et al., 2020; Chen et 759 al., 2020; Ye et al., 2020; Zhang et al., 2020; Klingenstein et al., 2021). Cell types 760 that have been documented to be infected by SARS-CoV-2 are indicated with pink 761 asterisks. SARS-CoV-2 localization in SUS cells according to Bryche et al., 2020; 762 Leist et al., 2020; Ye et al., 2020; Zhang et al., 2020; Zheng et al., 2020; de Melo et 763 al., 2021, and in BG cells according to Bryche et al., 2020; Leist et al., 2020; Ye et 764 al., 2020. BG cells furthermore express the protease furin (Ueha et al., 2021) which 765 may facilitate virus entry into those nervus terminalis neurons which innervate BG 766 cells. 767

768

770 SUPPLEMENTARY MATERIAL

771

772 SUPPLEMENTAL TABLES

773

Table S1. Primary and secondary antibodies used in this study.

Primary antibodies	Company	Catalog #	Туре	
ACE2	R&D Systems	AF3437	goat polyclonal	
ACE2	ABclonal	A4612	rabbit monoclonal	
Cathepsin B	R&D Systems	AF965	goat polyclonal	
Cathepsin L	R&D Systems	AF1515	goat polyclonal	
СНАТ	Proteintech	24418-1-AP	rabbit polyclonal	
GnRH1	Proteintech	26950-1-AP	rabbit polyclonal	
OMP	WAKO	544-10001	goat polyclonal	
TMPRSS2	Novus Biologicals	NBP3-00492	rabbit monoclonal	
TMPRSS2	Abcam	ab242384	rabbit monoclonal	
TMPRSS2	St John's	STJ11102428	rabbit monoclonal	
Secondary antibodies	Fluorescent conjugate			
donkey anti-rabbit	Abcam	ab15006	Alexa Fluor 488	
donkey anti-goat	Abcam	ab150136	Alexa Fluor 594	
horse anti-rabbit	Vector	DI-1094	Alexa Fluor 594	
horse anti-goat	Vector	DI-3088	Alexa Fluor 488	

775

Abbreviations: ACE2, angiotensin converting enzyme 2; CHAT, choline acetyltransferase; GnRH1,
 gonadotropin releasing hormone 1; OMP, olfactory marker protein; TMPRSS2, transmembrane
 protease serine 2.

779

TABLE S2. Numbers of animals, sections, and numbers of neurons double-labeled for nervus terminalis markers (GnRH, CHAT) and ACE2.

	# of	# of GnRH	# of GnRH and	%
	sections	neurons	ACE2	
GnRH and ACE2				
Mouse 1	16	25	23	92.0
Mouse 2	21	30	27	90.0
Mouse 3	15	21	19	90.5
Mouse 4	11	10	8	80.0
Mouse 5	22	33	30	90.9
Sum/mean	85	119	107	89.9
CHAT and ACE2				
Mouse 1	21	20	2	10.0
Mouse 2	15	18	2	11.1
Mouse 3	18	14	1	7.1
Sum/mean	54	52	5	9.4
t-test				p<0.0001



GnRH and TMPRSS2 (E). Label for GnRH (A) and OMP (B) in the medial region

adjacent to the olfactory bulbs as indicated in Fig. 1. Nuclei are stained with Hoechst

⁷⁹³ 33258 (**C**) and the merged image is shown in (**D**). GnRH-labeled cells were never

⁷⁹⁴ labeled for OMP in this region. (E) GnRH-labeled nervus terminalis neurons (one

neuron indicated with the white asterisk) did not co-localize with cells positive for

TMPRSS2 (white arrow). Scale bars: 20 μ m.