

1 Endothelial exosome plays functional role during rickettsial infection

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4 fever group rickettsial infection.

5 **Abstract**

6 Spotted fever group rickettsioses (SFRs) are devastating human infections. Vascular
7 endothelial cells (ECs) are the primary targets of infection. Edema resulting from EC barrier
8 dysfunction occurs in the brain and lungs in most cases of lethal SFR, but the underlying
9 mechanisms remain unclear. The aim of the study is to explore the potential role of *Rickettsia*
10 (*R*)-infected, EC-derived exosomes (Exos) during infection. Using size-exclusion
11 chromatography (SEC), we purified Exos from conditioned, filtered, bacteria-free media
12 collected from *R*-infected human umbilical vein ECs (HUVECs) (*R*-ECEXos) and plasma of *R*-
13 infected mice (*R*-plsExos). We observed that rickettsial infection increases the release of
14 heterogeneous plsExos, but endothelial exosomal size, morphology, and production were not
15 significantly altered following infection. Compared to normal plsExos and ECEXos, both *R*-
16 plsExos and *R*-ECEXos induced dysfunction of recipient normal brain microvascular ECs
17 (BMECs). The effect of *R*-plsExos on mouse recipient BMEC barrier function is dose-dependent.
18 The effect of *R*-ECEXos on human recipient BMEC barrier function is dependent on exosomal
19 RNA cargo. Next-generation sequencing analysis and stem-loop quantitative reverse
20 transcription PCR (RT-qPCR) validation revealed that *R* infection triggered the selective
21 enrichment of endothelial exosomal mir-23a and mir-30b, which target the endothelial barrier.

1 To our knowledge, this is the first report on the functional role of extracellular vesicles following
2 infection by obligately intracellular bacteria.

3 **Importance**

4 Spotted fever group rickettsioses are devastating human infections. Vascular endothelial cells
5 are the primary targets of infection. Edema resulting from endothelial barrier dysfunction occurs
6 in the brain and lungs in most cases of lethal rickettsioses, but the underlying mechanisms
7 remain unclear. The aim of the study is to explore the potential role of *Rickettsia*-infected,
8 endothelial cell-derived exosomes during infection. We observed that rickettsial infection
9 increases the release of heterogeneous plasma Exos, but endothelial exosomal size, morphology,
10 and production were not significantly altered following infection. *Rickettsia*-infected, endothelial
11 cell-derived exosomes induced dysfunction of recipient normal brain microvascular endothelial
12 cells. The effect is dependent on exosomal RNA cargo. Next-generation sequencing analysis
13 revealed that rickettsial infection triggered the selective enrichment of endothelial exosomal mir-
14 23a and mir-30b, which target the endothelial barrier. To our knowledge, this is the first report
15 on the functional role of extracellular vesicles following infection by obligately intracellular
16 bacteria.

17 **Introduction**

18 Spotted fever group rickettsioses (SFRs) are devastating human infections (1). A licensed
19 vaccine is not available. It forecasted that increased ambient temperatures under conditions of
20 global climate change will lead to more widespread distribution of rickettsioses (2). These
21 arthropod-borne diseases are caused by obligately intracellular bacteria of the genus *Rickettsia*

1 (*R*), including *R. rickettsii* (3, 4) and *R. parkeri* (5-7) that cause Rocky Mountain spotted fever
2 and *R. parkeri* rickettsiosis (8), respectively, in the United States and Latin America; *R. conorii*,
3 the causative agent of Mediterranean spotted fever endemic to southern Europe, North Africa,
4 and India (9); and *R. australis*, which causes Queensland tick typhus in Australia (10). Vascular
5 endothelial cells (ECs) are the primary targets of infection, and EC tropism plays a central role
6 during pathogenesis (1, 3, 11). Edema resulting from EC barrier dysfunction occurs in the brain
7 and lungs in most cases of lethal SFR. Typically, *R* infection is controlled by appropriate broad-
8 spectrum antibiotic therapy if diagnosed early (3, 4). However, *R* infections can cause
9 nonspecific signs and symptoms, rendering early clinical diagnosis difficult (12, 13). Untreated
10 or misdiagnosed *R* infections are frequently associated with severe morbidity and mortality (1,
11 14-17). A fatality rate as high as 32% has been reported in hospitalized patients with
12 Mediterranean spotted fever (17). Although doxycycline is the antibiotic of choice for *R*
13 infections, it only stops bacteria from reproducing, but does not kill the rickettsiae.
14 Comprehensive understanding of rickettsial pathogenesis is urgently needed for the development
15 of novel therapeutics (7, 16, 18-22).

16 Eukaryotic cell-to-cell communication is critical for maintaining homeostasis and responding
17 quickly to environmental stimuli (23-51). Besides direct intercellular contact, this
18 communication is often mediated by soluble factors that can convey signals to a large repertoire
19 of responding cells, either locally or remotely. Extracellular vesicles (EVs) transfer functional
20 mediators to neighboring and distant recipient cells (33). EVs are broadly classified into two
21 categories, exosomes (Exos)(50-150 nm) and microvesicles (100-1000 nm), owing to their
22 endocytic or plasma membrane origin (38, 52-66). Exos and microvesicles are also termed as
23 small and large EVs, respectively (55). Exo biogenesis begins with the formation of intraluminal

1 vesicles, the intracellular precursors of Exos, after the inward budding of the membranes of late
2 endosomes (37, 54). Intraluminal vesicles are internalized into a multivesicular body, which
3 transits towards and fuses with the plasma membrane, before releasing intraluminal vesicle into
4 the extracellular environment as Exos (53). An Exo contains many types of biomolecules,
5 including proteins, nucleic acids, and lipids (67). Once bound to the plasma membrane of the
6 recipient cell, Exos can induce functional responses by multiple mechanisms, e.g., activating
7 receptors on recipient cells or releasing their bioactive cargos after internalization (67, 68). In
8 infectious biology, EVs from infected donor cells contain cargos that are associated with the
9 virulence of the pathogen or the activation of host self-defense mechanisms (33-38, 69-71). EVs
10 released from macrophages infected by intracellular bacteria, such as *Mycobacterium*
11 *tuberculosis* and *Salmonella typhimurium*, have been shown to stimulate a pro-inflammatory
12 response in non-infected macrophages in toll-like receptor-dependent manner (70).
13 Unfortunately, the role(s) of EVs in the pathogenesis of obligately intracellular bacterial
14 infections remains unknown.

15 Although small noncoding RNA (sncRNA) species (<150 nucleotides) are relatively stable
16 when compared with other RNA molecules, they remain vulnerable to ribonuclease (RNase)-
17 mediated digestion (72). The discovery of extracellular sncRNAs in the blood, despite the
18 abundant presence of RNases, led to the proposal of a scenario in which sncRNAs are
19 encapsulated in EVs (55, 72-74) or form circulating ribonucleoproteins (75, 76). Extracellular
20 RNAs are enriched in sncRNAs (77). A growing number of reports have established that many,
21 if not all, the effects of EVs are mediated by microRNA (52, 55-60, 63) or tRNA fragment (61,
22 78) cargos, which remain functional to regulate cellular behaviors of the recipient cells (79).
23 Recent studies provide emerging evidence that microRNAs are selectively sorted into EVs

1 independently of their cellular levels (52, 55-62). We reported that *R* infection induces
2 significant upregulation of specific tRNA-derived RNA fragments in host cell, but no global
3 changes of microRNAs in perfusion-rinsed mouse lung tissues was observed (80). Information
4 regarding the potential role of extracellular RNAs during *R* infection is still lacking.

5 The aim of this study is to explore the potential role of *R*-infected, EC-derived Exos
6 following infection. Using size-exclusion chromatography (SEC), we purified Exos from
7 conditioned, filtered, bacteria-free media collected from *R*-infected human umbilical vein ECs
8 (HUVECs) (*R*-ECEXos) and plasma of *R*-infected mice (*R*-plsExos). We observed that,
9 compared to noninfectious normal mouse plsExos and normal HUVEC-derived Exos, both *R*-
10 plsExos and *R*-ECEXos induced dysfunction of normal brain microvascular ECs (BMECs). The
11 effect of *R*-plsExos on mouse recipient BMEC barrier function is dose-dependent. The effect of
12 *R*-ECEXos on human recipient BMEC barrier function is dependent upon exosomal RNA cargos.
13 Saponin-assisted active exosomal permeabilization pretreatment (81-83) of *R*-ECEXos with
14 RNase mitigated the effect of *R*-ECEXos on recipient BMEC barrier function. Next-generation
15 sequencing analysis and stem-loop quantitative reverse transcription PCR (RT-qPCR) validation
16 revealed that *R* infection triggered the selective enrichment of endothelial exosomal mir-23a and
17 mir-30b, which target the endothelial barrier.

1 **Results**

2 **1. Quality assessment of bacteria-free Exos from the plasma of *R. australis*-infected**
3 **mice (*R*-plsExos) and the media of *R. parkeri*-infected HUVECs (*R*-ECEXos)**

4 Using SEC, we isolated small EVs (50-150 nm) from *R*-infected mouse plasma and HUVECs
5 from culture media; both were passed through two 0.2 μ m filters. Quantitative real-time PCR
6 validated that no rickettsial DNA copies were detected in either *R*-plsExos isolated *R. australis*-
7 infected mice infected with 2 LD₅₀ of bacteria (80, 84-87) on day 4 post-infection (p.i.), or the *R*-
8 ECEXos that were purified 72 hrs p.i. from *R. parkeri*-infected HUVECs (6) using a multiplicity
9 of infection (MOI) of 10 (**Fig. Suppl 1**).

10 Sizes and morphologies of isolated EVs from mouse plasma and EC culture media,
11 respectively, were initially evaluated using transmission electron microscopy (TEM) (52, 88), or
12 atomic force microscopy (AFM) (89). The images captured using TEM and AFM show particles
13 with typical exosomal morphology (arrowheads in **Fig. 1a**), as published previously (52, 88, 90).
14 Using nanoparticle tracking analysis (NTA), the size distribution of isolated EVs was also
15 confirmed to be in the range of 50 to 150 nm, which is the expected size of Exos (**Figs. 1b and**
16 **c**). We also verified the purity of isolated Exos using western immunoblotting to detect
17 traditional exosomal markers as shown in **Fig. 1d** (64, 73, 90).

18 These data demonstrate that purified EVs from *R*-infected mouse plasma or culture media
19 used in these studies was free of bacteria or bacterial DNA, were intact and did not aggregate,
20 and fell within the expected size the range of Exos.

1 **2. Exos are differentially induced and detected in mouse plasma and EC culture media**
2 **in response to *R* infection**

3 Serum Exos have been identified as being heterogeneous and derived from multiple cell
4 types, including ECs. Using western immunoblotting, we detected EC markers [CD31 and VE-
5 cadherin (91, 92)] in mouse plsExos, as well as markers of other cells (CD45) (**Fig. 2a**),
6 suggesting that the mouse plsExos used in these studies was derived from different types of cells,
7 including ECs.

8 Exosomal particle counts were measured using NTA, and showed that similar numbers of
9 endothelial Exos are produced by mock and *R* infection groups *in vitro* (**Fig. 2b**). However, the
10 number of mouse *R*-plsExos was upregulated on day 4 p.i. ($p=0.02$) *in vivo* (**Fig. 2c**). Exos were
11 also assessed using exosomal total protein content (88). As shown in **Figs. 2d and 2e**, the
12 generation of *R*-plsExos was significantly upregulated on day 4 p.i. ($p=0.005$). Furthermore, we
13 also compared the morphology of EC-derived Exos using TEM and AFM, and demonstrated no
14 significant differences between normal ECExos and *R*-ECExos (**Fig. 1a**).

15 Collectively, these data suggest that *R* infection increases heterogeneous plsExo release.
16 However, endothelial Exo size, morphology, and production were not significantly altered after
17 infection *in vitro*.

18 **3. Recipient cells efficiently take up Exos**

19 ECs are directly exposed to circulating substances and Exos, which are abundant in blood
20 and are taken up by ECs (93, 94). To confirm that ECs take up Exos *in vivo*, we intravenously
21 delivered fluorescent PKH26-labeled plsExos (1×10^{11} particles per mouse in 100 μ l PBS) to

1 normal mice as described (90). As in **Fig 3a**, co-localization between PKH26 (red) and CD31
2 (green, a marker of EC lineage) (arrowheads) were identified in multiple organs in mice, which
3 were extensively perfused with PBS at 6 hrs post-injection, prior to fixation. These data suggest
4 that plsExos directly interact with ECs *in vivo*.

5 Next, we examined HUVEC-derived ECExo uptake using normal recipient cells (i.e., human
6 BMECs) *in vitro*. PKH26-labeled ECEXos and non-labeled controls were added to the cultured
7 human BMECs. As early as 2 hrs after incubation, the uptake of PKH26-labeled ECEXos by
8 BMECs was visualized using fluorescence microscopy (**Fig. 3b**).

9 These data suggest that vascular ECs efficiently take up Exos in our models.

10 **4. Effect of mouse *R*-plsExos on normal mouse recipient ECs**

11 We next sought to evaluate the potential effect of *R*-plsExo on normal recipient ECs during *R*
12 infection. Using SEC, *R*-plsExos from a mouse that was intravenously infected with a 2 LD₅₀
13 dose of *R. australis* (86, 87) were isolated. Normal mouse recipient BMECs were treated with
14 normal plsExos or *R*-plsExos at different doses (i.e., 8, 40, or 160 pg Exos/per cell) for 72 hrs
15 before measuring the transendothelial electrical resistance (TEER), an indicator for endothelial
16 paracellular barrier function (95). We found that, compared to normal mouse plsExos, mouse *R*-
17 plsExos derived on day 4 p.i. reduced the TEER in normal recipient ECs in a dose-dependent
18 manner (**Fig. 4a**).

19 This evidence suggests that mouse *R*-plsExos induce dysfunction in normal recipient ECs in
20 a dose-dependent manner.

1 **5. Human *R*-ECEXos induced dysfunction of normal human recipient ECs in an**
2 **exosomal RNA-dependent manner**

3 Endothelial markers were detected in plsExos (**Fig. 2a**). Given that ECs are the major target
4 cells during *R* infection, HUVEC-derived ECEXos were used to explore their effect on normal
5 human recipient BMEC function.

6 It was first found that, compared with normal (mock) ECEXos (40 pg vesicle particles), *R*-
7 ECEXos (40 pg vesicle particles) reduced TEER in normal recipient BMECs (**Fig. 4b**).
8 Furthermore, *R*-ECEXos (40 pg particles/cell) weakened the tight junctional protein ZO-1
9 (arrowheads in **Fig. 4c**) of normal recipient BMECs. However, we did not observe remarkable
10 alteration of adherens junctional protein VE-cadherin (**Fig. 4c**).

11 Exos contain many types of biomolecules, including proteins and nucleic acids, which
12 contribute to disease pathogenesis (68). Active encapsulation techniques have been widely
13 employed in the field of EV research, showing no significant impairment of exosomal
14 constitution, integrity, and functionality (81-83). To identify the functional exosomal cargos
15 during *R* infection, we employed saponin-assisted active permeabilization (81-83) to pretreat
16 exosomal cargos with 20 µg/mL RNase in the presence of 0.1 mg/ml saponin. Such pretreatment
17 of *R*-ECEXos mitigated the effect on TEER in normal recipient BMECs, compared to RNase in
18 the absence of permeabilization or heat-treated RNase in the presence of saponin (**Fig. 4b**).
19 Similar pretreatment of *R*-ECEXos with RNase in the presence of saponin also impaired the tight
20 junctional protein ZO-1 in recipient BMECs (**Fig. 4c**).

1 These data suggest that *R*-ECEXos can induce normal recipient EC barrier dysfunction in an
2 exosomal RNA cargo-dependent manner.

3 **6. *R* infection upregulates exosomal mir-23a and mir-30b**

4 EV RNA cargo mostly consists of sncRNAs, mainly microRNAs and tRNA-derived
5 fragments (61, 77, 78). A growing number of reports have established that many effects of EVs
6 are mediated by microRNAs (52, 55-60, 63). We characterized the exosomal microRNA cargo
7 using next-generation sequencing (**Fig. 5a**). RNAs were isolated from Exos released from
8 HUVECs infected with *R. parkeri* (at 10 MOI) for 72 hrs or mock-infected. *R. parkeri* is a BSL-
9 2 pathogen, facilitating us to do mechanism studies. There were no differences in total sncRNAs
10 (<150 nucleotides) obtained per Exo between normal ECExo and *R*-ECExo. Seventy-two hours
11 after *R* infection, mir-23a and mir-30b exhibited the greatest induction of expression in *R*-
12 ECEXos, reaching 7.69-fold and 3.04-fold increases compared to controls, respectively (**Fig. 5b**).

13 We next validated the enhanced expression of mir-23a and mir-30b in Exos using stem-loop
14 RT-qPCR, which is a common method for detecting sncRNAs in EVs (52, 61, 96, 97). In **Fig. 5c**,
15 exosomal mir-23a was up-regulated after *R* infection with a 3-fold increase in expression
16 compared to the mock group ($P < 0.01$). Similarly, mir-30b had a near 3-fold increase ($P < 0.05$).
17 However, the levels of mir-127 (98), mir-451, and mir-92a were stable between mock ECEXos
18 and *R*-ECEXos (**Fig. 5c**). Furthermore, we did not detect different levels of these miRNAs in cell
19 samples between groups (**Fig. 5d**).

20 Collectively, our data suggest that miR30b and miR23a are selectively sorted into *R*-ECEXos
21 following *R* infection.

1

Discussion

2 ECs are the primary mammalian host target cells of SFR infection (2,5,6). The most
3 prominent pathophysiological effect during SFR infections is increased microvascular
4 permeability, followed by vasogenic cerebral edema and non-cardiogenic pulmonary edema with
5 potentially fatal outcomes (2,5). Cellular and molecular mechanisms underlying endothelial
6 barrier dysfunction in rickettsiosis remains largely unknown (7-9). The novel findings in the
7 present study are that *R* infection increases heterogeneous plsExos release, but endothelial Exo
8 size, morphology, and production are not significantly altered following infection. Mouse *R*-
9 plsExos induced dysfunction of normal mouse recipient BMECs in a dose-dependent manner,
10 and human *R*-ECEXos induced dysfunction of normal human recipient BMECs in an exosomal
11 RNA cargo-dependent manner. Next-generation sequencing and stem loop RT-qPCR analyses
12 suggest that mir-23a and mir-30b are selectively sorted into *R*-ECEXos after *R* infection. To our
13 knowledge, this is the first report of studying EVs in the context of obligately intracellular
14 bacterial infections.

15 Exos are in a similar size range as viruses (33, 94) and contain many types of biomolecules,
16 including proteins and nucleic acids that contribute to diseases pathogenesis, and are being
17 actively investigated in cancers, as biomarkers, and as potential therapeutics (33-38, 68, 70).
18 Exos have been studied in the context of different infections (33-38, 70, 71). During infection,
19 EVs released from the host can be derived from the pathogen or the host. It has been reported
20 that pathogens can utilize different mechanisms to hijack host Exos to maintain their survival and
21 increase their pathogenicity (33). *Mycobacterium tuberculosis* releases lipoarabinomannan into
22 Exos to decrease the interferon response of the recipient macrophage (33). Exosomal gp63 from

1 leishmania has been shown to downregulate the proinflammatory genes in dendritic cells and
2 macrophages (99). Exos released from *Leishmania donovani*-infected macrophages block the
3 formation of microRNA-122 in recipient hepatocytes, resulting in a higher pathogen burden
4 (100). However, most enveloped virions are the same size as Exos, and major exosomal surface
5 markers CD63 and CD81 are enriched in enveloped viruses (54). Such similarities make the
6 separation of virions and Exos in infected samples particularly challenging (54). *Rickettsia* are
7 strictly intracellular bacteria whose size is about 2.0 μm in length (22, 101, 102). Taking
8 advantage of the SEC technology, we succeeded in isolating and purifying bacteria-free plsExos
9 and ECEXos from *R*-infected mouse plasma and cell culture media, respectively, having laid the
10 technical foundation for studying the potential role of Exos in the pathogenesis of rickettsiosis.

11 Differential centrifugation has been employed for Exo isolation for many years, but the
12 technique suffers from aggregation and decreased integrity of Exos (38, 53, 64-66). Recently,
13 single-step SEC was employed successfully for Exo purification with improved integrity, yield,
14 and no aggregation (38, 53, 64-66). In the present study, using SEC technology, we have
15 successfully isolated Exos from plasma and culture media in BSL-2/3 facilities and validated
16 Exo quality using multiple EV-specific assays (**Fig. 1**), demonstrating size-purity and
17 morphologic integrity without aggregation. Exo size and morphology were not significantly
18 changed after *R* infection (**Fig. 1**). The generation of plsExos was significantly upregulated after
19 *R* infection, while no difference was detected in plasma protein concentrations. However, our *in*
20 *vitro* endothelial *R* infection model demonstrated no significant difference in exosomal
21 generation between normal and *R*-infected ECs. Circulating Exos have been identified as
22 heterogeneous and derived from multiple different types of cells, including ECs, epithelial cells,

1 leukocytes, erythrocytes, and platelets (90). Our data suggest that endothelial Exo size,
2 morphology, and production were not significantly altered after infection.

3 Exos can induce functional responses by multiple mechanisms, including releasing bioactive
4 components after internalization (67, 68). In infectious disease biology, EVs from infected donor
5 cells are associated with virulence of the pathogens in recipient cells (33-38, 69-71). In the
6 present study, both *R-plsExos* and *R-ECEXos* weakened the barrier function of the normal mouse
7 ECs. Concomitantly, human *R-ECEXos* induced disruption of the tight junctional protein ZO-1 in
8 recipient human BMECs in an exosomal RNA-dependent manner. However, the underlying
9 mechanism remains unclear.

10 The discovery of extracellular sncRNAs in the blood, despite the abundant presence of
11 RNases, led to the proposal of a scenario in which sncRNAs are encapsulated in EVs (55, 72-74)
12 or in the form of circulating ribonucleoproteins (75, 76). EV-enclosed messenger RNAs are
13 mostly fragmented, and extracellular RNAs are enriched in sncRNAs (77). Despite a previous
14 report that the average copy number of miRNAs in each EV is low (103), accumulating evidence
15 suggests a critical function of EV-containing miRNAs. EV RNA cargo mostly consists of
16 sncRNAs (77). A growing number of reports have established that many, if not all, the effects of
17 EVs are mediated by microRNAs (52, 55-60, 63), which remain functional to regulate cellular
18 behaviors of the recipient cell (79). Exosomal microRNAs are of particular interest due to their
19 participation in posttranslational regulation of gene expression. A single microRNA can regulate
20 many target genes to affect biological function (104). Recent studies provide emerging evidence
21 that microRNAs are selectively sorted into EVs, independent of their cellular levels (52, 55-62).
22 We observed no significant differences in total sncRNAs (<150 nucleotides) per Exo between

1 normal ECExo and *R*-ECExo. Seventy-two hours after *R* infection, expression levels of mir-23a
2 and mir-30b were remarkably upregulated in *R*-ECEXos, but no change was observed in the
3 mock-infected cells. These data suggest that miR30b and miR23a are selectively sorted into *R*-
4 ECEXos during *R* infection. The underlying mechanism is yet to be elucidated.

5 Analysis of the interactions among enriched exosomal microRNAs and potential mRNA
6 targets will provide putative mRNA candidates for future studies. Given that the molecular and
7 functional effects of mir-23a (105-108) and mir-30b (108, 109) have been documented to target
8 endothelial barrier functions, further research into the selective sorting mechanism(s) and
9 functional roles of exosomal mir-23a and mir-30b may provide new insights into the
10 pathogenesis of SFR. Furthermore, additional research may validate specific exosomal
11 microRNAs as impactful druggable targets for the prevention and treatment of fatal human
12 diseases caused by *Rickettsia* and other pathogens.

13

14

Materials and Methods

15 Mouse model of *R. australis* infection

16 All animal experiments were performed according to protocols approved by the Institutional
17 Animal Care and Use Committee of the University of Texas Medical Branch (UTMB). Wild-
18 type (WT) mice (C57BL/6J) were obtained from Jackson Laboratory (Bar Harbor, ME). All
19 mice used in this study were 8 to 12 week-old males. C57BL/6J mice are highly susceptible to *R*.
20 *australis*. Therefore, this organism was chosen as the SFG rickettsial agent of choice (10). The
21 male C57BL/6 mouse-*R. australis* model is an established animal model of human SFG

1 rickettsiosis because the pathology involves disseminated endothelial infection and pathological
2 lesions, including vasculitis in multiple organs, similar to what is observed in human SFG
3 rickettsiosis (10, 87). After an ordinarily lethal dose of 2 LD₅₀ *R. australis* (the LD₅₀ is 1 x 10⁶
4 PFU) was injected through the tail vein (87), blood samples were collect on day 4 p.i. for plasma
5 samples.

6 **Nanoparticle tracking analysis (NTA)**

7 NTA was performed to determine the size and concentration of EVs at Nanomedicines
8 Characterization Core Facility (The University of North Carolina at Chapel Hill, Chapel Hill,
9 NC). Briefly, isolated Exo samples were diluted to a concentration of 5x10⁹ to 1x10¹¹
10 particles/ml in filtered PBS. The samples were then run on a NanoSight NS500 (NanoSight,
11 Malvern Instruments, Westborough, MA) to capture particles moving by way of Brownian
12 motion (camera type, sCMOS; camera level, 16; detection threshold, 5). The hydrodynamic
13 diameters were calculated using the Stokes-Einstein equation. The 100-nm standard particles and
14 the diluent PBS alone were used for reference.

15 **microRNA quantification in HUVEC Exos**

16 As previously reported (52), RNAs were extracted from purified HUVEC Exos. Small RNAs
17 (6–150 nucleotides) and microRNA fractions (10–40 nucleotides) were quantified using high-
18 resolution small RNA analysis (Agilent 2100 Bioanalyzer system, Santa Clara, CA) at the
19 Biopolymer Facility (Harvard Medical School, Cambridge, MA). To determine the concentration
20 of small RNAs and microRNAs per Exo, the quantified sncRNA/microRNA value was
21 normalized to the Exo count, which was evaluated using NTA.

1 **Bioinformatic analysis of sequencing data**

2 Sequencing was done using an Illumina NextSeq as single-end 75 base pair reads
3 generating between 4.8 and 40.9 million reads per sample. Quality control of the samples was
4 performed using QIAGEN CLC Genomics Workbench 20.0. Raw sequencing reads were
5 trimmed to remove QIAGEN 3'-AACTGTAGGCACCATCAAT and 5'-
6 GTTCAGAGTTCTACAGTCCGACGATC adapters, as well as filtered based on initial quality
7 assessment. Reads dominated by low-quality base calls, and longer than 55 nucleotides, were
8 excluded from the downstream analyses. Filtered data undergo further RNA-seq analysis using
9 the CLC Genomics Workbench 20.0 RNA-Seq Analysis 2.2 module with RNAcentral noncoding
10 Human RNA (110, 111)(downloaded April 16, 2020), miRbase 22.1, and the ENSEMBL GRCh38
11 noncoding RNA gene collection (112)(downloaded November 20, 2019). Differential expression
12 analysis was performed using the “Differential Expression in Two Groups 1.1” module. The
13 differential expression module uses multi-factorial statistics based on a negative binomial
14 generalized linear model (GLM) to correct for differences in library size between the samples
15 and the effects of confounding factors. The Wald test was used to compare the expression of
16 noncoding RNA between the groups.

17 **Atomic force microscopy (AFM)**

18 The purified and concentrated EV sample was diluted at 1:10, 1:100, and 1:1000 with
19 molecular grade water. Glass coverslip were cleaned three times with ethanol and acetone, then
20 three times with molecular grade water. The coverslip was correctly labeled and placed in the
21 hood to dry under laminar flow for an hr and subjected to coating with the diluted EV samples on

1 the designated area for 30 minutes. EV samples were washed away gently with molecular grade
2 water, and the coverslip was dried for one hr.

3 The coverslip coated with EV samples was examined using an AFM (CoreAFM, Nanosurf
4 AG, Liestal, Switzerland) using contact mode in the air. A PPP-FMR-50 probe (0.5-9.5N/m,
5 225 μ m in length and 28 μ m in width, Nanosensors) was used. The parameters of the cantilever
6 were calibrated using the default script from the CoreAFM program using the Sader *et al.*
7 method. (113) The cantilever was approached to the sample under the setpoint of 20 (113)nN,
8 and topography scanning was done using the following parameters: 256 points per line, 1.5
9 seconds per line in a 5- μ m x 5- μ m image.

10 **Rickettsiae, cell culture, and *R. parkeri* infection**

11 *R. australis* (Cutlack strain) (87) and *R. australis* (Atlantic rainforest strain)(114) were
12 prepared as described. Uninfected Vero cells were processed as mock control material using the
13 same procedure. All biosafety level (BSL)-3 or ABSL-3 experiments were performed in CDC-
14 certified facilities in the Galveston National Laboratory at UTMB, Galveston, TX, using
15 established procedures.

16 A standard protocol to isolate brain microvascular endothelial cells (BMECs) from wild-type
17 mice (115) was used. Human umbilical vein endothelial cells (HUVECs) (Cell Applications, Inc.)
18 or BMECs were cultivated in 5% CO₂ at 37°C on type I rat-tail collagen-coated round glass
19 coverslips (12 mm diameter, Ted Pella, Redding, CA) until 90% confluence. HUVECs were
20 infected with *R. parkeri* at an MOI of 10. Uninfected ECs were used as mock controls and were

1 subjected to the same procedure. All experiments were performed in triplicate. Normal mouse or
2 rabbit IgGs were used as negative controls.

3 **ECExos and plsExos isolation, concentration, and permeabilization**

4 ECExos isolation and concentration: Donor HUVECs in T75 flasks were infected using 10
5 MOI of *R. parkeri* or mock-infected for 72 hours, and 11 mL of media was collected. The media
6 were passed through 0.2- μ m syringe filters twice. Following the instruction of the manufacturer,
7 10 mL of filtered media was subjected to the qEV10 column (Izon, New Zealand) for SEC
8 isolation. The number 7 to 10 fractions were collected as the Exo-enriched fractions, which were
9 concentrated using 100,000 MWCO PES Vivaspin centrifugal filters (Thermo Fisher Scientific).
10 Exo samples (in 200 μ l PBS) were stored at -80°C prior to use in downstream assays.

11 plsExos isolation and concentration: Blood samples were collected in anticoagulation tubes
12 on day 4 p.i. for plasma isolation. The plasma sample (200 μ l) was passed through 0.2 μ m
13 syringe filters twice. Following the instruction of the manufacturer, filtered plasma was subjected
14 to the qEV10 (Izon, New Zealand) for SEC isolation. The number 7 to 10 fractions were
15 collected as the Exo-enriched fractions, which were concentrated using 100,000 MWCO PES
16 Vivaspin centrifugal filters (Thermo Fisher Scientific). Exo samples (in 200 μ l PBS) were stored
17 at -80°C prior to use in downstream assays.

18 For saponin-assisted active exosomal permeabilization pretreatment (81-83) of Exos using
19 RNase, Exo samples (1×10^9 particles/mL) and RNase (20 μ g/mL) (Thermo Fisher Scientific)
20 were incubated with 0.1 mg/ml saponin (Thermo Fisher Scientific) at room temperature for 15

1 min. After rinsing using phosphate-buffered saline (PBS), Exo samples were concentrated using
2 100,000 MWCO PES Vivaspin centrifugal filters.

3 **The distribution of Exos *in vivo* and *in vitro***

4 Using a published approach, recipient cell uptake of Exos was assessed *in vivo* and *in vitro*
5 (90). Briefly, following incubation using materials from the PKH26 Red Fluorescent Cell Linker
6 Kit (Millipore Sigma, St. Louis, MO), the Exos were washed three times with PBS before
7 ultracentrifugation at 100,000 $\times g$ for 20 min at 4 °C using Beckman L7-80 and rotor SW41
8 (Beckman Coulter, Indianapolis, IN) to remove unbound stain. PBS without Exo was processed
9 with same steps as the mock PKH26-labeled tracer. A single injection of PKH26-labelled
10 exosomes (about 1×10^{11} particles in 100 μ L of PBS) via the tail vein of a normal mouse
11 was done to observe the distribution of Exos in the lungs, liver, and brain 6 hr after injection.
12 Immunofluorescence staining was done using frozen sections with rabbit antibodies to CD31.
13 For *in vitro* assessment, PKH26-labeled ECEXos (2000 particles/cell) were added in the culture
14 media of normal human BMECs. After 2 hrs, cells were fixed. All solutions of PKH26-labeled
15 ECEXos were filtered with a 0.2 μ m filter. Fluorescent images were analyzed using Olympus
16 BX51 epifluorescence and Nikon A1R MP ECLIPSE Ti confocal microscope with NIS-Elements
17 imaging software version 4.50.00 (Nikon, Tokyo, Japan).

18 **Stem-loop real time PCR**

19 Total RNA was extracted from EVs by using Trizol (Invitrogen). An exogenous synthetic
20 microRNA, namely cel-mir-39, was diluted in TRIzol before extraction to act as a normalizer.
21 The concentration of total RNA was measured by NanoDrop (ND-2000). TaqMan MicroRNA

1 Reverse Transcription kit (Applied Biosystems) was used for reverse transcription reactions. The
2 15 ul RT reactions contained 5 ng total RNA template, 3 ul RT Primer (5×), 0.15 ul dNTPs (100
3 mM), 1 ul MultiScribe reverse transcriptase (50 U/μL), 1.5 ul Reverse Transcription Buffer
4 (10×), 0.19 ul RNase inhibitor (20 U/μL), and 4.16 ul nuclease-free water. Reverse transcription
5 conditions were 16°C for 30 min, 42°C for 30 min, and 85°C for 5 min. For PCR amplification, the
6 10 ul PCR reactions included 0.7 ul cDNA template acquired above, 0.5 ul TaqMan Small RNA
7 Assay Mix (20X), 5 ul PCR Master Mix, and 3.8 ul nuclease-free water. qPCR reaction
8 conditions were 50°C for 2 min, 95°C for 30 sec, followed by 40 cycles of 95°C for 5 sec, and 65°C
9 for 30 sec. The relative expression of each miRNA was expressed as $2^{-(\Delta\Delta CT)}$ by the CFX
10 Connect Real-Time System (Bio-Rad, Hercules, CA).

11 **Statistics**

12 Statistical significance was determined using Student's *t*-test or one-way analysis of variance.
13 Results were regarded as significant if two-tailed P values were < 0.05. All data are expressed as
14 mean ± standard error of the mean.

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6 the study and analyzed data.

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20 **Figure legends**

21 **Figure 1: Characterization of plsExos and ECEExos after SEC isolation.** (a) plsExos and
22 ECEExos morphologies were verified using atomic force microscopy (AFM)(left panels; scale

1 bars, 200 nm) and transmission electronic microscopy (TEM)(right panels; scale bars, 100 nm).
2 **(b)** and **(c)**, the vesicle size distribution of isolated EVs was analyzed using nanoparticle tracking
3 analysis (NTA) (n=5 per group). **d**, Expressions of indicated protein markers in 100 µg proteins
4 of plsExos (upper panel) and ECEXos (lower panel) were examined using western
5 immunoblotting.

6 **Figure 2: Exos are differentially induced and detected in mouse plasma and EC culture**
7 **media in response to R infection.** **(a)** Expression of indicated protein markers (i.e., 30, 60, and
8 90 µg of plsExos proteins) was examined using western immunoblotting. **(b)** and **(c)**, the
9 concentration of plasExos and ECEXos was analyzed using NTA (n=5 per group). **(d)** and **(e)**,
10 the concentration of exosomal total protein was determined using the microBCA protein assay
11 (n=5 per group).

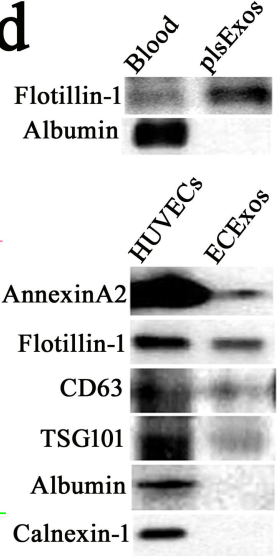
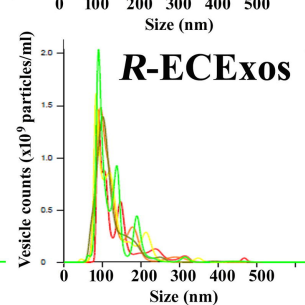
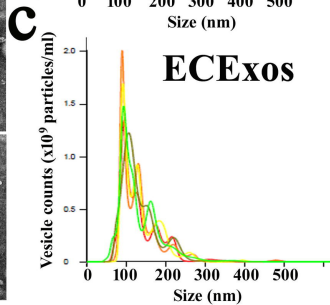
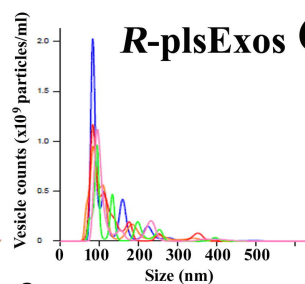
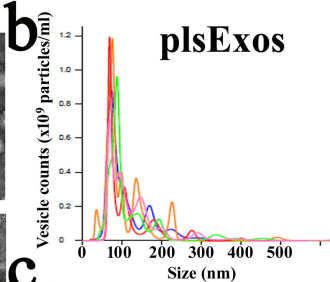
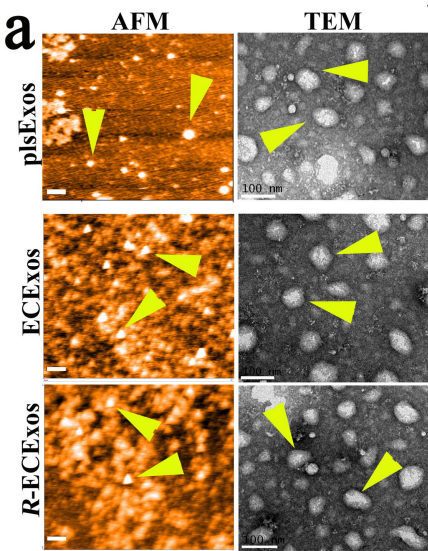
12 **Figure 3: Recipient cells take up Exos.** **(a)** Purified plsExos (5×10^{10} particles in 50 µL PBS)
13 labeled with PKH26 were administrated to wild-type mice intravenously (n=3). After 4 hrs,
14 organs were dissected for frozen sectioning after euthanasia and perfusion via the right ventricle.
15 Representative immunofluorescent staining of ECs from liver, brain, and lung using an antibody
16 against CD31(an EC marker) is shown. The nuclei were stained with DAPI. Cells with red
17 fluorescence indicate the uptake of PKH26 labeled Exos. Scale bars, 20 µm. **(b)** Purified ECEXos
18 were labeled with PKH26 (red) and added to the culture medium of human BMECs (2000
19 particles per cell) as indicated. Pictures were taken using fluorescence microscopy after 2 hrs of
20 ECEXo incubation. Scale bars, 20 µm.

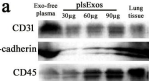
21 **Figure 4: Effect of R-plsExos or R-ECEXos on normal recipient ECs.** **(a)** The transendothelial
22 electrical resistance (TEER) values of normal mouse recipient BMECs was measured after

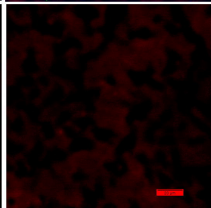
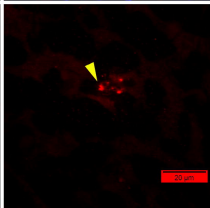
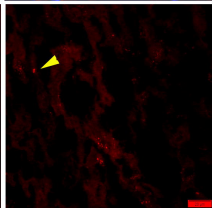
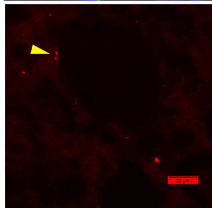
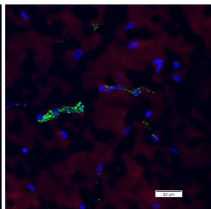
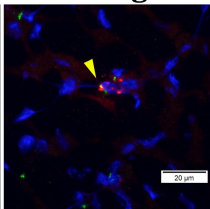
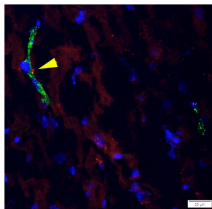
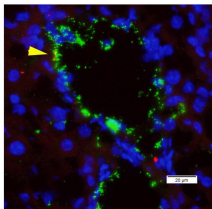
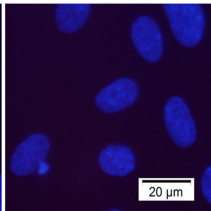
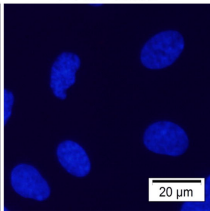
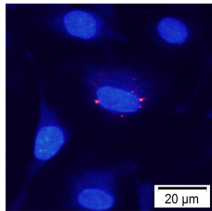
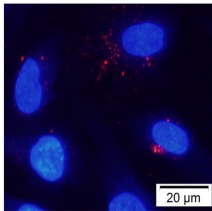
1 treatment with normal plsExos (mock) or R-plsExos at 8, 40, or 160 pg Exos per cell for 72 hrs.
2 *, $P < 0.05$. (b) The TEER values of normal mouse recipient BMECs was measured after a 72
3 hr-treatment with normal plsExos (mock) or R-plsExos, which were pretreated with 20 $\mu\text{g/mL}$
4 ribonuclease (RNase) in the presence or absence of 0.1% saponin. **, $P < 0.01$. (c)
5 Immunofluorescence staining of tight junctional protein ZO-1 and adherens junctional protein
6 VE-cadherin in normal human recipient BMECs that were treated with different Exos for 72 hrs.
7 Scale bars, 20 μm .

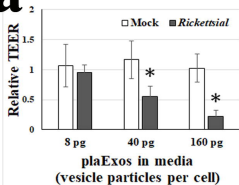
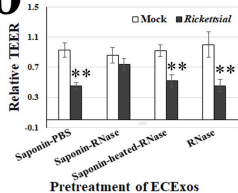
8 **Figure 5: Rickettsial infection alters microRNA expression in ECExos.** (a) Heatmap
9 clustering of microRNAs in normal ECExos vs. R-ECExos (n=3). (b) microRNA expression in
10 R-ECExos vs. normal ECExos (n=3). (c) Stem-loop RT-qPCR analysis of microRNAs obtained
11 from normal ECExos (mock) and R-ECExos (rickettsial). **, $P < 0.01$, * $P < 0.05$. (d) Stem-loop
12 RT-qPCR analysis of microRNAs obtained from normal (mock) and R-infected donor HUVECs.

13



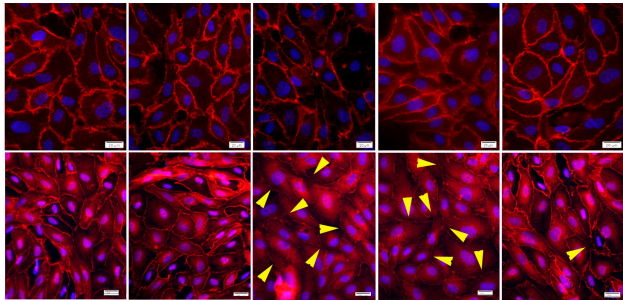


a**Liver****Brain****Lung****Mock brain****b****Labeled ECEExos****Labeled ECEExos****ECEExos****PBS**

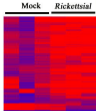
a**b****c**

PBS
Saponin
RNase
ECEXos
R-ECEXos

treatment
of EXOS

+
-
-
-
-+
-
-
+
-+
-
-
-
+-
+
-
-
+-
+
+
-
+VE-cadherin
ZO-1

a **b**

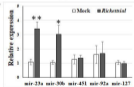


Log₂ normalized expression



microRNAs	Fold increase	P value
has-mir-23a	7.69294	0.00808
has-mir-30b	3.03563	0.01829
microRNAs	Fold decrease	P value
has-mir-4488	-5.45142	0.02590
Has-mir-1468	-2.62421	0.03271

c



d

