CCL28 modulates neutrophil responses during infection with mucosal pathogens

Araceli Perez-Lopez[1,2,3], Steven Silva[1], Michael H. Lee[1], Nicholas Dillon[1], Stephanie L. Brandt[1],

Romana R. Gerner[1], Karine Melchior[1,4], Gregory T. Walker[1], Victor A. Sosa-Hernandez[5,6],

Rodrigo Cervantes-Diaz[5,6], Sandra Romero-Ramirez[5,7], Jose L. Maravillas-Montero[5], Sean-Paul

Nuccio[1,2], Victor Nizet[1,8,9], and Manuela Raffatellu[1,2,9,10*]

[1] Division of Host-Microbe Systems & Therapeutics, Department of Pediatrics, University of
California San Diego, La Jolla, CA 92093, USA

[2] Department of Microbiology and Molecular Genetics, University of California Irvine, Irvine, CA
92697, USA

[3] Biomedicine Research Unit, Facultad de Estudios Superiores Iztacala, Universidad Nacional
Autónoma de México. Tlalnepantla, State of México 54090, México.

[4] School of Pharmaceutical Sciences, São Paulo State University (UNESP), Araraquara, São
Paulo, Brazil

[5] Red de Apoyo a la Investigación, Universidad Nacional Autónoma de México and Instituto
Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, México City 14080, México

[6] Departamento de Biomedicina Molecular, Centro de Investigación y de Estudios Avanzados del
Instituto Politécnico Nacional, Mexico City 07360, México

[7] Facultad de Medicina, Universidad Nacional Autónoma de México, Mexico City 04510, México

[8] Skaggs School of Pharmacy and Pharmaceutical Sciences, University of California San Diego,
La Jolla, CA, 92093, USA

[9] Center for Microbiome Innovation, University of California San Diego, La Jolla, CA 92093, USA

[10] Chiba University-UC San Diego Center for Mucosal Immunology, Allergy, and Vaccines (CU-
UCSD cMAV), La Jolla, CA 92093, USA

*To whom correspondence should be addressed:
Manuela Raffatellu - Email: manuelar@ucsd.edu

Abstract

The chemokine CCL28 is highly expressed in mucosal tissues, but its role during infection is not

well understood. Here we show that CCL28 promotes neutrophil accumulation to the gut of mice

infected with *Salmonella* and to the lung of mice infected with *Acinetobacter*. Neutrophils isolated

from the infected mucosa expressed the CCL28 receptors CCR3 and, to a lesser extent, CCR10,

on their surface. The functional consequences of CCL28 deficiency were different between the

two infections, as *Ccl28*$^{-/-}$ mice were highly susceptible to *Salmonella* gut infection, but highly

resistant to otherwise lethal *Acinetobacter* lung infection. *In vitro*, unstimulated neutrophils

harbored pre-formed intracellular CCR3 that was rapidly mobilized to the cell surface following

phagocytosis or inflammatory stimuli. Moreover, CCL28 stimulation enhanced neutrophil

antimicrobial activity, production of reactive oxygen species, and formation of extracellular traps,

all processes that were largely dependent on CCR3. Consistent with the different outcomes in the

two infection models, neutrophil stimulation with CCL28 boosted the killing of *Salmonella* but not

of *Acinetobacter*. CCL28 thus plays a critical role in the immune response to mucosal pathogens

by increasing neutrophil accumulation and activation, which can enhance pathogen clearance but

also exacerbate disease depending on the mucosal site and the infectious agent.

Introduction

Chemokines comprise a family of small chemoattractant proteins that play important roles

in diverse host processes including chemotaxis, immune cell development, and leukocyte

activation (1–3). The chemokine superfamily includes 48 human ligands and 19 receptors,

commonly classified into subfamilies (CC, CXC, C, and CX$_3$C) depending on the location of the

cysteines in their sequence (4, 5). Four chemokines predominate in mucosal tissues: CCL25,

CCL28, CXCL14, and CXCL17 (6).

CCL28, also known as Mucosae-associated Epithelial Chemokine (MEC), belongs to the

CC (or β-chemokine) subclass, and is constitutively produced in mucosal tissues including the

digestive system, respiratory tract, and female reproductive system (7). Although best studied for

its homeostatic functions, CCL28 can also be induced under inflammatory conditions and is thus

considered a dual function (homeostatic and inflammatory) chemokine (7).

CCL28 signals via two receptors: CCR3 and CCR10 (8). During homeostasis in mice,

CCL28 provides a chemotactic gradient for CCR10$^+$ B and T cells and guides the migration of

CCR10$^+$ IgA plasmablasts to the mammary gland and other tissues (7, 9, 10). In a disease

context, CCL28 has been best studied in allergic airway inflammation. High CCL28 levels are

present in airway biopsies from asthma patients (11), and CCR3$^+$ and CCR10$^+$ cells are recruited

to the airways in a CCL28-dependent fashion in murine asthma models (12, 13).

In the human gut, CCL28 is upregulated during inflammation of the gastric mucosa in

Helicobacter pylori-infected patients (14) and in the colon of patients with ulcerative colitis, a

prominent form of inflammatory bowel disease (15, 16). In the mouse gut, CCL28 production is

increased in the dextran sulfate sodium (DSS) model of colitis (10). Epithelial cells are an

important source of CCL28 (15, 16), and its expression can be induced by stimulation of cultured

airway or intestinal epithelial cells with the proinflammatory cytokines IL-1α, IL-1β, or TNFα, or

following *Salmonella* infection of cultured HCA-7 colon carcinoma cells (16).

Collectively, a variety of studies have postulated that CCL28 is an important chemokine in

inflammatory diseases, ranging from asthma to ulcerative colitis and during the immune response

to infection. Yet, CCL28 function remains understudied, largely because *Ccl28$^{-/-}$* mice have only

recently been described (9, 10). Here, we investigate the function and underlying mechanism of

CCL28 during the mucosal response to infection.

By comparing infection in *Ccl28* mice and their wild-type littermates, we discovered a key

role for CCL28 in promoting neutrophil accumulation to the gut during infection with *Salmonella*

enterica serovar Typhimurium (STm) and to the lung during infection with multidrug-resistant

Acinetobacter baumannii (Ab). Neutrophils isolated from the infected mucosal sites harbored

CCL28 receptors, particularly CCR3, on their surface. *In vitro*, CCR3 was stored intracellularly

and was mobilized to the surface upon neutrophil stimulation with proinflammatory molecules or

in response to phagocytosis. Neutrophil stimulation of CCL28 resulted in enhanced neutrophil

antimicrobial activity against STm, increased production of reactive oxygen species (ROS), and

enhanced formation of neutrophil extracellular traps (NETs), all processes that help control

infection but also cause extensive tissue damage. We conclude that CCL28 plays a previously

unappreciated role in the innate immune response to mucosal pathogens by regulating neutrophil

accumulation and activation.

Results

CCL28-mediated responses limit *Salmonella* gut colonization and systemic dissemination.

We investigated CCL28 activity during gastrointestinal infection with the enteric pathogen

Salmonella enterica serovar Typhimurium (STm) by using the well-established streptomycin-

treated C57BL/6 mouse model of colitis (17). At 96h post-infection with STm, we observed a ~4-

fold increase of CCL28 by ELISA analysis of feces from wild-type mice relative to uninfected

controls (**Fig. 1A**). In a preliminary study, we found that *Ccl28* mice infected with STm exhibited

increased lethality compared to their wild-type littermates beginning at 24h post-infection (9). As

such, we enumerated STm colony-forming units (CFU) in tissues at 72h post-infection, instead of

the frequently studied 96h endpoint. We recovered significantly higher STm CFU from the

gastrointestinal tract (cecum content, Peyer's patches), the mesenteric lymph nodes, and

systemic sites (bone marrow and spleen) of *Ccl28*^{-/-} mice vs. wild-type littermates (**Fig. 1B**),

demonstrating that the chemokine is an essential component of host defense against STm in this

colitis model. When bypassing the gut by infecting mice with STm via the intraperitoneal route,

we also observed a ~4-fold increase of CCL28 in the serum (**Suppl. Fig. 1A**); however, we

recovered equal numbers of STm CFU in the spleen, liver, and blood of wild-type and *Ccl28*^{-/-}

mice (**Suppl. Fig. 1B**). Thus, CCL28 helps the host to control STm infection at its point of origin

in the gut mucosa, prompting us to further investigate the underlying mechanisms of CCL28-

mediated mucosal protection.

CCL28 promotes neutrophil accumulation to the gut during *Salmonella* infection.

CCL28 has direct antimicrobial activity against some bacteria (e.g., *Streptococcus mutans*

and *Pseudomonas aeruginosa*) and fungi (e.g., *Candida albicans*) (18). However, concentrations

of CCL28 up to 1μM did not substantially inhibit wild-type STm, whereas the chemokine produced

multilog-fold CFU reductions in *Escherichia coli* K12 or an STm Δ*phoQ* mutant, which is more

susceptible to antimicrobial peptides than STm wild-type (19), at similar concentrations (**Suppl.**

Fig. 1C). Thus direct antimicrobial activity of CCL28 is unlikely to explain the lower STm

colonization in wild-type mice in comparison to *Ccl28*^{-/-} mice.

During homeostasis, CCL28 exhibits chemotactic activity in the gut mucosa towards CD4^{+}

and CD8^{+} T cells and IgA-producing B cells (7, 9, 10). However, B and T cell numbers in the

intestine of wild-type and *Ccl28*^{-/-} mice were similar during homeostasis (**Suppl. Fig. 2A** and **2C**)

and 48h after STm infection (**Suppl. Fig. 2B** and **2D**), indicating that the chemokine's protective

role is likely independent of its B or T cell chemotactic activity. Neutrophils are a crucial component

of the host response to STm (reviewed in (20)), and neutropenia increases the severity of infection

with non-typhoidal *Salmonella* in both mice and humans (21–24). Strikingly, we isolated ~50%

fewer neutrophils (CD11b^{+} Ly6G^{+} cells) from the gut of *Ccl28*^{-/-} mice 48h after STm infection

relative to their wild-type littermates (**Fig. 1C, D**). Commensurate with this finding, neutrophil

counts in the blood of infected *Ccl28*^{-/-} mice were increased compared to wild-type mice (**Fig. 1C,**

D), indicating a defect in recruitment of circulating neutrophils to the site of infection. Neutrophil

counts in the bone marrow were similar between wild-type and *Ccl28*^{-/-} animals (**Fig. 1C, D**),

excluding a defect in granulopoiesis. Likewise, bone marrow and blood neutrophil counts were

similar in wild-type and *Ccl28*^{-/-} mice under homeostatic conditions (**Suppl. Fig. 2E, F**) and

neutrophils were not found in uninfected gut tissue (data not shown). Thus, CCL28 promotes

neutrophil accumulation to the gut during STm infection by a mechanism that transpires after bone

marrow neutrophil production and their egress into the blood circulation.

Gut proinflammatory gene expression and tissue pathology are reduced in *Ccl28*^{-/-} mice

infected with STm

Neutrophils can mediate inflammation by directly producing proinflammatory molecules or

by engaging in crosstalk with other cells (25). We evaluated the expression of genes encoding

proinflammatory cytokines in the cecum of *Ccl28*^{-/-} mice and their wild-type littermates 72h after

STm infection. IFNγ and IL-1β gene transcripts were significantly higher in the cecum of infected

wild-type mice vs. *Ccl28*^{-/-} mice, while expression of genes encoding other factors involved in

neutrophil recruitment (CXCL1, GM-CSF, IL-17A) or the proinflammatory cytokine TNF-α did not

differ significantly (**Fig. 1E**). No difference in the expression of these genes was found between

uninfected wild-type mice and *Ccl28*^{-/-} mice (data not shown). Consistent with the role of

neutrophils as important mediators of inflammation in STm colitis, histopathology at 72h post-

infection revealed marked cecal inflammation (including significant neutrophil recruitment) in wild-

type mice that was greatly reduced in *Ccl28*^{-/-} mice (**Fig. 1F-H**). Thus, by modulating neutrophil

accumulation to the infected gut, CCL28 drives inflammatory tissue pathology and colitis during

STm infection.

Ccl28^{-/-} mice are protected from lethal infection in an _Acinetobacter_ pneumonia model

CCL28 is expressed in several mucosal tissues beyond the gut, including the lung (7). To investigate whether CCL28 also promoted neutrophil accumulation and host protection in the lung during infection, we employed a murine _Acinetobacter baumannii (_Ab) pneumonia model (26, 27). Ab is an emerging, frequently multidrug-resistant Gram-negative pathogen that causes potentially lethal nosocomial pneumonia in intensive care unit patients (28). Following intratracheal Ab infection, we observed a striking and unexpected phenotype in the mortality curves of wild-type vs. _Ccl28^{-/-}_ mice: while 6 out of 8 wild-type littermates (75%) died within 48h, 7 out of 8 of the _Ccl28^{-/-}_ knockout mice (88%) survived through Day 10 post-infection (**Fig. 2A**). The enhanced resistance of _Ccl28^{-/-}_ mice relative to their wild-type littermates was not associated with a significant reduction in Ab CFU recovered from bronchoalveolar lavage (BAL) fluid or blood (**Fig. 2B, C**). Thus, opposite to what we observed during STm gut infection, CCL28 did not confer protection during Ab lung infection, but rather exacerbated lethality. _In vitro_, high concentrations (1μM) of CCL28 exhibited direct antimicrobial activity against $5x10^5$ CFU of Ab, but not when higher CFU ($5x10^8$/ml) were used as inoculum in the assay (**Suppl. Fig. 1C**). Given that high Ab CFU were recovered in the lung of wild-type mice (**Fig. 2B**), CCL28 does not appear to limit growth of this pathogen _in vivo_ even though it exhibits antimicrobial activity _in vitro._ We thus investigated whether there were differences in neutrophil accumulation in the lung between wild-type and _Ccl28^{-/-}_ mice that could explain the higher lethality of _Ccl28^{-/-}_ mice during Ab lung infection.

CCL28 promotes neutrophil accumulation to the lung during _Acinetobacter_ infection

Prior studies demonstrated that neutrophils are recruited to the lungs of mice infected with

Ab beginning at 4h post-infection, and peak at 24h post-infection (29, 30). As CCL28 contributed

to neutrophil recruitment during STm gut infection, we analyzed neutrophil recruitment to the lung

mucosa 24h after Ab infection in wild-type and *Ccl28*^{-/-} mice. BAL fluid showed a significantly

greater cellular infiltrate (largely comprised of neutrophils; CD11b^{+} Ly6G^{+} cells) in wild-type mice

than in *Ccl28*^{-/-} littermates (**Fig. 2D-F**). A similar higher percentage of neutrophils was identified in

lung tissue of wild-type mice compared to *Ccl28*^{-/-} mice post-infection, whereas we found no

differences in neutrophil numbers in the blood or bone marrow (**Fig. 2E-F**). Although

histopathology of lung tissue found substantial lung inflammation in both wild-type and *Ccl28*^{-/-}

mice after Ab infection (**Fig. 2G**), immunofluorescence analysis revealed remarkable differences

in the composition of the cellular infiltrate — lungs from infected wild-type mice showed an

abundant infiltrate of neutrophils (Ly6G^{+} cells) that was significantly less in *Ccl28*^{-/-} mice (**Fig. 2H-**

I).

Comparable to what we observed during STm gut infection, induction of the genes

encoding IFNγ and IL-1β was significantly lower in Ab-infected lungs of *Ccl28*^{-/-} mice relative to

wild-type mice (**Fig. 2J**). By contrast, expression of the *Cxcl1* gene was reduced, whereas the

other proinflammatory genes tested (*Il17a*, *Csf2*, *Tnfa*) did not differ between the groups (**Fig. 2J**).

CCL28 thus contributes to lung inflammation and neutrophil accumulation during Ab pneumonia,

which is consistent with our findings during STm gut infection. We thus sought to further

investigate how CCL28 regulates neutrophil responses.

Gut and BAL neutrophils express receptors CCR3 and CCR10 during infection

CCL28 attracts leukocytes that express at least one of its receptors (CCR3, CCR10).

CCR10 is found on T cells, B cells, and IgA-secreting plasma cells, whereas eosinophils express

CCR3 (7). Although early studies concluded that CCR3 was absent in neutrophils (31), the

receptor was later detected on the surface of neutrophils isolated from patients with chronic

inflammation (32). Based on these prior studies and our findings of CCL28-dependent neutrophil

accumulation to the gut during gut and lung infection (**Fig. 1, 2**), we performed flow cytometry on

single-cell suspensions from tissue isolated from infected mice to evaluate surface expression of

CCR3 and CCR10. For mice infected with STm, we analyzed the gut, blood, and bone marrow

(**Fig. 3A, B**). While both chemokine receptors were identified on a subset of bone marrow

neutrophils (~36% CCR3, ~12% CCR10) and blood neutrophils (~25% CCR3, ~16% CCR10)

during infection, neutrophils expressing these receptors were enriched in the inflamed gut, with

~80% expressing CCR3 and ~28% expressing CCR10 (**Fig. 3A**, **B**). In a separate experiment

where neutrophils were simultaneously stained for both CCR3 and CCR10, ~35% of gut

neutrophils from infected wild-type mice expressed both receptors (**Suppl. Fig. 3A)**, and infected

Ccl28$^{-/-}$ mice expressed similar levels of these receptors as wild-type mice (**Suppl. Fig. 3B)**.

Neutrophils isolated from the BAL of Ab-infected wild-type mice were also positive for

CCR3 and CCR10 surface expression, with ~73% of neutrophils expressing CCR3 (**Fig. 3C**) and

~43% expressing CCR10 (**Fig. 3D**). In a separate experiment where neutrophils were

simultaneously stained for both CCR3 and CCR10, ~20% of BAL neutrophils from infected wild-

type mice expressed both receptors (**Suppl. Fig. 3C)**, and infected *Ccl28*$^{-/-}$ mice expressed similar

levels of these receptors as wild-type mice (**Suppl. Fig. 3D)**. As predicted, compared to BAL

neutrophils, a lower percentage of neutrophils isolated from the blood and the bone marrow of

mice infected with Ab were positive for the receptors (**Fig. 3C, D**). Thus, neutrophils from the

infected mucosal tissue expressed high levels of CCL28 receptors, particularly CCR3, and this

was associated with higher neutrophil accumulation to the gut during STm colitis and to the lung

during Ab pneumonia.

Proinflammatory stimuli and phagocytosis induce expression of CCR3 and CCR10 on neutrophils

226
227

We next investigated potential mechanisms underpinning the upregulation of CCR3 and

CCR10 in neutrophils. A prior study indicated that a cocktail of proinflammatory cytokines (GM-

CSF, IFNγ, TNFα) boosted CCR3 expression in human peripheral blood mononuclear cells

(PBMCs) from healthy donors (32), and expression of these cytokines is highly induced during

STm colitis (**Fig. 1E**) and Ab pneumonia (**Fig. 2J**). We thus stimulated bone marrow neutrophils

from wild-type mice (which express low levels of CCR3 and CCR10) with these cytokines, and

independently with other pro-inflammatory compounds including lipopolysaccharide (LPS), the

protein kinase C activator phorbol 12-myristate 13-acetate (PMA), or the N-formylated, bacterial-

derived chemotactic peptide fMLP. Treatment of neutrophils with the GM-CSF + IFNγ + TNFα

cytokine combination or with LPS induced higher CCR3 (~40% positive cells) and CCR10 (~20%

positive cells) expression, whereas PMA and fMLP separately yielded more modest yet significant

induction (**Fig. 3E, F**).

Phagocytosis of microbes and necrotic debris are critical neutrophil functions at tissue foci

of infection and inflammation (33), and gene expression changes are observed in human

neutrophils following phagocytosis (34). We thus tested whether CCR3 and CCR10 were induced

by phagocytosis, incubating bone marrow neutrophils with latex beads, with or without the

aforementioned cytokine cocktail. Although phagocytosis of latex beads alone did not significantly

induce neutrophil CCR3 receptor expression (~7% of neutrophils), latex beads augmented with

cytokine cocktail induced CCR3 expression (~53% of neutrophils vs. ~30% with cocktail alone;

Fig. 3G). This synergistic effect of phagocytosis was not noted for CCR10 (**Fig. 3H**).

To further probe the role of phagocytosis in CCR3 expression, we incubated bone marrow

neutrophils with live STm for 1h. We found that STm rapidly induced the expression of CCR3 on

the neutrophil surface (~75% of cells; **Fig. 3I**), whereas CCR10 was only minimally induced (**Fig.**

3J). Receptor induction was largely blocked by cytochalasin D, a potent inhibitor of the actin

polymerization required for phagocytic uptake (**Fig. 3I, J**). Proinflammatory stimuli and

phagocytosis thus enhance the expression of CCR3 and, to a lesser extent, CCR10, on the

neutrophil surface.

CCR3 is stored intracellularly in neutrophils

Neutrophil intracellular compartments and granules harbor enzymes, cytokines, and

receptors that are required for rapid responses to pathogens. For example, activation of human

neutrophils induces a rapid translocation of complement receptor type 1 (CR1) from an

intracellular compartment to the cell surface, increasing its surface expression up to 10-fold (35).

As we detected a rapid (within 1h) increase of neutrophil CCR3 surface expression upon STm

infection, we hypothesized that CCR3, akin to CR1, may be stored intracellularly in neutrophils,

consistent with reports of intracellular CCR3 in eosinophils (36). We found that uninfected bone

marrow neutrophils express relatively low surface levels of CCR3 (**Fig. 4A**), but when

permeabilized for intracellular staining, most (~83%) were CCR3$^+$, indicating that CCR3 is stored

intracellularly (**Fig. 4B**). Upon STm infection *in vitro*, bone marrow neutrophils rapidly increased

CCR3 surface expression (up to ~75%; **Fig. 4A**), consistent with a mobilization of pre-formed

receptor from an intracellular compartment (**Fig. 4B**). Intracellular stores of CCR10 were also

detected in bone marrow neutrophils under homeostatic conditions, with a small but significant

increase during STm infection (**Suppl. Fig. 3E**). However, CCR10 was expressed on the surface

of only ~1% uninfected bone marrow neutrophils, which increased to ~3% during STm infection

(**Suppl. Fig. 3E**). *In vitro*, Ab infection induced higher surface expression of CCR3 on neutrophils

(~26%; **Fig. 4C**), whereas CCR10 did not significantly increase (**Suppl. Fig. 3F**). Most bone

marrow neutrophils also expressed intracellular CCR3 (**Fig. 4D**) and CCR10 (**Suppl. Fig. 3F**)

during Ab infection. Similar to the *in vitro* findings, neutrophils isolated from bone marrow, blood,

and gut tissue of mice orally infected with STm, as well as from bone marrow, blood, and BAL

fluid of mice infected with Ab, harbored both intracellular and surface CCR3, albeit at differing

levels (**Fig. 4E, F**). Of note, CCR3 surface expression levels were higher on neutrophils isolated

from the gut and the BAL relative to other sites (**Fig. 4E, F**). We conclude that CCR3 is stored

intracellularly in neutrophils and quickly mobilized to the cell surface upon infection, phagocytosis,

and/or cytokine stimulation.

CCL28 enhances neutrophil antimicrobial activity, ROS production and NET formation via

CCR3 stimulation.

Chemokines are essential for neutrophil migration to sites of infection and may regulate

additional neutrophil bactericidal effector functions including the production of reactive oxygen

species (ROS) and formation of neutrophil extracellular traps (NETs) (37). We tested if CCL28

has chemotactic and/or immunostimulatory activity towards bone marrow neutrophils *in vitro* after

boosting their CCR3 surface expression with the cytokine cocktail (GM-CSF + IFNγ + TNFα)

shown in **Fig. 3**. We incubated the neutrophils either with CCL28, or with the well-known

neutrophil chemoattractant CXCL1, or with CCL11/eotaxin, a chemokine that binds CCR3 and is

induced in the asthmatic lung to promote eosinophil recruitment (38–40). We found CCL28

promoted neutrophil chemotaxis, though not as potently as CXCL1, while CCL11 had no

significant effect (**Fig. 5A**).

To test whether CCL28 stimulation enhanced neutrophil effector function, we incubated

STm with bone marrow neutrophils for 2.5h with or without CCL28 (50nM) or CCL11 (50nM), then

quantified bacterial killing. Stimulation with CCL28 strongly increased neutrophil bactericidal

activity against STm, with clearance of ~40% of the bacterial inoculum, compared to only ~10%

clearance seen with unstimulated neutrophils (**Fig. 5B**). Neutrophils stimulated with CCL11

displayed an intermediate phenotype (~25% bacterial killing). As expected, neither chemokine

exhibited direct antimicrobial activity against STm (**Suppl. Fig. 1D**). In stark contrast to findings

with STm, *ex vivo* neutrophil killing of Ab was not significantly enhanced by CCL28 or CCL11

treatment (**Fig. 5C**). Thus, even though CCL28 modulates neutrophil accumulation in the lung

during Ab infection (**Fig. 2D-J**), a plausible contributing factor to why CCL28 fails to reduce

pathogen burden in the lung (**Fig. 2B**) is that CCL28 stimulation does not enhance neutrophil

bactericidal activity against Ab.

Our data indicate that CCR3 is the CCL28 receptor that is most highly expressed in

neutrophils during STm infection (**Fig. 3I and Fig. 4**). We next tested whether the CCL28-

mediated increase in neutrophil bactericidal activity could be reversed in the presence of the small

molecule SB328437, a CCR3 antagonist (41). SB328437 reversed the effect of both CCL28 and

CCL11 on neutrophils, corroborating receptor specificity (**Fig. 5D**). An important mechanism of

bacterial killing is the production of ROS (42), a process that is triggered in response to infection

and enhanced by proinflammatory stimuli including cytokines and chemokines (43). We measured

ROS production by incubating neutrophils with the cell-permeable probe 2',7'-

dichlorodihydrofluorescein diacetate (H_2DCFDA), and found that CCL28 stimulation enhanced

neutrophil ROS production during STm infection (**Fig. 5E**). Importantly, the increased ROS

production triggered by CCL28 was reversed when neutrophils were incubated with an anti-CCR3

blocking antibody (**Fig. 5F**), but not with an anti-CCR10 blocking antibody (**Fig. 5G**).

In addition to their direct antimicrobial activity, ROS trigger other neutrophil responses,

including NET formation (43). NETs can be induced by a variety of stimuli including microbial

products, inflammatory cytokines and chemokines, immune complexes and activated platelets

(44). To determine whether CCL28 enhances NET formation, we incubated human neutrophils

with activated platelets with or without CCL28 and evaluated the formation of DNA-MPO

complexes by flow cytometry. Incubation of human neutrophils with activated platelets and CCL28

increased the percentage of DNA-MPO complexes compared to neutrophils not stimulated with

CCL28 (**Fig 5H, 5I**). The effect of CCL28 on platelet-activated NET formation was largely

mediated by CCR3, as incubation with the CCR3 antagonist SB328437 significantly reduced the

percentage of neutrophils with DNA-MPO complexes (**Fig 5H, 5I**). In contrast, incubation with the

CCR10 antagonist BI-6901 did not significantly reduce NET formation, and incubation with both

CCR3 and CCR10 antagonists exhibited a similar effect as the CCR3 antagonist alone (**Fig 5H,**

5I). Together, these results demonstrate that CCL28 enhances neutrophil ROS production and

NET formation primarily in a CCR3-dependent manner.

Discussion

The mucosal immune response serves to maintain tissue homeostasis and to protect the

host against invading pathogens. Here we discovered that the chemokine CCL28 contributes to

neutrophil accumulation and activation in the mucosa in two infection models: gastrointestinal

infection with *Salmonella*, and lung infection with *Acinetobacter*.

Consistent with our initial observation that $Ccl28^{-/-}$ mice exhibit higher lethality during STm

infection (9), we found higher intestinal colonization and extraintestinal dissemination of STm in

$Ccl28^{-/-}$ mice than their wild-type littermates (**Fig. 1**). This beneficial role for CCL28 was negligible

when the pathogen was inoculated intraperitoneally to bypass the gut mucosa (**Suppl. Fig. 1**).

Although it has been reported that CCL28 exerts direct antimicrobial activity against some

bacteria and fungi (18), the chemokine does not directly inhibit STm wild-type *in vitro* (**Suppl. Fig.**

1). Moreover, even though the CCL28 receptors CCR3 and CCR10 are expressed on eosinophils

and on B and T cells (8, 31, 45), none of these cell types appeared to be responsible for the

observed protective role of CCL28 during *Salmonella* infection. Eosinophils are not a major

component of the host response to *Salmonella*, and we observed comparable numbers of B and

T cells in the gut during homeostasis, as well as during *Salmonella* infection, in wild-type and

$Ccl28^{-/-}$ mice (**Suppl. Fig. 2**).

Neutrophils are a hallmark of inflammatory diarrhea. In the *Salmonella* colitis model,

neutrophils are rapidly recruited to the gut following infection. We found that neutrophil numbers

were significantly reduced in the mucosa of infected $Ccl28^{-/-}$ mice relative to wild-type mice (**Fig.**

1), thereby identifying CCL28 as a key factor for neutrophil accumulation during infection.

Neutrophils migrate from the bone marrow to the blood to infected sites following a chemokine

gradient (37), and express chemokine receptors CXCR1, CXCR2, CXCR4 and CCR2, as well as

CCR1 and CCR6 under certain circumstances (46). CXCR2 is a promiscuous receptor that binds

to the chemokines CXCL1, 2, 3, 5, 6, 7, and 8 (47), whereas CXCR1 only binds CXCL6 and

CXCL8 (37). Activation of CXCR2 induces mobilization of neutrophils from the bone marrow to

the bloodstream and participates in the release of NETs (48). Engagement of CXCR1 and CXCR2

also triggers signaling pathways resulting in the production of cytokines and chemokines that

amplify neutrophil responses (25). Following extravasation to the site of infection, neutrophils

downregulate CXCR2 and upregulate CCR1, 2, and 5, which cumulatively boosts neutrophil ROS

production and phagocytic activity (37). Our results indicate that CCL28 contributes to neutrophil

accumulation and activation (**Fig. 1**), and that its receptors CCR3 and CCR10 are upregulated in

the mucosa during infection, where up to ~75% of neutrophils express surface CCR3 (**Fig. 3**).

The reciprocal regulation of CXCR2 and CCR3/CCR10 in neutrophils and each receptor's

contribution to neutrophil migration and retention during infectious colitis need to be elucidated by

further studies.

Although an initial study concluded CCR3 was absent on neutrophils (31), two subsequent

studies reported CCR3 expression on human neutrophils isolated from the lung of patients with

chronic lung disease (32) and on neutrophils isolated from the BAL fluid of mice infected with

influenza (49). CCR10 expression in neutrophils has not been previously reported. Our study

demonstrates that a substantial number of neutrophils isolated from infected mucosal sites

express CCR3 as well as CCR10 on their surface, whereas resting neutrophils do not express

these receptors on their surface (**Fig. 3**). As we detected CCR3 on the neutrophil surface quite

rapidly after infection, we predicted that the receptor was stored in intracellular compartments,

akin to what was found in eosinophils (36). Indeed, neutrophils isolated from bone marrow, blood,

and infected mucosal tissue were all positive for CCR3 intracellular staining (**Fig. 4**), and we could

recapitulate the increase of surface receptor expression *in vitro* by incubating bone marrow

neutrophils with proinflammatory stimuli (LPS, or the cytokines GM-CSF + IFNγ + TNFα), or

following phagocytosis of bacterial pathogens (**Fig. 3**). In all cases, upregulation of surface CCR3

on neutrophils was more robust than that of CCR10. CCL28 stimulation of bone marrow

neutrophils *in vitro* increased their antimicrobial activity and ROS production when infected with

Salmonella, which was reverted by blocking CCR3 but not CCR10 (**Fig. 5**). Platelet-activated

neutrophils stimulated with CCL28 also showed enhanced NET formation, again largely in a

CCR3-dependent fashion (**Fig. 5**). Thus, CCL28 is a potent activator of neutrophils, and it appears

to do so primarily via CCR3. Further studies with receptor knock-out mice are needed to determine

the contribution of each CCL28 receptor to the *in vivo* phenotypes.

A reduction of neutrophil accumulation was also observed in the BAL and lung of *Ccl28*^{-/-}

mice during *Acinetobacter* infection (**Fig. 2**), and neutrophils recruited to the lung harbored

surface CCR3 and CCR10 (**Fig. 3, 4**). However, the functional consequences of CCL28 deficiency

was strikingly different in this model, as *Ccl28*^{-/-} mice were protected during Ab pneumonia. Most

Ccl28^{-/-} mice survived until the experiment's arbitrary endpoint at Day 10 post-infection, whereas

nearly all wild-type littermates succumbed by Day 2 (**Fig. 2**). The lung, possessing a thin, single-

cell alveolar layer to promote gas exchange, is less resilient than the intestine to neutrophil

inflammation before losing barrier integrity and critical functions. Thus, even though insufficient

neutrophil recruitment can lead to life-threatening infection, extreme accumulation of neutrophils

can result in excessive inflammatory lung injury (50). The high survival of *Ccl28*^{-/-} mice infected

with Ab indicates that CCL28 may be detrimental for the host at least in the context of some

pulmonary infection. While functioning neutrophils have been described to play a role in

controlling *Acinetobacter* infection (29, 51, 52), an exaggeration of neutrophil recruitment to the

Acinetobacter-infected lung is deleterious (53–55). For example, in one relevant *Acinetobacter*

pneumonia study, depletion of alveolar macrophages increased neutrophil infiltration, promoted

extensive tissue damage, and increased systemic dissemination of *Acinetobacter* (56). Of note,

in contrast to *Salmonella*, stimulation with CCL28 did not enhance neutrophil antimicrobial activity

against *Acinetobacter*, which may partly explain the lack of a CCL28-mediated protective

response (**Fig. 5**). The bacteriological mechanism(s) by which *Acinetobacter* may be resistant to

CCL28-dependent neutrophil antimicrobial responses require further investigation.

Even though CCL28 exhibited direct antimicrobial activity against *Acinetobacter*, higher

concentrations of CCL28 (1µm) are needed for protection, and even so are not sufficient against

higher pathogen burden (**Suppl. Fig. 1**). Our findings are consistent with prior studies showing

that the impact of the host response to infection can be context dependent, and that some immune

components mediate different outcomes in the gut and in the lung. For example, $Cxcr2^{-/-}$ mice

exhibit a defect in neutrophil recruitment that is detrimental during *Salmonella* infection (57), but

protective during lung infection with *Mycobacterium tuberculosis*, due to reduced neutrophil

recruitment and reduced pulmonary inflammation (58). Similarly, CCL28-dependent modulation

of neutrophil accumulation and activation during infection can be protective or detrimental

depending on the pathogen and on the site of infection.

Altogether, this study demonstrates that CCL28 plays an important role in the mucosal

response to pathogens through neutrophil accumulation to the site of infection, that neutrophils

isolated from the infected mucosa express the CCL28 receptors CCR3 and CCR10, and that

CCL28 enhances neutrophil activation, ROS production and NET formation, primarily through

CCR3. These findings could have implications for other infectious and non-infectious diseases

where neutrophil recruitment plays a major role, and may lead to the identification of new CCL28-

targeted therapies to modulate neutrophil function and mitigate collateral damage.

Materials and methods

Generation and breeding of *Ccl28*^{-/-} mice

The first colony of *Ccl28*^{-/-} mice was described in a prior manuscript (9) and used for initial studies

at UC Irvine. At UC San Diego, we generated a new colony of *Ccl28*^{-/-} mice with Cyagen

Biosciences (Santa Clara, California), using CRISPR/CAS9 technology. Exons 1 and 3 were

selected as target sites, and two pairs of gRNA targeting vectors were constructed and confirmed

by sequencing. The gRNA and Cas9 mRNA were generated by *in vitro* transcription, then co-

injected into fertilized eggs for knockout mouse production. The resulting pups (F0 founders) were

genotyped by PCR and confirmed by sequencing. F0 founders were bred to wild-type mice to test

germline transmission and for F1 animal generation. Tail genotyping of offspring was performed

using the following primers:

F: 5'-TCATATACAGCACCTCACTCTTGCCC-3', R: 5'-GCCTCTCAAAGTCATGCCAGAGTC-3'

and He/Wt-R: 5'-TCCCGGCCTTGAGTATGTTAGGC-3'. The expected product size for the wild-

type allele is 466 bp and for the knockout allele is 700 bp.

All mouse experiments were conducted with cohoused wild-type and *Ccl28*^{-/-} littermate mice, and

were reviewed and approved by the Institutional Animal Care and Use Committees at UC Irvine

and UC San Diego.

***Salmonella* infection models**

For the *Salmonella* colitis model, 8-10 week-old male and female mice were orally gavaged with

20mg streptomycin 24h prior to oral gavage with 10^9 colony-forming units (CFU) of *Salmonella*

enterica serovar Typhimurium strain IR715 (a fully virulent, nalidixic acid-resistant derivative of

ATCC 14028s) (59), as previously described (17, 60). Mice were euthanized at 72h post-infection,

then colon content, spleen, mesenteric lymph nodes, Peyer's patches, and bone marrow were

collected, weighed, homogenized, serially diluted, and plated on Miller Lysogeny broth (LB) + Nal

(50µg/mL) agar plates to enumerate *Salmonella* CFU. For the *Salmonella* bacteremia model, mice

were injected intraperitoneally with 10^3 CFU. Mice were euthanized at 72h post-infection, then

blood, spleen, and liver were collected to determine bacterial counts.

***Acinetobacter* infection model**

For the murine pneumonia model**,** *Acinetobacter baumannii* strain AB5075 was cultured in Cation-

Adjusted Mueller-Hinton Broth (CA-MHB) overnight, then subcultured the next day to an OD_{600} of

~0.4 ($1x10^8$ CFU/mL; mid-logarithmic phase). These cultures were centrifuged at 3202x*g*, the

supernatant was removed, and pellets were resuspended and washed in an equal volume of 1x

Dulbecco's PBS (DPBS) three times. The final pellet was resuspended in 1x DPBS to yield a

suspension of 2.5×10^9 CFU/mL. Using an operating otoscope (Welch Allyn), mice under 100

mg/kg ketamine (Koetis) + 10 mg/kg xylazine (VetOne) anesthesia were inoculated intratracheally

with 40 µL of the bacterial suspension (10^8 CFU/mouse). Post-infection mice were recovered on

a sloped heating pad. For analysis of bacterial CFU, mice were sacrificed at 24h post-infection,

the BAL was collected, and serial dilutions were plated on LB agar to enumerate bacteria (26).

CCL28 ELISA

Fresh fecal samples were collected at 96h post-infection from wild-type mice. Fecal pellets were

weighed, resuspended in 1 mL of sterile PBS containing a protease inhibitor cocktail (Roche),

and incubated at room temperature shaking for 30 min. Samples were centrifuged at 9391 x g for

10 min, supernatants were collected, then analyzed to quantify CCL28 using a sandwich ELISA

kit (BioLegend).

Cell extraction and analysis

For the *Salmonella* colitis model, the terminal ileum, cecum, and colon were collected at 48h post-

infection. All tissues were kept in IMDM medium supplemented with 10% FBS and 1%

antibiotic/antimycotic. Next, the Peyer's patches were removed, and the intestinal fragments were

cut open longitudinally and washed with HBSS supplemented with 15 mM HEPES and 1%

antibiotic/antimycotic. Then, the tissue was shaken in 10 mL of an HBSS/ 15 mM HEPES/ 5 mM

EDTA/ 10% FBS solution at 37 ºC in a water bath for 15 min. The supernatant was removed and

kept on ice. The remaining tissue was cut into small pieces and digested in a 10 mL mixture of

collagenase (Type VII, 1 mg/mL), Liberase (20 µg/mL), and DNAse (0.25 mg/mL) in IMDM

medium for 15 min in a shaking water bath at 37 ºC. Afterwards, the supernatant and tissue

fractions were strained through a 70 µm cell strainer and pooled, and the extracted cells were

used for flow cytometry staining. For the *A. baumannii* infection model, the lungs were collected

and processed as described for the gut. BAL was collected, centrifuged, and pellets were washed

with 1x PBS. The obtained cells were used for flow cytometry staining. Briefly, cells were blocked

with a CD16/32 antibody (Bio-Legend), stained with the viability dye eFluor780 (Thermo Fisher),

then extracellularly stained using the following monoclonal antibodies: anti-mouse CD45 (clone

30-F11), anti-mouse CD3 (clone 17A2), anti-mouse CD4 (clone RM4-5), anti-mouse CD8α (clone

53-6.7), anti-mouse CD19 (clone 1D3/CD19), anti-mouse Ly6G (clone 1A8), anti-mouse CD11b

(clone M1/70) from BioLegend; anti-mouse CCR3 (clone FAB729P) and anti-mouse CCR10

(clone FAB2815A) from R&D Systems. After staining, cells were fixed for 20 min with 4%

paraformaldehyde (Fixation buffer; BioLegend). When intracellular staining was performed, cells

were permeabilized (Permeabilization buffer; BioLegend), and the staining was performed in the

same buffer following the manufacturer's instructions. Cells were analyzed on an LSRII flow

cytometer (BD Biosciences) and the collected data were analyzed with FlowJo v10 software

(TreeStar). For analysis of human neutrophils, whole-blood samples were collected in

ethylenediaminetetraacetic acid (EDTA) for cellular analyses. Whole blood cell staining was

performed using an Fc receptor blocking solution (Human TruStain FcX; BioLegend), the viability

dye eFluor780 (Thermo Fisher), and the following conjugated monoclonal antibodies:

PerCP/Cy5.5 anti-human CD45 antibody (clone HI30), Pacific Blue anti-mouse/human CD11b

antibody (clone M1/70), FITC anti-human CD62L antibody (clone DREG-56), from BioLegend;

PE anti-human CCR3 antibody (clone 61828), and APC anti-human CCR10 antibody (clone

314305) from R&D Systems. Samples were analyzed by flow cytometry using an LSR Fortessa

flow cytometer (BD Biosciences), and data was analyzed using FlowJo v10 software.

***In vitro* neutrophil stimulation**

Neutrophils were obtained from the bone marrow of C57BL/6 wild-type mice using the EasySep

Mouse Enrichment Kit (STEMCELL), following the manufacturer's instructions. After enrichment,

$1x10^6$ neutrophils were seeded in a round-bottom 96-well plate with RPMI media supplemented

with 10% FBS, 1% antibiotic/antimycotic mix, and HEPES (1mM) (Invitrogen). For stimulation,

cells were incubated with the following concentrations of recombinant mouse cytokines: TNFα

(100 ng/mL), IFNγ (500 U/mL) and GM-CSF (10 ng/mL), all from R&D systems. Recombinant

cytokines were added alone or in combination. For indicated experiments, polystyrene beads

(Thermo Fisher) were added to neutrophils at a 1:1 ratio. Cells were incubated for 4 hours at 37

ºC and 5% CO_2. After incubation, cells were recovered by centrifugation, washed with PBS, and

processed for flow cytometry as described above.

Chemotaxis assay

Enriched neutrophils from the bone marrow of wild-type mice were stimulated with a cocktail of

mouse recombinant cytokines (TNFα, IFNγ, GM-CSF), as described above, to induce receptor

expression. After stimulation, cells were washed twice with PBS, resuspended in RPMI media

supplemented with 0.1% BSA (w/v) to a final concentration of 1×10^7 cells/mL, and 100 μL of the

cell suspension were placed in the upper compartment of a Transwell chamber (3.0 μm pore size;

Corning Costar). 50 nM of recombinant mouse CCL28, CCL11 (R&D Systems), or CXCL1

(Peprotech) were placed into the lower compartment of a Transwell chamber. The Transwell plate

was then incubated for 2h at 37 ºC. The number of cells that migrated to the lower compartment

was determined by flow cytometry. The neutrophil chemotaxis index was calculated by dividing

the number of cells that migrated in the presence of a chemokine by the number of cells that

migrated in control chambers without chemokine stimulation.

Neutrophil *in vitro* infection and bacterial killing assays

Bone marrow neutrophils were obtained from mice as described above. *S.* Typhimurium and *A.*

baumannii were grown as described in the respective mouse experiment sections. For STm

infection, bacteria were then opsonized with 20% normal mouse serum for 30 min at 37 ºC. After

neutrophils were enriched, 1×10^6 neutrophils were seeded in a round-bottom 96-well plate with

RPMI media supplemented with FBS (10%), and bacteria were added at a multiplicity of infection

(MOI)= 10. The plate was centrifuged to ensure interaction between cells and bacteria. After 30

min of contact with STm, the media was changed and RPMI media supplemented with FBS (10%)

and gentamicin (100 μg/mL) was added, and cells were incubated for 30 min more. For Ab

infection, 1×10^6 neutrophils were seeded in a round-bottom 96-well plate with RPMI media

supplemented with FBS (10%), and bacteria were added at a multiplicity of infection (MOI)= 10.

The plate was centrifuged to ensure interaction between cells and bacteria, and cells were

incubated for 4 h at 37 °C and 5% CO2. For analysis of CCR3 and CCR10 expression, cells were

recovered by centrifugation, washed with PBS, and processed for flow cytometry as described

above. For inhibition of phagocytosis, bone marrow neutrophils were pre-incubated with

cytochalasin D (10 μM) in DMSO (0.1%), or DMSO (vehicle), for 30 min prior to infection with

opsonized *S*. Typhimurium for 1h at an MOI=10. For killing assays, recombinant mouse CCL28

(50nM) (45) and CCL11 (25nM) (61) (R&D systems) were added to neutrophils. When indicated,

the CCR3 receptor antagonist SB328437 (Tocris Bioscience) was added at a final concentration

of 10 μM (41). Neutrophils infected with STm were incubated for 2.5h and neutrophils infected

with *A. baumannii* were incubated for 4.5h at 37 °C and 5% CO_2. After incubation, 1:2 dilution was

performed with PBS supplemented with 2% Triton X-100 and then serial dilution was performed

and plated on LB agar to enumerate bacteria. To calculate the percentage of bacterial survival,

the number of bacteria recovered in the presence of neutrophils was divided by the number of

bacteria recovered from wells that contained no neutrophils, then multiplied by 100.

Reactive oxygen species (ROS) production

Neutrophils were obtained from the bone marrow of C57BL/6 wild-type mice using the EasySep

Mouse Enrichment Kit (STEMCELL Technologies), following the manufacturer's instructions.

After enrichment, 2.5×10^6 cells/mL were resuspended in phenol red-free RPMI media (Gibco)

supplemented with 10% FBS (Gibco), and HEPES (1mM, Invitrogen). The cells were incubated

in presence of 2',7'-dichlorodihydrofluorescein diacetate (H2DCFDA, 25 mM) (Invitrogen) for

30min at 37 °C and 5% of CO_2, as previously described (62). After incubation with H2DCFDA,

neutrophils were infected with STm as described above, then incubated for 4h with mouse

recombinant CCL28 (50 nM), anti-mouse CCR3 antibody (5 mg/1x10^6 cells, clone 83103), anti-

mouse CCR10 antibody (5 mg/1x10^6 cells, clone 248918) or anti-rat IgG2A (5 mg/1x10^6 cells,

clone 54447), all from R&D Systems. Neutrophils were analyzed by flow cytometry to determine

ROS production using a BD FACSCanto flow cytometer, and data was analyzed using the FlowJo

v10 software.

Neutrophil extracellular traps (NETs) production

Whole-blood samples were collected from healthy donors recruited at a tertiary care center in

Mexico City (Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán). Healthy

donors signed an informed consent form before inclusion in the study, and the protocol was

approved by the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán ethics and

research committees (Ref. 3341) in compliance with the Helsinki declaration. Neutrophils were

obtained from peripheral blood of healthy voluntary donors using the EasySep Direct Human

Neutrophil Isolation Kit (STEMCELL Technologies), following the manufacturer's instructions. In

parallel, platelets from human peripheral blood were isolated as described (63). Briefly, whole

blood was centrifuged at 200g for 10 minutes at 4 ^{o}C, and plasma was recovered and then

centrifuged again at 1550g for 10 minutes at 4 ^{o}C. The cell pellet was resuspended in RPMI media

supplemented with 10% FBS (4 x 10^7 cells/mL) and then incubated with LPS (5 mg/mL) for 30

minutes at 37 ^{o}C to induce platelet activation (64). Subsequently, neutrophils were incubated with

autologous activated platelets (1:10 ratio) (65) for 2.5h and human recombinant CCL28 (50 nM)

(BioLegend), the CCR3 antagonist SB328437 (10 mM, Tocris Bioscience) and/or the CCR10

antagonist BI-6901 (20 mM, Boehringer-Ingelheim) were added as indicated. Cells were then

incubated with the DNA-binding dye Helix-NP Green (10 nM, BioLegend), human anti-

myeloperoxidase (MPO)-Biotin antibody (clone MPO421-8B2, Novus Biologicals), and APC/Cy7

streptavidin (BioLegend). Samples were analyzed using an LSR Fortessa flow cytometer (BD

Biosciences) to determine the presence of DNA-MPO complexes (66), and data were analyzed

using FlowJo v10 software.

Growth of bacteria in media supplemented with recombinant chemokines

S. Typhimurium wild-type, *S.* Typhimurium *phoQ* mutant, and *Escherichia coli* K12 were grown in

LB broth overnight at 37 °C. *Acinetobacter baumannii* was cultured in Cation-Adjusted Mueller-

Hinton Broth (CA-MHB) under the same conditions. The following day, cultures were diluted 1:100

in LB and grown at 37 °C for 3 hr, subsequently diluted to ~0.5 x 10^6 CFU/mL or ~0.5 x 10^9

CFU/mL in 1 mM potassium phosphate buffer (pH 7.2), then incubated at 37 °C in the presence

or absence of recombinant murine CCL28 (BioLegend) at the indicated concentrations. After 2h,

samples were plated onto LB agar to enumerate viable bacteria. In other assays, *S.* Typhimurium

was grown as described above and ~1x10^7 CFU/mL were incubated at 37 °C for 2.5h in the

presence or absence of recombinant murine CCL28 (50 nM) (45) or CCL11 (25 nM) (61) in RPMI

medium supplemented with 10% FBS. After incubation, samples were plated onto LB + Nal agar

to enumerate viable bacteria.

RNA extraction and qPCR

Total RNA was extracted from mouse cecal or lung tissue using Tri-Reagent (Molecular Research

Center). Reverse transcription of 1 µg of total RNA was performed using the SuperScript VILO

cDNA Synthesis kit (Thermo Fisher Scientific). Quantitative real-time PCR (qRT-PCR) for the

expression of *Actb* (β-actin), *Cxcl1, Tnfa, Ifng, Csf2, Il1b,* and *Il17a* was performed using the

PowerUp SYBR Green Master Mix (Applied Biosystems) on a QuantStudio 5 Real-Time PCR

System (Thermo Fisher Scientific). Gene expression was normalized to *Actb* (β-actin). Fold

changes in gene expression were relative to uninfected controls and calculated using the $\Delta\Delta$Ct

method.

Histopathology

Cecal and lung tissue samples were fixed in 10% buffered formalin, embedded in paraffin

according to standard procedures, and sectioned at 5 μm. Pathology scores of cecal and lung

samples were determined by blinded examinations of hematoxylin and eosin (H&E)-stained

sections. Each cecal section was evaluated using a semiquantitative score as described

previously (67). Lung inflammation was assessed by a multiparametric scoring based on previous

work (68).

Immunofluorescence

Deparaffinized lung sections were stained with a purified rat anti-mouse Ly6G antibody (clone

1A8, BioLegend) according to standard immunohistochemical procedures. Ly6G+ cells were

visualized by a goat anti-rat secondary antibody (Invitrogen). Cell nuclei were stained with DAPI

in SlowFade Gold Antifade Mountant (Invitrogen). Slides were scanned on a Zeiss Axio Scan.Z1

slide scanner and whole lung scans were evaluated with QuPath analysis software (69). Ly6G+

cells per mouse were quantified by averaging the neutrophil numbers of 3 consecutive high-power

fields in regions with moderate to severe inflammation.

Statistical analysis

Statistical analysis was performed with GraphPad Prism 9. CFU data, percentage of CCR3^{+} or

CCR10[+] neutrophils *in vivo* and *in vitro*, and data from functional neutrophil assays were

transformed to Log10 and passed a normal distribution test before running statistical analyses.

CFU from *in vivo* infection experiments, cytokine secretion, qPCR data, and neutrophils numbers

were compared by Mann-Whitney U test. Survival curves were compared by the Log-rank

(Mantel-Cox) test. Data that were normally distributed were analyzed by one-way ANOVA for

independent samples or paired samples, depending on the experimental setup. Dunnett's multiple

comparisons test was applied when we compared the different conditions to a single control

group, while Tukey's multiple comparison test was performed when we compared each condition

with each other. Greenhouse-Geisser correction was applied when there were differences in the

variance among the groups. Data from chemokine migration were analyzed by a non-parametric

ANOVA (Kruskal-Wallis's test), assuming non-equal SD given the differences in the variance

among the groups and followed by Dunn's multiple comparisons test. Paired *t* test was used when

only two paired experimental groups were compared. A p value equal to or below 0.05 was

considered statistically significant. * indicates an adjusted p value ≤0.05, ** p value ≤0.01, *** p

value ≤0.001, **** p value ≤0.0001.

Acknowledgements

This work was supported by the NIH (Public Health Service Grants AI121928) to MR, by a pilot

project award from the NIAID Mucosal Immunology Studies Team (MIST) to APL, and by a grant

from the InnovaUNAM of the National Autonomous University of Mexico (UNAM) and Alianza

UCMX of the University of California, to APL and MR. RRG was partly supported by a fellowship

from the Max Kade Foundation and by a fellowship from the Crohn's and Colitis Foundation. MHL

was partly supported by NIH training grant T32 DK007202. ND was supported by NIH training

grant NIH 5T32HD087978-05 and NIH NIAID grant 1-U01-AI124316. GTW was supported by NIH

training grant T32AI007036. KM was partly supported by São Paulo Research Foundation

(FAPESP) Grants 2019/14833-0 and 2018/22042-0. RCD, SR-R, and VAS-H were supported by

a Grad School Fellowship from CONACyT. MR and VN are supported by Public Health Service

Grant AI145325. Work in JLM-M lab was supported by CONACyT-FOSISS grant A3-S-36875 and

UNAM-DGAPA-PAPIIT Program grant IN213020. Work in MR lab is also supported by NIH Grants

AI126277, AI145325, AI154644, AI096528, and by the Chiba University-UCSD Center for

Mucosal Immunology, Allergy, and Vaccines. MR holds an Investigator in the Pathogenesis of

Infectious Disease Award from the Burroughs Wellcome Fund. We would like to thank Dr. Albert

Zlotnik for his thoughtful suggestions on the project over the years. We also acknowledge

Boehringer-Ingelheim Pharma GmbH & Co. KG for the kind gift of the CCR10 antagonist BI-6901,

and the Histology Core at the La Jolla Institute for Immunology.

Author contributions

APL and MR conceived the overall study. APL, SS, MHL, ND, SLB, RRG, KM, GTW, S-PN, VN,

JLM-M, and MR designed the experiments and analyzed the data. APL, SS, MHL, ND, SLB, RRG,

KM, GTW, VAS-H, RC-D, and SR-R performed experiments. RRG analyzed the histopathology.

APL, S-PN, VN, and MR wrote the paper. APL, S-PN, VN, and MR provided supervision and

funding support.

References

685
686
1.   A. Zlotnik, O. Yoshie, Chemokines: a new classification system and their role in immunity.
Immunity **12**, 121–127 (2000).

2.   A. Zlotnik, A. M. Burkhardt, B. Homey, Homeostatic chemokine receptors and organ-
specific metastasis. *Nat. Rev. Immunol.* **11**, 597–606 (2011).

3.   I. F. Charo, R. M. Ransohoff, The many roles of chemokines and chemokine receptors in
inflammation. *N. Engl. J. Med.* **354**, 610–621 (2006).

4.   H. Nomiyama, N. Osada, O. Yoshie, Systematic classification of vertebrate chemokines
based on conserved synteny and evolutionary history. *Genes Cells* **18**, 1–16 (2013).

5.   C. E. Hughes, R. J. B. Nibbs, A guide to chemokines and their receptors. *FEBS J.* **285**,
2944–2971 (2018).

6. M. Hernández-Ruiz, A. Zlotnik, Mucosal Chemokines. *J. Interferon Cytokine Res.* **37**, 62–
70 (2017).

7. T. Mohan, L. Deng, B.-Z. Wang, CCL28 chemokine: An anchoring point bridging innate and
adaptive immunity. *Int. Immunopharmacol.* **51**, 165–170 (2017).

8. J. Pan, *et al.*, Cutting Edge: A Novel Chemokine Ligand for CCR10 And CCR3 Expressed
by Epithelial Cells in Mucosal Tissues. *The Journal of Immunology* **165**, 2943–2949 (2000).

9. A. M. Burkhardt, *et al.*, CCL28 Is Involved in Mucosal IgA Responses, Olfaction, and
Resistance to Enteric Infections. *J. Interferon Cytokine Res.* **39**, 214–223 (2019).

10. K. Matsuo, *et al.*, CCL28-Deficient Mice Have Reduced IgA Antibody-Secreting Cells and
an Altered Microbiota in the Colon. *J. Immunol.* **200**, 800–809 (2018).

11. M. T. O'Gorman, N. A. Jatoi, S. J. Lane, B. P. Mahon, IL-1beta and TNF-alpha induce
increased expression of CCL28 by airway epithelial cells via an NFkappaB-dependent
pathway. *Cell. Immunol.* **238**, 87–96 (2005).

12. A. E. John, M. S. Thomas, A. A. Berlin, N. W. Lukacs, Temporal production of CCL28
corresponds to eosinophil accumulation and airway hyperreactivity in allergic airway
inflammation. *Am. J. Pathol.* **166**, 345–353 (2005).

13. K. English, C. Brady, P. Corcoran, J. P. Cassidy, B. P. Mahon, Inflammation of the
respiratory tract is associated with CCL28 and CCR10 expression in a murine model of
allergic asthma. *Immunol. Lett.* **103**, 92–100 (2006).

14. M. Hansson, *et al.*, CCL28 is increased in human Helicobacter pylori-induced gastritis and
mediates recruitment of gastric immunoglobulin A-secreting cells. *Infect. Immun.* **76**, 3304–
3311 (2008).

15. D. S. Lee, *et al.*, Expression of Chemokine CCL28 in Ulcerative Colitis Patients. *Gut Liver*
(2020) https://doi.org/10.5009/gnl19273.

16. H. Ogawa, M. Iimura, L. Eckmann, M. F. Kagnoff, Regulated production of the chemokine
CCL28 in human colon epithelium. *Am. J. Physiol. Gastrointest. Liver Physiol.* **287**, G1062-
9 (2004).

17. M. Barthel, *et al.*, Pretreatment of mice with streptomycin provides a Salmonella enterica
serovar Typhimurium colitis model that allows analysis of both pathogen and host. *Infect.*
Immun. **71**, 2839–2858 (2003).

18. K. Hieshima, *et al.*, CCL28 has dual roles in mucosal immunity as a chemokine with broad-
spectrum antimicrobial activity. *J. Immunol.* **170**, 1452–1461 (2003).

19. E. A. Groisman, The pleiotropic two-component regulatory system PhoP-PhoQ. *J.*
Bacteriol. **183**, 1835–1842 (2001).

20. A. Perez-Lopez, J. Behnsen, S.-P. Nuccio, M. Raffatellu, Mucosal immunity to pathogenic
intestinal bacteria. *Nat. Rev. Immunol.* **16**, 135–148 (2016).

21. F. N. Bhatti, I. A. Burney, M. I. Moid, T. Siddiqui, Bacterial isolates from neutropenic febrile
pediatric patients and their sensitivity patterns to antibiotics. *J. Pak. Med. Assoc.* **48**, 287–

290 (1998).

22. Y. Yaman, *et al.*, Non-typhoidal Salmonella bacteraemia in paediatric leukaemia patients. *Contemp. Oncol.* **22**, 105–107 (2018).

23. A. P. Vassiloyanakopoulos, S. Okamoto, J. Fierer, The crucial role of polymorphonuclear leukocytes in resistance to Salmonella dublin infections in genetically susceptible and resistant mice. *Proc. Natl. Acad. Sci. U. S. A.* **95**, 7676–7681 (1998).

24. J. Fierer, Polymorphonuclear leukocytes and innate immunity to Salmonella infections in mice. *Microbes Infect.* **3**, 1233–1237 (2001).

25. I. Sabroe, E. C. Jones, M. K. B. Whyte, S. K. Dower, Regulation of human neutrophil chemokine receptor expression and function by activation of Toll-like receptors 2 and 4. *Immunology* **115**, 90–98 (2005).

26. N. Dillon, *et al.*, Surprising synergy of dual translation inhibition vs. Acinetobacter baumannii and other multidrug-resistant bacterial pathogens. *EBioMedicine* **46**, 193–201 (2019).

27. L. Lin, *et al.*, Azithromycin Synergizes with Cationic Antimicrobial Peptides to Exert Bactericidal and Therapeutic Activity Against Highly Multidrug-Resistant Gram-Negative Bacterial Pathogens. *EBioMedicine* **2**, 690–698 (2015).

28. C. Ayoub Moubareck, D. Hammoudi Halat, Insights into Acinetobacter baumannii: A Review of Microbiological, Virulence, and Resistance Traits in a Threatening Nosocomial Pathogen. *Antibiotics (Basel)* **9** (2020).

29. H. Van Faassen, *et al.*, Neutrophils play an important role in host resistance to respiratory infection with Acinetobacter baumannii in mice. *Infect. Immun.* **75**, 5597–5608 (2007).

30. T. Tsuchiya, *et al.*, NK1. 1+ cells regulate neutrophil migration in mice with Acinetobacter baumannii pneumonia. *Microbiol. Immunol.* **56**, 107–116 (2012).

31. R. Höchstetter, *et al.*, The CC chemokine receptor 3 CCR3 is functionally expressed on eosinophils but not on neutrophils. *Eur. J. Immunol.* **30**, 2759–2764 (2000).

32. D. Hartl, *et al.*, Infiltrated neutrophils acquire novel chemokine receptor expression and chemokine responsiveness in chronic inflammatory lung diseases. *J. Immunol.* **181**, 8053–8067 (2008).

33. E. Uribe-Querol, C. Rosales, Phagocytosis: Our Current Understanding of a Universal Biological Process. *Front. Immunol.* **11**, 1066 (2020).

34. S. D. Kobayashi, J. M. Voyich, C. L. Buhl, R. M. Stahl, F. R. DeLeo, Global changes in gene expression by human polymorphonuclear leukocytes during receptor-mediated phagocytosis: cell fate is regulated at the level of gene expression. *Proc. Natl. Acad. Sci. U. S. A.* **99**, 6901–6906 (2002).

35. M. Berger, E. M. Wetzler, E. Welter, J. R. Turner, A. M. Tartakoff, Intracellular sites for storage and recycling of C3b receptors in human neutrophils. *Proc. Natl. Acad. Sci. U. S. A.* **88**, 3019–3023 (1991).

36. L. A. Spencer, *et al.*, Cytokine receptor-mediated trafficking of preformed IL-4 in eosinophils
identifies an innate immune mechanism of cytokine secretion. *Proc. Natl. Acad. Sci. U. S.*
A. **103**, 3333–3338 (2006).

37. A. Capucetti, F. Albano, R. Bonecchi, Multiple Roles for Chemokines in Neutrophil Biology.
Front. Immunol. **11**, 1259 (2020).

38. D. M. Conroy, T. J. Williams, Eotaxin and the attraction of eosinophils to the asthmatic lung.
Respir. Res. **2**, 150–156 (2001).

39. E. A. Garcia-Zepeda, *et al.*, Human eotaxin is a specific chemoattractant for eosinophil cells
and provides a new mechanism to explain tissue eosinophilia. *Nat. Med.* **2**, 449–456
(1996).

40. M. Kitaura, *et al.*, Molecular cloning of human eotaxin, an eosinophil-selective CC
chemokine, and identification of a specific eosinophil eotaxin receptor, CC chemokine
receptor 3. *J. Biol. Chem.* **271**, 7725–7730 (1996).

41. J. R. White, *et al.*, Identification of potent, selective non-peptide CC chemokine receptor-3
antagonist that inhibits eotaxin-, eotaxin-2-, and monocyte chemotactic protein-4-induced
eosinophil migration. *J. Biol. Chem.* **275**, 36626–36631 (2000).

42. F. C. Fang, Antimicrobial actions of reactive oxygen species. *MBio* **2** (2011).

43. G. T. Nguyen, E. R. Green, J. Mecsas, Neutrophils to the ROScue: Mechanisms of NADPH
Oxidase Activation and Bacterial Resistance. *Front. Cell. Infect. Microbiol.* **7**, 373 (2017).

44. S. Boeltz, *et al.*, To NET or not to NET:current opinions and state of the science regarding
the formation of neutrophil extracellular traps. *Cell Death Differ.* **26**, 395–408 (2019).

45. W. Wang, *et al.*, Identification of a novel chemokine (CCL28), which binds CCR10 (GPR2).
J. Biol. Chem. **275**, 22313–22323 (2000).

46. Y. Kobayashi, The role of chemokines in neutrophil biology. *Front. Biosci.* **13**, 2400–2407
(2008).

47. S. K. Ahuja, P. M. Murphy, The CXC Chemokines Growth-regulated Oncogene (GRO) α,
GROβ, GROγ, Neutrophil-activating Peptide-2, and Epithelial Cell-derived Neutrophil-
activating Peptide-78 Are Potent Agonists for the Type B, but Not the Type A, Human
Interleukin-8 Receptor. *Journal of Biological Chemistry* **271**, 20545–20550 (1996).

48. V. Marcos, *et al.*, CXCR2 mediates NADPH oxidase–independent neutrophil extracellular
trap formation in cystic fibrosis airway inflammation. *Nat. Med.* **16**, 1018–1023 (2010).

49. J. M. Rudd, *et al.*, Neutrophils Induce a Novel Chemokine Receptors Repertoire During
Influenza Pneumonia. *Front. Cell. Infect. Microbiol.* **9**, 108 (2019).

50. A. Craig, J. Mai, S. Cai, S. Jeyaseelan, Neutrophil recruitment to the lungs during bacterial
pneumonia. *Infect. Immun.* **77**, 568–575 (2009).

51. M. G. García-Patiño, R. García-Contreras, P. Licona-Limón, The Immune Response
against Acinetobacter baumannii, an Emerging Pathogen in Nosocomial Infections.
Frontiers in Immunology **8** (2017).

52. L. M. Grguric-Smith, *et al.*, Neutropenia exacerbates infection by Acinetobacter baumannii
clinical isolates in a murine wound model. *Frontiers in Microbiology* **6** (2015).

53. K. Yamada, *et al.*, Azithromycin attenuates lung inflammation in a mouse model of
ventilator-associated pneumonia by multidrug-resistant Acinetobacter baumannii.
Antimicrob. Agents Chemother. **57**, 3883–3888 (2013).

54. X. Zeng, *et al.*, Transcriptome Profiling of Lung Innate Immune Responses Potentially
Associated With the Pathogenesis of Acinetobacter baumannii Acute Lethal Pneumonia.
Front. Immunol. **11**, 708 (2020).

55. X. Zeng, *et al.*, A lethal pneumonia model of Acinetobacter baumannii: an investigation in
immunocompetent mice. *Clin. Microbiol. Infect.* **25**, 516.e1-516.e4 (2019).

56. H. H. Lee, *et al.*, Depletion of Alveolar Macrophages Increases Pulmonary Neutrophil
Infiltration, Tissue Damage, and Sepsis in a Murine Model of Acinetobacter baumannii
Pneumonia. *Infect. Immun.* **88** (2020).

57. R. R. Marchelletta, *et al.*, Salmonella-induced Diarrhea Occurs in the Absence of IL-8
Receptor (CXCR2)-Dependent Neutrophilic Inflammation. *J. Infect. Dis.* **212**, 128–136
(2015).

58. G. Nouailles, *et al.*, CXCL5-secreting pulmonary epithelial cells drive destructive
neutrophilic inflammation in tuberculosis. *J. Clin. Invest.* **124**, 1268–1282 (2014).

59. I. Stojiljkovic, A. J. Bäumler, F. Heffron, Ethanolamine utilization in Salmonella typhimurium:
nucleotide sequence, protein expression, and mutational analysis of the cchA cchB eutE
eutJ eutG eutH gene cluster. *J. Bacteriol.* **177**, 1357–1366 (1995).

60. M. Raffatellu, *et al.*, Lipocalin-2 resistance confers an advantage to Salmonella enterica
serotype Typhimurium for growth and survival in the inflamed intestine. *Cell Host Microbe*
5, 476–486 (2009).

61. R. Shamri, *et al.*, CCL11 elicits secretion of RNases from mouse eosinophils and their cell-
free granules. *FASEB J.* **26**, 2084–2093 (2012).

62. D.-Y. Cao, *et al.*, An ACE inhibitor reduces bactericidal activity of human neutrophils in vitro
and impairs mouse neutrophil activity in vivo. *Sci. Transl. Med.* **13** (2021).

63. L. Du, Y. Miao, X. Li, P. Shi, Z. Hu, A Novel and Convenient Method for the Preparation
and Activation of PRP without Any Additives: Temperature Controlled PRP. *Biomed Res.*
Int. **2018**, 1761865 (2018).

64. A. Carestia, *et al.*, Mediators and molecular pathways involved in the regulation of
neutrophil extracellular trap formation mediated by activated platelets. *J. Leukoc. Biol.* **99**,
153–162 (2016).

65. S. Liu, *et al.*, Neutrophil extracellular traps are indirectly triggered by lipopolysaccharide and
contribute to acute lung injury. *Sci. Rep.* **6**, 37252 (2016).

66. S. Masuda, *et al.*, Measurement of NET formation in vitro and in vivo by flow cytometry.
Cytometry A **91**, 822–829 (2017).

67. A. R. Moschen, *et al.*, Lipocalin 2 Protects from Inflammation and Tumorigenesis
Associated with Gut Microbiota Alterations. *Cell Host Microbe* **19**, 455–469 (2016).

68. A. J. J. Lammers, A. P. N. A. de Porto, O. J. de Boer, S. Florquin, T. van der Poll, The role
of TLR2 in the host response to pneumococcal pneumonia in absence of the spleen. *BMC*
Infect. Dis. **12**, 139 (2012).

69. P. Bankhead, *et al.*, QuPath: Open source software for digital pathology image analysis.
Sci. Rep. **7**, 16878 (2017).

 FIGURES AND LEGENDS

72h post-STm infection

Figure 1

Figure 1. CCL28 confers protection during *Salmonella* colitis and promotes neutrophil accumulation in the gut. (**A**) For the colitis model, wild-type mice were gavaged with streptomycin 24h prior to oral infection with *S. enterica* serovar Typhimurium (STm). At 96h post-infection, CCL28 in feces was quantified by ELISA. Data shown comprise two independent experiments (uninfected, n=10; STm, n=10). Bars represent the mean ± SD. (**B**) CFU in cecum content, Peyer's patches, mesenteric lymph nodes, spleen, and bone marrow were determined at 72h post-infection of wild-type (WT, black circles) and *Ccl28*$^{-/-}$ (white circles) littermate mice. Data shown comprise three independent experiments (WT, n=10; *Ccl28*$^{-/-}$, n=8). Some of the spleen data points were published as a preliminary characterization in Burkhardt et al. (Ref 9) and are combined with the new dataset. Bars represent the geometric mean. (**C**) Representative contour plots of neutrophils (CD11b$^+$ Ly6G$^+$ cells; gated on live, CD45$^+$ cells) obtained from the gut, blood, and bone marrow of STm-infected WT or *Ccl28*$^{-/-}$ mice, as determined by flow cytometry at 48h post-infection. (**D**) Frequency of neutrophils per million live CD45+ cells obtained from the gut, blood, and bone marrow of STm-infected WT (black bars) or *Ccl28*$^{-/-}$ mice (white bars). Data shown comprise three independent experiments (WT, n=15; *Ccl28*$^{-/-}$, n=15; blood was collected from n = 5 per group). Bars represent the mean ± SD. (**E**) Relative expression levels (qPCR) of *Cxcl1* (CXCL1), *Tnfa* (TNFα), *Ifng* (IFNγ), *Csf2* (GM-CSF), *Il1b* (IL-1β), and *Il17a* (IL-17A) in the cecum of WT (black circles, n=8) or *Ccl28*$^{-/-}$ mice (white circles, n=6). Bars represent the geometric mean. Data shown comprise three independent experiments. (**F-H**) Histopathological analysis of cecum collected from STm-infected WT or *Ccl28*$^{-/-}$ mice (WT, n=8; *Ccl28*$^{-/-}$, n=5). (**F**) Sum of the total histopathology score, (**G**) histopathology scores showing the analyzed parameters, and (**H**) H&E-stained sections from one representative animal for each group (200X). (**F**) Bars represent the mean ± SD. Mann-Whitney U was used for all datasets where statistical analysis was performed. A significant change relative to WT controls is indicated by *p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001. ns = not significant.

Figure 2

Figure 2. Absence of CCL28 confers protection in a lethal *Acinetobacter* pneumonia model.

(**A**) WT mice (black line) and *Ccl28*$^{-/-}$ mice (magenta line) were intratracheally infected with

Acinetobacter baumannii (Ab) and their survival was determined for 10 days. Data shown

comprise two independent experiments (WT, n=8; *Ccl28*$^{-/-}$, n=8). (**B-F**) WT and *Ccl28*$^{-/-}$ mice were

compared 24h post-infection with Ab. (**B, C**) Ab CFU in (**B**) BAL (bronchoalveolar lavage) fluid or

(**C**) blood in WT mice (black circles) and *Ccl28*$^{-/-}$ mice (white circles). (**D**) The number of total host

cells per mL of BAL, as determined by flow cytometry. (WT, n=8; *Ccl28*$^{-/-}$, n=8) (**E, F**)

Representative (**E**) contour plots of neutrophils (CD11b^{+} Ly6G^{+} cells; gated on live, CD45^{+} cells)

and (**F**) frequency of neutrophils obtained from the BAL, lung, blood, and bone marrow of Ab-

infected WT or *Ccl28*$^{-/-}$ mice, as determined by flow cytometry. Data comprise two independent

experiments (WT, n=8; *Ccl28*$^{-/-}$, n=8; lung was collected from n = 4 per group). Bars represent (**B,**

C) the geometric mean or (**D, F**) the mean $\pm$ SD. (**G**) Histopathological analysis of lungs from WT

and *Ccl28*$^{-/-}$ mice infected with Ab at 24 h post-infection. Each bar represents an individual mouse.

(**H**) Representative immunofluorescence image of lungs from WT and *Ccl28*$^{-/-}$ mice, uninfected or

infected with Ab stained for the neutrophil marker Ly6G (magenta). DAPI (blue) was used to label

nuclei. (**I**) Quantification of Ly6G^{+} cells per high-power field (HPF) from immunofluorescence

images of lungs from WT mice (n=4) and *Ccl28*$^{-/-}$ mice (n=4). Bars represent the mean $\pm$ SD. (**J**)

Relative expression levels (qPCR) of *Cxcl1* (CXCL1), *Tnfa* (TNFα), *Ifng* (IFNγ), *Csf2* (GM-CSF),

Il1b (IL-1β), and *Il17a* (IL-17A) in the lung of WT (black circles, n=12) or *Ccl28*$^{-/-}$ mice (white circles,

n=12) infected with Ab. Bars represent the geometric mean. Data shown comprise three

independent experiments. Mann-Whitney U was used for all datasets where statistical analysis

was performed. A significant change relative to WT controls is indicated by *$p \leq 0.05$, **$p \leq 0.01$,

***$p \leq 0.001$. ns = not significant.

Figure 3

Figure 3. Surface expression of the CCL28 receptors CCR3 and CCR10 on neutrophils from infected tissue, and upon stimulation with proinflammatory stimuli and phagocytosis. (A-D) Surface expression of (**A, C**) CCR3 or (**B, D**) CCR10 on neutrophils obtained from (**A, B**) the gut, blood, and bone marrow (BM) 72h post-infection with STm, or (**C, D**) the BAL, blood, and bone marrow 24h post-infection with Ab, analyzed by flow cytometry. Left panels show representative histograms of (**A, C**) CCR3 or (**B, D**) CCR10 expression on the surface of neutrophils (gated on live, CD45$^+$ CD11b$^+$ Ly6G$^+$ cells) from (**A, B**) the gut (blue), blood (red), and bone marrow (BM; black) or (**C, D**) BAL (blue), blood (red), and bone marrow (BM; black). Right panels show the percentage of (**A, C**) CCR3$^+$ or (**B, D**) CCR10$^+$ neutrophils obtained from (**A, B**) gut, blood, and BM or (**C, D**) BAL, blood, and BM. Data are from two independent experiments. (**E-H**) Uninfected bone marrow neutrophils were unstimulated or treated with the indicated stimuli for 4h. Surface expression of (**E**, **G**) CCR3 and (**F**, **H**) CCR10 on neutrophils was determined by flow cytometry. Left panels show representative histograms of (**E**, **G**) CCR3 or (**F**, **H**) CCR10 surface expression after stimulation with: (**E, F**) cytokines IFNγ + TNFα + GM-CSF (blue); fMLP (magenta); PMA, (purple); LPS (red); (**G, H**) cytokines IFNγ + TNFα + GM-CSF (blue); beads alone (magenta); cytokines plus beads (red). Right panels show the percentage of (**E, G**) CCR3$^+$ or (**F, H**) CCR10$^+$ neutrophils following stimulation with the indicated stimuli. US = unstimulated. Data shown are representative of two independent experiments. (**I, J**) Bone marrow neutrophils were infected with opsonized STm at a multiplicity of infection (MOI)=10 for 1h with (red) or without (blue) pretreatment with cytochalasin D for 30 min before infection. Surface expression of (**I**) CCR3 or (**J**) CCR10 was determined by flow cytometry. Data are from three independent experiments. Left panels show representative histograms of surface receptor staining on neutrophils, and right panels show the percentages. (**A-J**, right panels) Bars represent the mean ± SD. (**A-D, I, J**) Log-transformed data were analyzed by one-way ANOVA for independent samples, assuming non-equal SD given the differences in the variance among the groups and

followed by Dunnett's multiple comparisons test. (**E-H**) Data were analyzed by one-way ANOVA

for paired samples, applying the Greenhouse-Geisser correction given the differences in variance

among the groups; (**E, F**) Dunnett's multiple comparison test was performed to compare the

different conditions of stimulation with the control group; (**G, H**) Tukey's multiple comparison test

was performed to compare each condition to each other. Significant changes are indicated by *p

≤ 0.05, **$p \leq 0.01$, ***$p \leq 0.001$, ****$p \leq 0.0001$.

Figure 4

Figure 4. Neutrophil CCR3 is stored in intracellular compartments and rapidly mobilizes to the cell surface during infection. (**A-D**) Bone marrow neutrophils were infected at MOI=10 with (**A, B**) opsonized *Salmonella enterica* serovar Typhimurium (STm) for 1h or (**C, D**) *Acinetobacter baumannii* (Ab) for 4h. (**A, C**) Surface CCR3 or (**B, D**) intracellular CCR3 were detected by flow cytometry. (**E, F**) Neutrophils were obtained from (**E**) the gut, blood, and bone marrow 72h post-infection with STm or (**F**) BAL, blood, and bone marrow 24h post-infection with Ab. Surface (clear histograms) or intracellular (solid histograms) CCR3 expression was analyzed by flow cytometry. (**A-F**) Left panels show representative histograms, and right panels show the percentage of neutrophils expressing CCR3 on their surface (clear bars) or intracellularly (solid bars). Bars represent the mean $\pm$ SD. Data was analyzed by paired *t* test (A-D) or one-way ANOVA followed by Dunnett's multiple comparison test (E and F) on log-transformed data. Significant changes are indicated by *$p \le 0.05$, ***$p \le 0.001$, ****$p \le 0.0001$

Figure 5

Figure 5. CCL28 enhances neutrophil antimicrobial activity. (**A**) Murine bone marrow neutrophils were stimulated with IFNγ + TNFα + GM-CSF for 4h before adding 1×10^6 cells to the upper compartment of a transwell chamber for chemotaxis assays. Each of the chemokines (CCL28, CCL11, or CXCL1), or no chemokine (NC), were placed in separate lower compartments. The transwell plate was incubated for 2h at $37^{\circ}C$. Cells that migrated to the lower compartment were enumerated by flow cytometry. Neutrophil chemotaxis index was calculated by taking the number of cells that migrated in response to a chemokine and dividing it by the number of cells that migrated in the absence of a chemokine. Data are from four independent experiments. (**B, C**) Infection of bone marrow neutrophils. (**B**) Opsonized STm (1×10^7 CFU) or (**C**) opsonized Ab (1×10^7 CFU) were cultured alone, or added to bone marrow neutrophils (1×10^6 cells) stimulated with CCL28, CCL11, or no chemokine, for 2.5h (STm) or 4.5h (Ab) at $37^{\circ}C$. CFU were enumerated by plating serial dilutions. Percentage of bacterial survival was calculated for each condition by taking the CFU from bacteria incubated with neutrophils and dividing it by the CFU from bacteria incubated without neutrophils, multiplied by 100. Data shown for each infection comprise three independent experiments. Bars represent the mean ± SD. (**D**) The effect of the CCR3 antagonist SB328437 on neutrophil-mediated STm killing was evaluated by performing the experiment as described in panel (**B**), with or without the antagonist. Data shown comprise three independent experiments. (**E-G**) ROS production (H_2DCFDA conversion to fluorescent DCF) detected by flow cytometry in bone marrow neutrophils infected with STm as described in panel (**B**). In (**F, G**), cells were stimulated with CCL28 in the presence of an anti-CCR3 antibody, an anti-CCR10 antibody, or isotype controls. Left panels show representative histograms, and right panels show the percentage of ROS$^+$ neutrophils in the indicated treatment groups. (**H, I**) NET formation (Helix$^+$ MPO$^+$ neutrophils) detected by flow cytometry in human neutrophils activated with platelets. As indicated, cells were unstimulated (NC), stimulated with CCL28 alone, or with CCL28 and the CCR3 antagonist SB328437 and/or the CCR10 antagonist BI-6901. (**H**) Representative contour plots, and (**I**) percentage of Helix$^+$ MPO$^+$ neutrophils in the indicated

treatment groups. (**A-E**) Bars represent the mean $\pm$ SD. (**A**) Log-transformed data were analyzed

by non-parametric ANOVA (Kruskal-Wallis's test), assuming non-equal SD given the differences

in the variance among the groups, followed by Dunn's multiple comparisons test. (**B, C**) Log-

transformed data were analyzed by one-way ANOVA for paired samples, applying the

Greenhouse-Geisser correction given the differences in the variance among the groups.

Dunnett's multiple comparison test was performed to compare the treatment groups only with the

control group. (**D, I**) Log-transformed data were analyzed by paired *t* test. (**E-G**) Log-transformed

data were analyzed by one-way ANOVA for paired samples. Greenhouse-Geisser correction was

applied in **F** and **G** given the differences in variance among the groups. Tukey's multiple

comparison test was performed to compare all conditions to each other. Significant changes are

indicated by $*p \leq 0.05$, $**p \leq 0.01$, $***p \leq 0.001$ $****p \leq 0.0001$. ns = not significant.

1002

1003

1004

1005

1006

1007

1008

1009

1010

1011

1012

1013

1014

 SUPPLEMENTAL FIGURES

 Supp. Fig. 1

1017

Supplementary Figure 1. CCL28 does not confer protection in a *Salmonella*

bacteremia model, and lacks direct antimicrobial activity against *Salmonella*.

(**A, B**) For the bacteremia model, mice were infected by intraperitoneal injection with *S.*

Typhimurium (STm, 1x10^3 CFU) or sterile PBS (uninfected control). (**A**) At 96h post-infection,

CCL28 in serum was quantified by ELISA of wild-type mice (uninfected, n=7; STm, n=12). Data

shown comprise two independent experiments. Bars represent the mean ± SD. (**B**) STm CFU

was determined in the spleen, liver, and blood of WT mice (black squares) and *Ccl28$^{-/-}$* mice (white

squares) 96h after intraperitoneal infection with STm (1x10^3 CFU). Data shown comprise two

independent experiments (WT, n=5; *Ccl28$^{-/-}$*, n=5). (**C, D**) *In vitro* antimicrobial activity of CCL28

against STm wild-type, STm *ΔphoQ*, *E. coli* K12, and *A. baumannii*. (**C**) 5x10^5 CFU/mL of each

strain (*A. baumannii* additionally at 5x10^8 CFU/mL) was incubated with recombinant murine

CCL28 at the indicated concentrations (n=4 per group), and CFU were enumerated after 2h. (**D**)

STm wild-type (1x10^7 CFU/mL) was incubated with recombinant murine CCL28 (50 nM) or CCL11

(25 nM) and CFU were enumerated at 75 min (n=4 per group) and 150 min (n=6 per group). Bars

represent the geometric mean. (**A**) Data were analyzed by Mann-Whitney U relative to uninfected

controls. (**C**) Log-transformed data were analyzed by nonparametric one-way ANOVA (Kruskal-

Wallis) for independent samples. Dunn's multiple comparison test was performed to compare

bacterial CFU at each time point relative to time zero (control group). Significant changes are

indicated by *p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001 ****p ≤ 0.0001.

1037

1038

Supp. Fig. 2

Supplementary Figure 2. **Wild-type and *Ccl28*^{-/-} mice exhibit similar numbers of T and B**

cells, as well as bone marrow and blood neutrophils.

Flow cytometry analysis of (**A**, **B**) CD4$^+$ and CD8$^+$ T cells, and (**C**, **D**) CD19$^+$ B cells isolated from

the gut of (**A, C**) uninfected WT and *Ccl28*$^{-/-}$ mice or (**B, D**) WT and *Ccl28*$^{-/-}$ mice infected with STm

for 48h (colitis model; see also **Fig. 1**). (**E, F**) Cells from (**E**) bone marrow or (**F**) blood of uninfected

WT (black bars) or *Ccl28*$^{-/-}$ (white bars) mice were analyzed by flow cytometry to determine the

percentage and number of neutrophils. (**A-F**) Left panels show representative contour plots. Right

panels show the frequency of the indicated cells per million CD45+ live cells of WT mice (black

bars) and *Ccl28*$^{-/-}$ mice (white bars). Each circle represents a mouse. Bars represent the geomean

± SD.

1050

1051

1052

Supp. Fig. 3

Supplementary Figure 3. **Expression of CCR3 and CCR10 in neutrophils isolated from the**

gut and lung mucosa, and CCR10 in neutrophils infected *in vitro*.

(**A**) Surface expression of CCR3 and CCR10 on neutrophils obtained from the gut of WT mice

(n=5) infected with STm for 72h, analyzed by flow cytometry. (**B**) Percentage of CCR3$^+$ and

CCR10$^+$ neutrophils obtained from the gut of WT (n=5) and *Ccl28$^{-/-}$* mice (n=3) infected with STm

for 72h, analyzed by flow cytometry. (**C**) Surface expression of CCR3 and CCR10 on neutrophils

obtained from the BAL of WT mice (n=4) infected with Ab for 24h, analyzed by flow cytometry.

(**D**) Percentage of CCR3$^+$ and CCR10$^+$ neutrophils obtained from the BAL of WT (n=4) and *Ccl28$^-$*

$^{/-}$ mice (n=3) infected with Ab for 24h, analyzed by flow cytometry. (**A**, **C**) Left panels show

representative contour plots, and right panels show the percentages of neutrophils expressing

the indicated receptor on their surface. Bars represent the mean $\pm$ SD. (**E, F**) Bone marrow

neutrophils were infected with (**E**) opsonized STm at MOI=10 for 1h or (**F**) Ab at MOI=10 for 4h.

Surface (clear histograms) or intracellular (solid histograms) CCR10-expressing neutrophils were

detected by flow cytometry. Left panels show representative histograms, and right panels show

the percentage of neutrophils expressing CCR10 on their surface (clear bars) or intracellularly

(solid bars). (**E, F**) A significant change (paired *t* test) relative to uninfected controls is indicated

by **p $\leq$ 0.01; ns = not significant.

1072

1073