The IMD and JNK pathways drive the functional integration of the immune and

circulatory systems of mosquitoes

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Abstract

The immune and circulatory systems of animals are functionally integrated. In

mammals, the spleen and lymph nodes filter and destroy microbes circulating in the

blood and lymph, respectively. In insects, immune cells that surround the heart valves

(ostia), called periostial hemocytes, destroy pathogens in the areas of the body that

experience the swiftest hemolymph (blood) flow. An infection recruits additional

periostial hemocytes, amplifying heart-associated immune responses. Although the

structural mechanics of periostial hemocyte aggregation have been defined, the genetic

factors that regulate this process remain less understood. Here, we conducted RNAseq

in the African malaria mosquito, *Anopheles gambiae*, and discovered that an infection

upregulates multiple components of the IMD and JNK pathways in the heart with

periostial hemocytes. This upregulation is greater in the heart with periostial hemocytes

than in the circulating hemocytes or the entire abdomen. RNAi-based knockdown then

showed that the IMD and JNK pathways drive periostial hemocyte aggregation and alter

phagocytosis and melanization on the heart, thereby demonstrating that these pathways

regulate the functional integration between the immune and circulatory systems.

Understanding how insects fight infection lays the foundation for novel strategies that

could protect beneficial insects and harm detrimental ones.

Keywords: Hemocytes; Heart; Insect; Melanization; Phagocytosis

1. Introduction

Insect immune cells, called hemocytes, produce pattern recognition receptors

that detect microbial invaders, activate immune signaling pathways, and kill pathogens

via phagocytosis, lysis, melanization and other mechanisms (1-3). These hemocytes

exist in a dynamic body cavity called the hemocoel, where the flow of hemolymph

constantly circulates them throughout the body. However, not all hemocytes circulate;

one quarter of hemocytes are attached to tissues and remain sessile (4). A sub-

population of these sessile hemocytes concentrates on the outer surface of the heart

and, more specifically, in the regions surrounding heart valves called ostia (5, 6). These

heart-associated hemocytes, called periostial hemocytes, reside in the locations of the

body that experience the highest hemolymph flow, and intensely phagocytose bacteria

and malaria parasites within seconds of their entry into the hemocoel. As this is

happening, additional hemocytes leave circulation and aggregate in the periostial

regions of the heart, thereby augmenting the heart-associated immune response (5, 6).

Although the kinetics and structural mechanics of periostial immunity have only been

described in the African malaria mosquito, *Anopheles gambiae* (5-9), heart-associated

immune responses have also been reported in other mosquito species, fruit flies, stick

insects, and moths (10-12). Further analysis of insects from 16 different orders showed

that the functional integration between the immune and circulatory systems is

conserved across the entire insect lineage (13).

In mosquitoes, pattern recognition receptors in the thioester-containing protein

family, together with adhesion and phagocytosis factors in the Nimrod protein family,

positively regulate immune responses on the heart (14, 15). However, heart-associated

immune responses are triggered by both bacterial and malarial infections, and by both

peptidoglycan and B-1,3-glucan (5, 6). Hence, the regulatory networks that drive

periostial hemocyte aggregation undoubtedly extend beyond pattern recognition

receptors and adhesion molecules. In insects, immune responses are primarily driven

by pathways such as Toll, immune deficiency (IMD), c-Jun N-terminal kinase (JNK), and

Jak/Stat (1, 16). The Toll pathway acts via the transcription factor Rel1, and primarily

responds to Gram(+) bacteria, fungi and rodent malaria parasites, whereas the IMD and

interlinked JNK pathways act via the transcription factors Rel2 and JNK, respectively,

and primarily respond to Gram(–) bacteria and human malaria parasites (17, 18). In fruit

flies, the Toll pathway is also involved in hemocyte differentiation, and its constitutive

activation disrupts sessile hemocytes (19, 20). The IMD pathway has not been directly

linked to cellular immunity but its canonical activator, the peptidoglycan recognition

protein PGRP-LC, positively regulates phagocytosis of *Escherichia coli* but not

Staphylococcus aureus (21). The Jak/Stat pathway acts via the Stat family of

transcription factors. In mosquitoes, this pathway responds to malaria parasites and

viruses (22, 23), and in fruit flies it controls hemocyte maturation and differentiation (24,

25).

The goal of this study was to identify genes and regulatory pathways that drive

periostial hemocyte aggregation in *A. gambiae*. Using an unbiased RNA sequencing

(RNAseq) approach that was followed by empirical testing with RNA interference

(RNAi), we uncovered that the IMD and JNK pathways drive periostial hemocyte

aggregation and immune responses on the heart, thereby regulating the functional

integration between the immune and circulatory systems of mosquitoes.

2. Results

2.1. Infection upregulates immune genes in periostial hemocytes

To identify genes that may drive periostial hemocyte aggregation, we undertook an unbiased RNAseq approach where we sequenced the transcriptome of tissues from mosquitoes that were naïve, injured, or infected with Gram(–) GFP-*E. coli* or Gram(+) *S. aureus* (Figure 1A-B; *Dataset* S1). Three tissues were isolated at 4 hr after treatment: (i) the heart containing periostial hemocytes, (ii) the hemolymph containing circulating hemocytes, and (iii) the entire abdomen. Mosquitoes were assayed at 4 hr after treatment because the number of periostial hemocytes approximately doubles within the first hour of infection, and plateaus by 4 hr after infection (5). In these experiments, most mosquitoes were used for sequencing, but a subset of mosquitoes was used to confirm that infection induces heart-associated cellular immune responses. Indeed, a resident population of periostial hemocytes was present in both naïve and injured mosquitoes, and the number of periostial hemocytes increased 1.8- and 1.6-fold after GFP-*E. coli* and *S. aureus* infection, respectively (Figure 1B-C).

RNAseq revealed that, relative to the heart and periostial hemocytes of naïve and injured mosquitoes, 73 and 132 genes are upregulated more than 4-fold ($P < 0.05$) in the heart and periostial hemocytes of mosquitoes infected with GFP-*E. coli* and *S. aureus*, respectively (Figure 1D). Because periostial hemocyte aggregation is a dynamic immune response that occurs during any bacterial infection, we hypothesized that its core molecular drivers must be preferentially upregulated in periostial hemocytes following both *E. coli* and *S. aureus* infection. We found that 55 genes met this overlap

107   criterion (Figure 1E; Table S1). Comparing the heart and periostial hemocyte RNAseq

108   data to RNAseq data from (i) circulating hemocytes and (ii) the entire abdomen then

109   revealed that infection upregulates more genes in the heart with periostial hemocytes

110   than in the circulating hemocytes or the abdomen (Figure 1D-E; Tables S1-S3).

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Figure 1. Infection upregulates immune genes in periostial hemocytes. (*A*) The
heart with periostial hemocytes, the circulating hemocytes, and the abdomen of
mosquitoes that were naïve, injured, or infected with GFP-*E. coli* or *S. aureus* were
sequenced by RNAseq at 4 hr post-treatment. (*B*) Fluorescence and DIC overlay shows
that the periostial hemocytes (red) remain attached to a resected heart (green). Marked
are the periostial regions for each abdominal segment, the thoraco-abdominal (T-A)
ostia and the posterior excurrent opening. Image is modified from Sigle and Hillyer (7),
and reproduced according to Creative Commons Attribution License CC BY. (*C*) Naïve
and injured mosquitoes have resident periostial hemocytes, but infection for 4 hr with
GFP-*E. coli* or *S. aureus* induces the aggregation of additional hemocytes at the
periostial regions. Whiskers show the standard error of the mean (S.E.M.; n = 14 for all
groups). (*D*) Bar plots show the number of genes significantly upregulated or
downregulated at 4 hr after GFP-*E. coli* or *S. aureus* infection in the periostial
hemocytes and heart (left), the circulating hemocytes (middle), and the entire abdomen
(right). (*E*) Venn diagrams show that 55, 21 and 15 genes are significantly upregulated
in the periostial hemocytes, the circulating hemocytes or the abdomen, respectively,
during both GFP-*E. coli* and *S. aureus* infections. (F) Table listing the immune genes
that are among the 55 genes that were upregulated in the heart with periostial
hemocytes following both GFP-*E. coli* or *S. aureus* infection. Genes that participate in
the IMD and JNK pathway are in bold.
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We then scrutinized the reported function of the 55 candidate genes. Twelve

have immune function (Figure 1F), and strikingly, 6 are part of IMD and JNK pathway:

the peptidoglycan recognition protein *PGRP-LA* (26), the inhibitor of apoptosis family

member *IAP2* (27), the IMD pathway transcription factor *rel2* (28, 29), the antimicrobial

peptides *cec3* (29) and *def1* (30, 31), and the JNK pathway transcription factor *JNK3*

(32, 33). Multiple aspects of the IMD and JNK pathway are represented: upstream

components such as *PGRP-LA* and *IAP2*, and downstream elements from both

branches of the pathway, with the classical IMD cascade represented by *rel2*, *cec3* and

def1, and the bifurcation into the JNK pathway represented by *JNK3* (27, 34, 35) (Figure

S1). Relevant to this finding, activating the IMD pathway induces the expression of the

scavenger and phagocytosis receptor *eater* (36), which positively regulates hemocyte

adhesion in fruit flies and periostial hemocyte aggregation in mosquitoes (15, 37). The

IMD pathway also induces the expression of the thioester containing protein *TEP1*,

which is involved in phagocytosis and periostial hemocyte aggregation (14). Moreover,

transglutaminases are pleiotropic enzymes that in *Drosophila* inhibit the IMD pathway

(38, 39), and a mosquito transglutaminase – *TGase3* – negatively regulates periostial

hemocyte aggregation and has infection-dependent effects on the heart rate (40, 41).

Finally, the JNK pathway is associated with cell adhesion and phagocytosis by

regulating the cytoskeleton (32, 42). The JNK pathway also induces the expression of

the engulfment receptor *draper* (43) and *TEP1* (33), both of which affect periostial

hemocyte aggregation in mosquitoes (14, 15). All six IMD and JNK pathway genes

identified in our unbiased screen were more highly upregulated in the heart and

periostial hemocytes than in the other tissues (Figure S2). The remaining six candidate

genes with immune function that were identified in our screen – *CLIPB17*, *DDC*,

SRPN16, *CLIPB11*, *PGRP-LB* and *upd3k* – do not participate in a common pathway.

Because the downregulation of genes could also impact hemocyte aggregation,

we assessed the genes that were downregulated after both *E. coli* and *S. aureus*

infection, relative to naïve and injured mosquitoes. No genes met this criterion for the

abdomen, but 29 genes met this criterion for the heart with periostial hemocytes and 19

genes for the circulating hemocytes (Tables S4 and S5). Five of these genes were

shared between the heart with periostial hemocytes and the circulating hemocytes, but

none of the 43 genes have a classical role in immunity or carry a function suggestive of

involvement in hemocyte aggregation. Therefore, based on the RNAseq analyses we

hypothesized that the main driver of periostial hemocyte aggregation is the IMD and

JNK pathway.

2.2.   The IMD pathway positively regulates periostial hemocyte aggregation

To determine whether the IMD pathway regulates periostial hemocyte

aggregation, we synthesized double-stranded RNA (dsRNA) to target the IMD cascade

transcription factor, *rel2*, and its negative regulator, *caspar*, and achieved RNAi-based

silencing of 43% and 37%, respectively, compared to the ds*bla(Ap^R)* control mosquitoes

(Figure S3). Moreover, because *Tep1* is (i) activated by the Rel2 arm of the IMD

pathway (44, 45) and (ii) a positive driver of periostial hemocyte aggregation (14), we

measured its mRNA abundance in *rel2* and *caspar* RNAi mosquitoes. Silencing of *rel2*

did not alter *TEP1* mRNA abundance but silencing of *caspar* increased it. Because *cec3*

and *def1* are also activated by Rel2 (29-31), we measured their mRNA abundance in

RNAi mosquitoes. Silencing of *rel2* decreased *cec3* and *def1* mRNA abundance

whereas silencing of *caspar* increased them (Figure S3). Overall, these data are

consistent with the role that the Rel2 arm of the IMD pathway plays in regulating *TEP1*,

cec3 and *def1* expression.

To assess whether the IMD pathway drives heart-associated immune responses,

we compared the number and activity of periostial hemocytes in *rel2* and *caspar* RNAi

mosquitoes, relative to ds*bla(Ap^R)* control mosquitoes (Figure 2 and 3). As expected,

infection for 4 hr induced the aggregation of hemocytes at the periostial regions of

ds*bla(Ap^R)* mosquitoes, and this aggregation remained in place at 24 hr. In uninfected

mosquitoes, knocking down *rel2* did not change the number of periostial hemocytes, but

at 4 hr following infection, knockdown of *rel2* decreased the number of periostial

hemocytes by 18%, relative to ds*bla(Ap^R)* mosquitoes (Figure 2A-B). At 24 hr post-

infection, the effect of *rel2* RNAi on periostial hemocyte aggregation was diminished.

When we instead knocked down *caspar*, the number of periostial hemocytes increased

by 39% in uninfected mosquitoes, and infection for 4 and 24 hr increased the number of

periostial hemocytes by 30% and 19%, respectively, relative to similarly treated

ds*bla(Ap^R)* mosquitoes. This shows that *rel2* positively regulates periostial hemocyte

aggregation whereas *caspar* negatively regulates this process.

To determine whether the IMD pathway specifically affects periostial hemocytes

and not sessile hemocytes in general, we counted the number of sessile hemocytes

outside of the periostial regions in the tergum of abdominal segments 4 and 5 in the

same mosquitoes examined for periostial hemocytes (Figure 2C). Knockdown of *rel2* or

caspar did not alter the number of non-periostial sessile hemocytes in uninfected

mosquitoes or mosquitoes infected for 4 hr. However, at 24 hr following infection,

caspar RNAi decreased non-periostial sessile hemocytes by 22%. These results

demonstrate that the IMD pathway regulates periostial hemocyte aggregation while

having a minimal effect on the rest of the sessile hemocytes.

Figure 2. The IMD pathway drives periostial hemocyte aggregation. (*A*)
Fluorescence images show periostial hemocytes (CM-DiI; red) surrounding a single pair
of ostia (asterisks) on a segment of the heart (outlined by dotted lines) of ds*bla(Ap^R)*,
ds*rel2* and ds*caspar* mosquitoes that were not infected or had been infected with GFP-
E. coli for 4 or 24 hr. Anterior is on top. (*B-C*) Graphs for ds*bla(Ap^R)*, ds*rel2* and
ds*caspar* mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4
or 24 hr. The graphs show: (*B*) average number of periostial hemocytes; and (*C*)
average number of sessile hemocytes outside of the periostial regions in the tergum of
abdominal segments 4 and 5. Graphs show the mean and S.E.M. The data were
analyzed by two-way ANOVA (bottom box), followed by Dunnett's multiple comparison
test. N indicates sample size. Asterisks in graphs indicate post-hoc P < 0.05.
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221   Periostial hemocytes phagocytose bacteria, leading to their accumulation at the

222 periostial regions (5, 6). To determine whether the IMD pathway affects the phagocytic

223 activity of periostial hemocytes, we measured the GFP-*E. coli* fluorescence pixel area in

224 the periostial regions of infected mosquitoes (Figure 3A; Figure S4). At 4 hr following

225 infection, the GFP-*E. coli* pixel area was similar regardless of dsRNA treatment. At 24 hr

226 after infection, this area decreased in ds*bla(Ap^R)* and ds*caspar* mosquitoes, indicating

227 that periostial hemocytes efficiently destroyed the pathogens. However, at 24 hr

228 following infection, *rel2* RNAi significantly increased GFP-*E. coli* accumulation at the

229 periostial regions. Periostial hemocytes also phagocytose melanized bacteria (5, 6), and

230 one melanization related-gene – dopa decarboxylase or *DDC* (46, 47) – was

231 upregulated in both the heart with periostial hemocytes and the circulating hemocytes.

232 Therefore, we measured melanin accumulation in the periostial regions (Figure 3B;

233 Figure S4). Melanin was absent in uninfected mosquitoes and mosquitoes that were

234 infected for 4 hr. However, at 24 hr following infection, *rel2* RNAi increased melanin

235 deposits at the periostial regions whereas *caspar* RNAi had no effect.

236   The increased accumulation of GFP-*E. coli* and melanin in *rel2* RNAi mosquitoes

237 at 24 hr after infection could be due to either (i) enhanced phagocytosis by periostial

238 hemocytes, or (ii) higher bacterial proliferation in the hemocoel, which places increased

239 pressure on the phagocytosis response. To differentiate between these two scenarios,

240 we measured the systemic GFP-*E. coli* infection intensity and observed that, at 4 hr after

241 infection, the bacterial intensity was similar for all dsRNA treatments, but at 24 hr,

242 knockdown of *rel2* resulted in a higher infection intensity than treatment with ds*caspar* or

243 ds*bla(Ap^R)* (Figure 3C). This suggests that *rel2* is essential for proper bacterial killing in

the hemocoel, and therefore, knocking it down increases infection intensity in a manner

that leads to increased phagocytosis in the periostial regions. However, because silencing

rel2 and *caspar* had opposite effects on periostial hemocyte aggregation at 4 hr, a time

when dsRNA treatment does not impact infection intensity, we conclude that the IMD

pathway is a positive regulator of periostial hemocyte aggregation.

Figure 3. The IMD pathway modulates immune responses on the heart and the
systemic antimicrobial response. (*A-C*) Graphs for ds*bla(Ap^R)*, ds*rel2* and ds*caspar*
mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4 or 24 hr.
The graphs show: (*A*) pixel area of GFP-*E. coli* in the periostial regions; (*B*) pixel area of
melanin in the periostial regions; and (*C*) the systemic GFP-*E. coli* infection intensity.
Graphs show the mean and S.E.M. The data were analyzed by two-way ANOVA
(bottom box), followed by Dunnett's multiple comparison test. N indicates sample size.
Asterisks in graphs indicate post-hoc $P < 0.05$.

PGRP-LC is the canonical activator of the IMD pathway (1), but PRGP-LA (i)

activates the IMD pathway in the midgut of mosquitoes and in the barrier epithelia of

fruit flies (26, 48), (ii) is expressed in *Drosophila* hemocytes (49), and (iii) is upregulated

in the heart and periostial hemocytes (Figure 1F). Therefore, we tested the involvement

of PGRP-LA in periostial hemocyte aggregation. *PGRP-LA* has three splice forms, so to

knock it down, we synthesized ds*PGRP-LA-RARB* to target the *RA* and *RB* splice

forms, and ds*PGRP-LA-RC* to target the *RC* splice form. Using these dsRNAs, we

achieved RNAi-based silencing that ranged from 56% to 77%, compared to the

ds*bla(Ap^R)* control mosquitoes (Figure S5). *PGRP-LA* knockdown with any dsRNA did

not alter the number of periostial hemocytes, the number of non-periostial sessile

hemocytes, melanin accumulation at the periostial regions, or systemic infection

intensity (Figure S6). However, knockdown of *PGRP-LA-RC* increased phagocytosis of

GFP-*E. coli* in the periostial regions, which suggests that the RC splice form is involved

in the phagocytosis response.

2.3.   The JNK pathway positively regulates periostial hemocyte aggregation

We next tested whether the JNK pathway regulates periostial hemocyte

aggregation. *A. gambiae* encodes two JNK genes: *JNK1* and *JNK3* (50). Therefore, we

synthesized double-stranded RNA (dsRNA) to target the JNK cascade transcription

factors, *JNK1* and *JNK3*, and their negative regulator, *puckered* (*puc*). Because of high

sequence identity between *JNK1* and *JNK3*, ds*JNK1/3* simultaneously targeted both

JNK genes. RNAi-based knockdown resulted in 33%, 44% and 31% reduction in mRNA

abundance of *JNK1*, *JNK3* and *puc,* respectively (Figure S7). Moreover, because the

281 JNK pathway has also been implicated in the expression of *TEP1* (51), we measured

282 the mRNA abundance of *TEP1*, *cec3* and *def1* in *JNK1*/*JNK3* and *puc* RNAi

283 mosquitoes. Manipulating the JNK pathway did not have a clear impact on effector gene

284 expression (Figure S7). The lack of clarity on how the JNK pathway controls the

285 expression of *TEP1*, *cec3* or *def1* could be due to their co-regulation by other pathways,

286 or a consequence of incomplete gene silencing of *JNK1/3* and *puc*.

287  To assess whether the JNK pathway drives heart-associated immune responses,

288 we compared the number and activity of periostial hemocytes in *JNK1/3* and *puc* RNAi

289 mosquitoes, relative to ds*bla(Ap^R)* control mosquitoes (Figure 4 and 5). Regardless of

290 infection status, the number of periostial hemocytes was statistically similar between

291 ds*JNK1/3* and ds*bla(Ap^R)* mosquitoes, although ds*JNK1/3* mosquitoes averaged fewer

292 periostial hemocytes than control mosquitoes for all treatments (Figure 4A-B).

293 Knockdown of *puc*, however, increased the number of periostial hemocytes 1.6-fold in

294 uninfected mosquitoes, and 1.4- and 1.5-fold at 4 and 24 hr following GFP-*E. coli*

295 infection, respectively, relative to similarly treated ds*bla(Ap^R)* mosquitoes. To further

296 determine whether *puc* specifically affects periostial hemocytes or sessile hemocytes in

297 general, we quantified the number of non-periostial sessile hemocytes on the tergum of

298 the same mosquitoes (Figure 4C). *JNK1/3* RNAi mosquitoes showed a trend of fewer

299 non-periostial sessile hemocytes than control mosquitoes regardless of infection status.

300 Treatment with ds*puc*, however, increased the number of non-periostial sessile

301 hemocytes for all treatments. This demonstrates that the JNK pathway positively

302 regulates both periostial and non-periostial sessile hemocyte abundance.

Figure 4. The JNK pathway drives periostial hemocyte aggregation. (*A*)
Fluorescence images show periostial hemocytes (CM-DiI; red) surrounding a single pair
of ostia (asterisks) on a segment of the heart (outlined by dotted lines) of ds*bla(Ap^R)*,
ds*JNK1/3* and ds*puc* mosquitoes that were not infected or had been infected with GFP-
E. coli for 4 or 24 hr. Anterior is on top. (*B-C*) Graphs for ds*bla(Ap^R)*, ds*JNK1/3* and
ds*puc* mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4 or
24 hr. The graphs show: (*B*) average number of periostial hemocytes; and (*C*) average
number of sessile hemocytes outside of the periostial regions in the tergum of
abdominal segments 4 and 5. Graphs show the mean and S.E.M. The data were
analyzed by two-way ANOVA (bottom box), followed by Dunnett's multiple comparison
test. N indicates sample size. Asterisks in graphs indicate post-hoc P < 0.05.

We next measured whether the JNK pathway affects the phagocytic activity of

periostial hemocytes (Figure 5A; Figure S8). At 4 hr following infection, the GFP-*E. coli*

pixel area was similar regardless of dsRNA treatment. However, at 24 hr following

infection, periostial hemocytes in ds*puc* mosquitoes phagocytosed more GFP-*E. coli*

than the ds*bla(Ap^R)* mosquitoes. We then quantified the melanized bacteria that were

sequestered by periostial hemocytes (Figure 5B; Figure S8). Melanin deposits were

undetectable in uninfected mosquitoes and mosquitoes at 4 hr post infection; however,

at 24 hr following GFP-*E. coli* infection, more melanin was present in ds*puc* mosquitoes

than in ds*bla(Ap^R)* controls.

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Figure 5. The JNK pathway modulates immune responses on the heart but not the
systemic antimicrobial response. (*A-C*) Graphs for ds*bla(Ap^R)*, ds*JNK1/3* and ds*puc*
mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4 or 24 hr.
The graphs show: (*A*) pixel area of GFP-*E. coli* in the periostial regions; (*B*) pixel area of

melanin in the periostial regions; and (*C*) the systemic GFP-*E. coli* infection intensity.
Graphs show the mean and S.E.M. The data were analyzed by two-way ANOVA
(bottom box), followed by Dunnett's multiple comparison test. N indicates sample size.
Asterisks in graphs indicate post-hoc $P < 0.05$.
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The difference in GFP-*E. coli* and melanin accumulation in ds*puc* mosquitoes

could be due to (i) enhanced phagocytosis by periostial hemocytes, or (ii) higher

bacterial proliferation in the hemocoel. To differentiate between these two scenarios, we

quantified the systemic *E. coli* infection intensity and found that the bacterial intensity

was similar regardless of dsRNA treatment (Figure 5C). Therefore, this suggests that

puc negatively regulates hemocyte adhesion and phagocytic activity, and demonstrates

that the JNK pathway is a positive regulator of periostial immune responses.

3. Discussion

Previous microarray and RNAseq analyses revealed genes and signaling

pathways that are active in hemocytes (52-58), including those that are activated in

specific subpopulations of hemocytes (59-61). However, these studies only focused on

circulating hemocytes, and therefore, failed to capture the biology of sessile hemocytes.

Yet, one quarter of hemocytes are sessile (4), and they play significant roles in

hematopoiesis (62, 63), wound healing (64), and pathogen killing (9, 65, 66). Therefore,

extrapolating the molecular signatures of circulating hemocytes to those of sessile

hemocytes likely misses the essential factors that make sessile hemocytes conduct

their specific immune activities. Periostial hemocytes are a subpopulation of sessile

hemocytes that reside on the heart, where they sequester and kill pathogens in areas of

high hemolymph flow (5, 6, 13). To better understand how an infection drives the

migration of hemocytes to the heart and how these immune cells kill pathogens at the

periostial regions, we sequenced the periostial hemocyte transcriptome and discovered

that the IMD and JNK pathway drives periostial immune responses (Figure 6).

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363   **Figure 6. The IMD and JNK pathways, together with TEP proteins (TEP1, TEP3**
364   **and TEP4), Nimrod proteins (Draper and Eater) and a transglutaminase, regulate**
365   **heart-associated immune responses in mosquitoes.**
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The IMD pathway controls the production of antimicrobial peptides (1, 27), but

here we show that the IMD pathway also regulates a cellular immune response: the

transition of hemocytes from a circulating to a sessile state on the heart. Specifically,

knockdown of the positive regulator of the IMD pathway, *rel2*, decreases infection-

induced periostial hemocyte aggregation, whereas knockdown of the negative regulator

of the IMD pathway, *caspar*, increases the number of periostial hemocytes. We

hypothesize that the IMD pathway drives periostial hemocyte aggregation via two

cascades that are also driving phagocytosis: the TEP1-TEP3-LRP1-CED6L and TEP4-

BINT2-CED2L-CED5L pathways (67). The IMD pathway induces the expression of

TEP1 and *TEP4* (30, 31, 68), and both of these genes positively regulate periostial

hemocyte aggregation (14). Moreover, two downstream molecules – the low-density-

lipoprotein-receptor-related protein LRP1 and the beta integrin BINT2 – are

transmembrane proteins that in mammals and insects have overlapping functions in

phagocytosis and adhesion (69-71), and therefore, likely facilitate the adhesion of

hemocytes to the heart. In this study, we also confirmed the positive role that REL2

plays in pathogen killing (29, 44, 68, 72-78). When we systemically knocked down the

expression of *rel2*, bacteria proliferated uncontrollably during the later stages of

infection. We hypothesize that knocking down *rel2* initially suppresses periostial

hemocyte aggregation, but as the infection progresses and the intensity increases, the

necessity of periostial immune responses also increases, and this pressure recruits

hemocytes to the heart and enhances their collective phagocytic activity. Overall, our

data show that the IMD pathway drives periostial hemocyte aggregation during the early

stages of infection and limits systemic infection intensity during the later stages of

infection.

The JNK pathway modulates mosquito longevity, regulates oviposition, and limits

infection with malaria parasites and viruses (33, 51, 79-82). Here, we found that

overexpressing the JNK pathway by knocking down the negative regulator, *puc*,

increases the number of periostial and adjacent sessile hemocytes. This suggests that

the JNK pathway positively regulates hemocyte adhesion. Indeed, the *Drosophila*

ortholog of mosquito *JNK1* and *JNK3*, called *basket*, is involved in the formation of

actin-rich and focal adhesion kinase-rich placodes in hemocytes (83). The JNK pathway

also induces hemocyte differentiation in *Drosophila*, producing large lamellocytes that

adhere and encapsulate parasitoid eggs (84). We found that overactivating the JNK

pathway does not alter infection intensity in mosquitoes, but it increases the

accumulation of *E. coli* and melanin on the heart, suggesting that the JNK pathway

positively regulates the phagocytosis and melanization responses. Indeed, JNK1

positively regulates melanization in mosquitoes that are refractory to malaria (51), and

overexpressing the JNK pathway in aphids increases the melanin-producing activity of

phenoloxidase and the phagocytic activity of hemocytes (85). We hypothesize that the

JNK pathway regulates phagocytosis by periostial hemocytes in a manner that involves

two proteins already known to be involved in periostial hemocyte aggregation: TEP1

and draper (14, 15). The JNK pathway activates the expression of both of these genes

(33, 80, 86), and TEP1 opsonizes pathogens for phagocytosis whereas draper activates

phagocytic processes (14, 15, 67, 87-89). In our study, we could not distinguish

between the roles that *JNK1* and *JNK3* play in periostial hemocyte aggregation.

However, simultaneous knockdown of both resulted in phenotypes that were opposite of

puc knockdown, strongly suggesting that JNK1 or JNK3 – or both – positively regulates

periostial hemocyte aggregation.

Because both the IMD and JNK pathways induce the production of *TEP1* (30, 33,

68, 80), we hypothesize that they share the TEP1-TEP3-LRP1-CED6L phagocytosis

cascade that leads to hemocyte aggregation. However, we also hypothesize that the

IMD and JNK pathways use additional, independent mechanisms to regulate periostial

hemocyte aggregation for three reasons. First, even though the two pathways share

upstream signaling molecules, they bifurcate and activate their own set of effector

genes (34, 35). Second, knocking down the components of the IMD and JNK pathways

resulted in different phenotypes, especially for periostial and non-periostial sessile

hemocytes. Third, in *Drosophila*, draper and the BINT2 ortholog (Integrin βν) function

independently (90), and in mosquitoes, draper is regulated by the JNK pathway

whereas BINT2 is involved in the IMD-regulated and TEP4-mediated phagocytosis

cascade (31, 67, 70, 86).

Bacteria, malaria parasites, and fungal components all induce periostial

hemocyte aggregation, and this process is structurally conserved across the entire

insect lineage (5, 6, 13). Therefore, it is likely that other proteins contribute to this

process. Indeed, infection also induces the upregulation of *Upd3* by periostial

hemocytes, which is a ligand for the receptor of the JAK/STAT pathway (91). The TOLL

pathway also induces hemocyte proliferation (92, 93) and the expression of *TEP1* (44),

which positively regulates periostial hemocyte aggregation (14). Beyond immune

pathways, periostial hemocyte aggregation may also be under the influence of neuronal

and hormonal control. For example, injecting mosquitoes with the neuropeptide,

allatotropin, increases the number of periostial and non-periostial sessile hemocytes

(94). Therefore, the regulation of periostial hemocyte aggregation is not expected to be

limited to the IMD and JNK pathways.

To date, we have tested the involvement of several hemocyte-produced factors

on periostial hemocyte aggregation. However, the heart itself may produce

complementary factors that drive this immune response. For example, a fibroblast

growth factor is highly regulated in the heart and periostial hemocytes. Its ortholog in

Drosophila, called *Branchless*, is expressed in the heart and pericardial cells, and

regulates hemocyte differentiation in the lymph glands of the larval heart (95, 96).

Moreover, reducing the expression of the *Drosophila* cardiac extracellular matrix (ECM)

proteins, *Pericardin* and *Laminin A*, disrupts the formation of the cardiac ECM and

lowers the number of hemocytes on the heart (12, 97). These data suggest that the

heart and its associated structures facilitate the binding of circulating hemocytes to the

periostial regions.

The mosquito genome encodes three transglutaminase genes, and our RNAseq

experiment revealed that two of them are upregulated in the heart and periostial

hemocytes following infection. In *Drosophila*, transglutaminase negatively regulates the

IMD pathway by (i) crosslinking the transcription factor, Relish, into a polymer and (ii)

incorporating natural primary amines into the DNA binding site of Relish (38, 39). We

recently tested whether transglutaminases are involved in periostial responses in *A.*

gambiae, and found that *TGase3* – but not *TGase1* or *TGase2* – negatively regulates

periostial hemocyte aggregation during the early stages of infection and the

sequestration of melanin by periostial hemocytes during the later stages of infection

(40). Moreover, disrupting *TGase2* and *TGase3* has infection-dependent effects on the

heart rate (41). Combined, these data further support our conclusion that the IMD

pathway is a positive driver of heart-associated immune responses (Figure 6).

Heart-associated immune responses occur in insects from at least 16 different

taxonomic orders, including insects that are of agricultural, urban, and medical

importance (13). Understanding the genetic factors that drive periostial hemocyte

aggregation in *A. gambiae* sheds light on how this medically important insect and other

insects of societal importance fight the pathogens that invade them. Indeed, the TEP

gene family, the Nimrod gene family (Eater, Nimrod and Draper) and the JNK pathway

are conserved amongst insects (50, 98-100), and although some insects in the order

Hemiptera lack components of the IMD pathway, all insects queried to date still have a

functional IMD-based immune response (101-104). Therefore, we conclude that the

IMD and JNK pathways, together with TEP and Nimrod proteins, are primary regulators

of the heart-associated immune responses in insects.

4. Materials and Methods

4.1.   Mosquitoes, bacteria, infection, and replication

Anopheles gambiae, Giles sensu stricto (G3; Diptera: Culicidae), were

maintained at 27 °C, 75% relative humidity, and a 12 hr:12 hr light:dark photoperiod

(105). Experiments were done using female adults fed 10% sucrose. After any

treatment, mosquitoes of a given treatment were housed together, returned to the

environmental chamber, and given access to 10% sucrose. Tetracycline resistant, GFP-

expressing *E. coli* (modified DH5α; GFP-*E. coli*) and *S. aureus* (RN6390) were grown in

Luria-Bertani (LB) and tryptic soy broth, respectively, at 37 °C in a shaking incubator.

Dilutions of the bacterial cultures were injected at the thoracic anepisternal cleft using a

Nanoject III (Drummond Scientific Company, Broomall, PA). The infection dose was

determined by plating the cultures and counting the colony forming units (CFUs).

In this study, a biological replicate is an independent experiment that utilizes

mosquitoes from an independent egg batch. A technical replicate is an experimental

resampling of a biological replicate. All data collected were included in the analysis; no

data were excluded.

4.2.   RNAseq: treatment, tissue collection, RNA isolation and library preparation

Six-day-old mosquitoes were randomly divided into four groups: (i) naïve

(unmanipulated), (ii) injured by injecting 69 nL of sterile LB, (iii) infected by injecting 69

nL of GFP-*E. coli* (~75,779 CFUs), and (iv) infected by injecting 69 nL of *S. aureus*

(~39,451 CFUs). At 4 hr after treatment, three tissues were isolated: (i) the heart with

periostial hemocytes, (ii) hemolymph with circulating hemocytes, and (iii) the entire

abdomen. To isolate the heart, mosquitoes were bisected along the coronal plane in

RNase-free PBS, and the heart with the periostial hemocytes was resected by severing

the alary muscles and detaching it from the cuticle (7). To isolate circulating hemocytes,

hemolymph was perfused by making an incision in the last abdominal segment,

injecting RNase-free PBS into the hemocoel through the cervical membrane, and

collecting the first 2 drops that exited the abdomen (106). The abdomens were isolated

by bisecting mosquitoes on the transverse plane along the thoraco-abdominal junction.

To isolate RNA from hearts or abdomens, samples were homogenized in TRIzol

Reagent (Invitrogen, Carlsbad, CA), extracted following the TRIzol protocol, and

resuspended in Buffer RLT (Qiagen, Hilden, Germany) with 2% 2-mercaptoethanol. The

RNA was further purified using the RNeasy Micro Kit (Qiagen), DNase treated, and

eluted in RNase-free water. To isolate RNA from circulating hemocytes, perfused

hemolymph was collected in Buffer RLT and 2% 2-mercaptoethanol, and RNA was

isolated using the RNeasy Micro Kit as above.

No a priori statistical method was used to pre-determine sample sizes. The

number of RNAseq samples and biological replicates was determined prior to the

initiation of the study, and was based on our determination that three biological

replicates is a conservative approach to detect statistical differences (if any) in gene

expression. Three biological replicates were conducted; each heart sample contained

72 hearts, each hemolymph sample contained perfusate from 108 mosquitoes, and

each abdomen sample contained 36 abdomens.

The integrity and quantity of RNA was assessed on a 2100 Bioanalyzer (Agilent

Technologies, Santa Clara, CA) using an RNA 6000 Series II Nano kit for abdomen

samples and a Pico kit for the heart and hemolymph samples. The library for

sequencing was prepared using 1 µg of RNA and the NEBNext Ultra kit (New England

BioLabs, Ipswich, MA), according to the protocol for low-input samples. Library quality

and concentration were assessed using a DNA 1000 Series II kit on the 2100

Bioanalyzer.

4.3.   RNAseq: Illumina sequencing and differential gene expression analysis

All 36 samples – 4 treatments, 3 tissue types and 3 biological replicates – were

sequenced across 3 lanes on an Illumina HiSeq 3000 (paired-end, 75 base pair read) at

Vanderbilt University's Vantage facility. Reads were mapped to the *A. gambiae* genome

(AgamP4.7) by STAR (107, 108). The number of uniquely mapped reads per sample

averaged 23,698,077 (range: 18,487,153 – 31,487,002), which represented 94.03% of

the total reads in a sample. Differential expression was calculated based on reads per

kilobase per million by DESeq2 (109). Genes were considered significantly regulated at

log$_2$ fold change $\geqslant$ 2 or log$_2$ fold change $\leqslant$ -2 and the Benjamini–Hochberg adjusted P

< 0.05. RNAseq results are presented in Dataset S1, which includes read counts and

log2 fold changes. Using four-fold expression difference as the criterion, together with

experimental replication and statistical validation, is a conservative approach that is

proven to yield accurate and reliable results (110). RNAseq data were deposited into

NCBI (https://www.ncbi.nlm.nih.gov) as SRA data PRJNA730047.

4.4.   Double-stranded RNA (dsRNA) synthesis and RNA interference (RNAi)

Double-stranded RNA was synthesized for *rel2*, *caspar*, *PGRP-LA*, *JNK1* and

JNK3, and *puc. A. gambiae* cDNA was amplified by PCR using gene-specific primers

with T7 promoter tags (Table S6). dsRNA was synthesis using the MEGAscript T7 Kit

(Applied Biosystems) as described (14, 15). As a negative control, dsRNA was

synthesized for the non-mosquito gene, *bla(Ap^R)*, using DNA from *E. coli* BL21(DE3)

containing the pET-46 plasmid as template (EMD Chemicals, Gibbstown, NJ) (14, 15).

Two- or three-day-old mosquitoes were intrathoracically injected 300 ng of

dsRNA to initiate systemic gene silencing. Four days later, mosquitoes were divided into

two groups for phenotypic analyses: (i) uninfected and (ii) infected with GFP-*E. coli*

(~16,528 CFUs). Injured mosquitoes were not included in the experiments because

injury does not induce periostial hemocyte aggregation (4-6). RNAi efficiency of the

targeted genes and mRNA abundance of the downstream effector genes *TEP1*, *cec3*

and *def1* was determined by qPCR (14). Briefly, RNA was isolated using TRIzol from 10

whole bodies for each time and treatment, purified, and used for cDNA synthesis using

the SuperScript III First-Strand Synthesis System for RT-PCR (Invitrogen) as described

(14, 15). qPCR was conducted using gene-specific primers (Table S6) and Power

SYBR Green PCR Master Mix (Applied Biosystems, Foster City, CA) on a Bio Rad CFX

Connect Real-Time Detection System (Hercules, CA). Relative quantification was

conducted using the $2^{-\Delta\Delta C_T}$ method, with *RpS7* as the reference and *RpS17* as a control

(111). Two to three biological replicates were conducted per gene, and the value for

each biological replicate is the average of two or three technical replicates.

4.5.   Fluorescence labeling and mosquito dissection

Hemocytes were labeled with the Vybrant CM-DiI Cell-Labeling Solution

(Invitrogen) as we described (5). Briefly, live mosquitoes were injected ~0.4 µL of 67 µM

CM-DiI and 1.08 mM Hoechst 33342 (nuclear stain; Invitrogen) in PBS, incubated at

27 °C for 20 min, and injected 16% paraformaldehyde. Ten min later, abdomens were

bisected along a coronal plane, and the dorsal portions containing the heart and

periostial hemocytes were mounted on glass slides using Aqua-Poly/Mount

(Polysciences; Warrington, PA). CM-DiI stains live hemocytes, and we have used this

technique to monitor hemocyte location, number and migration, as well as hemocyte-

mediated phagocytosis and melanization (4-9, 13-15, 40).

4.6.   Microscopy and image acquisition

Specimens were imaged on a Nikon Eclipse Ni-E compound microscope

connected to a Nikon Digital Sight DS-Qi1 camera and Advanced Research NIS

Elements software (Nikon, Tokyo, Japan). Z-stacks for bright field, red fluorescence

(hemocytes), green fluorescence (GFP-*E. coli*) and blue fluorescence (nuclei) were

acquired using a linear encoded Z-motor. Specific channels were selected and all

images within a stack were combined into a two-dimensional image using the Extended

Depth of Focus (EDF) function.

4.7.   Quantification of hemocytes

Hemocytes, labeled with both CM-DiI and Hoechst 33342, were counted

manually by examining all images within a Z-stack (14). A cell was a periostial

hemocyte if adjacent to an ostium, and a non-periostial sessile hemocyte if attached to

the abdominal wall outside of a periostial region (4, 5). Periostial hemocytes were

counted within abdominal segments 2-7 (all abdominal periostial regions) whereas non-

periostial sessile hemocytes were only counted on the tergum of segments 4 and 5.

Hemocytes were not counted on the aorta, the thoraco-abdominal ostia or the excurrent

openings because few hemocytes are there, and infection does not induce aggregation

at those locations (7, 8). Data were analyzed by two-way ANOVA, followed by Dunnett's

multiple comparison test, with ds*bla(Ap^R)* mosquitoes as the reference (Prism 9,

GraphPad Software, San Diego, CA). Data for RNAi phenotypic experiments are from

individual mosquitoes, which were sampled across three to four biological trials. The

exception is experiments for PGRP-LA, where mosquitoes were sampled across two

biological trials.

4.8.   Quantification of GFP-E. coli and melanin at the periostial regions

In NIS-Elements, each periostial region in an EDF image was delineated using

the ROI tool. GFP-*E. coli* at the periostial regions was calculated by measuring the area

of pixels with intensities above a threshold that distinguished GFP-*E. coli* from

background fluorescence (14). Melanin was quantified by measuring the area of pixels

with intensities below a threshold that distinguished dark melanized areas from non-

melanized areas (14). For each mosquito, measurements from all ROIs were added.

Data were analyzed by two-way ANOVA, followed by Dunnett's multiple comparison

test, with ds*bla(Ap^R)* mosquitoes as the reference.

4.9.   Quantification of bacterial infection intensity

Mosquitoes that were infected with tetracycline resistant GFP-*E. coli* for 4 or 24

hr were homogenized individually in PBS. A dilution of the homogenate was spread on

LB agar containing tetracycline, and plates were incubated overnight at 37 °C. The

CFUs were counted and used to calculate infection intensity. Data were analyzed by

two-way ANOVA, followed by Dunnett's multiple comparison test, with ds*bla(Ap^R)*

mosquitoes as the reference. For *rel2* and *caspar* RNAi mosquitoes, data were first $\log_2$

transformed to achieve normality, and then analyzed by two-way ANOVA.

Data accessibility

The datasets generated and analyzed during the current study are available in an

accompanying supplementary dataset file.

Author's contributions

Conceptualized and designed the research: YY, LTS, JFH; Performed the research: YY,

LTS, TYE; Contributed resources: JAC, JFH; Analyzed data: YY, LTS, DCR, JFH;

Wrote the original draft of the paper: YY, JFH; Administered the project and acquired

funding: JFH.

Competing interests

630   The authors declare that there are no conflicts or competing interests.

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The IMD and JNK pathways drive the functional integration of the immune and

circulatory systems of mosquitoes

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977 **Supplementary tables and figures:**
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980 **Table S1.** Upregulated genes in the heart with periostial hemocytes at 4 hr following

981 both GFP-*E. coli* and *S. aureus* infection.

Gene ID	Gene name	Gene description (if annotated)	*E. coli* vs Injured		*S. aureus* vs Injured	
			Log2Foldchange	Adjusted P	Log2Foldchange	Adjusted P
AGAP000694	cec3	cecropin anti-microbial peptide	2.72	8E-14	3.20	2E-19
AGAP000786			2.88	4E-06	3.12	2E-07
AGAP001160			3.03	3E-21	4.46	1E-47
AGAP001212	PGRPLB	peptidoglycan recognition protein (long)	3.10	2E-25	4.21	3E-47
AGAP001508			3.19	4E-07	5.03	2E-17
AGAP001563		glycerol kinase	2.58	7E-12	2.70	3E-13
AGAP001597			2.14	9E-04	2.14	6E-04
AGAP001610			4.07	2E-21	4.13	2E-22
AGAP001634			3.52	1E-14	2.48	1E-07
AGAP001648	CLIPB17	CLIP-domain serine protease	2.24	4E-10	3.01	3E-18
AGAP001828			2.13	2E-16	2.38	9E-21
AGAP002064			2.05	7E-18	2.29	1E-22
AGAP002065		alpha-tocopherol transfer protein	2.14	1E-13	2.64	3E-21
AGAP002291		ebony	2.81	1E-30	3.62	2E-51
AGAP002323			2.82	2E-11	3.31	4E-16
AGAP002331	esp	sodium-independent sulfate anion transporter	3.15	8E-20	2.94	1E-17
AGAP002359		carbonic anhydrase	2.62	2E-02	4.62	4E-06
AGAP002536			2.48	3E-13	2.75	1E-16
AGAP002883			2.28	3E-24	2.69	5E-34
AGAP003488		nucleotide exchange factor SIL1	2.02	2E-06	2.49	1E-09
AGAP004170			2.18	4E-21	2.73	8E-34
AGAP004181		Fibroblast growth factor	2.53	1E-06	2.40	4E-06
AGAP004826			3.04	4E-09	4.30	2E-18
AGAP005205	PGRPLA	peptidoglycan recognition protein (long)	2.36	7E-47	2.66	1E-60
AGAP005610			2.44	1E-06	4.99	2E-27
AGAP005839		MFS transporter, FLVCR family	3.65	4E-41	3.97	3E-49
AGAP006426		cyanogenic beta-glucosidase	2.65	2E-03	5.58	2E-13
AGAP006670		gamma-glutamyl hydrolase	2.31	8E-24	2.90	4E-38
AGAP006671			3.18	6E-18	3.85	2E-27
AGAP006674		chymotrypsin-like protease (Precursor)	2.93	2E-02	7.46	1E-12
AGAP006745			2.35	4E-29	2.78	3E-41
AGAP006747	rel2	NF-kappaB Relish-like transcription factor	2.00	2E-33	2.21	3E-41
AGAP007659			2.61	4E-15	3.57	1E-28
AGAP008279	d7l2	D7 long form salivary protein	16.43	2E-05	13.73	3E-04
AGAP008851		E3 ubiquitin-protein ligase mind-bomb	2.66	2E-26	2.95	8E-33
AGAP009091	ddc	dopa decarboxylase	3.96	2E-50	4.81	3E-75
AGAP009099	TGase3	Transglutaminase	3.98	2E-17	4.05	1E-18
AGAP009100	TGase1	Transglutaminase	3.20	3E-37	3.76	1E-51
AGAP009145			2.12	1E-13	3.03	4E-28
AGAP009213	SRPN16	serine protease inhibitor (serpin) 16	2.61	8E-13	3.75	1E-26
AGAP009214	CLIPB11	CLIP-domain serine protease	2.13	1E-06	3.71	2E-19
AGAP009460	JNK3	c-Jun N-terminal kinase	2.22	1E-04	3.47	1E-10
AGAP009985		4-nitrophenylphosphatase	2.19	3E-08	3.16	4E-17
AGAP010197		SPRY domain-containing SOCS box protein 1	2.31	2E-20	2.85	2E-31
AGAP010398		Flavin-containing monooxygenase FMO GS-OX-like 1	2.78	8E-08	5.85	1E-33
AGAP010934			2.94	1E-30	3.17	3E-36
AGAP011294	def1	defensin anti-microbial peptide	2.13	2E-05	2.70	1E-08
AGAP011326	IAP2	inhibitor of apoptosis 2	3.21	2E-38	3.29	1E-40
AGAP011588			2.60	2E-29	3.33	4E-49
AGAP011654		membrane dipeptidase	2.13	5E-05	3.58	3E-13
AGAP011764			2.71	5E-63	2.87	4E-71
AGAP011992		lysosomal acid lipase	2.72	7E-05	3.01	4E-06
AGAP012166			3.70	2E-13	2.92	8E-09
AGAP013506	upd3a	JAK/STAT pathway cytokine unpaired 3 variant A	3.89	2E-12	4.05	8E-14
AGAP028615	nat5	nutrient amino acid transporter 5	2.54	4E-10	4.28	2E-28

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985   **Table S2.** Upregulated genes in the circulating hemocytes at 4 hr following both GFP-*E.*

986   *coli* and *S. aureus* infection.

Gene ID	Gene name	Gene description (if annotated)	*E. coli* vs Injured		*S. aureus* vs Injured	
			Log2Foldchange	Adjusted P	Log2Foldchange	Adjusted P
AGAP000899			3.31	3E-07	4.74	8E-16
AGAP001212	*PGRPLB*	peptidoglycan recognition protein (long)	2.68	2E-18	4.39	4E-51
AGAP001430			2.27	2E-18	3.39	7E-43
AGAP001508			2.06	3E-03	3.26	1E-07
AGAP002291		ebony	2.46	3E-23	3.73	2E-55
AGAP004115		cystinosin	2.07	5E-03	5.38	5E-18
AGAP005610			2.45	8E-08	4.09	7E-23
AGAP005639	*abcb2*	ATP-binding cassette transporter (ABC transporter) family B member 2	2.23	1E-12	3.47	1E-31
AGAP007651		growth arrest and DNA-damage-inducible protein	2.19	8E-11	3.30	2E-25
AGAP009091	*ddc*	dopa decarboxylase	2.06	2E-13	2.93	3E-28
AGAP010349			2.28	3E-05	3.50	1E-12
AGAP010387		alanine-glyoxylate aminotransferase	2.29	3E-03	3.54	3E-07
AGAP010571			2.43	5E-06	3.25	3E-11
AGAP010855		solute carrier family 45, member 1/2/4	3.24	7E-06	5.23	7E-16
AGAP011326	*IAP2*	inhibitor of apoptosis 2	2.26	2E-18	2.58	4E-25
AGAP011391			2.07	7E-07	3.62	8E-22
AGAP011588			2.43	7E-25	3.18	8E-45
AGAP011589			2.95	2E-02	3.46	3E-03
AGAP012565			3.58	7E-02	3.78	5E-02
AGAP013285	*ir7u*	ionotropic receptor IR7u	2.36	3E-03	3.46	9E-07
AGAP028615	*nat5*	nutrient amino acid transporter 5	2.27	9E-08	4.06	2E-25

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990   **Table S3.** Upregulated genes in the abdomen at 4 hr following both GFP-*E. coli* and *S.*

991   *aureus* infection.

Gene ID	Gene name	Gene description (if annotated)	*E. coli* vs Injured		*S. aureus* vs Injured	
			Log2Foldchange	Adjusted P	Log2Foldchange	Adjusted P
AGAP001212	*PGRPLB*	peptidoglycan recognition protein (long)	3.22	4E-26	3.97	8E-41
AGAP001508			2.54	3E-04	4.63	5E-14
AGAP001610			3.33	1E-13	2.75	1E-09
AGAP001648	*CLIPB17*	CLIP-domain serine protease	2.04	8E-08	3.27	1E-20
AGAP002291		ebony	2.52	3E-24	2.47	1E-23
AGAP006670		gamma-glutamyl hydrolase	2.08	1E-18	2.33	9E-24
AGAP006745			2.06	8E-21	2.39	2E-28
AGAP007651		growth arrest and DNA-damage-inducible protein	2.17	2E-10	2.16	1E-10
AGAP007659			2.13	2E-09	2.45	7E-13
AGAP009145			2.18	2E-13	3.51	2E-36
AGAP010398		Flavin-containing monooxygenase FMO GS-OX-like 1	2.62	2E-06	5.93	3E-33
AGAP010934			2.59	6E-23	2.25	1E-17
AGAP011294	*def1*	defensin anti-microbial peptide	2.04	2E-04	2.39	3E-06
AGAP011326	*IAP2*	inhibitor of apoptosis 2	2.16	2E-16	2.17	8E-17
AGAP013348			2.40	4E-22	3.34	2E-43

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995 **Table S4.** Downregulated genes in the heart with periostial hemocytes at 4 hr following

996 both GFP-*E. coli* and *S. aureus* infection.

Gene ID	Gene name	Gene description (if annotated)	*E. coli* vs injury		*S. aureus* vs injury	
			Log2Foldchange	Adjusted P	Log2Foldchange	Adjusted P
AGAP000313		alanine-glyoxylate aminotransferase 2-like	-2.19	2E-12	-2.24	3E-13
AGAP001009			-2.28	2E-04	-3.11	1E-05
AGAP001098		DAMOX	-2.25	8E-03	-2.73	1E-03
AGAP002429	CYP314A1	cytochrome P450	-2.46	1E-03	-3.41	2E-06
AGAP003494		sugar transporter ERD6-like 7	-2.75	1E-08	-2.63	3E-08
AGAP004248	GPXH3	glutathione peroxidase 3	-2.32	9E-05	-2.43	3E-05
AGAP004954		rhythmically expressed gene 2 protein	-2.10	7E-12	-2.30	3E-14
AGAP005498		Phospholipid scramblase	-2.13	4E-05	-2.90	4E-09
AGAP005499		dehydrogenase/reductase SDR family member 11 precursor	-2.53	4E-04	-3.33	4E-06
AGAP005752		glucosyl/glucuronosyl transferases	-2.29	2E-06	-2.33	7E-07
AGAP005753		glucosyl/glucuronosyl transferases	-2.55	2E-10	-2.60	9E-11
AGAP006576		malate/L-lactate dehydrogenase	-2.17	1E-21	-2.72	1E-33
AGAP008207	CYP6Y2	cytochrome P450	-2.43	2E-33	-2.63	1E-38
AGAP008467		solute carrier family 6 (neurotransmitter transporter, amino acid) member 5/7/	-3.02	2E-17	-2.74	2E-15
AGAP008593			-2.47	3E-02	-3.27	3E-03
AGAP009194	GSTE2	glutathione S-transferase epsilon class 2	-2.26	4E-15	-2.02	6E-13
AGAP010004			-2.13	2E-04	-2.81	1E-06
AGAP010367			-2.04	3E-04	-2.70	2E-06
AGAP010794			-2.21	3E-07	-2.71	3E-10
AGAP010854		solute carrier family 45, member 1/2/4	-5.05	1E-03	-3.15	3E-02
AGAP012391		DUF1298 domain-containing protein	-2.20	2E-04	-2.63	5E-06
AGAP012399		maltase	-2.15	6E-07	-2.51	2E-09
AGAP012644			-2.72	6E-06	-3.51	1E-08
AGAP013094		Elongation of very long chain fatty acids protein	-2.62	8E-07	-2.49	2E-06
AGAP013211			-2.32	6E-03	-3.79	6E-05
AGAP013526			-3.31	7E-05	-4.00	7E-05
AGAP028049		Carrier domain-containing protein	-2.21	1E-09	-2.13	3E-09
AGAP028128	ABCC9	ATP-binding cassette transporter (ABC transporter) family C member 9	-2.11	1E-09	-2.60	4E-13
AGAP028586			-3.00	6E-09	-3.46	2E-10

998 **Table S5.** Downregulated genes in the circulating hemocytes at 4 hr following both

999 GFP-*E. coli* and *S. aureus* infection.

Gene ID	Gene name	Gene description (if annotated)	*E. coli* vs injury		*S. aureus* vs injury	
			Log2Foldchange	Adjusted P	Log2Foldchange	Adjusted P
AGAP000144		progestin and adipoQ receptor family member 3	-2.48	1E-03	-2.80	2E-04
AGAP001106		Disconnected protein	-2.32	9E-11	-2.77	1E-15
AGAP001476		Innexin inx2	-2.24	1E-09	-2.81	1E-15
AGAP001635		sodium-coupled monocarboxylate transporter 2	-2.53	2E-10	-2.61	3E-11
AGAP002072			-2.08	4E-05	-2.59	2E-07
AGAP002429	CYP314A1	cytochrome P450	-2.14	7E-03	-3.53	1E-06
AGAP003494		sugar transporter ERD6-like 7	-2.62	4E-07	-2.68	6E-08
AGAP004954		rhythmically expressed gene 2 protein	-2.09	3E-11	-2.67	3E-18
AGAP005752		glucosyl/glucuronosyl transferases	-2.06	5E-05	-2.50	1E-07
AGAP007990		glucosyl/glucuronosyl transferases	-2.75	2E-02	-3.13	6E-03
AGAP008237		Putative G-protein coupled receptor GPCR	-2.01	2E-07	-3.28	2E-18
AGAP008629		N-acetyltransferase domain-containing protein	-2.01	1E-07	-3.47	8E-16
AGAP009381		Cellular retinaldehyde-binding protein	-2.18	9E-05	-3.37	2E-07
AGAP009382			-4.31	1E-02	-4.17	1E-02
AGAP010794			-2.33	4E-06	-3.53	4E-10
AGAP011714			-2.18	4E-08	-2.28	2E-09
AGAP012216		sterol O-acyltransferase	-2.15	8E-08	-3.36	1E-16
AGAP028204		Alpha-mannosidase	-2.04	1E-02	-2.04	1E-02
AGAP028745			-2.03	4E-03	-2.12	2E-03

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1001 **Table S6.** Gene names, gene IDs, and primers used.

Application	Gene	dsRNA	VectorBase ID[a]	Primer sequence (forward and reverse) [b]
qPCR	*Rps7*		AGAP010592	GACGGATCCCAGCTGATAAA
qPCR				GTTCTCTGGGAATTCGAACG
qPCR	*Rps17*		AGAP004887	GACGAAACCACTGCGTAACA
qPCR				TGCTCCAGTGCTGAAACATC
qPCR	*rel2*		AGAP006747	TTCGCTGCTCGACTTTCACT
qPCR				CCAACCGAAGGCAGCAAATC
qPCR	*caspar*		AGAP006473	TCGTAGCCAATGCGAAGTGT
qPCR				TCGTTCGTTCTCTTCACGCA
qPCR	*PGRP-LA-RA*		AGAP005205	GGCAATGGCGGAAATACGAC
qPCR				GGTTCCGCTGAAGGTAGTCC
qPCR	*PGRP-LA-RB*		AGAP005205	GGTACGTTTGACGCGGATC
qPCR				GTCCGCGGTTCTGATTGTT
qPCR	*PGRP-LA-RC*		AGAP005205	GCAATGGCGGAAATACGAC
qPCR				ATGCCCGGCGAAGTATATG
qPCR	*JNK1*		AGAP029555[c]	TGTTTCCGACCGACTCGAA
qPCR				CGTCCACGCTGTGATCGTA
qPCR	*JNK3*		AGAP009460	ACAGTCTTAAGCATCCCGGC
qPCR				GCGGCAAAACACACTCCTTT
qPCR	*puckered*		AGAP004353	ATTCAACGGAGGTCGATTTG
qPCR				AACTTTCTAGCCCCCATCGT
qPCR	*TEP1*		AGAP010815	GACGTCCAAATACGGATCTCA
qPCR				CTTTCAGGCATCACCCGTAT
qPCR	*cec3*		AGAP000694	TTCCCAGTGCATCTGTGTCC
qPCR				GAGCTTTGTAGCCGGCAATG
qPCR	*def1*		AGAP011294	GCAACGATCGTCTGTACCATT
qPCR				GCTTGGCCCGATAGTTCTC
RNAi	*bla(Ap^R)*	ds*bla(Ap^R)*	(Bacterial gene)	<u>TAATACGACTCACTATA</u>GGGCCGAGCGCAGAAGTGGT
RNAi				<u>TAATACGACTCACTATA</u>GGGAACCGGAGCTGAATGAA
RNAi	*rel2*	ds*rel2*	AGAP006747	<u>TAATACGACTCACTATA</u>CGGAGAAGTCGAAGAAAACG
RNAi				<u>TAATACGACTCACTATA</u>CACAGGCACACCTGATTGAG
RNAi	*caspar*	ds*caspar*	AGAP006473	<u>TAATACGACTCACTATA</u>GGGACAGAAGGCCGCTTT
RNAi				<u>TAATACGACTCACTATA</u>GGGAGTGGTGGTGCAGAGTT
RNAi	*PGRP-LA*	ds*PGRP-LA-RARB* [d]	AGAP005205	<u>TAATACGACTCACTATA</u>GGGAGATACTGTTCGACACCA
RNAi				<u>TAATACGACTCACTATA</u>GGGCTGGCTGTGGTAGGTTT
RNAi	*PGRP-LA*	ds*PGRP-LA-RC*	AGAP005205	<u>TAATACGACTCACTATA</u>GGGCACATGGTCATCGATC
RNAi				<u>TAATACGACTCACTATA</u>GGGATCGATTTTGGGTATTC
RNAi	*JNK1/JNK3*	ds*JNK1/3* [e]	AGAP0290555 /AGAP009460	<u>TAATACGACTCACTATA</u>GGGGTCACGCCTTCTACACCGTC
RNAi				<u>TAATACGACTCACTATA</u>GGGCAGCCCAAAGTCGAGGATT
RNAi	*puc*	ds*puc*	AGAP004353	<u>TAATACGACTCACTATA</u>GGGTGAAACATAAATCGCCCTGC
RNAi				<u>TAATACGACTCACTATA</u>GGGGACAGACCCTTGTAGCGCAT

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1003 a   Vectorbase IDs were obtained from the AgamP4 assembly in www.vectorbase.org (exception: *bla(Ap^R)*).
1004 b   Underlined sequences are specific to the T7 RNA polymerase promoter sites needed for dsRNA synthesis.
1005 c   Previous gene ID of JNK1 is AGAP009461.
1006 d   ds*PGRP-LA-RARB* targets both the RA and RB splice variants of *PGRP-LA*.
1007 e   ds*JNK1/3* targets both *JNK1* and *JNK3*.

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Figure S1. The IMD and interlinked JNK pathways are two of the major immune
pathways in mosquitoes. The activation of PGRP-LC triggers the IMD signaling
pathway, which includes IAP2, imd, fadd and dredd. This activation dissociates the
transcription factor, rel2, from the inhibitor protein, caspar. Rel2 then translocates into
the nucleus and induces the production of effectors such as cec3 and def1. Although
PGRP-LC is the canonical activator of the IMD pathway, PGRP-LA has also been
implicated as an upstream activator of this immune pathway. The IMD pathway
bifurcates into the JNK pathway, which activates JNK1 and JNK3, and induces the
expression of effector genes. The JNK pathway is negatively regulated by puckered.
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1031 **Figure S2. Infection upregulates IMD and JNK pathway genes more highly in the**
1032 **heart and periostial hemocytes than in the circulating hemocytes or the abdomen.**
1033 Heat maps show that all six IMD and JNK pathway genes identified in our unbiased
1034 screen are more highly upregulated after *E. coli* and *S. aureus* infection in the heart and
1035 periostial hemocytes than in the other tissues.
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Figure S3. RNA interference-mediated gene silencing of *rel2* and *caspar* reduces
their mRNA abundance while altering the mRNA abundance of *TEP1*, *cec3* and
***def1*.** Relative mRNA abundance of *rel2* (A), *caspar* (B), *TEP1* (C), *cec3* (D), and *def1*
(E) in mosquitoes injected ds*bla(Ap^R)*, ds*rel2* or ds*caspar*. mRNA abundance was
measured in mosquitoes that were not infected or had been infected with GFP-*E. coli*
for 4 or 24 hr. Horizontal line, mean; Circles, individual biological trials. Data are relative
to mRNA abundance in the ds*bla(Ap^R)* group of that specific trial and treatment.
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Figure S4. The IMD pathway affects GFP-*E. coli* and melanin accumulation at the
periostial regions. (*A*) Fluorescence images show the accumulation of GFP-*E. coli*
(green) around a single pair of ostia (asterisks) on a segment of the heart (outlined by
dotted lines) of ds*bla(Ap^R)*, ds*rel2* and ds*caspar* mosquitoes that had been infected with
GFP-*E. coli* for 4 or 24 hr. (*B*) Bright field images show the accumulation of melanin
(dark deposits) around a single pair of ostia (asterisks) on a segment of the heart
(outlined by dotted lines) of ds*bla(Ap^R)*, ds*rel2* and ds*caspar* mosquitoes that were not
infected or had been infected with GFP-*E. coli* for 4 or 24 hr. Anterior is on top.
Quantification of all mosquitoes assayed is presented in figures 3A and 3B.
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Figure S5. RNA interference-mediated gene silencing of *PGRP-LA* reduces the
mRNA abundance of all splice variants. Relative mRNA abundance of *PGRP-LA-RA*
(A), *PGRP-LA-RB* (B) and *PGRP-LA-RC* (C) in mosquitoes injected ds*bla(Ap^R)*,
ds*PGRP-LA-RARB* or ds*PGRP-LA-RC*. mRNA abundance was measured in
mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4 or 24 hr.
Horizontal line, mean; Circles, individual biological trials. Data are relative to mRNA
abundance in the ds*bla(Ap^R)* group of that specific trial and treatment.
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Figure S6. The RC splice form of PGRP-LA regulates phagocytosis by periostial hemocytes. (*A-E*) Graphs for ds*bla(Ap^R)*, ds*PGRP-LA-RARB* and ds*PGRP-LA-RC* mosquitoes that were not infected or had been infected with GFP-*E. coli* for 4 or 24 hr. The graphs show: (*A*) average number of periostial hemocytes; (*B*) average number of sessile hemocytes outside of the periostial regions in the tergum of abdominal segments 4 and 5; (*C*) pixel area of GFP-*E. coli* in the periostial regions; (*D*) pixel area of melanin in the periostial regions; and (*E*) the systemic GFP-*E. coli* infection intensity. Graphs show the mean and S.E.M. The data were analyzed by two-way ANOVA (bottom box), followed by Dunnett's multiple comparison test. N indicates sample size. Asterisk in graph indicate post-hoc p < 0.05.

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Figure S7. RNA interference-mediated gene silencing of *JNK1*, *JNK3* and *puc*
reduces their mRNA abundance while having a limited impact on the mRNA
abundance of *TEP1*, *cec3* and *def1*. Relative mRNA abundance of *JNK1* (A), *JNK3*
(B), *puc* (C), *TEP1* (D), *cec3* (E), and *def1* (F) in mosquitoes injected ds*bla(Ap^R)*,
ds*JNK1/3* or ds*puc*. mRNA abundance was measured in mosquitoes that were not
infected or had been infected with GFP-*E. coli* for 4 or 24 hr. Horizontal line, mean;
Circles, individual biological trials. Data are relative to mRNA abundance in the
ds*bla(Ap^R)* group of that specific trial and treatment.
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Figure S8. The JNK pathway affects GFP-*E. coli* and melanin accumulation at
periostial regions. (*A*) Fluorescence images show the accumulation of GFP-*E. coli*
(green) around a single pair of ostia (asterisks) on a segment of the heart (outlined by
dotted lines) of ds*bla(Ap^R)*, ds*JNK1/3* and ds*puc* mosquitoes that had been infected
with GFP-*E. coli* for 4 or 24 hr. (*B*) Bright field images show the accumulation of melanin
(dark deposits) around a single pair of ostia (asterisks) on a segment of the heart
(outlined by dotted lines) of ds*bla(Ap^R)*, ds*JNK1/3* and ds*puc* mosquitoes that were not
infected or had been infected with GFP-*E. coli* for 4 or 24 hr. Anterior is on top.
Quantification of all mosquitoes assayed is presented in figures 5A and 5B.
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