

1 Helminth infection modulates number and function of adipose tissue Tregs in high fat
2 diet-induced obesity

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19

20 **Abstract**

21

22 Background: Epidemiological and experimental studies have shown a protective effect of
23 helminth infections in weight gain and against the development of metabolic dysfunctions
24 in the host. However, the mechanisms induced by the parasite that regulate the development
25 of metabolic diseases in the host are unclear. The present study aimed to verify the influence
26 of *Heligmosomoides polygyrus* infection in early stages of high fat diet-induced obesity.

27

28 Principal Findings: The presence of infection was able to prevent exacerbated weight gain
29 in mice fed with high fat diet when compared to non-infected controls. In addition, infected
30 animals displayed improved insulin sensitivity and decreased fat accumulation in the liver.
31 Obesity-associated inflammation was reduced in the presence of infection, demonstrated by
32 higher levels of IL10 and adiponectin, increased infiltration of Th2 and eosinophils in
33 adipose tissue of infected animals. Of note, the parasite infection was associated with
34 increased Treg frequency in adipose tissue which showed higher expression of cell surface
35 markers of function and activation, like LAP and CD134. The infection could also revert
36 the loss of function in Tregs associated with high fat diet.

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38 Conclusion: These data suggest that *H. polygyrus* infection can prevent weight gain and
39 metabolic syndrome in animals fed with high fat diet associated with modulations of adipose
40 tissue Treg cells.

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45 **Author summary**

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47 Helminth infections are known to modulate the immune system being responsible for
48 protecting the host from developing allergic and autoimmune disorders (Hygiene
49 Hypothesis). We hypothesized that the same immunomodulatory effect can have an impact
50 on immunometabolic diseases, such as obesity and its linked diseases such as type 2
51 diabetes. Weight disorders have reached epidemic levels, nearly tripling since 1975 and
52 being responsible for almost 5 million premature deaths each year. To test our hypothesis
53 C57BL/6 male mice were fed control or high fat diet, for five weeks, in the presence or not
54 of *Heligmosomoides polygyrus* infection. Weight gain, development of metabolic disorders,
55 inflammation and cellular migration to the adipose tissue were evaluated. In accordance
56 with our hypothesis, we found that the presence of infection prevented the exacerbated
57 weight gain and also improved metabolic parameters in animals fed a high fat diet. This was
58 associated with the infection's ability to modulate parameters of a cell responsible for
59 regulatory functions: Tregs. In the light of these findings, helminth infection could be
60 protective against weight gain and metabolic disturbances.

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62

63 **Introduction**

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65 Hygiene Hypothesis postulates that the stimulation of the immune system by
66 microbes or microbial products, especially during childhood, can protect the host against
67 the development of atopic and inflammatory disorders [1]. A number of epidemiological
68 and experimental studies show a benefit effect of infections by viruses, bacteria, and
69 helminths in the development of different inflammatory diseases like asthma [2 – 4], type 1
70 diabetes [5 – 8] and multiple sclerosis [9 – 10]. The positive influence of helminth infections
71 in immunometabolic disorders, as obesity, has also been investigated [11 – 12].

72 Overweight and obesity are global health problems that reached epidemical status
73 with more than 2 billion people with overweight and 650 million obese [13]. The greatest
74 concern about this overnutrition syndrome is the association with the development of a
75 number of serious metabolic consequences as glucose metabolism dysfunctions [12], heart
76 diseases [14] and even some types of cancer [15 – 22]. The establishment of these
77 dysfunctions along with weight gain is linked to the development of a low-grade chronic
78 inflammation [12]. For example, adipose tissue fat accumulation is associated with the
79 migration of inflammatory cells like macrophages [23 – 24], mastocytes [25] and T cells
80 [26] that produce pro-inflammatory cytokines, such as TNF and IL6, which contributes to
81 dysfunctions in glucose metabolism [27]. Interestingly, obesity has been associated with
82 decreased frequency and dysfunction of adipose Treg cells, which is a possible mechanism
83 to perpetuate background inflammation and metabolic syndrome [12, 28]. On the other
84 hand, helminths are known to improve Treg function as a mechanism of immune evasion
85 [29 – 31] and also in inflammatory disease models, such type 1 diabetes [25, 32] and asthma
86 [33 – 34].

87 Helminth infections have been shown to influence the weight gain and the
88 development of metabolic dysfunctions [12] in experimental models of obesity [35 – 41]
89 and in epidemiological studies in humans [42 – 45]. Although these effects have been
90 associated with increased eosinophils and Th2 cells infiltration and decreased Th1 and Th17
91 profiles [44, 46] in adipose tissue, the role of Tregs in helminth-obesity interface has been
92 poorly investigated. The evaluation of Tregs is essential in obesity studies since their
93 induction or transfer to obese animals is shown to inhibit metabolic syndrome parameters
94 and it is discussed to be used as therapeutic strategy [28, 47, 48].

95 In the current study, we examined the effect of infection with *H. polygyrus* on early
96 stages of high fat diet (HFD)-induced obesity in mice and showed the ability of the infection
97 to modulate the number, phenotype and function of adipose tissue Tregs cells, which may
98 play a role in preventing weight gain and metabolic dysfunctions. Our results show that
99 improvement of metabolic syndrome associated with obesity experimental model is
100 paralleled to improvement in Treg numbers and function in adipose tissue.

101

102 **Methods**

103

104 **Animals, diets and *H. polygyrus* infection**

105

106 Male C57BL/6Unib mice, specific pathogen free, with four weeks of age were
107 obtained at the Central Breeding Center of the Federal University of Minas Gerais.
108 Throughout the experiment, animals were housed in temperature-controlled room with 12-
109 hour light-dark cycle, with food and water available ad libitum. Mice were fed with high fat
110 diet (HFD) (62% energy derived from fat, 23% from carbohydrates and 15% from proteins)
111 or low fat diet (LFD) (10% energy derived from fat, 74% from carbohydrates and 16% from

112 proteins) for five weeks. Caloric intake was measured every week, considering the weight
113 difference between the amount of diet offered and the next week's left overs, divided by the
114 number of animals per cage. This value was then multiplied by the number of calories per
115 gram of each diet (LFD: 2.76 kcal/g; HFD: 5.21 kcal/g). Concomitantly with the diet,
116 experimental group received 200 L3 *H. polygyrus* larvae by oral gavage. Eggs in feces were
117 detected by visual observation of feces smears under microscope to confirm successful
118 patent infection. Experiments were approved by the Ethics Committee for Animal Use of
119 the Federal University of Minas Gerais (protocol#25/2012).

120

121 **Insulin tolerance test and oral glucose tolerance test**

122

123 The insulin tolerance test (ITT) was performed four days before euthanasia. Animals
124 were bled at the tail vein and glucose levels were measured by a glucometer (Accu-Chek
125 Performa; Roche, Diagnostics, USA) before, and 15, 30 and 60 minutes after 0.75 U/kg
126 insulin injection i.p. Two days before euthanasia, oral glucose tolerance test (OGTT) was
127 carried out after 6 hours of fasting. Mice were given glucose (2g/kg of body weight) by
128 gavage and blood glucose levels were measured by a glucometer (Accu-Chek Performa;
129 Roche) before, and 15, 30, 60 and 120 minutes after gavage.

130

131 **Nutrition parameters and lipid profile analysis**

132

133 At the end of five weeks, serum levels of total proteins, albumin, total cholesterol,
134 HDL cholesterol and triglycerides were evaluated using commercial kits (Labtest
135 Diagnóstica S.A., Brazil) after 16 hours fasting. Liver lipid quantification was analyzed
136 according to the Folch method [49]. Briefly, frozen liver tissue (100mg) was homogenized

137 in 950 μ L of chloroform:methanol (2:1). 200 μ L of methanol were added to the mixture and
138 the samples were centrifuged. The supernatant was transferred to a weighted clean tube,
139 then mixed with 400 μ L of saturated saline solution. After centrifugation of the mixture, the
140 upper phase was discarded and the lower chloroform phase containing the lipids was washed
141 three times with a Folch solution (2% NaCl 0.2%, 3% Chloroform, 47% distilled water,
142 48% methanol), evaporated under 60°C temperature, and total lipid weight was determined.

143

144 **Isolation of the Adipose Tissue Stromal Vascular Fraction**

145

146 For isolation of the stromal vascular fraction (SVF) from adipose tissue [50],
147 epididymal white adipose tissue (EWAT) was collected and then minced in DMEM,
148 containing 4% Bovine Albumin Serum Fatty Acid Free and 0.1% glucose. Collagenase VIII
149 (Sigma-Aldrich, Merck KGaA, USA) was added, at 4 mg/g of tissue, to the mixture
150 containing the minced tissue followed by incubation at 37°C under constant agitation for 40
151 minutes. Following centrifugation, floating adipocytes were separated and the SVF pellet
152 resuspended and analyzed.

153

154 **Cell culture**

155

156 Adipocytes (3×10^5 cells/mL) and cells from SVF (5×10^6 cells/mL) were cultured in
157 5% CO₂ incubator at 37°C for 24 hours in the absence or presence of PMA (0.4mg/mL) and
158 Ionomycin (5mg/mL). After incubation, the supernatant was collected and stored at -70°C
159 until use. Cytokine levels were assessed by Cytometric Bead Array (CBA) Mouse
160 Th1/Th2/Th17 (BD Biosciences, USA) and adiponectin secreted by the culture of
161 adipocytes was assessed by ELISA (R&D System, USA).

162 **Flow cytometry**

163

164 For analysis of eosinophils, SVF cells were stained with antibodies against CD11b
165 (M1/70; BioLegend, USA), and Siglec F (E50-2440; BD Biosciences, USA) followed by
166 fixation with paraformaldehyde. Data from cell acquisition were analyzed and after defining
167 the intersection population from the gates of leucocytes, single cells and time, cells stained
168 with CD11b^{int}SiglecF⁺ were considered eosinophils (S1 Fig).

169 For analysis of lymphocyte subsets, SVF cells were stained with antibodies against
170 CD3 (17A2; BioLegend) and CD4 (GK1.5; BioLegend), then fixed and permeabilized with
171 fix/perm buffer (eBioscience, Thermo Fisher Scientific, USA) according to the
172 manufacture's instructions. Cells were then incubated with antibodies against Tbet (4B10;
173 BioLegend), RORγT (Q31-378; BD Biosciences) and Gata3 (16E10A23; BioLegend).
174 Lymphocytes were first identified by forward/side scatter dot plot, then doublets and
175 possible interruptions in the acquisition were excluded. Positive cells for CD3 and CD4
176 were selected. Then CD3⁺CD4⁺Tbet⁺ were considered Th1 cells, CD3⁺CD4⁺Gata3⁺ Th2
177 and CD3⁺CD4⁺RORγT⁺ Th17 (S2 Fig).

178 For characterization of Treg subtypes, SVF cells were stained with antibodies
179 against CD3 (17A2; BioLegend), CD4 (GK1.5; BioLegend), GITR (YGITR 765;
180 BioLegend), LAP (TW7-16B4; BioLegend), CD25 (PC61; BioLegend), CD134 (OX-86;
181 BioLegend) and CD152 (UC10-4B9; BioLegend), then fixed and permeabilized with
182 fix/perm buffer. Cells were then incubated with antibody against Foxp3 (150D; BioLegend).
183 CD3⁺CD4⁺ T lymphocytes were selected as described above and then population positive
184 for CD25 and Foxp3 was selected. CD3⁺CD4⁺CD25⁺Foxp3⁺ cells were considered Tregs
185 and analyzed for surface marker (S3 Fig).

186 Flow cytometry data were collected on BD LSRFortessa™ Flow Cytometer using
187 BD FACSDiva™ Software and gates were set according to unstained cells using FlowJo
188 (version 10.5.3, Tree Star Inc, USA).

189

190 **In vitro Treg suppression assays**

191

192 Tregs from EWAT were isolated from SVF cells using Dynabeads™ FlowComp™
193 Mouse CD4⁺CD25⁺ Treg Cells Kit (Invitrogen, Thermo Fisher Scientific, USA). T effector
194 cells (Teff), isolated from the spleen of a control animal (non-infected and fed with regular
195 chow) using the same kit, were stained with 5μM CFSE (Invitrogen, USA) for 10 minutes.
196 Functional Treg assay was performed as described [51]. Briefly, Teff cells were co-cultured
197 with Tregs at indicated proportions and stimulated with Dynabeads Mouse T-Activator
198 CD3/CD28 (Life Technologies, USA) for 72 hours in 5% CO₂ incubator at 37°C. Cells were
199 acquired in BD LSRFortessa™ Flow Cytometer and the decay in CFSE fluorescence was
200 analyzed with FlowJo (version 10.5.3, Tree Star Inc) using the tool Proliferation Modeling.

201

202 **Statistical analysis**

203

204 All results were expressed as mean ± standard error of the mean. Group means were
205 compared by Mixed-effects analysis or two-tailed Student's test using GraphPad Prism
206 (version 9.0.0, GraphPad Software Inc, USA). Probability values below 0.05 were
207 considered statistically significant.

208

209 **Results**

210 ***H. polygyrus* infection attenuated weight gain and metabolic**
211 **dysfunctions**

212

213 To determine the effect of *H. polygyrus* infection on early stages of obesity induced
214 by high fat diet (HFD), C57BL/6 male mice were infected or not with L3 *H. polygyrus*
215 larvae and fed with HFD diet for 5 weeks. The infection was able to prevent exacerbated
216 weight gain in animals fed with HFD (Fig 1A) without decreasing the amount of food intake
217 (Fig 1B). The lower weight gain in the HFD Hp group was associated with decreased
218 weights of epididymal (EWAT) and subcutaneous (SAT) adipose tissue (Fig 1C).
219 Importantly, this disparity in body weight was not observed between the groups that
220 received control diet (Fig 1A), which suggests that the differences between infected and
221 non-infected groups treated with HFD are not due to parasite spoliation of the host. Another
222 data that suggests the host is not being spoliated by the parasite is that neither total serum
223 protein or serum albumin levels differed between infected and non-infected animals (Figs
224 1D and E). Therefore, we conclude that *H. polygyrus* infection improved weight control in
225 animals under HFD without causing malnutrition.

226 Obesity is associated with dysregulation of glucose metabolism and hepatic steatosis
227 (12) (27). Animals fed with HFD and infected with *H. polygyrus* presented lower fasting
228 glycemic levels when compared to non-infected controls (Fig 1F). Further, HFD Hp group
229 had a better response to glucose tolerance test showed by the faster return to blood basal
230 levels after glucose injection, when compared to non-infected controls (Figs 1G and H).
231 Both results indicate that the presence of the infection improved the development of glucose
232 metabolic dysfunction associated to weight gain. Insulin sensitivity was also improved in
233 infected animals when compared to the non-infected group. We found that blood glucose
234 levels after insulin injection was higher in HFD Ni mice when compared to HFD Hp group,

235 which suggested that the infection prevented the development of peripheral insulin
236 resistance (Figs 1I and J). In addition, infected animals under HFD had significantly lower
237 liver mass when compared to HFD Ni group (Fig 1K). This decrease in liver mass was
238 directly associated with the amount of lipid/gram of liver, which was also lower in infected
239 animals (Fig 1L). Furthermore, the infection also improved dyslipidemia associated with
240 the HFD, i.e., decreased serum levels of triglycerides (Fig 1M) and also increased levels of
241 HDL cholesterol (Fig 1N), besides not changing total cholesterol (Fig 1O). Overall, the
242 effects of *H. polygyrus* infection on experimental obesity is in agreement with other models
243 described in literature that helminth infection improves weight gain, fat accumulation and
244 metabolic syndrome in animals fed with HFD [35 – 41].

245

246 **Fig 1. *H. polygyrus* infection attenuated weight gain and prevented metabolic**
247 **dysfunctions in early stages of HFD-induced obesity.** Animals were treated with control
248 low fat diet (LFD) or with obesogenic high fat diet (HFD) and infected with *H. polygyrus*
249 (Hp) or left uninfected (Ni). Body weight (A), caloric intake (B), relative weigh of
250 epididymal white adipose tissue (EWAT), subcutaneous adipose tissue (SAT) (C) were
251 assessed. Serum levels of total proteins (D) and albumin (E) were evaluated at the end of
252 experiment. Fasting glycemic levels (F), response to oral glucose tolerance tests after
253 glucose gavage (OGTT) (G and H) and insulin tolerance tests (ITT) after intraperitoneal
254 injection of insulin (I and J) were compared between HFD-fed groups. Liver mass (K),
255 hepatic quantification of lipids (L), fasting levels of serum triglycerides (M), HDL
256 cholesterol (N) and total cholesterol (O) were assessed. N=4-10 representative of two or
257 more experiments performed. Two-tailed T-Test was used to compare HDF Hp and HDF
258 Ni groups. * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$ **** $p < 0.0001$ between HFD groups.

259 ***H. polygyrus* infection prevented the establishment of**
260 **inflammation caused by high fat diet**

261

262 The adipose tissue is an important endocrine organ that secretes a variety of hormones
263 [52 – 53]. A key adipose tissue hormone is adiponectin, which is responsible for improving
264 insulin function and plays many important homeostatic functions [54 – 55]. In addition,
265 adipose tissue also secretes cytokines that are associated with the development of metabolic
266 disorders [12]. Due to the importance of these adipokines and cytokines in the metabolism,
267 we analyzed their production by EWAT. Adipocytes or SVF cells were separated and
268 cultured for 24 hours, and adiponectin or cytokines were measured in the supernatants. We
269 found no difference in the secretion of inflammatory cytokines like IL17A (Fig 2A), TNF
270 (Fig 2B) and IL6 (Fig 2C) by SVF cells when comparing HFD Hp and HFD Ni groups.
271 Production of IL2, IL4 and IFN γ were not detected in the culture of SVF cells (data not
272 shown). On the other hand, the production of homeostatic adipocytokines like IL10, by SVF
273 cells (Fig 2D), and adiponectin, measured in adipocytes supernatants (Fig 2E), was
274 increased in HFD Hp group when compared to HFD Ni. These data suggest that the effect
275 of *H. polygyrus* infection in metabolic parameters might be related to the secretion of anti-
276 inflammatory or homeostatic adipocytokines, rather than a reduction of pro-inflammatory
277 cytokines.

278 To gain further insights about how the infection was modulating the inflammatory
279 profile in adipose tissue, we evaluated the phenotype of the resident immune cells. We
280 observed that the infection by *H. polygyrus* was associated with increased percentage of
281 eosinophils (Fig 2F) and Th2 cells (Fig 2G) in the epididymal white adipose tissue. On the
282 other hand, Th1 (Fig 2H) and Th17 (Fig 2I) cells were downmodulated by infection.
283 Together, our data showed that the presence of the Hp infection is associated with an

284 increased type 2 cells and decreased type 1 and type 17 infiltration in adipose tissue, despite
285 maintenance of IL17A, TNF and IL6, that may have innate immune cells sources.

286

287 **Fig 2. *H. polygyrus* infection prevented the establishment of inflammation caused by**
288 **the high fat diet.** Production of IL17A (A), TNF (B), IL6 (C) and IL10 (D) by stromal
289 vascular fraction cells from epididymal white adipose tissue (EWAT). Production of
290 Adiponectin by cultured adipocytes (E). Representative gates and frequency of eosinophils
291 (F), Th2 (G), Th1 (H) and Th17 (I) cells isolated from EWAT and analyzed by flow
292 cytometry. n=7-10 representative of two or more experiments performed. Two-tailed t test.
293 * p<0.05 ** p<0.01 *** p<0.001 **** p<0.0001 between HFD groups.

294

295 ***H. polygyrus* infection improved the number, phenotype and**
296 **function of Tregs in adipose tissue**

297

298 Obesity is associated not only with increased pro-inflammatory background, but also
299 with Treg dysfunction [56 – 57]. On the other hand, despite the fact that helminth infections
300 have been associated with improved Treg activity [25, 29, 33, 34, 58], their phenotype in
301 an obesity-helminth infection interface has been poorly investigated. To gain insights about
302 how helminth infection can influence the biology of Tregs in obesity, we analyzed the
303 abundance of Tregs in adipose tissue and also the expression of cell surface markers in
304 Tregs [28]. *H. polygyrus* infection increased the frequency of Tregs in adipose tissue (Fig
305 3A) in HFD-treated animals and modulated their phenotype. For example, the expression
306 of LAP, a marker of membrane-bound TGF- β [59], was increased in Tregs of Hp-infected
307 animals when compared to HFD Ni group at MFI (Fig 3B) and frequency levels (Fig 3C).
308 The infection also increased the frequency and per cell expression of CD134 by adipose

309 tissue Tregs (Figs 3D and E). On the other hand, the expression of GITR and CTLA-4 by
310 adipose tissue Tregs were not altered by the infection (data not shown).

311

312 **Fig 3. *H. polygyrus* infection induced alterations in number and phenotype of Tregs**
313 **from EWAT.** Representative Contour Plots and percentage of Tregs (A) in HFD Ni and
314 HFD Hp groups, analyzed by flow cytometry. Tregs gated on CD3⁺CD4⁺CD25⁺Foxp3⁺.
315 Mean Fluorescence Intensity (MFI) (B) and percentage (C) of LAP in Foxp3⁺ cells. MFI
316 (D) and percentage (E) of CD134 in Foxp3⁺ cells. n=10 pooled from two experiments
317 performed. Two-tailed t test. ** p<0.01 ****p<0.0001 between HFD groups.

318

319 Since the infection altered the expression of functional markers of Tregs, we verified
320 if it could also impact the Treg dysfunction associated with obesity. Adipose tissue Tregs
321 were isolated and used in a proliferation inhibition assay with splenic non-Tregs T cells
322 from LFD-treated animals. Animals from HFD Ni group showed an important dysfunction
323 in Tregs since they were unable to inhibit T cell proliferation at any concentration tested
324 (Fig 4). On the other hand, *H. polygyrus* infection was able to revert this diet-associated
325 dysfunction. Tregs from adipose tissue of infected animals were able to inhibit T cell
326 proliferation at the proportions of 4:1 and 2:1. Together our data showed that *H. polygyrus*
327 infection can modulate different aspects of Treg cells resident in adipose tissue.

328

329 **Fig 4. *H. polygyrus* infection prevented loss of function by adipose tissue Tregs.**
330 Proliferation percentage, measured by CFSE decay, of non-Tregs cells after co-culture with
331 different concentrations of Tregs. n=10 pooled from two experiments performed. Two-
332 tailed t test. * p<0,05 between HFD groups.

333

334 **Discussion**

335

336 Studies on the effects of helminth infections in metabolic diseases are still emerging
337 and controversial, especially regarding the immunological mechanisms at play in the
338 improvement of metabolic parameters in the host. Our data corroborate previous
339 publications that helminth infections are able to prevent HFD-induced exacerbated weight
340 gain [35, 39, 40], dysfunctional glucose and lipid metabolism [37, 41], and decrease obesity-
341 associated inflammation [35, 36, 38, 40]. Previous reports have associated these effects with
342 a variety of mechanisms such as increased adipose tissue content of eosinophils [37, 40,
343 60], ILC2 infiltration [37], M2 polarization [35, 36, 40], and PPAR γ activation [35, 61]
344 indicating that helminth infection might influence metabolic syndrome inducing type 2
345 immune response polarization. Interestingly, classic inflammation, associated with high
346 levels of IL6 [25], IFN γ [25], TNF [62], IL1 β [63] and CCL2 [64], has been described as
347 necessary for weight gain and development of metabolic syndrome [27, 65], and is believed
348 to be counter regulated by helminth-induced type 2 polarization. Indeed, we also observed
349 higher levels of eosinophils and Th2 cells in the adipose tissue of HFD-treated and infected
350 animals. In addition, we observed decreased frequencies of Th1 and Th17 cells in adipose
351 tissue, which is consistent with the mechanisms speculated to be at play in helminth-
352 associated improvement of obesity parameters i.e., decrease in weight gain and amelioration
353 of metabolic syndrome. Interestingly, SVF cells isolated from HFD Hp animals secreted
354 similar levels of IL17, TNF and IL6 when compared to HFD Ni animals, which might be
355 related to differences associated with ex vivo and in vitro experimentation, or to additional
356 mechanisms beyond inflammation regulation. Of note, we have found that helminth
357 infection was associated with increased levels of adiponectin, IL10 and Tregs in adipose

358 tissue, which may be associated with a plethora of inflammatory and metabolic
359 mechanisms.

360 Adiponectin is an adipokine that increases insulin function [12, 54, 55] and therefore
361 is very important for glucose metabolism, acting mostly by increasing insulin sensitivity in
362 the muscle [55] and liver [55], and impairing monocyte migration to adipose tissue [55].
363 Adiponectin is abundant in plasma of healthy individuals, and its levels are negatively
364 correlated with waist circumference, visceral fat weight, triglycerides levels, fast glucose
365 and insulin levels, and also with the development of type 2 diabetes [66 – 68]. The serum
366 concentration of HDL also seems to be positively related to the level of adiponectin [67].
367 Considering the influence of adiponectin on these parameters, we speculate that lower
368 weight gain, decreased glycemic level and triglycerides, and increased HDL cholesterol
369 observed in Hp infected animals might be associated with increased production of
370 adiponectin. An indirect effect of adiponectin on glucose metabolism in the context of
371 infection was also observed in humans since anti-helminthic treatment was linked to
372 decreased concentrations of this hormone and increased development of insulin resistance
373 [69].

374 Another homeostatic and regulatory cytokine which was also up regulated by Hp
375 infection was IL10. Although recent studies have suggested that IL10 have a deleterious
376 effect on insulin pathways and weigh gain during experimental obesity [70, 71], when it
377 comes to the context of helminth infection and high fat diet, increased secretion of IL10 is
378 known to control the development of type 2 diabetes [38], improve triglycerides levels [36],
379 and increase sensitivity to insulin [41]. Perhaps, the association between IL10 and type 2
380 immunity observed in helminth infections, the modified Th2, may shift the impact of IL10
381 on obesity. In addition, IL10 has also been shown to prevent TNF-induced fat accumulation
382 in the liver [72]. Indeed, we could observe improvement in triglycerides levels, insulin

383 sensitivity, and fat accumulation in the liver in HFD Hp animals that displayed higher
384 production of IL10.

385 The development of obesity has been linked to a shift from regulatory to pro-
386 inflammatory environment in adipose tissue [27]. Few studies have found that obesity is
387 associated with reduced number [28] and dysfunction of Tregs [57]. Surprisingly, most
388 studies on helminth and obesity have focused on the role of type 2 immune responses, while
389 little is known about Treg cells in the helminth-obesity interaction. We observed that
390 helminth infection was able to modulate the phenotype, and to improve frequency and
391 function of Tregs in the adipose tissue of mice fed HFD. Due to its nature and function, we
392 speculate that Tregs can be directly associated with the regulation of inflammatory
393 parameters like the higher secretion of IL10, and metabolic improvements [28, 73].
394 Interestingly, the expression of LAP, one of the receptors found to be increased by helminth
395 infection, in Tregs cells is already described to improve glycemic levels, decrease the
396 secretion of inflammatory mediators, impair accumulation of liver fat and reduce
397 hyperplasia in β -pancreatic cells [47, 74]. CD134, another receptor upregulated by the
398 infection in Tregs, is known to reduce Th1 and Th17 cells differentiation and to sustain
399 Tregs suppression function [75 – 77]. Taken together, these data suggest that Tregs may be
400 implicated in the mechanisms induced by helminth infection in regulation of obesity
401 different than those associated with type 2 polarization.

402 Taken together, our data show the beneficial effects of helminth infection in early
403 stages of HFD-induced obesity and its associated metabolic dysfunctions. These effects can
404 be attributed to several interrelated or independent events resulting from *H. polygyrus*
405 infection: e.g., increased secretion of IL10 and adiponectin, increased eosinophils
406 frequency, promotion of Th2 differentiation, increased frequency of Tregs, increased
407 expression of Tregs markers like LAP and CD134 and maintenance of Tregs functionality.

408 Understanding the influence of helminth infection on regulatory mechanisms that may
409 alleviate metabolic syndrome may bring novel approaches to treat or prevent obesity.

410

411 **Acknowledgements**

412 The authors thank Dr. Jeffrey Bethony for critical reading of this manuscript and Dr.
413 Luciana Ventura for the support in adiponectin measurement. The authors are also grateful
414 for the technical support from Flow Cytometry platforms in Fiocruz MG and Faculdade de
415 Farmácia da UFMG.

416

417 **References**

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- [1] Bach JF. The hygiene hypothesis in autoimmunity: the role of pathogens and commensals. *Nat Rev Immunol*. 2018;18:105-20.
- [2] von Mutius E, Martinez FD, Fritzsch C, Nicolai T, Roell G, Thiemann HH. Prevalence of Asthma and Atopy in Two Areas of West and East Germany. *Am J Respir Crit Care Med*. 1994;149:358-64.
- [3] Kuehni CE, Strippoli MPF, Low N, Silverman M. Asthma in young south Asian women living in the United Kingdom: the importance of early life. *Clin Exp Allergy*. 2007;37:47-53.
- [4] Ege MJ, Mayer M, Normand AC, Genuneit J. Exposure to Environmental Microorganisms and Childhood Asthma. *N Engl J Med*. 2011;364:701-09.
- [5] Bodansky HJ, Staines A, Stephenson C, Haigh D, Cartwright R. Evidence for an environmental effect in the aetiology of insulin dependent diabetes in a transmigratory population. *BMJ*. 1992;304:1020-22.
- [6] Takei I, Asaba Y, Kasatani T, Maruyama T, Watanabe K, Yanagawa T, et al. Suppression of development of diabetes in NOD mice by lactate dehydrogenase virus infection. *J Autoimmun*. 1992;5:665-73.
- [7] Qin HY, Singh B. BCG vaccination prevents insulin-dependent diabetes mellitus (IDDM) in NOD mice after disease acceleration with cyclophosphamide. *J Autoimmun*. 1997;10:271-78.
- [8] Cardwell CR, Stene LC, Joner G, Bulsara M, Cinek O, Rosenbauer J, et al. Birth order and childhood type 1 diabetes risk: a pooled analysis of 31 observational studies. *Int J Epidemiol*. 2011;40:363-74.

- [9] Sewell DL, Reinke EK, Hogan LH, Sandor M, Fabry Z. Immunoregulation of CNS autoimmunity by helminth and mycobacterial infections. *Immunol Lett.* 2002;82: 101-10.
- [10] Houzen H, Niino M, Hirotani M., Fukazawa T. Increased prevalence, incidence, and female predominance of multiple sclerosis in northern Japan. *J Neurol Sci.*2012; 323:117-22.
- [11] Ryan SM, Eichenberger RM, Ruscher R, Giacomini PR, Loukas A. Harnessing helminth-driven immunoregulation in the search for novel therapeutic modalities. *PLoS Pathog.* 2020;16: e1008508.
- [12] Hotamisligil G. Inflammation, metaflammation and immunometabolic disorders. *Nature.* 2017;542:177-85.
- [13] WHO [Internet]. Obesity and overweight; [cited 2020 Nov 25]. Available from: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.
- [14] Mokdad AH, Ford ES, Bowman BA, Dietz WH, Vinicor F, Bales VS, et al. Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors. *JAMA.* 2003;289:76-9.
- [15] Larsson SC, Wolk A. Obesity and the risk of gallbladder cancer: a meta-analysis. *Br J Cancer.* 2007;96:1457-1461.
- [16] Larsson SC, Wolk A. Overweight, obesity and risk of liver cancer: a meta-analysis of cohort studies. *Br J Cancer.* 2007;97: 1005-08.
- [17] Fader AN, Arriba LN, Frasure HE, von Gruenigen VE. Endometrial cancer and obesity: Epidemiology, biomarkers, prevention and survivorship. *Gynecol Oncol.* 2009;114:121-27.
- [18] Stephenson GD, Rose DP. Breast Cancer and Obesity: An Update. *Nutr Cancer.* 2009;45:1-16.
- [19] Olsen CM, Green AC, Whiteman DC, Sadeghi S, Kolahdooz F, Webb PM. Obesity and the risk of epithelial ovarian cancer: A systematic review and meta-analysis. *Eur J Cancer.* 2007;43:690-709.
- [20] Freedland SJ, Platz EA. Obesity and Prostate Cancer: Making Sense out of Apparently Conflicting Data. *Epidemiol Rev.* 2007;29:88-97.
- [21] Pan SY, DesMeules M, Morrison H, Wen SW. Obesity, High Energy Intake, Lack of Physical Activity, and the Risk of Kidney Cancer. *Cancer Epidemiol Biomarkers Prev.* 2006;15:2453-60.
- [22] Frezza EE, Waschtel MS, Chiriva-Internati M. Influence of obesity on the risk of developing colon cancer. *Gut.* 2006;55:285-91.
- [23] Lumeng CN, Bodzin JL, Saltiel AR. Obesity induces a phenotypic switch in adipose tissue macrophage polarization. *J Clin Invest.* 2007;117:175-84.
- [24] Fan R, Toubal A, Goni S, Drareni K, Huang Z, Alzaid F, et al. Loss of the co-repressor GPS2 sensitizes macrophage activation upon metabolic stress induced by obesity and type 2 diabetes. *Nat Med.* 2016;22:780-91.

- [25] Liu Q, Sundar K, Mishra PK, Mousavi G, Liu Z, Gaydo A, et al. Helminth infection can reduce insulinitis and type 1 diabetes through CD25- and IL-10-independent mechanisms. *Infect Immun*. 2009;77:5347-58.
- [26] Yang H, Youm YH, Vandanmagsar B, Ravussin A, Gimble JM, Greenway F, et al. Obesity increases the production of proinflammatory mediators from adipose tissue T cells and compromises TCR repertoire diversity: implications for systemic inflammation and insulin resistance. *J Immunol*. 2010;185:1836-45.
- [27] Gregor MF, Hotamisligil GS. Inflammatory Mechanisms in Obesity. *Annu Rev Immunol*. 2011;29:415-45.
- [28] Feuerer M, Herrero L, Cipolletta D, Naaz A, Wong J, Nayer A, et al. Lean, but not obese, fat is enriched for a unique population of regulatory T cells that affect metabolic parameters. *Nat Med*. 2009;15:930-39.
- [29] Taylor MD, Harris A, Babayan SA, Bain O, Culshaw A, Allen JE, et al. CTLA-4 and CD4+CD25+ Regulatory T Cells Inhibit Protective Immunity to Filarial Parasites In Vivo. *J Immunol*. 2007;179:4626-34.
- [30] Yan C, Zhang BB, Hua H, Li B, Zhang B, Yu Q, et al. The Dynamics of Treg/Th17 and the Imbalance of Treg/Th17 in Clonorchis sinensis-Infected Mice. *PLoS ONE*. 2015;10:e0143217.
- [31] Prodjinotho UF, Lema J, Lacorcica M, Schmidt V, Vejzagic N, Sikasunge C, et al. Host immune responses during Taenia solium Neurocysticercosis infection and treatment. *PLoS Negl Trop Dis*. 2020;14: e0008005.
- [32] Hubner MP, Stocker JT, Mitre E. Inhibition of type 1 diabetes in filaria-infected non-obese diabetic mice is associated with a T helper type 2 shift and induction of FoxP3+ regulatory T cells. *Immunology*. 2009; 127:512-22.
- [33] Wilson MS, Taylor MD, Balic A, Finney CAM, Lamb JR, Maizels RM. Suppression of allergic airway inflammation by helminth-induced regulatory T cells. *J Exp Med*. 2005;202:1199-1212.
- [34] Layland LE, Straubinger K, Ritter M, Loffredo-Verde E, Garn H, Sparwasser T, et al. Schistosoma mansoni-Mediated Suppression of Allergic Airway Inflammation Requires Patency and Foxp3+ Treg Cells. *PLoS Negl Trop Dis*. 2013;7:e2379.
- [35] Yang Z, Grinchuk V, Smith A, Qin B, Bohl JA, Sun R, et al. Parasitic nematode-induced modulation of body weight and associated metabolic dysfunction in mouse models of obesity. *Infection and Immunity*. 2013;81:1905-14.
- [36] Su CW, Chen CY, Li Y, Long SR, Massey W, Kumar DV, et al. Helminth infection protects against high fat diet-induced obesity via induction of alternatively activated macrophages. *Scientific reports*. 2018;8:4607.
- [37] Berbudi A, Surendar J, Ajendra J, Gondorf F, Schmidt D, Neumann AL, et al. Filarial Infection or Antigen Administration Improves Glucose Tolerance in Diet-Induced Obese Mice. *J Innate Immun*. 2016;8:601-16.
- [38] Marimoto M, Azuma N, Kadowaki H, Abe T, Suto Y. Regulation of type 2 diabetes by helminth-induced Th2 immune response. *J Vet Med Sci*. 2016;78:1855-64.

- [39] Shimokawa C, Obi S, Shibata M, Ochia A, Imai T, Suzue K, et al. Suppression of Obesity by an Intestinal Helminth through Interactions with Intestinal Microbiota. *Infect Immun*. 2019;87:e00042-19.
- [40] Hussaarts L, Garcia-Tardon N, van Beek L, Heemskerk MM, Haeberlein S, van der Zon GC, et al. Chronic helminth infection and helminth-derived egg antigens promote adipose tissue M2 macrophages and improve insulin sensitivity in obese mice. *The FASEB Journal*. 2015;29:3027-39.
- [41] Pace F, Carvalho BM, Zanotto TM, Santos A, Guadagnini D, Silva KLC, et al. Helminth infection in mice improves insulin sensitivity via modulation of gut microbiota and fatty acid metabolism. *Pharmacological Research*. 2018;132:33-46.
- [42] Wiria AE, Hamid F, Wammes LJ, Prasetyani MA, Dekkers OM, May L, et al. Infection with Soil-Transmitted Helminths Is Associated with Increased Insulin Sensitivity. *PLoS One*. 2015;10:e0127746.
- [43] Wiria AE, Wammes LJ, Hamid F, Dekkers OM, Prasetyani MA, May L, et al. Relationship between Carotid Intima Media Thickness and Helminth Infections on Flores Island, Indonesia. *PLoS One*. 2013;8:e0054855.
- [44] Hays R, Esterman A, Giacomini P, Loukas A, McDermott R. Does *Strongyloides stercoralis* infection protect against type 2 diabetes in humans? Evidence from Australian Aboriginal adults. *Diabetes Res Clin Pract*. 2015;107:355-61.
- [45] Chen Y, Lu J, Huang Y, Wang T, Xu Y, Li M, et al. Association of Previous Schistosome Infection With Diabetes and Metabolic Syndrome: A Cross-Sectional Study in Rural China. *J Clin Endocrinol Metab*. 2013;98:E283-E287.
- [46] Rajamanickam A, Munisankar S, Bhootra Y, Dolla C, Thiruvengadam K, Nutman T B, et al. Metabolic Consequences of Concomitant *Strongyloides stercoralis* Infection in Patients With Type 2 Diabetes Mellitus. *Clin Inf Dis*. 2018;69:697-704.
- [47] Ilan Y, Maron R, Tukpah AM, Maioli TU, Murugaiyan G, Yang K, et al. Induction of regulatory T cells decreases adipose inflammation and alleviates insulin resistance in ob/ob mice. *Proc Natl Acad Sci USA*. 2010;107:9765-70.
- [48] Winer S, Chan Y, Paltser G, Truong D, Tsui H, Bahrami J. Normalization of Obesity-Associated Insulin Resistance through Immunotherapy: CD4⁺ T Cells Control Glucose Homeostasis. *Nat Med*. 2009;15:921-29.
- [49] Folch J, Lees M, Sloane Stanley GH. A simple method for the isolation and purification of total lipides from animal tissues. *J Biol Chem*. 1957;226:497-509.
- [50] Rodbell M. Metabolism of Isolated Fat Cells. *J Biol Chem*. 1964;239:375-80.
- [51] Collison LW, Vignali DAA. In vitro Treg suppression assays. *Methods Mol Biol*. 2011;707:21-37.
- [52] Tilg H, Moschen AR. Adipocytokines: mediators linking adipose tissue, inflammation and immunity. *Nat Rev Immunol*. 2006;6:772-38.
- [53] Cao H. Adipocytokines in Obesity and Metabolic Disease. *J Endocrinol*. 2014;220:T47-T59.
- [54] Berg AH, Combs TP, Du X, Brownlee M, Scherer PE. The adipocyte-secreted protein Acrp30 enhances hepatic insulin action. *Nat Med*. 2001;8:947-53.

- [55] Chandran M, Phillips SA, Ciaraldi T, Henry RR. Adiponectin: More Than Just Another Fat Cell Hormone?. *Diabetes Care*. 2003;26:2442-50.
- [56] Barbi J, Pardoll DM, Pan F. Treg functional stability and its responsiveness to the microenvironment. *Immunol Rev*. 2014;259:115-39.
- [57] Smith AJ, Liu J, Yilmaz A, Wright V, Bradley D, Hsueh WA. Obesity contributes to a dysfunctional regulatory T Cell phenotype within adipose tissue. *J Immunol*. 2020;204:145.38.
- [58] Metenou S, Demebele B, Konate S, Dolo H, Coulibaly SY, Coulibaly YI, et al. At Homeostasis Filarial Infections Have Expanded Adaptive T Regulatory but Not Classical Th2 Cells. *J Immunol*. 2010;184:5375-82.
- [59] Khalil N. TGF-beta: from latent to active. *Microbes Infect*. 1999;1:1255-63.
- [60] Wu D, Molofsky AB, Liang HE, Ricardo-Gonzalez RR, Jouihan HA, Bando JK, et al. Eosinophils Sustain Adipose Alternatively Activated Macrophages Associated with Glucose Homeostasis. *Science*. 2011;332:243-47.
- [61] Cipolletta D, Feuerer M, Li A, Kamei N, Lee J, Shoelson SE, et al. PPAR γ is a major driver of the accumulation and phenotype of adipose-tissue Treg cells. *Nature*. 2012;486:549-53.
- [62] Aguirre V, Uchida T, Yenush L, Davis R, White MF. The c-Jun NH(2)-terminal kinase promotes insulin resistance during association with insulin receptor substrate-1 and phosphorylation of Ser(307). *J Biol Chem*. 2000;275:9047-54.
- [63] Ballak DB, Stienstra R, Tack CJ, Dinarello CA, van Diepen JA. IL-1 family members in the pathogenesis and treatment of metabolic disease: Focus on adipose tissue inflammation and insulin resistance. *Cytokine*. 2015;75:280-90.
- [64] Rull A, Camps J, Alonso-Villaverde C, Joven J. Insulin resistance, inflammation, and obesity: role of monocyte chemoattractant protein-1 (or CCL2) in the regulation of metabolism. *Mediators Inflamm*. 2010;2010:326580.
- [65] Sano T, Sanada T, Sotomaru Y, Shinjo T, Iwashita M, Yamashita A, et al. Ccr7 null mice are protected against diet-induced obesity via Ucp1 upregulation and enhanced energy expenditure. *Nutrition & Metabolism*. 2019;16:43.
- [66] Arita Y, Kihara S, Ouchi N, Takahashi M, Maeda K, Miyagawa J, et al. Paradoxical Decrease of an Adipose-Specific Protein, Adiponectin, in Obesity. *Biochem Biophys Res Commun*. 1999;257:79-83.
- [67] Ryo M, Nakamura T, Kihara S, Kumada M, Shibazaki S, Nagai M, et al. Adiponectin as a Biomarker of the Metabolic Syndrome. *Circ J*. 2004;68:975-81.
- [68] Li S, Shin HJ, Ding EL, van Dam RM. Adiponectin Levels and Risk of Type 2 Diabetes: A Systematic Review and Meta-analysis. *JAMA*. 2009;302:179-88.
- [69] Tahapary DL, Ruitter KD, Martin I, Brienen EAT, van Lieshout L, Djuardi Y, et al. Effect of anthelmintic treatment on leptin, adiponectin and leptin to adiponectin ratio: a randomized-controlled trial. *Nutrition & Diabetes*. 2017;7:e289.
- [70] Rajbhandari P, Thomas BJ, Feng A-C, Hong C, Wang J, Vergnes L, et al. IL-10 Signaling Remodels Adipose Chromatin Architecture to Limit Thermogenesis and Energy Expenditure. *Cell*. 2018;172:1-16.

- [71] Beppu LY, Mooli RGR, Qu X, Marrero GJ, Finley CA, Fooks AN, et al. Tregs facilitate obesity and insulin resistance via a Blimp-1/IL-10 axis. *JCI Insight*. 2021;6(3):e140644.
- [72] Day CP. Pathogenesis of steatohepatitis. *Best Pract Res Clin Gastroenterol*. 2002;16:663-78.
- [73] Pereira S, Teixeira L, Aguilar E, Oliveira M, Savassi-Rocha A, Palaez J N, et al. Modulation of adipose tissue inflammation by FOXP3+ Treg cells, IL-10, and TGF- β in metabolically healthy class III obese individuals. *Nutrition*. 2014;30:784-90.
- [74] Cipolletta D, Kolodin D, Benoist C, Mathis D. Tissue Tregs: A unique population of adipose-tissue-resident Foxp3+CD4+ T cells that impacts organismal metabolism. *Seminars in Immunology*. 2011;23:431-37.
- [75] Piconese S, Timperi E, Pacella I, Schinzari V, Tripodo C, Rossi M, et al. Human OX40 tunes the function of regulatory T cells in tumor and nontumor areas of hepatitis C virus-infected liver tissue. *Hepatology*. 2014;60:1494-1507.
- [76] Piconese S, Pittoni P, Burocchi A, Gorzanelli A, Care A, Tripodo C, et al. A non-redundant role for OX40 in the competitive fitness of Treg in response to IL-2. *Eur J Immunol*. 2010;40:2902-13.
- [77] Deng T, Suo C, Chang J, Yang R, Li J, Cai T, et al. ILC3-derived OX40L is essential for homeostasis of intestinal Tregs in immunodeficient mice. *Cell Mol Immunol*. 2019;17:163-77.

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421

422 **Supporting information**

423

424 **S1 Fig. Gate strategy analysis of eosinophils.** Dot/contour plots are representative of the
425 analysis strategy used. Initially gates for leucocytes (SSC-A x FSC-A), single cells (FSC-H
426 x FSC-A) and time (SSC-A x Time) were delimited. Then after mixing the gates using the
427 tool Boolean Gate – Make and Gate, the eosinophils population was determined by
428 CD11b^{int}Siglec F⁺.

429

430 **S2 Fig. Gate strategy analysis for T lymphocytes subtypes.** Dot/contour plots are
431 representative of the analysis strategy used. After selecting the lymphocytes population

432 (SSC-A x FSC-A), the gate of single cells (FSC-H x FSC-A) was delimited considering
433 only the cells included in the previous gate. If necessary, considering the population from
434 single cells, the gate of time was made (SSC-A x *Time*) to exclude interruptions during
435 acquisition. CD3⁺ cells flowed by CD4⁺ were identified by being T helper cells. This last
436 population was analyzed considering SSC-A x Tbet/Gata3/RORgT, resulting in Th1, Th2
437 and Th17 populations, respectively.

438

439 **S3 Fig. Gate strategy analysis of Tregs.** Dot/contour plots are representative of the
440 analysis strategy used. First the gate of lymphocytes (SSC-A x FSC-A) was delimited, and
441 from it the gate for single cells (FSC-H x FSC-A) was made. From the resulted population
442 CD3⁺ followed by CD4⁺, and CD25⁺ x Foxp3⁺ cells were selected resulting in Tregs.
443 Considering Tregs the gates SSC-A x GITR, CD152, LAP and CD134 were made resulting
444 in the positive population for each marker.

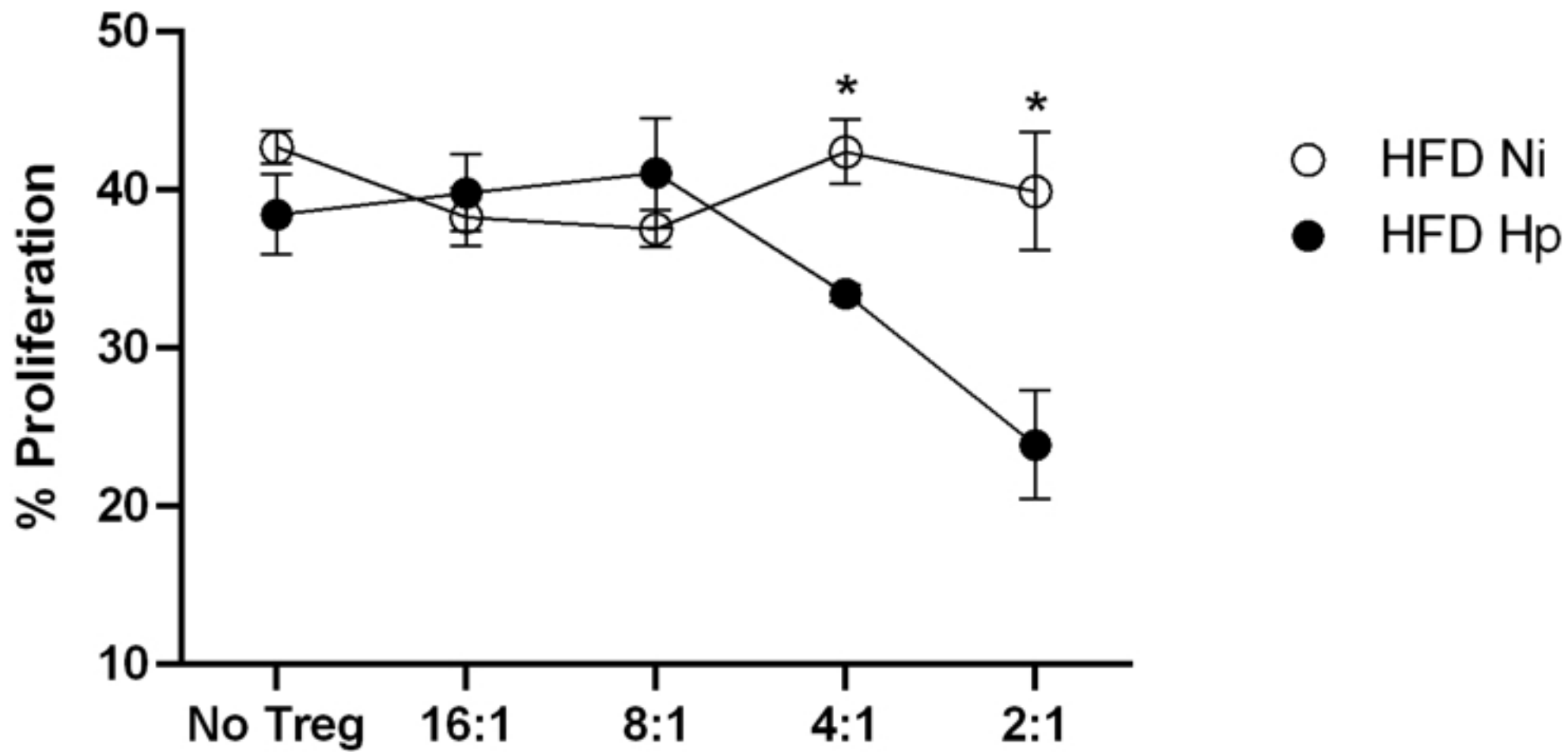
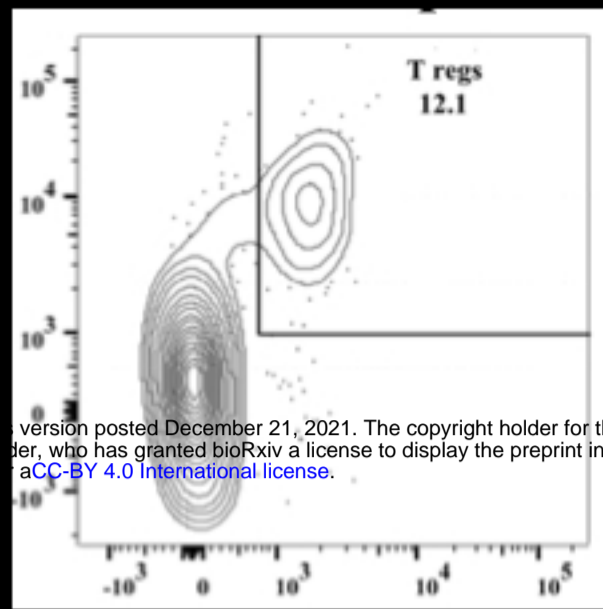
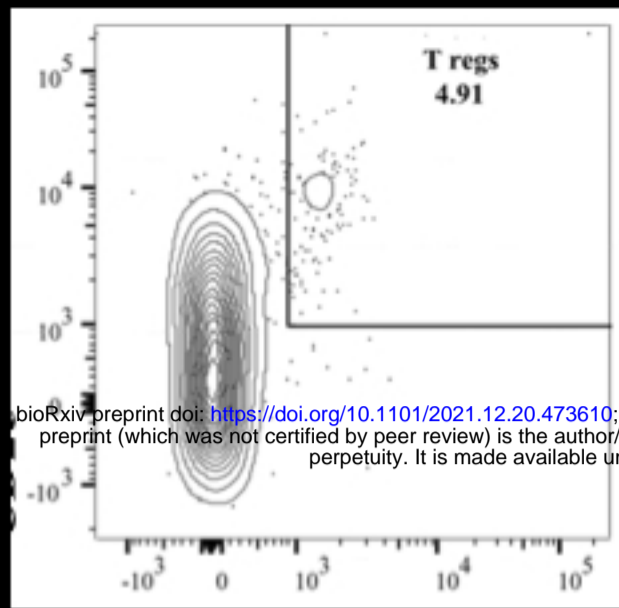


Figure 4



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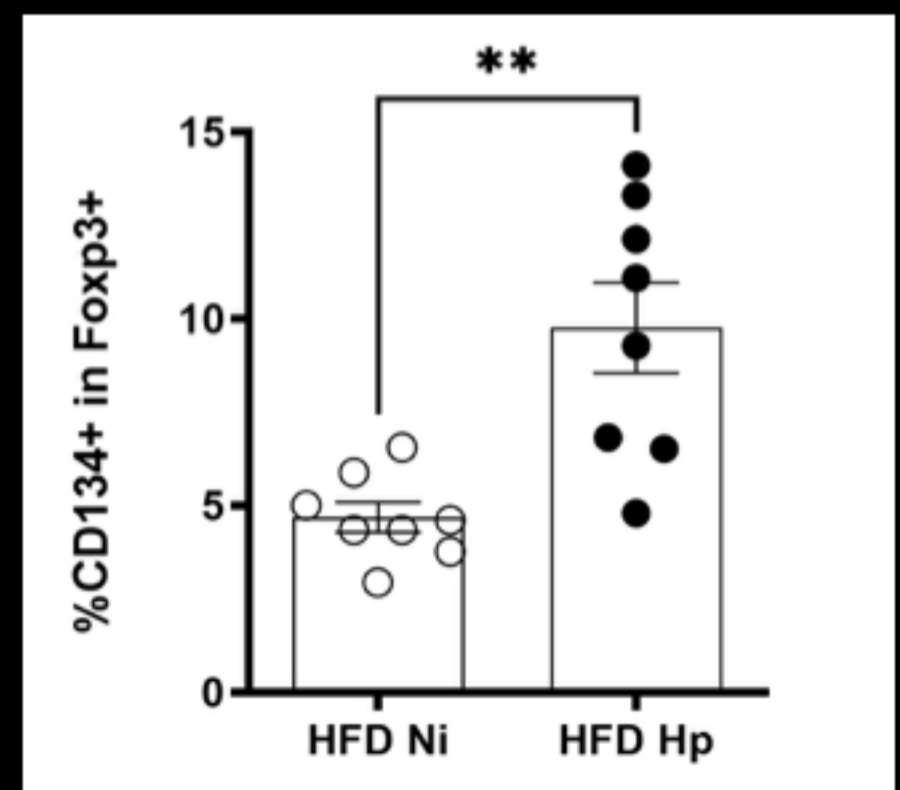
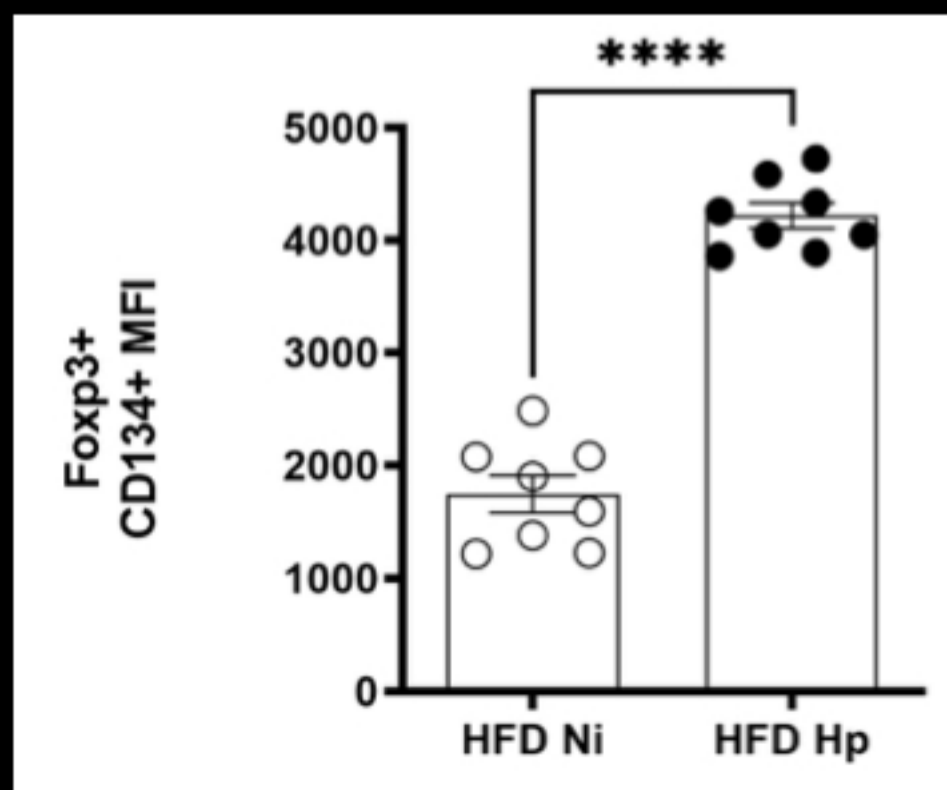
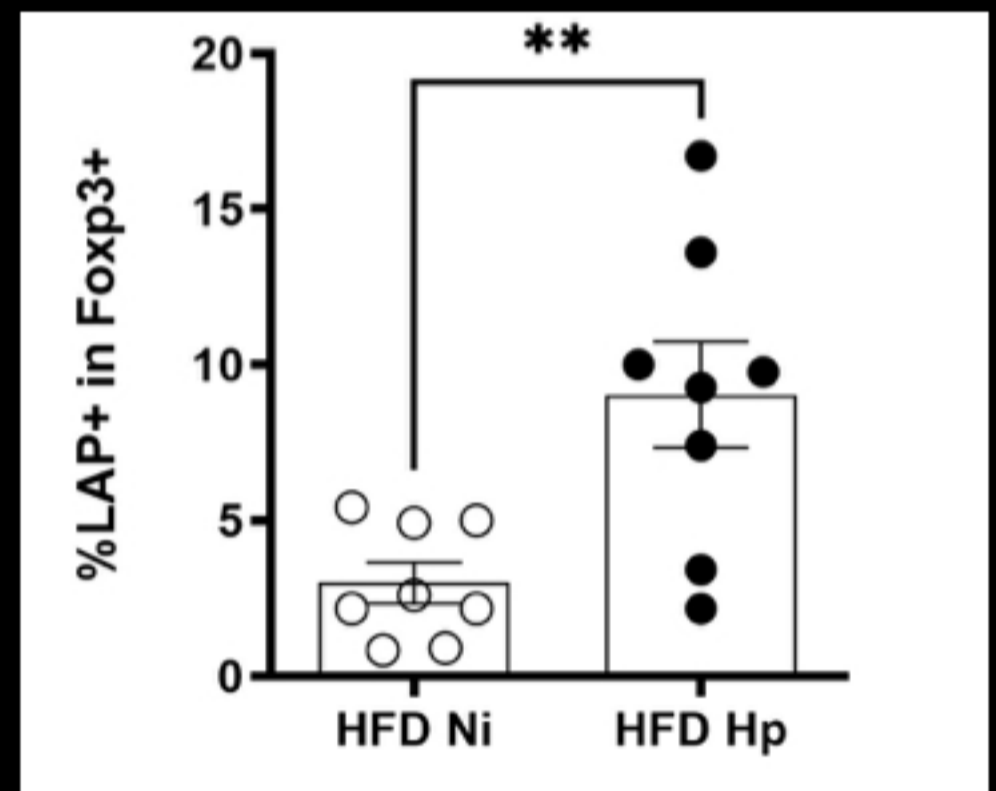
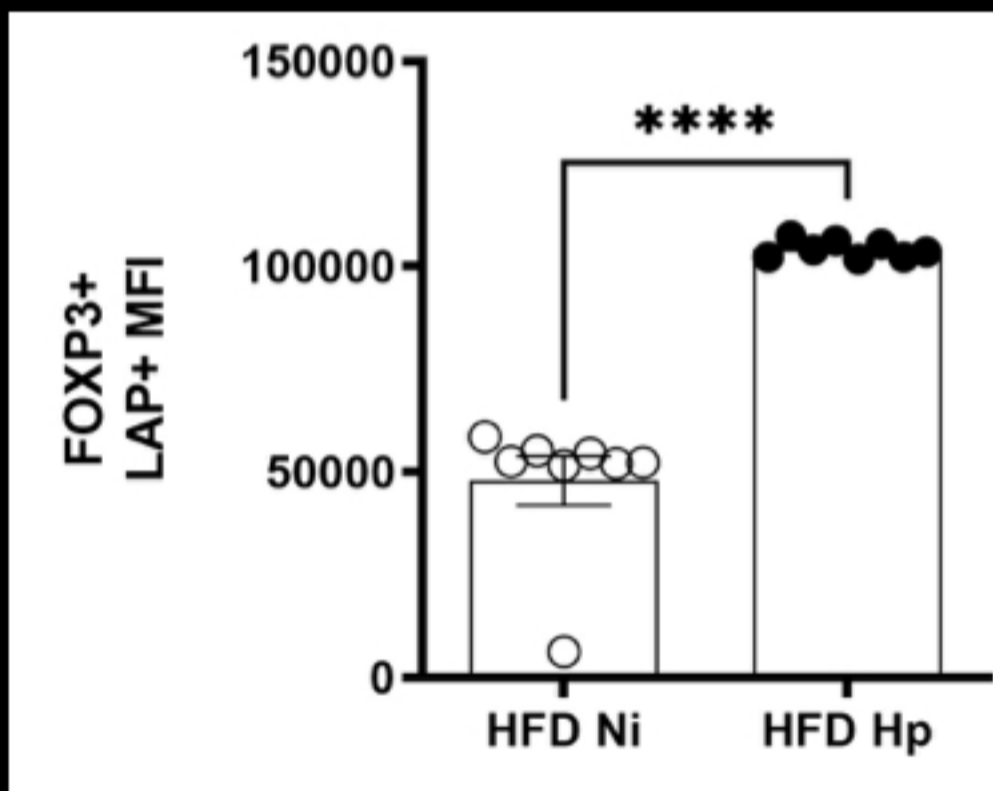
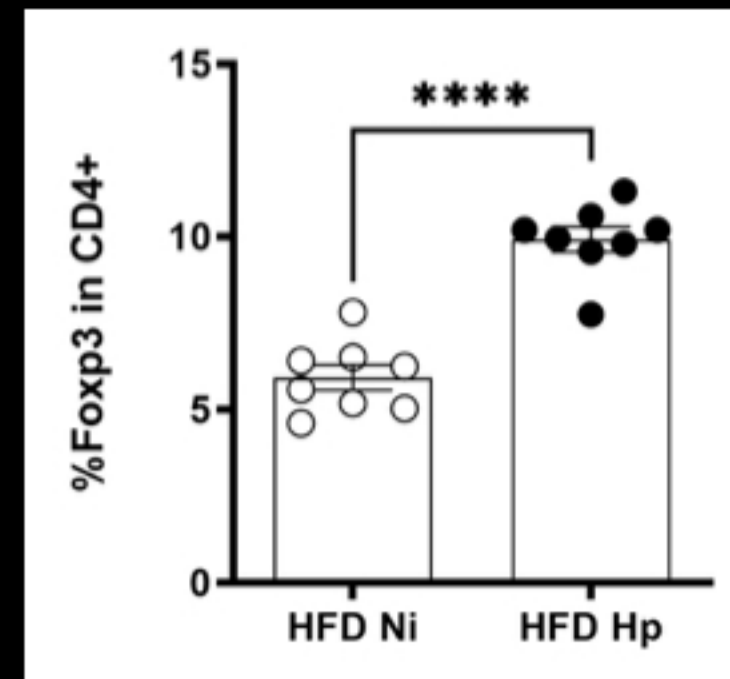


Figure 3

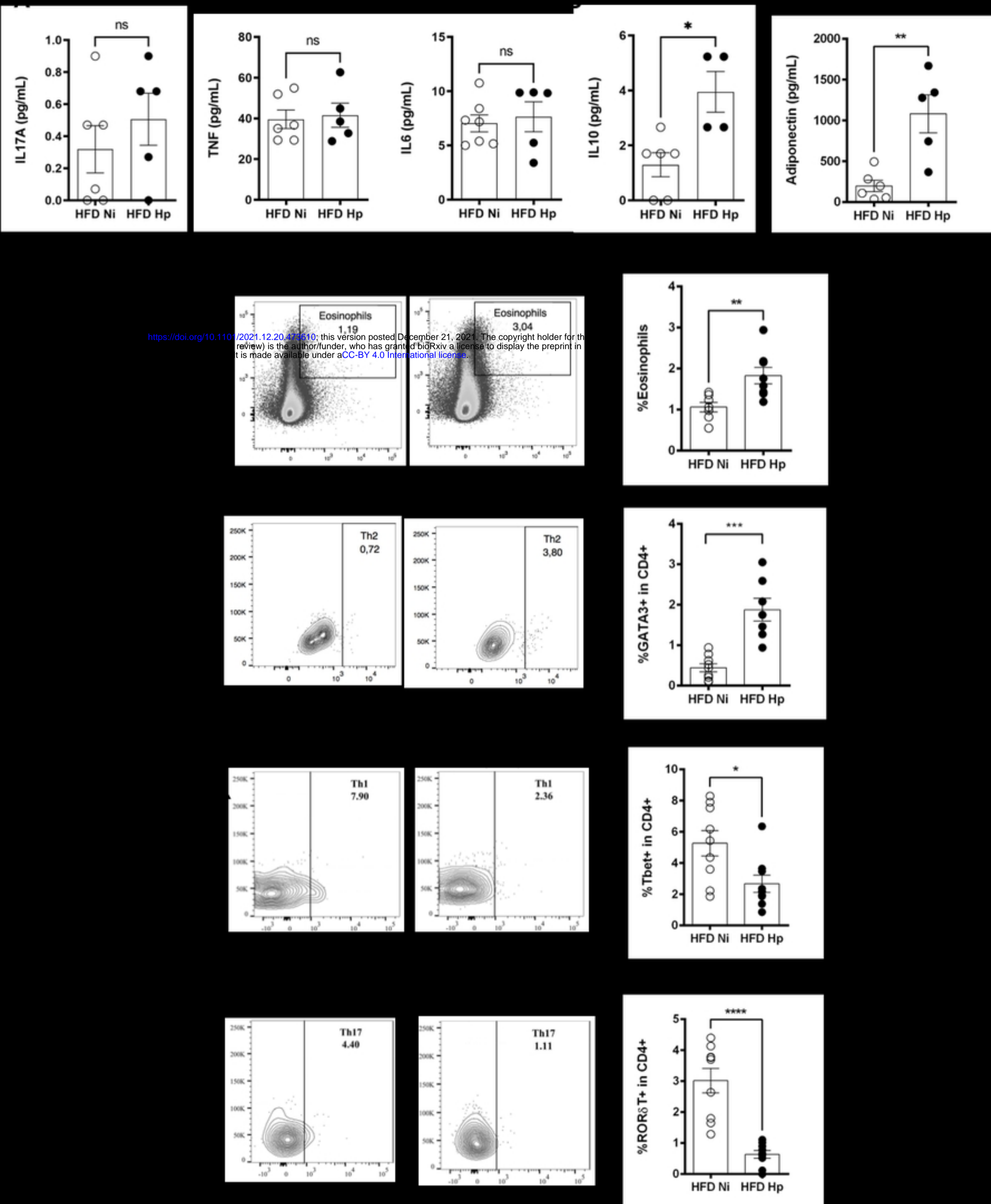


Figure 2

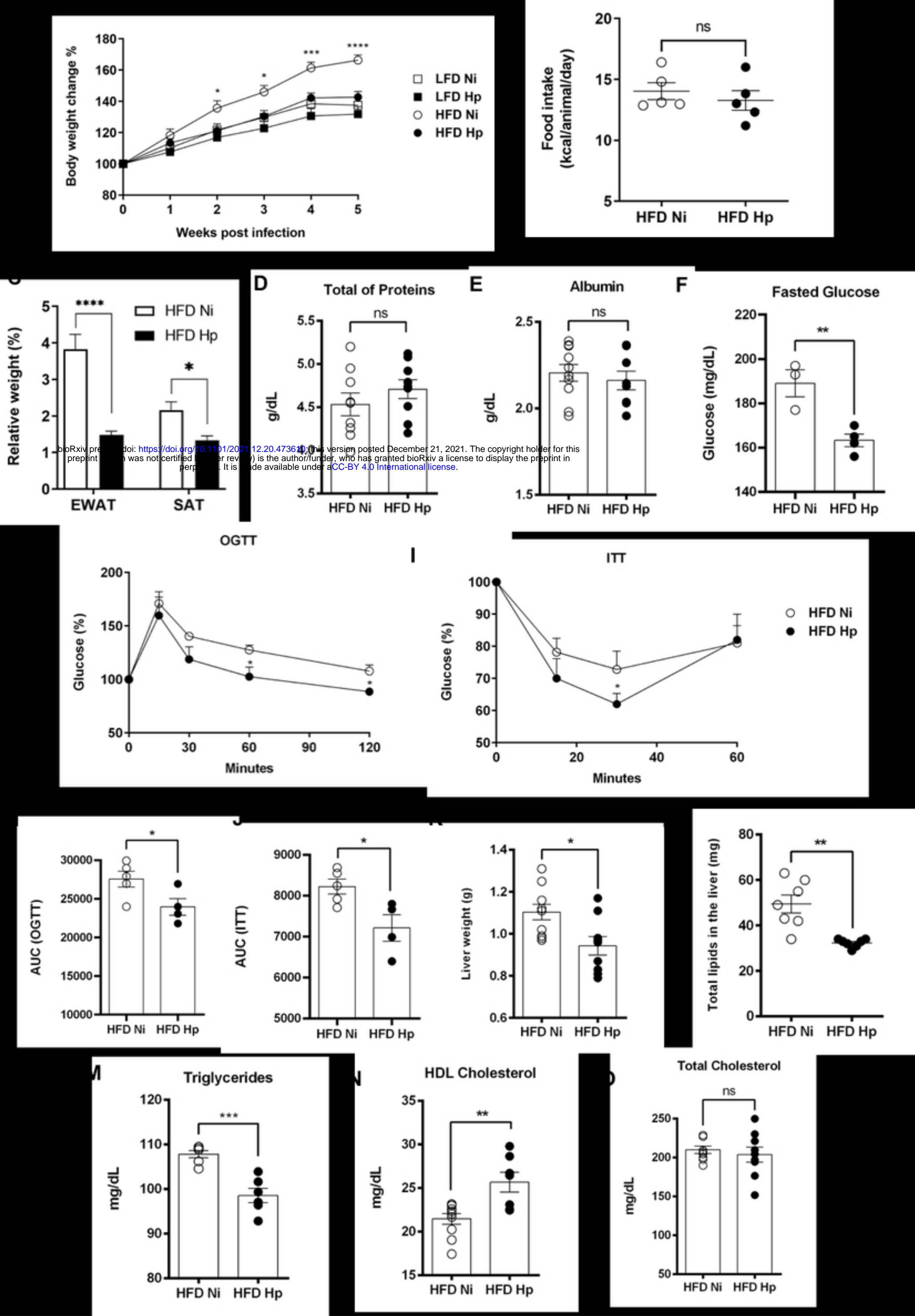


Figure 1