Rotavirus susceptibility of antibiotic-treated mice ascribed to diminished expression of

interleukin-22

Daniel Schnepf[1*], Pedro Hernandez[2], Tanel Mahlakõiv[1], Stefania Crotta[3], Meagan E. Sullender[4],

Stefan T. Peterson[4], Annette Ohnemus[1], Camille Michiels[5], Ian Gentle[6,7], Laure Dumoutier[5], Celso A.

Reis[8,9], Andreas Diefenbach[10,11], Andreas Wack[3], Megan T. Baldridge[4], and Peter Staeheli[1,7*]

[1] Institute of Virology, Medical Center University of Freiburg, Freiburg, Germany

[2] Institut Curie, PSL Research University, INSERM U934, CNRS UMR3215, Development and

Homeostasis of Mucosal Tissues Group, Paris, France

[3] Immunoregulation Laboratory, The Francis Crick Institute, London, United Kingdom

[4] Department of Medicine, Division of Infectious Diseases, Edison Family Center for Genome Sciences

& Systems Biology, Washington University School of Medicine, St. Louis, MO, USA

[5] de Duve Institute, Université catholique de Louvain, Brussels, Belgium

[6] Institute of Medical Microbiology and Hygiene, Medical Center University of Freiburg, Freiburg,

Germany

[7] Faculty of Medicine, University of Freiburg, Freiburg, Germany

[8] Instituto de Investigação e Inovação em Saúde, University of Porto, Porto, Portugal

[9] Institute of Molecular Pathology and Immunology, University of Porto, Porto, Portugal

[10] Institute of Microbiology, Infectious Diseases and Immunology, Charité - Universitätsmedizin Berlin,

Berlin, Germany

[11] Mucosal and Developmental Immunology, Deutsches Rheuma-Forschungszentrum, an Institute of

the Leibniz Gemeinschaft, Berlin, Germany

[*] Corresponding authors:
Daniel Schnepf, Institute of Virology, Medical Center University of Freiburg,
Hermann-Herder-Strasse 11, D-79104 Freiburg, Germany.
Phone: +49-7612036583, E-mail: daniel.schnepf@uniklinik-freiburg.de
and
Peter Staeheli, Institute of Virology, Medical Center University of Freiburg,
Hermann-Herder-Strasse 11, D-79104 Freiburg, Germany.
Phone: +49-7612036579, E-Mail: peter.staeheli@uniklinik-freiburg.de

Short title: Rotavirus susceptibility of antibiotic-treated mice linked to expression of interleukin-22

Key words: rotavirus, antibiotic, germ-free, IL-22

Abstract

The commensal microbiota regulates susceptibility to enteric pathogens by fine-tuning mucosal

innate immune responses, but how susceptibility to enteric viruses is shaped by the microbiota

remains incompletely understood. Past reports have indicated that commensal bacteria may either

promote or repress rotavirus replication in the small intestine of mice. We now report that rotavirus

replicated more efficiently in the intestines of germ-free and antibiotic-treated mice compared to

animals with an unmodified microbiota. Antibiotic treatment also facilitated rotavirus replication in

type I and type III interferon (IFN) receptor-deficient mice, revealing IFN-independent proviral

effects. Expression of interleukin-22 (IL-22) was strongly diminished in the intestine of antibiotic-

treated mice. Treatment with exogenous IL-22 blocked rotavirus replication in microbiota-depleted

wild-type and $Stat1^{-/-}$ mice, demonstrating that the antiviral effect of IL-22 in animals with altered

microbiome is not dependent on IFN signaling. In antibiotic-treated animals, IL-22-induced a specific

set of genes including $Fut2$, encoding fucosyl-transferase 2 that modifies the O-glycosylation pattern

of rotavirus entry mediators. Interestingly, IL-22 also blocked rotavirus replication in antibiotic-

treated $Fut2^{-/-}$ mice. Furthermore, IL-22 inhibited rotavirus replication in antibiotic-treated mice

lacking key molecules of the necroptosis or pyroptosis pathways of programmed cell death. Taken

together, our results demonstrate that IL-22 determines rotavirus susceptibility of antibiotic-treated

mice, yet the IL-22-induced effector molecules conferring rotavirus resistance remain elusive.

INTRODUCTION

The microbiota dramatically alters host susceptibility to multiple viral infections via diverse mechanisms [1-4]. Physical interaction with bacteria enhances viral infectivity for some enteric viruses. Binding to bacterial surface lipopolysaccharides (LPS) enhances the stability of poliovirus virions, resulting in decreased susceptibility of mice treated with an antibiotic cocktail compared to mice with undisturbed microbiota [5, 6]. Binding to bacteria further promotes poliovirus attachment to target cells, thereby facilitating simultaneous infection with multiple virions per cell and promoting viral fitness by enhancing the frequency of genetic recombination between different virus strains [7]. Similar mechanisms may account for the observed reduction of reovirus infectivity in antibiotic-treated mice [5]. Reduced vertical transmission of mouse mammary tumor virus through maternal milk in antibiotic-treated mice has also been observed, attributed to a lack of virus-bound bacterial LPS which stimulate the production of the immunosuppressive cytokine IL-10 [8, 9].

For other enteric viruses, both direct and indirect interactions with the microbiota may be at work. Human norovirus infection of B cells was enhanced in the presence of histo-blood group antigen-expressing enteric bacteria [10], and direct binding of human and murine norovirus to commensal bacteria appear to contribute to the proviral effects of the microbiota [11]. Other mechanisms of regulating virus susceptibility rely on modulation of host signaling by the microbiota. Antibiotic treatment decreased replication of persistent murine norovirus in the intestines of wild-type mice but not of mice with defective interferon-λ (IFN-λ) signaling [12], indicating that the bacterial microbiota limits the efficacy of IFN-λ-dependent innate immunity by an unknown mechanism. Interestingly, commensal bacteria were found to facilitate acute murine norovirus infection of distal gut regions while simultaneously inhibiting virus infection of the proximal small intestine [10, 13]. Virus inhibition in the proximal gut is secondary to priming of IFN-λ expression by bacteria-biotransformed bile acids [13].

The microbiota was further shown to restrict rather than to promote viral growth in several other experimental systems [4, 14, 15]. In these cases, commensal-derived signals provided tonic type I IFN-mediated immune stimulation that lowered the activation threshold of the innate immune system required for optimal antiviral immunity. Accordingly, mice treated with an antibiotic cocktail exhibited impaired epithelial, innate and adaptive antiviral responses resulting in delayed viral clearance after exposure to systemic LCMV or mucosal influenza virus infections [4, 15]. Mononuclear phagocytes of microbiome-depleted mice no longer expressed inflammatory response genes so that priming of natural killer cells and antiviral immunity to murine cytometagalovirus was severely compromised [14].

How the microbiota modulates rotavirus replication is incompletely understood, despite this being a pathogen of great clinical importance. Antibiotic-mediated microbiome modulation enhanced fecal

shedding of a rotavirus live vaccine in adult volunteers [16], and gram-negative probiotics protected

against human rotavirus infection of gnotobiotic pigs [17]. However, antibiotic treatment has been

reported to suppress rotavirus infection of gut epithelial cells, with an overall reduction in the

incidence and duration of diarrhea in suckling mice [18]. Conversely, some mouse colonies have been

found to be highly resistant to rotavirus infection, a resistance that can be transferred to susceptible

mice via fecal microbial transplantation [19], indicating that a specific component of the microbiome

can mediate antiviral effects. Particular segmented filamentous bacteria (SFB) were shown to be

sufficient to protect mice against rotavirus infection and associated diarrhea [19]. Interestingly, SFB-

mediated protection was independent of known rotavirus-impeding factors such as IFN-λ [20-22],

interleukin-18 (IL-18) [23] and IL-22 [23, 24], and instead rotavirus resistance correlated with

accelerated epithelial cell turnover in this experimental system [19].

IFN-λ and IL-22 are both members of the IL-10 cytokine family. Their specific receptor chains (IFN-

λR1 and IL-22Rα, respectively) both associate with IL-10Rβ to form functional heterodimeric receptor

complexes, and the *Ifnlr1* and *Il22ra1* genes are close relatives located in adjacent positions in the

mouse and human genomes [25, 26]. The IFN-λ and the IL-22 receptors are highly expressed in

epithelial cells, and both cytokines cooperate for the induction of IFN-stimulated genes and the

control of rotavirus infection in mice [24]. However, the antiviral activity of IL-22 is poorly

understood compared with its well-described function as a key mediator of anti-bacterial responses

[27, 28]. IL-22 expression is controlled by the commensal microbiota [29] and, in turn, IL-22 can

modulate the composition of the microbiota [30].

To better understand the role of commensal bacteria in host defense against rotavirus, we

performed infections of microbiota-depleted mice and we evaluated the antiviral activity of IL-22

under gnotobiotic conditions. Using antibiotic-treated and germ-free mice we found that the

microbiota strongly repressed rotavirus replication in the intestinal tract. Our data indicate that

rotavirus susceptibility of microbiota-depleted mice results from poor expression of IL-22 in the

intestine. We further show that IL-22 confers rotavirus resistance in microbiota-depleted mice by a

mechanism that is independent of IFN-λ or STAT1 signaling, fucosyl-transferase 2, or mediators of

inducible cell death.

MATERIAL & METHODS

Mice: Conventional specific pathogen free (SPF) C57BL/6J mice of both sexes were purchased from

Janvier Labs. Germ-free (GF) C57BL/6 mice were obtained from the Clean Mouse Facility of the

University of Bern, Bern, Switzerland. GF mice were kept in autoclaved individually ventilated cages,

and sterile water and food was provided. GF mice were handled exclusively in a biosafety cabinet.

C57BL/6J mice lacking functional *Fut2*, *Ripk3* or *Casp1/11* genes [31-33] as well as mutant B6.A2G-

Mx1-Ifnlr1$^{-/-}$ [34], B6.A2G-*Mx1-Ifnlr1$^{-/-}$Il22$^{-/-}$* [24], B6.A2G-*Mx1-Stat1$^{-/-}$* [35] and corresponding

B6.A2G-*Mx1* wild-type mice [34] were bred and housed in the animal facilities of the University

Medical Center Freiburg. Other C57BL/6J mice originally purchased from Jackson Laboratories (stock

000664; Jackson Laboratories, Bar Harbor, ME) were bred and housed in animal facilities of

Washington University in Saint Louis under specific-pathogen-free (including murine norovirus-free)

conditions. Generation of *Ifnlr1$^{-/-}$* mice was previously described [36]; briefly, these mice were

established by interbreeding *Ifnlr1$^{tm1a(EUCOMM)Wtsi}$* mice and deleter-Cre mice, followed by backcrossing

by speed congenics onto a C57BL/6J background. *Ifnar1$^{-/-}$* (B6.129.Ifnar1tm1) were crossed with

these *Ifnlr1$^{-/-}$* mice to generate *Ifnar1$^{-/-}$Ifnlr1$^{-/-}$* double knockout mice.

Ethics statement: All experiments with mice were carried out in accordance with the guidelines of

the Federation for Laboratory Animal Science Associations and the national animal welfare body.

Experiments were in compliance with the German animal protection law and were approved by the

animal welfare committee of the Regierungspräsidium Freiburg (permit G-16/98). All experiments at

Washington University were conducted according to regulations stipulated by the Washington

University Institutional Animal Care and Use Committee and to animal protocol 20190126, approved

by the Washington University Animal Studies Committee.

Antibiotic treatment of mice: Four to six week old mice were treated with a cocktail of antibiotics

consisting of Cefoxitin (Santa Cruz Biotechnology, Inc), Gentamycin sulfate (Sigma-Aldrich),

Metronidazole (Sigma-Aldrich) and Vancomycin (HEXAL®) for 4 weeks to deplete the commensal

microbiota. Drinking water containing 1 mg/ml of each antibiotic was provided *ad libitum*. For

experiments at Washington University, six-week old mice were treated with an antibiotic cocktail [1

mg/ml ampicillin, 1 mg/ml metronidazole, 1 mg/ml neomycin, 0.5 mg/ml vancomycin (Sigma, St.

Louis, MO)] in 20 mg/ml grape Kool-Aid (Kraft Foods, Northfield, IL), or with Kool-Aid alone, *ad*

libitum for 9-14 days.

Virus stocks and infections: To produce the rotavirus used in Freiburg, six day old suckling BALB/c

mice were infected orally with 680 infectious dose 50 (ID$_{50}$) (5 μl of a 1:250 dilution) from a stock

containing 3.4×10^7 ID_{50}/ml of murine rotavirus strain EDIM [20]. Four days post-infection, mice were

sacrificed and colon samples with content were homogenized twice for 18 sec at 6 m/s using a

FastPrep®-12 homogeniser (MP Biomedicals). The homogenate was cleared by centrifugation at

5,000 rpm for 15 min. Supernatants were pooled and filtered using a 10 ml syringe and 4.5 µm sterile

filters. The filtrate was aliquoted and stored at -80 °C. Viral protein VP6 was quantified by

RIDASCREEN® ELISA in comparison to the parental stock. The infectious dose 50 (ID_{50}) was

determined by orally infecting groups of six C57BL/6 suckling mice with 5 µl samples of 10-fold serial

dilutions, ranging from 10^{-3} to 10^{-7}. Mice were sacrificed 24 h post-infection and intestines were

analyzed for the presence of RNA encoding for VP6 by RT-qPCR. Adult mice (8-10 week old) were

orally infected with 2.4×10^4 ID_{50} in 100 µl by oral gavage using a gavage needle (19G).

To produce the rotavirus used in Saint Louis, four day old suckling CD-1 mice (Charles River) were

infected orally with 400 diarrhea dose 50 (5 µl of a 1:10 dilution in PBS + Evan's blue) from a stock of

murine rotavirus strain EC-RV received from Estes Lab at Baylor College of Medicine. Three days post-

infection, mice were sacrificed and the entire small intestine and colon with contents were harvested

and pooled for weighing. A 20% homogenate was prepared in homogenization media of DMEM

(Gibco 11995-040) supplemented with 1% penicillin/streptomycin (Gibco 15140-122) by three rounds

of homogenization on ice (homogenize for 1 min, then allow to settle for 30 sec). Homogenate was

pooled on ice, aliquoted, and then stored at -80˚C until use. The shedding dose 50 (SD_{50}) of the stock

was determined by orally infecting groups of five adult mice (6-8 weeks old), of both BALB/c and

C57BL/6 genotypes, with 100 µl of 10-fold serial dilutions, ranging from 10^{-5} to 10^{-9} for BALB/c and

10^0 to 10^{-5} for C57BL/6, and analyzing fecal pellets for RV genome copies by RT-qPCR. Adult mice (8-

10 weeks old) were orally infected with 10^4 SD_{50} in 100 µl by oral gavage, preceded by 100 µl of

sterile 1.33% sodium bicarbonate solution.

<u>Viral protein quantification in feces by RIDASCREEN® Rotavirus ELISA:</u> Fecal samples were

homogenized according to weight with RIDASCREEN® sample dilution buffer 1 and homogenized

twice for 11 sec with 6 m/s using a FastPrep®-12 homogenizer. Homogenates were cleared by

centrifugation [5,000 rpm, 5 min, 4 °C] and 100 µl of fecal homogenate supernatants were used for

RIDASCREEN® Rotavirus ELISA. ELISA was performed according to the manufacturer's instructions.

Optical density was measured at 450 nm wave length by using a Tecan Infinite 200 plate reader.

<u>RNA isolation and RT-qPCR:</u> RNA was isolated using the Direct-zol™ RNA MiniPrep Kit (Zymo

Research). Two-three cm pieces of ilea were homogenized in 1 ml TriFast™ twice for 18 sec with 6

m/s using a FastPrep®-12 homogenizer (MP Biomedicals). Homogenates were centrifuged at 12,000 g

for 5 min and supernatant were diluted 1:10 in TriFast™. RNA was then isolated following the

manufacturer's instructions. LunaScript™ RT SuperMix Kit (New England Biolabs) was used to generate cDNA from 850 ng of total RNA following the manufacturer's instructions. Resulting cDNA served as template for the amplification of transcripts from *Ubc* (QT00245189, QuantiTect Primer Assay, Qiagen), *Hprt* (mm00446968_m1, Applied Biosystems), *Il22* (forward: 5'-CATGCAGGAGGTGGTACCTT -3'; reverse: 5'- CAGACGCAAGCATTT CTCAG -3'), *Reg3b* (forward: 5'-GCTGGAAGTTGGACACCTCAA -3'; reverse: 5'- GACATAGGGCAACTTCACCTCACA -3'), *Reg3g* (forward: 5'- TTCCTGTCCTCCATGATCAAAA -3'; reverse: 5'- CATCCACCTCTGTTGGGTTCA -3'), *Saa1* (forward: 5'-AAATCAGTGATGGAAGAGAGGC -3'; reverse: 5'- CAGCACAACCTACTGAGCTA -3'), *Fut2* (forward: 5'-ACCTCCAGCAACGAATAGTGA -3'; reverse: 5'- GCCGATGGAATTGATCGTGAA -3'), *Rps29 (*forward 5'-GCAAATACGGGCTGAACATG-3'; reverse 5'-GTCCAACTTAATGAAGCCTATGTC-3') by real-time PCR using TaqMan Gene Expression Assays (Applied Biosystems), Universal PCR Master Mix (Applied Biosystems) and the QuantStudio 5 Real-Time PCR system (Applied Biosystems by Thermo Fisher Scientific). Increase in transcript levels were determined by the $2^{-\Delta Ct}$ method relative to expression of the indicated housekeeping genes.

Intestinal epithelial cell enrichment: Small intestines were collected and cut into 3-6 cm long pieces, mechanically cleaned, rinsed with PBS using a gavage needle (19G) and inverted on customized inoculating loops. Samples were incubated in 30 mM EDTA for 10 min at 37 °C. Intestinal epithelia cells were detached from organ pieces by centripetal force using a customary electric drill [approximately 1,000 rpm]. Samples were centrifuged with 2-3 short impulses in 50 ml PBS with 5 % FCS. After 1 h of sedimentation, the lower half of the suspension was isolated, cells were pelleted [1,300 rpm, 10 min, 4 °C], lyzed in TriFast™ and total RNA isolated using the Direct-zol™ RNA MiniPrep Kit (Zymo Research).

Transcriptome analysis: RNA for transcriptome analysis was isolated using the RiboPure™ Kit (Invitrogen) according to the manufacturer's instructions. In brief, 2-3 cm pieces of ilea were homogenized in 1 ml TriFast™ twice for 18 sec with 6 m/s using a FastPrep®-12 homogenizer (MP Biomedicals). Homogenates were centrifuged with 12,000 g for 10 min at 4 °C, 600 µl of supernatant mixed with 500 µl TriFast™, centrifuged again with 12,000 g for 10 min at 4 °C and 1 ml of supernatant was mixed with 100 µl of 1-bromo-3-chloropropane and incubated for 5 min at room temperature. Phase separation was achieved by centrifugation with 12,000 g for 10 min at 4 °C. 400 µl of the aqueous phase was then mixed with 200 µl of ethanol and passed through the filter cartridge by centrifugation (12,000 g for 1 min), the filter cartridge was then washed twice with 500 µl wash solution and RNA was finally eluted with 100 µl elution buffer.

<u>MicroArray:</u> Total RNA harvested from intestinal epithelia cells was hybridized using Illumina Mouse

WG-6_V2_0_R0_11278593_A arrays. The raw intensity values for each entity were preprocessed by

RMA normalization against the median intensity in mock-treated samples. Using GeneSpring 11.5, all

transcripts were then filtered based on flags (present or marginal, in at least 2 out of 10 samples).

Moderate t-test (IL22-treated versus mock-treated) was performed to identify genes differentially

expressed relative to controls ($\geq$5-fold change; $p<0.01$, Benjamini-Hochberg multiple test correction).

Raw microarray data can be accessed at GEO under accession number GSE166400.

<u>Statistical analysis:</u> For statistical analyses the GraphPad Prism 8 software (GaphPad Software, USA)

was used. Testing for statistical significance was performed on log-transformed values by using

ordinary one-way ANOVA with Tukey's multiple comparisons or the unpaired Student's t-test.

Asterisks indicate p-values: *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$; ****$p < 0.001$.

RESULTS

Germ-free and antibiotic-treated mice are highly susceptible to oral infection with rotavirus

To investigate the effect of the microbiota on rotavirus susceptibility, we monitored the levels of

rotavirus antigen in the feces of three experimentally infected groups of adult C57BL/6 mice, namely

conventionally-housed specific pathogen-free (SPF) animals, SPF animals treated with an antibiotic

cocktail (Abx), and germ-free (GF) animals. During the 6-day observation period following oral

infection with rotavirus, viral antigen was nearly undetectable in fecal samples of SPF mice by ELISA

(Fig. 1). In contrast, fecal samples from the majority of infected Abx and GF mice contained high

levels of rotavirus antigen (Fig. 1), indicating that the microbiota has an inhibitory effect on rotavirus

replication.

Since an earlier study indicated that the microbiota promotes rather than inhibits rotavirus

replication [18], we sought to confirm this finding in an unrelated colony of C57BL/6 wild-type mice

at a second independent institution, using an independently prepared rotavirus stock. Again, we

found that antibiotics treatment significantly increased rotavirus susceptibility, demonstrated by

strongly elevated levels of viral RNA in fecal samples of mice on day 5 post-infection as assessed by

RT-qPCR analysis (Fig. 2). Prior work indicated that the type I and the type III IFN systems inhibit the

replication of rotavirus in the mouse intestine [21, 22]. Therefore, we assessed the possibility that

microbiota-mediated rotavirus resistance might depend on IFN signaling. In agreement with earlier

studies [21, 22], we observed that animals lacking functional receptors for type I IFN (*Ifnar1*$^{-/-}$), for

type III IFN (*Ifnlr1*$^{-/-}$) or for both IFN types (DKO) were more susceptible to rotavirus infection

compared with wild-type (WT) mice (Fig. 2). Importantly, however, treating these mutant mice with

antibiotics also enhanced rotavirus levels on average at least 50-fold (Fig. 2), demonstrating that

enhanced intestinal replication of rotavirus in mice with reduced microbiota is not due to impaired

activation of type I IFN and/or type III IFN pathways by commensal bacteria.

IL-22 confers rotavirus resistance in antibiotic-treated mice via a mechanism that is not dependent

on IFN-λ or STAT1 signaling

To identify IFN-independent antiviral factors which are present in the intestine of SPF mice but

absent or strongly diminished in GF mice, we performed RT-qPCR analysis of cytokines previously

linked to rotavirus resistance [21-23]. We found that expression of *Il22* was on average about 200

fold lower in ileum samples from GF (Fig. 3A) or Abx mice (Fig. 3B) than in samples from SPF mice.

Furthermore, compared with SPF mice, expression of the IL-22-induced *Reg3b* and *Reg3g* genes was

on average 10-20 fold reduced in the ileum of GF (Fig. 3A) and Abx mice (Fig. 3B), demonstrating that

the high rotavirus susceptibility of animals with diminished microbiota correlates with diminished

baseline expression of IL-22.

We next tested whether IL-22 can confer rotavirus resistance by treating Abx mice with recombinant

IL-22 one day before and on days 0, 1, 2 and 4 after oral infection with rotavirus, then monitoring

fecal virus shedding by ELISA for the next 12 days. All saline-treated control mice acutely shed high

amounts of viral antigen, whereas all IL-22-treated animals exhibited low levels of fecal viral antigen

during the first 5 days post-infection (Fig. 3C). However, four of the five IL-22-treated mice shed virus

with delayed kinetics, indicating that the protective effect of exogenous IL-22 was short-lived.

Therefore, in a second experiment, the IL-22 treatment period was extended and daily injections of

IL-22 were continued until day 8 post-infection. Under these more stringent conditions, IL-22-

mediated suppression of virus shedding was very effective (Fig. 3D).

As synergistic activity between IL-22 and IFN-λ to control rotavirus has previously been reported [24],

we assessed whether the rotavirus-inhibitory effect of IL-22 was direct or mediated by IFNs. We

repeated the IL-22 treatment study using mice in which either IFN-λ (*Ifnlr1*$^{-/-}$) or all IFN subtypes

(*Stat1*$^{-/-}$) are no longer functional, and found that daily injections of IL-22 were still highly effective at

suppressing rotavirus shedding in antibiotic-treated *Ifnlr1*$^{-/-}$ (Fig. 3E) and *Stat1*$^{-/-}$ (Fig. 3F) mice. Thus,

IL-22 confers virus resistance in microbiota-depleted mice by a mechanism that is not dependent on

IFN-λ or STAT1 signaling.

Microbes modulate the IL-22 response of the intestinal epithelium

To identify IL-22-induced effector molecules which confer rotavirus resistance in microbiota-depleted

mice, we compared gene expression profiles in the ileum of antibiotic-treated *Ifnlr1*$^{-/-}$ mice which

received either saline or IL-22. We identified 22 genes that showed at least 5-fold increased

expression and 3 genes with at least 5-fold decreased expression after IL-22 treatment compared

with mock-treated mice (Fig. 4A). Enhanced expression of several genes, including *Saa1*, *Fut2* and

Reg3g, in tissue of IL-22-treated animals was confirmed by RT-qPCR (Fig. 4B).

The *Fut2* gene was of particular interest because it encodes the enzyme fucosyl-transferase 2 (FUT2)

that determines the O-glycosylation pattern of histo-blood group antigens which can serve as

rotavirus entry mediators [37]. To investigate whether IL-22 inhibits rotavirus growth in the intestine

of antibiotics-treated mice by regulating FUT2 expression, we first determined whether *Fut2*$^{-/-}$ mice

with normal gut flora were more susceptible to oral infection with rotavirus than standard wild-type

mice, using highly susceptible *Ifnlr1*$^{-/-}$*Il22*$^{-/-}$ mice as a positive control (Fig. 4C). *Fut2*$^{-/-}$ mice exhibited

no defects in rotavirus control. Next, we tested whether IL-22 might no longer be able to inhibit

rotavirus replication in antibiotic-treated *Fut2*$^{-/-}$ mice, but found IL-22 treatment to be highly

effective in these animals (Fig. 4D). We thus concluded that IL-22-mediated upregulation of *Fut2* in

microbiota-depleted mice does not play a decisive role in rotavirus resistance.

Since SFB increase the turnover of intestinal epithelial cells that results in rotavirus resistance [19],

microbiota-mediated acceleration of infected epithelial cell death might be responsible for the

intrinsically high rotavirus resistance of mice with intact microbiota. Therefore, we first evaluated the

possibility that the antiviral activity of IL-22 in antibiotic-treated mice results from accelerated death

of intestinal epithelial cells by necroptosis [38]. However, we found that IL-22 was effective in

inhibiting rotavirus growth in antibiotic-treated *Ripk3*$^{-/-}$ mice (Fig. 5A), in which cell death by

necroptosis cannot occur [39]. This finding excluded the possibility that IL-22 induces premature

death of rotavirus-infected cells by necroptosis in antibiotic-treated mice. An alternative form of

induced cell death is pyroptosis, in which caspase-1 plays a key role [40]. To evaluate the possibility

that IL-22 acts by inducing pyroptosis in infected cells, possibly via regulation of IL-18 expression [23,

41], we tested IL-22-induced antiviral effects in antibiotic-treated *Casp1/11*$^{-/-}$ mice. We found that IL-

22 remained active in these mice (Fig. 5B), precluding the possibility that IL-22 inhibits rotavirus by

triggering pyroptotic cell death in antibiotic-treated mice.

DISCUSSION

Our work revealed that the microbiota protects against rotavirus infection and inhibits virus

replication in the small intestine. These results are distinct from conclusions of an earlier study [18],

which indicated that antibiotic treatment renders mice resistant to rotavirus infection. Our use of

mice from two separate animal facilities located on different continents, as well as two

independently-generated rotavirus stocks makes it unlikely that housing conditions or unrecognized

mutations in the virus genome are responsible for this discrepancy. We speculate that differences in

timing of virus excretion between microbiota-replete and -depleted mice may have accounted for

differential interpretations of microbiota effects on virus resistance. Of note, our results are highly

consistent with recent work that attributed the presence of particular SFB with rotavirus resistance

of mice [19].

Our study revealed that the rotavirus susceptibility phenotype of antibiotic-treated mice cannot be

explained by the involvement of known mediators of rotavirus resistance such as IFN-λ or type I IFN.

We confirmed earlier findings [21, 22] that mice with defective IFN receptors are intrinsically more

susceptible to rotavirus infection than wild-type mice. Importantly, however, when such mutant mice

were treated with antibiotics, their susceptibility to infection with rotavirus still increased, indicating

that poorly defined additional factors also contribute to rotavirus resistance. Our analysis suggests

that IL-22 plays an important role in this phenomenon. First, we observed that poor expression of IL-

22 and IL-22-regulated genes in the ileum correlates with rotavirus susceptibility of antibiotic-treated

mice. Second, we found that application of IL-22 readily restored rotavirus resistance of antibiotic-

treated mice. Interestingly, unlike in mice with undisturbed microbiota in which the antiviral activity

of IL-22 was strongly dependent on IFN-λ [24], the anti-rotavirus effect of IL-22 in antibiotic-treated

mice was not dependent on IFN-λ or transcription factor STAT1. Thus, IL-22 can negatively affect

rotavirus replication by at least two mechanisms, of which only one is dependent on IFN. The IFN-

independent mechanism plays a dominant role in antibiotic-treated mice, whereas the IFN-λ-

dependent mechanism dominates in mice with undisturbed microbiome.

We currently do not understand how IL-22 inhibits the replication of rotavirus in antibiotic-treated

mice. Our transcriptome analysis showed that *Fut2* is strongly induced by IL-22 under such

conditions. This finding is in good agreement with earlier work indicating that antibiotic-mediated

down-regulation of *Fut2* alters the glycosylation pattern of intestinal epithelial cells [42, 43]. Such

changes in protein glycosylation resulted in enhanced susceptibility of mice to infection with several

pathogenic bacteria, including *Citrobacter rodentium* [44], Helicobacter pylori [32, 43] and

Salmonella typhimurium [42]. However, our experiments with *Fut2*-deficient mice indicate that

antiviral defense is not reduced in these animals and that fucosyltransferase-2 is not the elusive IL-

22-induced mediator of rotavirus resistance.

Since the intestinal epithelium consists of short-lived cells, we envisaged the possibility that IL-22
might inhibit rotavirus replication by inducing premature death of infected cells. Yet, we found that
IL-22 effectively blocked rotavirus replication in antibiotic-treated mice lacking key factors for
necroptosis or pyroptosis, rendering such a mechanism unlikely. However, since these programmed
cell death pathways are highly interconnected, we cannot exclude the possibility of compensatory
effects [45]. Available data suggest that SFB prevents and cures rotavirus infection by enhancing the
proliferation of infected epithelial cells in the terminal ileum, promoting their shedding from the
tissue [19]. We do not know whether IL-22 provides similar growth-promoting stimuli to epithelial
cells in antibiotic-treated mice and whether enhanced cell proliferation might explain the antiviral
effect of IL-22 that we observed. It has been suggested that IL-22 may induce extrusion of intestinal
epithelial cells [46], which remains a possibility in the context of microbiota-mediated regulation of
rotavirus infection.
366

ACKNOWLEDGEMENTS
We thank the Clean Mouse Facility (CMF), University of Bern, Bern, Switzerland, for providing GF
mice, Ana Magalhães, University of Porto, Portugal for providing *Fut2*-deficient mice, and Otto Haller
for helpful comments on the manuscript.
This work was supported by a grant from the Deutsche Forschungsgemeinschaft to P.S., as well as
grants from the NIH (R01 AI141716 and R01 OD024917), the Children's Discovery Institute of
Washington University and St. Louis Children's Hospital Interdisciplinary Research Initiative (MI-II-
2019-790), and The Mathers Foundation to M.T.B.
375

Conflict of interest statement

The authors have no conflict of interest

REFERENCES

1.   Shi Z, Gewirtz AT. Together Forever: Bacterial-Viral Interactions in Infection and Immunity.
Viruses. 2018;10(3). doi: 10.3390/v10030122. PubMed PMID: 29534424; PubMed Central
PMCID: PMCPMC5869515.
2.   Karst SM. The influence of commensal bacteria on infection with enteric viruses. Nat Rev
Microbiol. 2016;14(4):197-204. doi: 10.1038/nrmicro.2015.25. PubMed PMID: 26853118;
PubMed Central PMCID: PMCPMC5198578.
3.   Robinson CM, Pfeiffer JK. Viruses and the Microbiota. Annu Rev Virol. 2014;1:55-69. doi:
10.1146/annurev-virology-031413-085550. PubMed PMID: 25821837; PubMed Central PMCID:
PMCPMC4373533.
4.   Abt MC, Osborne LC, Monticelli LA, Doering TA, Alenghat T, Sonnenberg GF, et al. Commensal
bacteria calibrate the activation threshold of innate antiviral immunity. Immunity.
2012;37(1):158-70. doi: 10.1016/j.immuni.2012.04.011. PubMed PMID: 22705104; PubMed
Central PMCID: PMCPMC3679670.
5.   Kuss SK, Best GT, Etheredge CA, Pruijssers AJ, Frierson JM, Hooper LV, et al. Intestinal microbiota
promote enteric virus replication and systemic pathogenesis. Science. 2011;334(6053):249-52.
doi: 10.1126/science.1211057. PubMed PMID: 21998395; PubMed Central PMCID:
PMCPMC3222156.
6.   Robinson CM, Jesudhasan PR, Pfeiffer JK. Bacterial lipopolysaccharide binding enhances virion
stability and promotes environmental fitness of an enteric virus. Cell Host Microbe.
2014;15(1):36-46. doi: 10.1016/j.chom.2013.12.004. PubMed PMID: 24439896; PubMed Central
PMCID: PMCPMC3920179.
7.   Erickson AK, Jesudhasan PR, Mayer MJ, Narbad A, Winter SE, Pfeiffer JK. Bacteria Facilitate
Enteric Virus Co-infection of Mammalian Cells and Promote Genetic Recombination. Cell Host
Microbe. 2018;23(1):77-88 e5. doi: 10.1016/j.chom.2017.11.007. PubMed PMID: 29290575;
PubMed Central PMCID: PMCPMC5764776.
8.   Kane M, Case LK, Kopaskie K, Kozlova A, MacDearmid C, Chervonsky AV, et al. Successful
transmission of a retrovirus depends on the commensal microbiota. Science.
2011;334(6053):245-9. doi: 10.1126/science.1210718. PubMed PMID: 21998394; PubMed
Central PMCID: PMCPMC3519937.
9.   Wilks J, Lien E, Jacobson AN, Fischbach MA, Qureshi N, Chervonsky AV, et al. Mammalian
Lipopolysaccharide Receptors Incorporated into the Retroviral Envelope Augment Virus
Transmission. Cell Host Microbe. 2015;18(4):456-62. doi: 10.1016/j.chom.2015.09.005. PubMed
PMID: 26468748; PubMed Central PMCID: PMCPMC4795803.
10. Jones MK, Watanabe M, Zhu S, Graves CL, Keyes LR, Grau KR, et al. Enteric bacteria promote
human and mouse norovirus infection of B cells. Science. 2014;346(6210):755-9. doi:
10.1126/science.1257147. PubMed PMID: 25378626; PubMed Central PMCID:
PMCPMC4401463.
11. Madrigal JL, Bhar S, Hackett S, Engelken H, Joseph R, Keyhani NO, et al. Attach Me If You Can:
Murine Norovirus Binds to Commensal Bacteria and Fungi. Viruses. 2020;12(7). doi:
10.3390/v12070759. PubMed PMID: 32674489; PubMed Central PMCID: PMCPMC7412252.
12. Baldridge MT, Nice TJ, McCune BT, Yokoyama CC, Kambal A, Wheadon M, et al. Commensal
microbes and interferon-lambda determine persistence of enteric murine norovirus infection.
Science. 2015;347(6219):266-9. doi: 10.1126/science.1258025. PubMed PMID: 25431490;
PubMed Central PMCID: PMCPMC4409937.
13. Grau KR, Zhu S, Peterson ST, Helm EW, Philip D, Phillips M, et al. The intestinal regionalization of
acute norovirus infection is regulated by the microbiota via bile acid-mediated priming of type III
interferon. Nat Microbiol. 2020;5(1):84-92. doi: 10.1038/s41564-019-0602-7. PubMed PMID:
31768030; PubMed Central PMCID: PMCPMC6925324.
14. Ganal SC, Sanos SL, Kallfass C, Oberle K, Johner C, Kirschning C, et al. Priming of natural killer
cells by nonmucosal mononuclear phagocytes requires instructive signals from commensal

microbiota. Immunity. 2012;37(1):171-86. doi: 10.1016/j.immuni.2012.05.020. PubMed PMID: 22749822.

15. Bradley KC, Finsterbusch K, Schnepf D, Crotta S, Llorian M, Davidson S, et al. Microbiota-Driven Tonic Interferon Signals in Lung Stromal Cells Protect from Influenza Virus Infection. Cell Rep. 2019;28(1):245-56 e4. doi: 10.1016/j.celrep.2019.05.105. PubMed PMID: 31269444.

16. Harris VC, Haak BW, Handley SA, Jiang B, Velasquez DE, Hykes BL, Jr., et al. Effect of Antibiotic-Mediated Microbiome Modulation on Rotavirus Vaccine Immunogenicity: A Human, Randomized-Control Proof-of-Concept Trial. Cell Host Microbe. 2018;24(2):197-207 e4. doi: 10.1016/j.chom.2018.07.005. PubMed PMID: 30092197.

17. Vlasova AN, Shao L, Kandasamy S, Fischer DD, Rauf A, Langel SN, et al. Escherichia coli Nissle 1917 protects gnotobiotic pigs against human rotavirus by modulating pDC and NK-cell responses. Eur J Immunol. 2016;46(10):2426-37. doi: 10.1002/eji.201646498. PubMed PMID: 27457183; PubMed Central PMCID: PMCPMC5201163.

18. Uchiyama R, Chassaing B, Zhang B, Gewirtz AT. Antibiotic treatment suppresses rotavirus infection and enhances specific humoral immunity. J Infect Dis. 2014;210(2):171-82. doi: 10.1093/infdis/jiu037. PubMed PMID: 24436449; PubMed Central PMCID: PMCPMC4399425.

19. Shi Z, Zou J, Zhang Z, Zhao X, Noriega J, Zhang B, et al. Segmented Filamentous Bacteria Prevent and Cure Rotavirus Infection. Cell. 2019;179(3):644-58 e13. doi: 10.1016/j.cell.2019.09.028. PubMed PMID: 31607511.

20. Pott J, Mahlakoiv T, Mordstein M, Duerr CU, Michiels T, Stockinger S, et al. IFN-lambda determines the intestinal epithelial antiviral host defense. Proc Natl Acad Sci U S A. 2011;108(19):7944-9. doi: 10.1073/pnas.1100552108. PubMed PMID: 21518880; PubMed Central PMCID: PMCPMC3093475.

21. Mahlakoiv T, Hernandez P, Gronke K, Diefenbach A, Staeheli P. Leukocyte-derived IFN-alpha/beta and epithelial IFN-lambda constitute a compartmentalized mucosal defense system that restricts enteric virus infections. PLoS Pathog. 2015;11(4):e1004782. doi: 10.1371/journal.ppat.1004782. PubMed PMID: 25849543; PubMed Central PMCID: PMCPMC4388470.

22. Lin JD, Feng N, Sen A, Balan M, Tseng HC, McElrath C, et al. Distinct Roles of Type I and Type III Interferons in Intestinal Immunity to Homologous and Heterologous Rotavirus Infections. PLoS Pathog. 2016;12(4):e1005600. doi: 10.1371/journal.ppat.1005600. PubMed PMID: 27128797; PubMed Central PMCID: PMCPMC4851417.

23. Zhang B, Chassaing B, Shi Z, Uchiyama R, Zhang Z, Denning TL, et al. Viral infection. Prevention and cure of rotavirus infection via TLR5/NLRC4-mediated production of IL-22 and IL-18. Science. 2014;346(6211):861-5. doi: 10.1126/science.1256999. PubMed PMID: 25395539; PubMed Central PMCID: PMCPMC4788408.

24. Hernandez PP, Mahlakoiv T, Yang I, Schwierzeck V, Nguyen N, Guendel F, et al. Interferon-lambda and interleukin 22 act synergistically for the induction of interferon-stimulated genes and control of rotavirus infection. Nat Immunol. 2015;16(7):698-707. doi: 10.1038/ni.3180. PubMed PMID: 26006013; PubMed Central PMCID: PMCPMC4589158.

25. Kotenko SV, Gallagher G, Baurin VV, Lewis-Antes A, Shen M, Shah NK, et al. IFN-lambdas mediate antiviral protection through a distinct class II cytokine receptor complex. Nat Immunol. 2003;4(1):69-77. doi: 10.1038/ni875. PubMed PMID: 12483210.

26. Sheppard P, Kindsvogel W, Xu W, Henderson K, Schlutsmeyer S, Whitmore TE, et al. IL-28, IL-29 and their class II cytokine receptor IL-28R. Nat Immunol. 2003;4(1):63-8. doi: 10.1038/ni873. PubMed PMID: 12469119.

27. Zheng Y, Li T. Interleukin-22, a potent target for treatment of non-autoimmune diseases. Hum Vaccin Immunother. 2018;14(12):2811-9. doi: 10.1080/21645515.2018.1509649. PubMed PMID: 30335564; PubMed Central PMCID: PMCPMC6343613.

28. Zheng Y, Valdez PA, Danilenko DM, Hu Y, Sa SM, Gong Q, et al. Interleukin-22 mediates early host defense against attaching and effacing bacterial pathogens. Nat Med. 2008;14(3):282-9. doi: 10.1038/nm1720. PubMed PMID: 18264109.

29. Sanos SL, Bui VL, Mortha A, Oberle K, Heners C, Johner C, et al. RORgammat and commensal microflora are required for the differentiation of mucosal interleukin 22-producing NKp46+ cells. Nat Immunol. 2009;10(1):83-91. doi: 10.1038/ni.1684. PubMed PMID: 19029903; PubMed Central PMCID: PMCPMC4217274.

30. Keir M, Yi Y, Lu T, Ghilardi N. The role of IL-22 in intestinal health and disease. J Exp Med. 2020;217(3):e20192195. doi: 10.1084/jem.20192195. PubMed PMID: 32997932.

31. Li P, Allen H, Banerjee S, Franklin S, Herzog L, Johnston C, et al. Mice deficient in IL-1 beta-converting enzyme are defective in production of mature IL-1 beta and resistant to endotoxic shock. Cell. 1995;80(3):401-11. doi: 10.1016/0092-8674(95)90490-5. PubMed PMID: 7859282.

32. Magalhaes A, Gomes J, Ismail MN, Haslam SM, Mendes N, Osorio H, et al. Fut2-null mice display an altered glycosylation profile and impaired BabA-mediated Helicobacter pylori adhesion to gastric mucosa. Glycobiology. 2009;19(12):1525-36. doi: 10.1093/glycob/cwp131. PubMed PMID: 19706747; PubMed Central PMCID: PMCPMC2782244.

33. Newton K, Sun X, Dixit VM. Kinase RIP3 is dispensable for normal NF-kappa Bs, signaling by the B-cell and T-cell receptors, tumor necrosis factor receptor 1, and Toll-like receptors 2 and 4. Mol Cell Biol. 2004;24(4):1464-9. doi: 10.1128/mcb.24.4.1464-1469.2004. PubMed PMID: 14749364; PubMed Central PMCID: PMCPMC344190.

34. Mordstein M, Kochs G, Dumoutier L, Renauld JC, Paludan SR, Klucher K, et al. Interferon-lambda contributes to innate immunity of mice against influenza A virus but not against hepatotropic viruses. PLoS Pathog. 2008;4(9):e1000151. doi: 10.1371/journal.ppat.1000151. PubMed PMID: 18787692; PubMed Central PMCID: PMCPMC2522277.

35. Mahlakoiv T, Ritz D, Mordstein M, DeDiego ML, Enjuanes L, Muller MA, et al. Combined action of type I and type III interferon restricts initial replication of severe acute respiratory syndrome coronavirus in the lung but fails to inhibit systemic virus spread. J Gen Virol. 2012;93(Pt 12):2601-5. doi: 10.1099/vir.0.046284-0. PubMed PMID: 22956738.

36. Baldridge MT, Lee S, Brown JJ, McAllister N, Urbanek K, Dermody TS, et al. Expression of Ifnlr1 on Intestinal Epithelial Cells Is Critical to the Antiviral Effects of Interferon Lambda against Norovirus and Reovirus. J Virol. 2017;91(7). doi: 10.1128/JVI.02079-16. PubMed PMID: 28077655; PubMed Central PMCID: PMCPMC5355594.

37. Gozalbo-Rovira R, Ciges-Tomas JR, Vila-Vicent S, Buesa J, Santiso-Bellon C, Monedero V, et al. Unraveling the role of the secretor antigen in human rotavirus attachment to histo-blood group antigens. PLoS Pathog. 2019;15(6):e1007865. doi: 10.1371/journal.ppat.1007865. PubMed PMID: 31226167; PubMed Central PMCID: PMCPMC6609034.

38. Aden K, Tran F, Ito G, Sheibani-Tezerji R, Lipinski S, Kuiper JW, et al. ATG16L1 orchestrates interleukin-22 signaling in the intestinal epithelium via cGAS-STING. J Exp Med. 2018;215(11):2868-86. doi: 10.1084/jem.20171029. PubMed PMID: 30254094; PubMed Central PMCID: PMCPMC6219748.

39. Cho YS, Challa S, Moquin D, Genga R, Ray TD, Guildford M, et al. Phosphorylation-driven assembly of the RIP1-RIP3 complex regulates programmed necrosis and virus-induced inflammation. Cell. 2009;137(6):1112-23. doi: 10.1016/j.cell.2009.05.037. PubMed PMID: 19524513; PubMed Central PMCID: PMCPMC2727676.

40. Man SM, Karki R, Briard B, Burton A, Gingras S, Pelletier S, et al. Differential roles of caspase-1 and caspase-11 in infection and inflammation. Sci Rep. 2017;7:45126. doi: 10.1038/srep45126. PubMed PMID: 28345580; PubMed Central PMCID: PMCPMC5366862.

41. Munoz M, Eidenschenk C, Ota N, Wong K, Lohmann U, Kuhl AA, et al. Interleukin-22 induces interleukin-18 expression from epithelial cells during intestinal infection. Immunity. 2015;42(2):321-31. doi: 10.1016/j.immuni.2015.01.011. PubMed PMID: 25680273.

42. Goto Y, Obata T, Kunisawa J, Sato S, Ivanov, II, Lamichhane A, et al. Innate lymphoid cells regulate intestinal epithelial cell glycosylation. Science. 2014;345(6202):1254009. doi: 10.1126/science.1254009. PubMed PMID: 25214634; PubMed Central PMCID: PMCPMC4774895.

43. Magalhaes A, Rossez Y, Robbe-Masselot C, Maes E, Gomes J, Shevtsova A, et al. Muc5ac gastric
mucin glycosylation is shaped by FUT2 activity and functionally impacts Helicobacter pylori
binding. Sci Rep. 2016;6:25575. doi: 10.1038/srep25575. PubMed PMID: 27161092; PubMed
Central PMCID: PMCPMC4861914.
44. Pham TA, Clare S, Goulding D, Arasteh JM, Stares MD, Browne HP, et al. Epithelial IL-22RA1-
mediated fucosylation promotes intestinal colonization resistance to an opportunistic pathogen.
Cell Host Microbe. 2014;16(4):504-16. doi: 10.1016/j.chom.2014.08.017. PubMed PMID:
25263220; PubMed Central PMCID: PMCPMC4190086.
45. Doerflinger M, Deng Y, Whitney P, Salvamoser R, Engel S, Kueh AJ, et al. Flexible Usage and
Interconnectivity of Diverse Cell Death Pathways Protect against Intracellular Infection.
Immunity. 2020;53(3):533-47 e7. doi: 10.1016/j.immuni.2020.07.004. PubMed PMID: 32735843.
46. Zhang Z, Zou J, Shi Z, Zhang B, Etienne-Mesmin L, Wang Y, et al. IL-22-induced cell extrusion and
IL-18-induced cell death prevent and cure rotavirus infection. Sci Immunol. 2020;5(52). doi:
10.1126/sciimmunol.abd2876. PubMed PMID: 33008915.

Figure 1: Germ-free and antibiotic-treated mice are highly susceptible to oral infection with rotavirus. Conventional specific pathogen free (SPF, n = 10), antibiotic-treated (Abx, n = 9) and germ-free (GF, n = 8) C57BL/6 mice were infected orally with 2.4×10^4 ID_{50} of murine rotavirus. Fecal pellets of individual mice were collected daily and levels of viral antigen were determined by ELISA. Four animals of the Abx and the GF groups were sacrificed on day 3 post-infection for analysis of tissue in the context of a different project.

Figure 2: Rotavirus susceptibility of wild-type and IFN receptor-deficient C57BL/6 mice is greatly enhanced if the microbiome is depleted with antibiotics. WT (n = 7), *Ifnar1*^{-/-} (n = 6), *Ifnlr1*^{-/-} (n = 8) and *Ifnar1*^{-/-} *Ifnlr1*^{-/-} (DKO, n = 10) mice were left untreated or treated with antibiotics (Abx) before oral infection with 10^4 SD_{50} of murine rotavirus. On day 5 post-infection, fecal pellets were collected and viral RNA levels were determined by RT-qPCR. Symbols represent individual mice, and bars represent means ± SEM. Statistical analysis: Ordinary one-way ANOVA with Tukey's multiple comparisons; ****p<0.0001.

Figure 3: IL-22 confers short-lived rotavirus resistance in antibiotic-treated C57BL76 mice via a mechanism that is not dependent on IFN signaling. (A, B) RT-qPCR analysis of tonic expression of *Il22* and IL-22-regulated genes *Reg3b* and *Reg3g* in enriched intestinal epithelial cell fractions of (A) germ-free (GF) or in ileum samples of (B) antibiotic-treated (Abx) mice compared to animals with undisturbed microbiota (SPF). (C, D) Antibiotic-treated WT mice were subjected to brief (n = 5) or extended (n = 10) IL-22 treatment regimens (1 µg per injection, time points indicated by arrows). Control animals (C, n = 5; D, n = 9) were treated with saline. Fecal pellets were collected at several time points and viral antigen was quantified by ELISA. (E, F) Same experimental setup as in panel D, except that (E) *Ifnlr1*^{-/-} (saline n = 9; IL-22 n = 10) or (F) *Stat1*^{-/-} (saline n = 7; IL-22 n = 9) mice were used. Mice were infected with 2.4×10^4 ID_{50} of murine rotavirus by oral gavage. Symbols represent individual mice, and bars in (A) and (B) represent means ± SEM. Statistical analysis: Unpaired t-test; ****p<0.0001.

Figure 4: IL-22 regulates a distinct set of genes in antibiotic-treated *Ifnlr1*^{-/-} mice, but the *Fut2* gene

plays no decisive role in rotavirus resistance. (A) Four h prior to preparation of ileum samples for

transcriptome analysis, antibiotic-treated *Ifnlr1*^{-/-} mice (n = 5 per group) were treated with either

buffer or 1 µg of IL-22. Genes up- or downregulated at least 5-fold on average in IL-22-treated mice

are listed. For all listed genes, variation between samples from the different mice was small (p value

<0.01 for every data point) and was part of the original filter used to acquire the data. (B) Verification

of IL-22-mediated induction of *Saa1*, *Fut2* and *Reg3g* by RT-qPCR. Symbols represent individual mice,

and bars represent means ± SEM. (C) *Fut2*^{-/-} mice with undisturbed microbiota (n = 6) were orally

infected with 2.4×10^4 ID_{50} of murine rotavirus and viral antigen levels in fecal samples were analyzed

by ELISA. WT (n = 6) and *Ifnlr1*^{-/-} *Il22*^{-/-} (n = 6) mice served as negative and positive controls,

respectively. (D) *Fut2*^{-/-} mice with depleted microbiota (n = 6 per group) were treated daily with saline

or IL-22 (extended treatment as described in figure 3) prior to infection with 2.4×10^4 ID_{50} of murine

rotavirus. Antibiotic-treated WT mice (n = 4-5 per group) served as controls. Symbols in (C) and (D)

represent means ± SEM.

Figure 5: No role for RIPK3-induced necroptosis or caspase 1-mediated death (pyroptosis?) in IL-22-mediated clearance of rotavirus from antibiotic-treated mice. Antibiotic-treated *Ripk3*^{-/-} (A) and *Casp1/11*[-/-] (B) mice were treated with saline or IL-22 and infected with rotavirus as in the experiment described in figure 3D. Viral antigen levels in fecal samples were analyzed by ELISA. Numbers of animals in each group are indicated. Symbols represent means ± SEM.