

Supporting Information for

IL-33 controls IL-22-dependent antibacterial defense by modulating the microbiota

Ivo Röwekamp^{a,1}, Laura Maschirow^{a,1}, Anne Rabes^{a,1}, Facundo Fiocca Vernengo^a, Lutz Hamann^b, Gitta Anne Heinz^c, Mir-Farzin Mashreghi^c, Sandra Caesar^a, Miha Milek^d, Anna Carolina Fagundes Fonseca^b, Sandra-Maria Wienhold^a, Geraldine Nouailles^a, Ling Yao^a, Soraya Mousavi^b, Dunja Bruder^{e,f}, Julia D. Boehme^{e,f}, Monika Puzianowska-Kuznicka^{g,h}, Dieter Beule^d, Martin Witzernath^{a,i}, CAPNETZ Study Group, Max Löhning^{j,k}, Christoph S.N. Klose^b, Markus M. Heimesaat^b, Andreas Diefenbach^b, Bastian Opitz^{a,i,*}

^aDepartment of Infectious Diseases, Respiratory Medicine and Critical Care, Charité – Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin; Berlin, Germany.

^bInstitute of Microbiology, Infectious Diseases and Immunology, Charité – Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin; Berlin, Germany.

^cGerman Rheumatism Research Center, a Leibniz Institute; Berlin, Germany.

^dCore Unit Bioinformatics, Berlin Institute of Health at Charité; Berlin, Germany.

^eResearch Group Infection Immunology, Institute of Medical Microbiology and Hospital Hygiene, Health Campus Immunology, Infectiology and Inflammation, Otto-von-Guericke-University, Magdeburg, Germany.

^fResearch Group Immune Regulation, Helmholtz Centre for Infection Research, Braunschweig, Germany.

^gDepartment of Human Epigenetics, Mossakowski Medical Research Institute, Polish Academy of Sciences, Warsaw, Poland.

^hDepartment of Geriatrics and Gerontology, Medical Centre of Postgraduate Education, Warsaw, Poland.

ⁱGerman center for lung research (DZL); Berlin, Germany.

^JExperimental Immunology and Osteoarthritis Research, Department of Rheumatology and Clinical Immunology, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany.

^kPitzer Laboratory of Osteoarthritis Research, German Rheumatism Research Center, a Leibniz Institute, Berlin, Germany.

*Corresponding author email: Bastian Opitz; Department of Infectious Diseases, Respiratory Medicine and Critical Care, Charité – Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin; Augustenburger Platz 1, 13353 Berlin, Germany; +49 450 553501; bastian.opitz@charite.de

This PDF file includes:

Figures S1 to S8

Other supporting materials for this manuscript include the following:

Raw sequencing data for Figures 2, 5, S4 and S8 are uploaded on NCBI GEO repository:

<https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE236344>

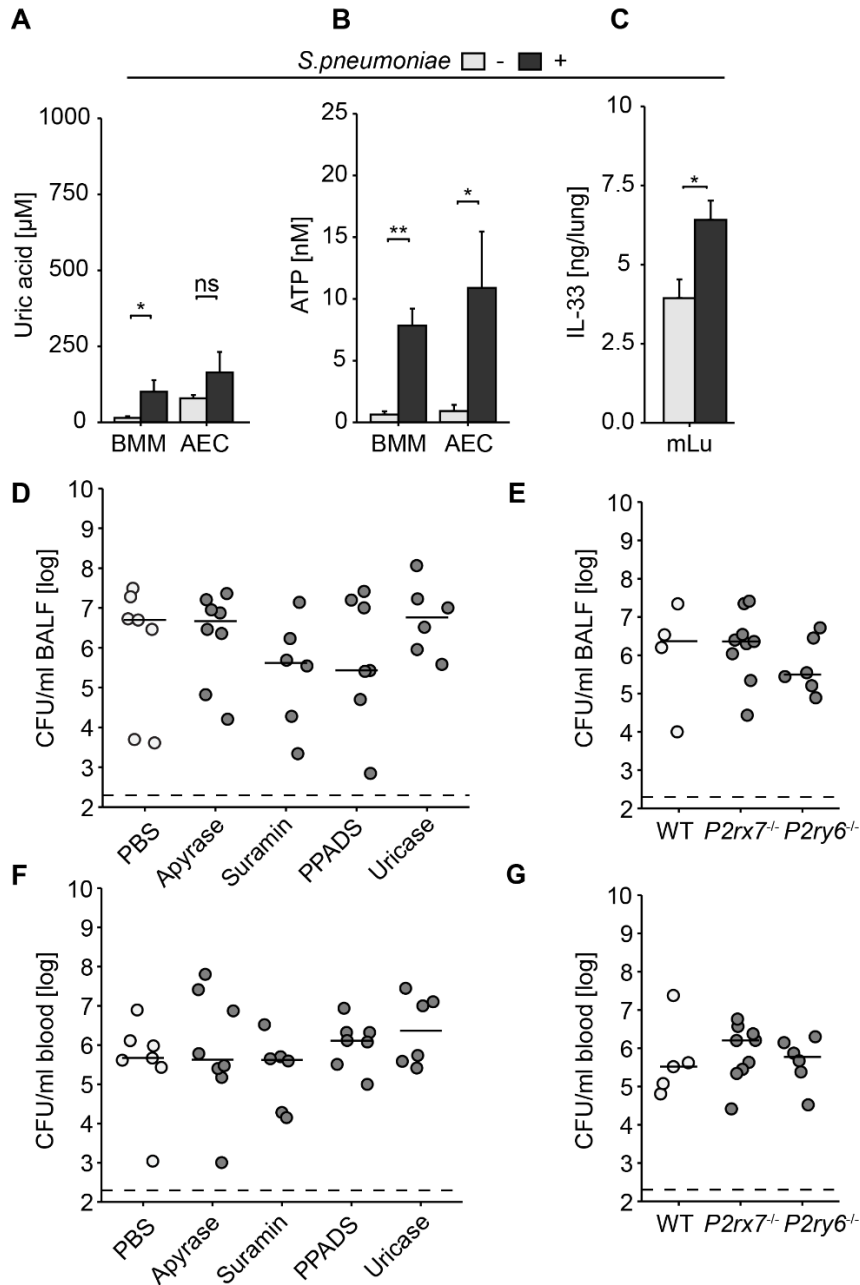


Figure S1. Role of alarmins in *S. pneumoniae* infection. (A-C) Murine bone marrow-derived macrophages (BMM), alveolar epithelial cells (AEC) and murine lung tissue (mLu) were left untreated or infected with 10^6 CFU of *S. pneumoniae* for 16-24 h. Uric acid (A), ATP (B) and IL-33 (C) were measured. Data are shown as mean + SEM (n = 8-14 per group); Wilcoxon rank sum test; ns = $p > 0.05$, * = $p < 0.05$, ** = $p < 0.01$. (D-G)

C57BL/6J WT mice were left untreated or treated with different alarmin inhibitors (n = 7-8 per group) and WT (n = 5), *P2rx7^{-/-}* (n = 9) and *P2rx6^{-/-}* mice (n = 6) were infected with *S. pneumoniae* and bacterial loads in BALF (**D, E**) and blood (**F, G**) were measured. Data are shown as individual points, lines represent median and dashed lines the lower detection limit.

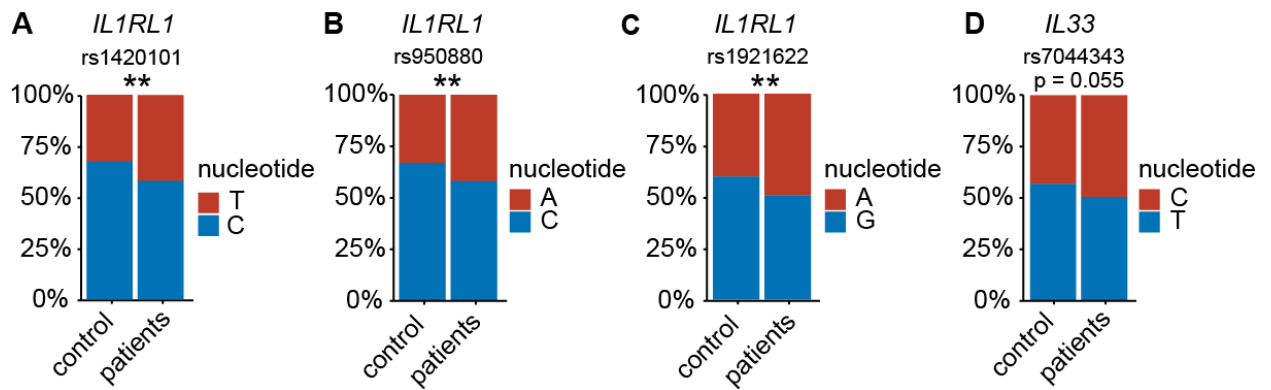


Figure S2. SNPs in *IL33* and *IL1RL1* are associated with pneumococcal pneumonia. (A-D)

Frequencies of SNP alleles of the *IL33* and *IL1RL1* genes were assessed in 238 patients with community-acquired pneumococcal pneumonia and 238 age- and sex- matched controls. Allele frequencies are visualized; Fisher's exact test, ** = $p < 0.01$.

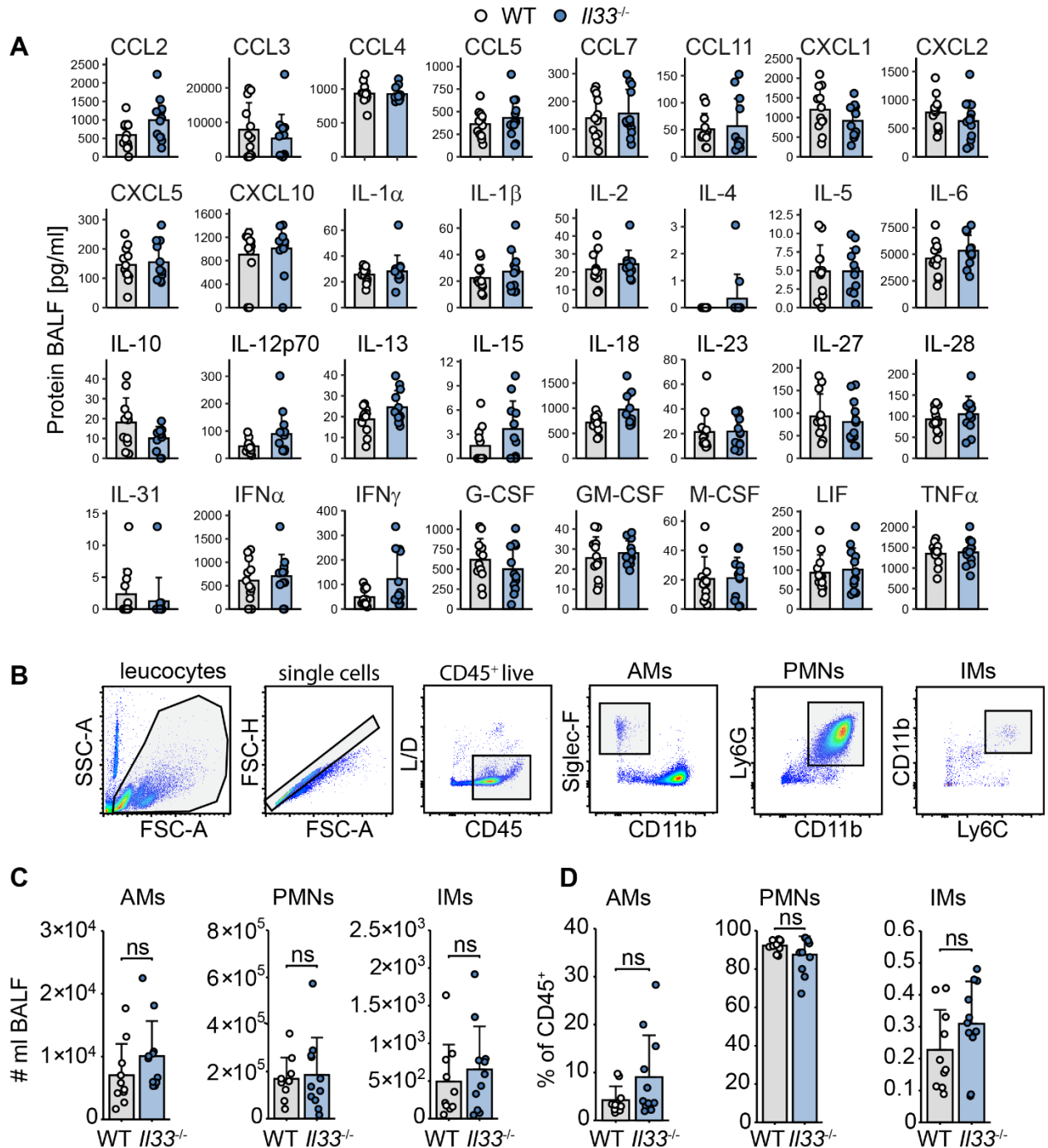


Figure S3. IL-33 deficiency does not influence production of several inflammatory cytokines or number or proportion of major innate leukocytes. (A) WT and *Il33^{-/-}* mice were intranasally infected with *S. pneumoniae*. After 18 h, cytokine and chemokine levels in BALF were quantified by multiplex ELISA (n = 16 per group). (B) Representative gating strategy to analyze macrophages,

PMNs and inflammatory monocytes (IMs) by flow cytometry. (**C, D**) WT (n = 10) and *Il33^{-/-}* mice (n = 11) were infected, sacrificed after 18 h, and absolute numbers and frequencies of leucocytes were measured in BALF by flow cytometry. Bars represent mean + SD, Wilcoxon rank sum test; ns = p > 0.05.

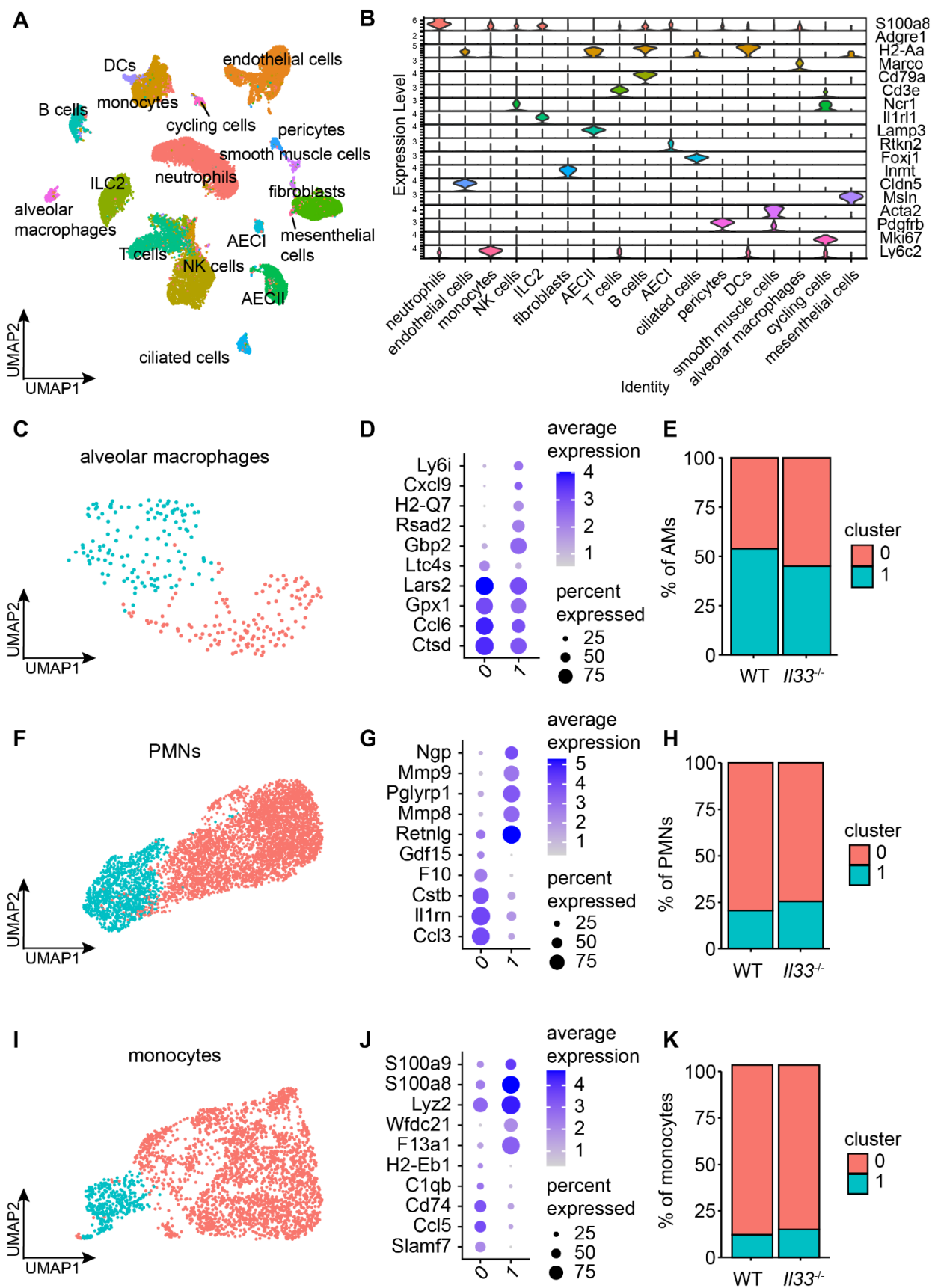


Figure S4. scRNAseq analysis of pulmonary cells from WT and *Il33*^{-/-} mice. Mice were infected, sacrificed after 36 h (n = 3-4 per group) and lungs were subjected to scRNAseq. **(A)** Two-dimensional embedding computed by UMAP on 24612 computationally identified cells. **(B)** Stacked violin plot depicting representative marker genes for each cell type. **(C - K)** Dataset was first subsetted on alveolar macrophages, PMNs and monocytes and separated in two clusters by unbiased clustering **(C, F, I)**. Dotplots of cluster specific marker genes **(D, G, J)** and frequencies of subclusters in WT and *Il33*^{-/-} are represented in a barplot **(E, H, K)**.

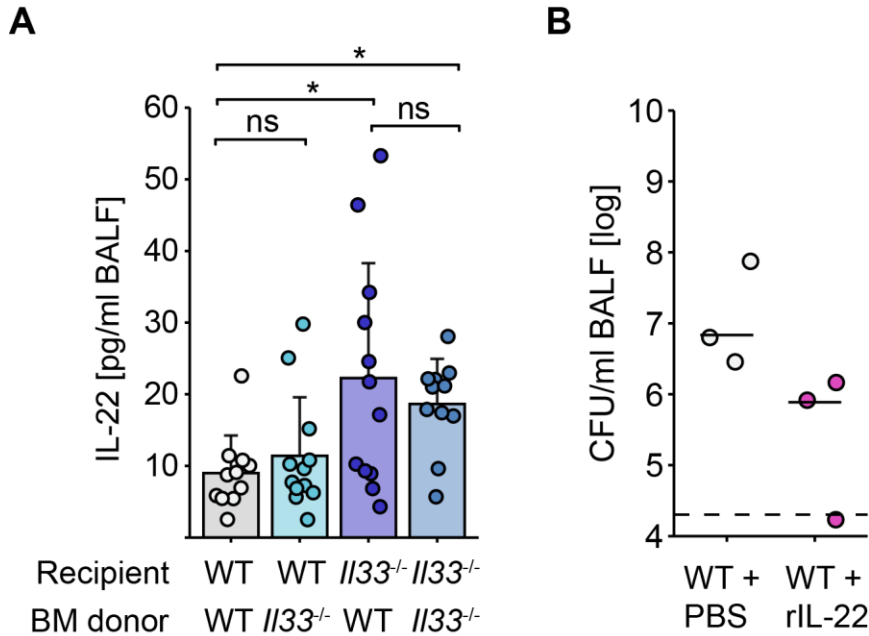


Figure S5. Non-hematopoietic IL-33 influences IL-22 levels in the lung, and administration of recombinant IL-22 improves antibacterial defense against *S. pneumoniae*. (A) Bone marrow chimera mice were infected and IL-22 levels in BALF were determined 48 h post infection, (n = 12 per group). Bars represent median + SD. Kruskal-Wallis followed by Dunn's posthoc test; * = $p < 0.05$, ns = $p > 0.05$. (B) WT mice were treated intranasally and intraperitoneally with 1 μ g rIL-22 or PBS as control. CFU were measured 48 hours after infection (n = 3 per group). Data are shown as individual data points, lines represent median and dashed line lower detection limit.

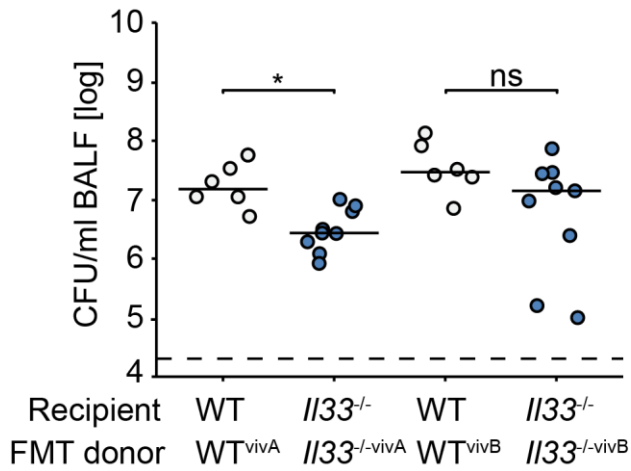


Figure S6. Antibacterial resistance of *I/33*^{-/-} mice depends on the microbiota. WT and *I/33*^{-/-} mice were treated orally with an antibiotic cocktail to deplete their own microbiota. Afterwards, mice were transplanted with fecal samples derived from WT or *I/33*^{-/-} animals, each originating from mice of two different vivaria (for vivA n = 6-9 per group and for vivB n = 6-9 per group). After a reconstitution time of approximately 8 days, mice were intranasally infected with *S. pneumoniae* and bacterial loads in BALF were assessed. Kruskal-Wallis test followed by Dunn's posthoc test; * = p < 0.05, ns = p > 0.05.

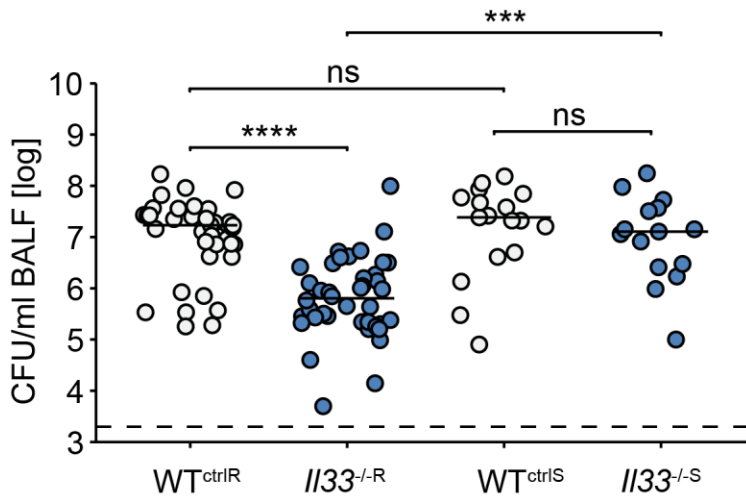


Figure S7. The antibacterial resistance of *//33*^{-/-} but not WT animals seems to be influenced by the housing environment. Accumulated CFU data from Fig. 4 classified by genotype and phenotype ('resistant' *//33*^{-/-} = *//33*^{-/-R} (n = 40), corresponding WT = WT^{ctrlR} (n = 39), 'susceptible' *//33*^{-/-} = *//33*^{-/-S} (n = 15), corresponding WT = WT^{ctrlS} (n = 17)). Data are shown as individual data points, lines represent median and dashed line lower detection limit, Kruskal-Wallis followed by Dunn's posthoc test; ns = p > 0.05, *** = p < 0.001, **** = p < 0.0001.

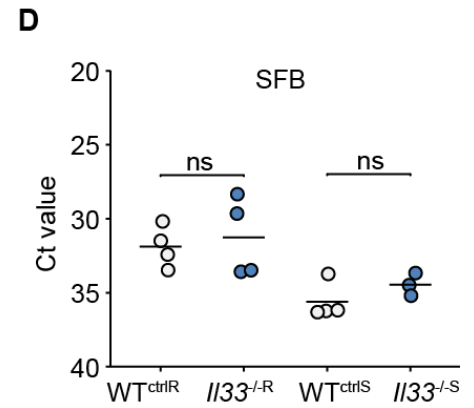
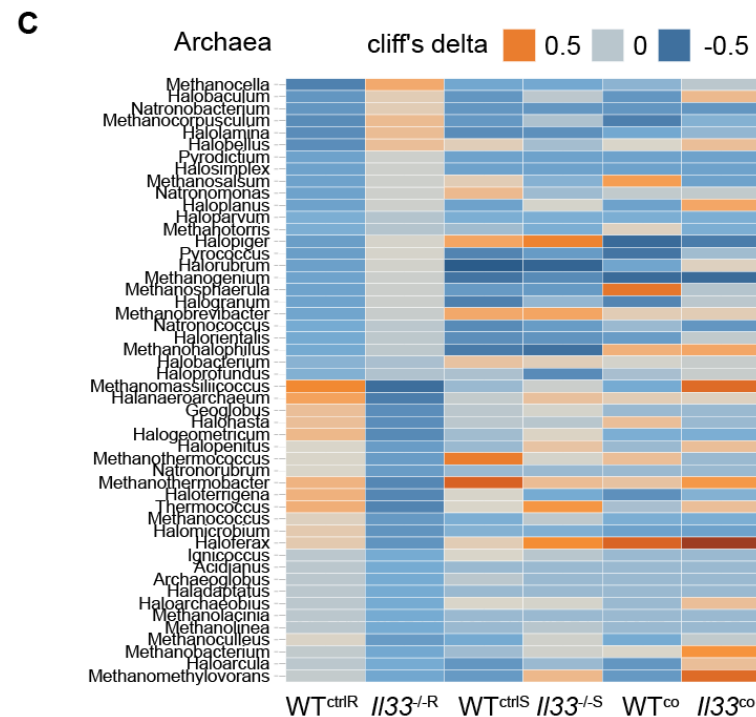
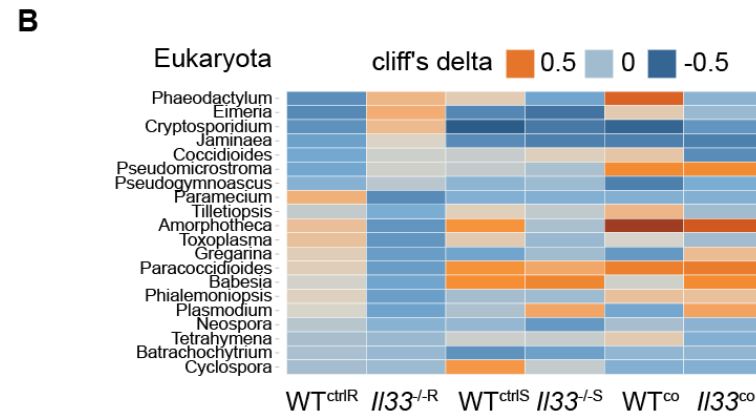
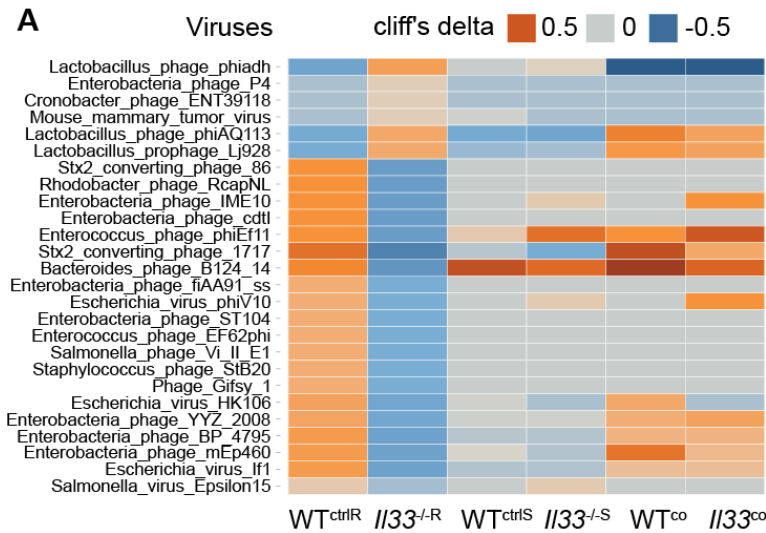


Figure S8. IL-33 influences the gut virome and eukaryotic microbial communities. (A - C) Heatmap of shotgun-sequenced microbiota derived from resistant, susceptible and cohoused mice ('resistant' $Il33^{-/-} = Il33^{-/-R}$ (n = 15), corresponding WT = WT^{ctrlR} (n = 15), 'susceptible' $Il33^{-/-} = Il33^{-/-S}$ (n = 13), corresponding WT = WT^{ctrlS} (n = 12), cohoused WT = WT^{co} (n = 7), cohoused $Il33^{-/-}$ (n = 7)). Cliff's delta was applied to quantify effect sizes of viruses (A), eukaryota (genus level) (B) and archaea (genus level) (C) between $Il33^{-/-R}$ and WT^{ctrlR} mice. (D) SFB was quantified in fecal samples from WT^{ctrlR}, $Il33^{-/-R}$, WT^{ctrlS} and $Il33^{-/-S}$ mice (for each group n = 4) by qPCR. Lines represent median, Wilcoxon rank sum test; ns = p > 0.05.

CAPNETZ Study Group Authors

The following authors were part of the CAPNETZ Study Group:

André Fuchs¹, Maximilian Engelmann¹, Gregor Paul¹, Mousa Ayoub¹, Katharina Groehl¹, Katrin Riedl¹, Daiana Stolz², Wolfgang Bauer³, Eva Corinna Diehl-Wiesenecker³, Iris von Wunsch-Rolshoven Teruel³, Noah Galtung³, Norbert Suttrop⁴, Martin Witzenrath⁴, Christian Wildberg⁴, Caitlin Pley⁴, Enrico Zessin⁴, Sibylle Schmager⁵, Bernhard Schaaß⁶, Julius Kremling⁶, Daniela Nickoleit-Bitzenberger⁶, Harun Azzau⁶, Martin Hower⁶, Frederik Hempel⁶, Katharina Prebeg⁶, Kalina Popkirova⁶, Martin Kolditz⁷, Bernhard Schulte-Hubbert⁷, Simona Langner⁷, Gernot Rohde⁸, Carla Bellinghausen⁸, Achim Grünewaldt⁸, Adrian Endres⁸, Carlo Frigerio⁸, Benno Fiedler⁸, Marcus Panning⁹, Tobias Welte¹⁰, Isabell Pink¹⁰, Nora Drick¹⁰, Thomas Fühner¹¹, Mariet van't Klooster¹¹, Tabea Steinberg¹¹, Grit Barten-Neiner¹², Waldemar Kröner¹², Olesya Unruh¹², Nina Adaskina¹², Frank Eberhardt¹², Christina Julius¹², Thomas Illig¹³, Norman Klopp¹³, Mathias Pletz¹⁴, Benjamin T. Schleenvoigt¹⁴, Christina Bahrs¹⁴, Anne Moeser¹⁴, Juliane Anker¹⁴, Urte Sommerwerck¹⁵, Tobias Wintermantel¹⁵, Daniel Drömann¹⁶, Patrick Parschke¹⁶, Klaas Franzen¹⁶, Jan Rupp¹⁷, Frederike Waldeck¹⁷, Nadja Käding¹⁷, Christoph Spinner¹⁸, Johanna Erber¹⁸, Florian Voit¹⁸, Jochen Schneider¹⁸, Marco Falcone¹⁹, Giusy Tiseo¹⁹, David Heigener²⁰, Iris Hering²⁰, Werner Albrich²¹, Frank Rassouli²¹, Benjamin Wirth²¹, Claus Neurohr²², Andreas Essig²³, Steffen Stenger²³, Michael Wallner²⁴, Heinz Burgmann²⁵, Ludwig Traby²⁵, Lorenz Schubert²⁵, and all study nurses.

Affiliations:

¹III. Medical Clinic, University Hospital Augsburg, Germany

²Clinic of Pneumology, University Hospital Basel, Switzerland / Clinic of Pneumology, University Hospital Freiburg, Germany

³Central Emergency Admission / Medical Admission Ward, Charité - Universitätsmedizin Berlin

⁴Department of Infectious Diseases, Respiratory Medicine and Critical Care, Charité – Universitätsmedizin Berlin, Germany

⁵Pneumology Section of II. Medical Clinic, Carl-Thiem Hospital Cottbus, Germany

⁶Pneumology, Infectiology and Internal Intensive Care Medicine, Medical Clinic Nord, Dortmund, Germany

⁷Medical Clinic I / Department of Pneumology, University Hospital Dresden, Germany

⁸Medical Clinic I - Pneumology/Allergology, University Hospital of Johann Wolfgang Goethe, Frankfurt, Germany

⁹Institute of Virology, University Hospital Freiburg, Germany

¹⁰Department of Pneumology, Hannover Medical School, Germany

¹¹Clinic of Pneumology, Intensive Care and Sleep Medicine, Siloah Hospital, Hannover, Germany

¹²CAPNETZ Office, Hannover, Germany

¹³Hannover Unified Biobank, Hannover Medical School, Germany

¹⁴Institute for Infection Medicine and Hospital Hygiene (IIMK), University Hospital Jena, Germany

¹⁵Cellitinnen-Severinsklösterchen Augustinerinnen Hospital, Cologne, Germany

¹⁶Medical Clinic III, Pneumology, University Medical Center Schleswig-Holstein, Lübeck, Germany

¹⁷Clinic of Infectious Diseases and Microbiology, University Hospital Schleswig-Holstein, Lübeck, Germany

¹⁸Clinic of Internal Medicine II, Infectiology, University Hospital rechts der Isar, Technical University of Munich, Germany

¹⁹Department of Clinical and Experimental Medicine, Università di Pisa, Italy

²⁰Department of Pneumology, Agaplesion Diakoniekrankenhaus Rotenburg, Germany

²¹Department of Infectiology and Hospital Hygiene, Kantonsspital St. Gallen, Switzerland

²²Department of Pneumology and Respiratory Medicine, Robert Bosch
Hospital, Stuttgart, Germany

²³Institute of Medical Microbiology and Hygiene, University Hospital Ulm, Germany

²⁴2mt Software, Ulm, Germany

²⁵University Clinic of Internal Medicine I, Medical University of Vienna, Austria

Contribution of the CAPNETZ Study Group Authors: contributed new reagents or analytic tools