Integrative single cell and spatial transcriptomic analysis reveal reciprocal microglia-

plasma cell crosstalk in the mouse brain during chronic *Trypanosoma brucei*

infection

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brucei infection

Abstract

Human African trypanosomiasis, or sleeping sickness, is caused by the protozoan parasite *Trypanosoma brucei* and induces profound reactivity of glial cells and neuroinflammation when the parasites colonise the central nervous system. However, the transcriptional and functional responses of the brain to chronic *T. brucei* infection remain poorly understood. By integrating single cell and spatial transcriptomics of the mouse brain, we identified that glial responses triggered by infection are readily detected in the proximity to the circumventricular organs, including the lateral and 3rd ventricle. This coincides with the spatial localisation of both slender and stumpy forms of *T. brucei*. Furthermore, *in silico* predictions and functional validations led us to identify a previously unknown crosstalk between homeostatic *Cx3cr1*[+] microglia and *Cd138*^{+} plasma cells mediated by IL-10 and B cell activating factor (BAFF) signalling. This study provides important insights and resources to improve understanding of the molecular and cellular responses in the brain during infection with African trypanosomes.

Introduction

Chronic infection with *Trypanosoma brucei*, the causative agent of Human African trypanosomiasis (HAT) or sleeping sickness, is associated with extensive and debilitating neuroinflammation (Barrett et al., 2008; Fèvre et al., 2008; Lundkvist et al., 2004; Maclean et al., 2012). Widespread glial cell activation in the CNS, measured by ionized calcium-binding adapter molecule 1 (IBA1) and glial fibrillary acidic protein (GFAP) reactivity, has also been reported in both human brain biopsies and in murine models of infection (Barrett et al., 2008; Etet et al., 2012; Laperchia et al., 2016; Maclean et al., 2012). There is also extensive infiltration of adaptive immune cells that are thought to be critical mediators of the neuroinflammation induced when the parasites colonise the CNS (Laperchia et al., 2016; Olivera et al., 2021). However, an in-depth characterisation of the transcriptional responses to infection, in particular that of innate immune cells in the CNS, is lacking.

The application of single cell RNA sequencing (scRNAseq) has been transformative to understanding brain pathologies such as Alzheimer's disease and has also been recently applied to understand immunological responses to viral infections (Jiang et al., 2020; Mathys et al., 2019; Stephenson et al., 2021; Wang et al., 2021a). Nevertheless, a major limitation of scRNAseq is that it cannot preserve the spatial distribution in the tissue of origin. The integration of scRNAseq with spatial transcriptomics enable us to characterise cellular and tissue responses to infections on regional and global scales. This has been successfully applied to characterise local immune responses to *Mycobacterium tuberculosis* (Carow et al., 2019) and *M. leprae* (Ma et al., 2021) and in the heart during viral myocarditis (Mantri et al., 2021). However, to our knowledge, similar approaches have not been implemented to study tissue responses to protozoan parasites. Here, we present a spatially resolved single cell atlas of the murine CNS in response to *T. brucei*. This integrative approach led us to identify that glia responses triggered by infection are not limited to the hypothalamus but can also be readily detected in close proximity to the circumventricular organs (CVOs), coinciding with the localisation of slender and stumpy forms of *T. brucei*. Furthermore, we identified a previously unknown interaction between homeostatic *Cx3cr1*[+] microglia and *Cd138*^{+} plasma cells mediated by IL-10 and B cell activating factor (BAFF) signalling. Our spatiotemporal atlas offers novel insights into the interaction between the innate and adaptive immunity during chronic CNS infections and represents a resource to improve our understanding of the molecular and cellular responses triggered in the brain upon infection.

Materials and methods

Ethical statement. All animal experiments were approved by the University of Glasgow Ethical Review Committee and performed in accordance with the home office guidelines, UK Animals (Scientific Procedures) Act, 1986 and EU directive 2010/63/EU. All experiments were conducted under SAPO regulations and UK Home Office project licence number PC8C3B25C to Dr. Jean Rodger. The *in vivo* work related to the single cell and spatial transcriptomic experiments were conducted at 25- and 45-days post-infection (dpi) and correlated with increased clinical scores and procedural severity. Subsequent *in vivo* experiments for experimental validation (flow cytometry and imaging) were terminated earlier in line with ethical recommendations from the veterinary team at the University of Glasgow.

Cell lines and *in vitro* culture. Murine microglia cell line BV2 (kindly gifted by Dr. Marieke Pingen, University of Glasgow) were cultured in DMEM medium (Sigma) supplemented with 10% foetal bovine serum (FBS) (Sigma) and 1000 IU/mL penicillin, and 100 mg/ml streptomycin. Cells were maintained at 37°C and 5% CO_2. All of the experiments presented in this study were conducted with cells between passages 3 to 6. We challenged BV2 cells with *Escherichia coli* B55:O5 LPS (Sigma) for a period of 2 hours to trigger an initial pro-inflammatory response, and then incubated these cells with either untreated B cell supernatant, or B cell supernatant pre-treated with a recombinant antibody to deplete IL-10 (IgG2b, clone JES5-16E3, Biolegend). As controls, BV2 cells were left untreated or were incubated with *E. coli* LPS.

Gene expression analysis by qRT-PCR. Total RNA from BV2 murine microglia cell lines was extracted using RNeasy Kit (Qiagen), eluted in 30 μl of nuclease-free water (Qiagen), and quantified using Qubit broad range RNA assay (Invitrogen). qRT-PCR analysis was carried out using the Luna Universal One-Step RT-qPCR kit (NEB) using 100 ng RNA as input according to the manufacturer's protocol, using the primers listed below. For each sample, two technical replicates were included, as well as a nuclease-free water sample as a "no template sample" control to determine background signal. The relative expression was calculated using the $2^{-\Delta\Delta Ct}$ formula, where $\Delta\Delta Ct$ represents the normalized Ct value of the target RNA relative to the 18S rRNA and compared to naïve controls. Statistical analysis was conducted using the Mann-Whitney test and *p* values <0.05 were considered statistically significant.

List of primers used for RT-qPCR (all probes against *M. musculus* sequences)			
Target	Sequence	Length (nt)	Melting temperature (ºC)
18S forward	TGTGCCGCTAGAGGTGAAATT	21	57.9
18S reverse	TGGCAAATGCTTTCGCTTT	19	52.4
IL-1β forward	CCACAGACCTTCCAGGAGAATG	22	62.1
IL-1β reverse	GTGCAGTTCAGTGATCGTACAGG	23	62.4
TNFα forward	ATGAGCACTGAAAGCATGATCC	22	58.4
TNFα reverse	GAGGGCTGATTAGAGAGAGGTC	22	62.1

Murine infections with *Trypanosoma brucei*. Six to eight week old female C57Black/6J

mice (JAX, stock 000664) were inoculated by intra-peritoneal injection with ~2 x 10^3

parasites of strain *T. brucei brucei* Antat 1.1E (Le Ray et al., 1977). Parasitaemia was

monitored by regular sampling from tail venesection and examined using phase microscopy

and the rapid "matching" method (Herbert and Lumsden, 1976). Uninfected mice of the

same strain, sex and age served as uninfected controls. Mice were fed *ad libitum* and kept

on a 12 h light–dark cycle. All the experiments were conducted between 8h and 12h. For

sample collection, we focussed on the onset of the CNS stage (25 days post-infection) and

the onset of neurological symptoms (>30 days post-infection), defined in this study as

altered gait, reduced co-ordination of hind limbs, and flaccid and/or intermittent paralysis in

at least one hind limb.

Brain slice preparation for hypothalamus single-cell RNA sequencing

Tissue processing and preparation of single cell suspension. Single-cell dissociations

for scRNAseq experiments were performed as follow. Animals were infected for 25 and 45

days (*n* = 2 mice / time point), after which hypothalami were harvested for preparation of

single cell suspensions. Uninfected animals were also included as naive controls (*n* = 2

mice). Briefly, all mice were killed by rapid decapitation following isoflurane anaesthesia,

within the same time (between 8:00 and 10:00 AM). Using a rodent brain slicer matrix (Zivic

Instrument), we generated ~150 μm coronal brain sections around the hypothalamic area

(bregma −1.34 mm to −1.82 mm, including anterior and posterior hypothalamic structures).

The hypothalami were then rapidly excised under a dissection microscope, and the excised

hypothalami were then enzyme-treated for ~30 min at 37 °C using protease XXIII (2.5

mg/ml; Sigma) and DNAse I (1 mg/ml; Sigma) in Hank's Balanced Salt Solution (HSBB)

(Invitrogen). Slices were washed three times with cold dissociation solution then transferred

to a trypsin inhibitor/bovine serum albumin (BSA) solution (1 mg/ml; Sigma) in cold HBSS

(Invitrogen). Single-cell suspensions were passed through 70 μm nylon mesh filters to
remove any cell aggregates, diluted to ~1,000 cells/μl (in 1X phosphate buffered saline
(PBS) supplemented with 0.04% BSA), and kept on ice until single-cell capture using. In
parallel, a fraction of these samples was analysed by flow cytometry to estimate the relative
proportion of various glial cell types in the single cell suspensions (**S1A Figure**).

The single cell suspensions were loaded onto independent single channels of a
Chromium Controller (10X Genomics) single-cell platform. Briefly, ~20,000 single cells were
loaded for capture using 10X Chromium NextGEM Single cell 3 Reagent kit v3.1 (10X
Genomics). Following capture and lysis, complementary DNA was synthesized and
amplified (12 cycles) as per the manufacturer's protocol (10X Genomics). The final library
preparation was carried out as recommended by the manufacturer with a total of 14 cycles
of amplification. The amplified cDNA was used as input to construct an Illumina sequencing
library and sequenced on Nextseq 500 and Novaseq 6000 sequencers by Glasgow
polyomics.

Read mapping, data processing, and integration. For FASTQ generation and
alignments, Illumina basecall files (*.bcl) were converted to FASTQs using bcl2fastq. Gene
counts were generated using Cellranger v.6.0.0 pipeline against a combined *Mus musculus*
(mm10) and *Trypanosoma brucei* (TREU927) transcriptome reference. After alignment,
reads were grouped based on barcode sequences and demultiplexed using the Unique
Molecular Identifiers (UMIs). The mouse-specific digital expression matrices (DEMs) from
all six samples were processed using the R (v4.1.0) package Seurat v4.1.0 (Stuart et al.,
2019). Additional packages used for scRNAseq analysis included dplyr v1.0.7 (Wickham et
al., 2022), RColorBrewer v1.1.2 (http://colorbrewer.org), ggplot v3.3.5 (Wickham, 2016),
and sctransform v0.3.3 (Choudhary and Satija, 2022). We initially captured 25,852 cells
mapping specifically against the *M. musculus* genome across all conditions and biological
replicates, with an average of 37,324 reads/cell and a median of ~587 genes/cell (**Table
S2A**). The number of UMIs was then counted for each gene in each cell to generate the
digital expression matrix (DEM) (Figure S1B). Low quality cells were identified according to
the following criteria and filtered out: *i*) nFeature < 200 or >1,500, *ii*) nCounts < 200 or
>5,000, *iii*) > 10% reads mapping to mitochondrial genes, and *iv*) > 40% reads mapping to
ribosomal genes, v) genes detected < 3 cells. After applying this cut-off, we obtained a total
of 13,195 high quality mouse-specific cells with an average of 12,162 reads/cells and a
median of 565 genes/cell (S2A Table).

We noted that the overall number of UMIs was significantly higher in samples from
25 and 45dpi compared to naïve controls (**Figure S1B**). A closer examination of the number
of genes/UMIs per cell type enabled us to determine that the overall increase in infected
samples derived mostly from microglia and Oligodendrocytes/B cells (**Figure S1B**) and may
be indicative of a "transcriptional burst" associated with cell activation. Based on these
observations, we considered this differential feature and gene counts when scaling the data
(see below). The gene counts for each cell were divided by the total gene counts for the cell
and multiplied by the scale factor 10,000. Then, natural-log transformation was applied to
the counts. To identify gene signatures that represent outliers we employed two
independent but complementary approaches: *i*) The Seurat *FindVariableFeatures* function
with default parameters, using vst as selection method, and *ii*) The *plotHighestExprs* in
Scater package (McCarthy et al., 2017) with default parameters, which led us to identify
additional highly variable genes such as pseudogenes and long non-coding RNAs such as
Malat1. High-quality cells were then normalised using the *SCTransform* function, regressing
out for total UMI and genes counts, cell cycle genes, and highly variable genes identified by
both Seurat and Scater packages, followed by data integration using *IntegrateData* and
FindIntegrationAnchors. For this, the number of principal components were chosen using
the elbow point in a plot ranking principal components and the percentage of variance
explained (10 dimensions) using a total of 5,000 genes, and SCT as normalisation method.
In parallel, given the gene/UMIs discrepancies between experimental groups, we analysed
the integrated dataset using the STACAS workflow (Andreatta and Carmona, 2021) with
default parameters (10 dimensions) to determine if the clusters identified with the Seurat
package can be reproduced by an independent method. Overall, we detected the same
marker genes and cell types identified by the *IntegrateData* and *FindIntegrationAnchors*
function in Seurat (**Table S2D**). We applied the same approach with the myeloid subset with
similar results, suggesting that the differential gene/UMI counts between experimental
groups (and accounted for when scaling the data) does not cofound downstream detection
of marker genes or cell types.
Cluster analysis, marker gene identification, and subclustering. The integrated dataset
was then analysed using *RunUMAP* (10 dimensions), followed by *FindNeighbors* (10
dimensions, reduction = "pca") and *FindClusters* (resolution = 0.4). With this approach, we
identified a total of 11 cell clusters The cluster markers were then found using the
FindAllMarkers function (logfc.threshold = 0.25, assay = "RNA"). To identify cell identity
confidently, we employed a hierarchical approach, combining unsupervised and supervised

cell identity methods. For the unsupervised approach, we implemented two complementary R packages, *scCATCH* (Shao et al., 2020) and *SingleR* (Aran et al., 2019), using hypothalamic datasets built-in as references with default parameters (**Table S2C**). These packages map a query dataset against selected reference atlases, scoring the level of confidence for cell annotation. Cell identities were assigned based on confidence scores and/or independent cell identity assignment by the two packages. Confidence scores >85% were assumed to be reliable and the cell annotations were kept. When the two packages failed to detect cell identity confidently (confidence scores <85% by at least one package), we employed a supervised approach. This required the manual inspection of the marker gene list followed by and assignment of cell identity based on the expression of putative marker genes expressed in the unidentified clusters. This was particularly relevant for immune cells detected in our dataset that were not found in the reference atlases used for mapping. A cluster name denoted by a single marker gene indicates that the chosen candidate gene is selectively and robustly expressed by a single cell cluster and is sufficient to define that cluster (e.g., *Cd79a, Cd8a, C1qa, Cldn5*, among others). The addition of a second marker was used to indicate a secondary identifier that is also strongly expressed in the cluster but shared by two or more subclusters (e.g., *Apoe, Gfap*).

When manually inspecting the gene markers for the final cell types identified in our dataset, we noted the co-occurrence of genes that could discriminate two or more cell types (e.g., macrophages from microglia). To increase the resolution of our clusters to help resolve potential mixed cell populations embedded within a single cluster and, we subset vascular associated cells (endothelial cells, pericytes, tanycytes, and ependymocytes), microglia, T cells, and oligodendrocytes (the latter also containing a distinctive B cell cluster) and analysed them individually using the same functions described above. In all cases, upon subsetting, the resulting objects were reprocessed using the functions *FindVariableFeatures, RunUMAP, FindNeighbors*, and *FindClusters* with default parameters. The number of dimensions used in each cased varied depending on the cell type being analysed but ranged between 5 and 10 dimensions. Cell type-level differential expression analysis between experimental conditions was conducted using the *FindMarkers* function (*min.pct* = 0.25, *test.use* = Wilcox) and (*DefaultAssay* = "SCT"). Where indicated, the *AddModuleScore* function was used to assign scores to groups of genes of interest (*Ctrl* = 100, *seed* = NULL, *pool* =NULL), and the scores were then represented in violin plots. This tool measures the average expression levels of a set of genes, subtracted

by the average expression of randomly selected control genes. Statistical tests using the

non-parametric Wilcox test comparing mean of normalised gene expression (basemean)

was conducted in R. Cell-cell interaction analysis mediated by ligand-receptor expression

level was conducted using NicheNet (Browaeys et al., 2020) with default parameters using

"mouse" as a reference organism, comparing differentially expressed genes between

experimental conditions (*condition_oi* = "Infected", *condition_reference* = "Uninfected").

Pathways analysis for mouse genes were conducted using STRING (Szklarczyk et al.,

2019) with default parameters. Raw data and scripts used for data analysis will be made

publicly available after peer review.

10X Visium spatial sequencing library preparation and analysis

Tissue processing and library preparation. Coronal brain sections (bregma −1.34 mm to

−1.82 mm) were frozen in optimal cutting temperature medium (OCT) and stored at −80 °C

until sectioning. Optimization of tissue permeabilization was performed on 10-µm-thick

sections using the Visium Spatial Tissue Optimization Reagents Kit (10X Genomics), which

established an optimal permeabilization time of 18 min. Samples were mounted onto a Gene

Expression slide (10X Genomics) and stored at −80 °C until haematoxylin and eosin (H&E)

staining. To prepare for staining, the slide was placed on a thermocycler adaptor set at 37

°C for 5 min followed by fixation in ice-cold methanol for 30 min. Methanol was displaced

with isopropanol and the samples were air-dried for 5-10 min before sequential staining with

Mayer's haematoxylin Solution (Sigma-Aldrich), Bluing Buffer (Dako) and 1:10 dilution of

Eosin Y solution (Sigma-Aldrich) in 0.45 M of Tris-acetic acid buffer, pH 6.0, with thorough

washing in ultrapure water between each step. Stained slides were scanned under a

microscope (EVOS M5000, Thermo). Tissue permeabilization was performed to release the

poly-A mRNA for capture by the poly(dT) primers that were precoated on the slide, including

a spatial barcode and a Unique Molecular Identifiers (UMIs). The Visium Spatial Gene

Expression Reagent Kit (10X Genomics) was used for reverse transcription and second

strand synthesis, followed by denaturation, to allow the transfer of the cDNA from the slide

to a collection tube. These cDNA fragments were then used to construct spatially barcoded

Illumina-compatible libraries using the dual Index Kit TT Set A (10x Genomics) was used to

add unique i7 and i5 sample indexes, enabling the spatial and UMI barcoding. The final

Illumina-compatible sequencing library was sequenced on a single lane (2x150) of a

NextSeq instrument (Illumina) by Glasgow Polyomics.

After sequencing, the FASTQ files were aligned to a merged reference transcriptome

combining the *Mus musculus* genome (mm10) genome and the *Trypanosome brucei*

reference genome (TREU927). After alignment, reads were grouped based on spatial barcode sequences and demultiplexed using the UMIs, using the SpaceRanger pipeline version 1.2.2 (10X Genomics). Downstream analyses of the expression matrices were conducted using the Seurat pipeline for spatial RNA integration (Hao et al., 2021b; Stuart et al., 2019) (**Table S3A**). Specifically, the data was scaled using the *SCTransform* function with default parameters. We then proceeded with dimensionality reduction and clustering analysis using *RunPCA* (*assay* = "SCT"), *FindNeighbours* and *FindClusters* functions with default settings and a total of 30 dimensions. We then applied the *FindSpatiallyVariables* function to identify spatially variable genes, using the top 1,000 most variable genes and "markvariogram" as selection method. We optimised the parameters to obtain clustering of distinct spatially variable gene sets that broadly coincide with several brain regions, including cortex, hippocampus, 3rd and lateral ventricles, thalamus, hypothalamus, striatum, and amygdala (**Materials and Methods, Figure S3**), confirming the robustness, reproducibility, and reliability of our data. For the analysis of the *T. brucei* genes detected in the spatial transcriptomics dataset, we used the *SpatialFeaturePlot* function (*alpha* = 0.01, 0.1, *min.cutoff* = 0.1). The genes detected in the spatial transcriptomics dataset at 45dpi where further analysed using the gene ontology server built in the TriTrypDB website (Aslett et al., 2009) with default settings.

To integrate our hypothalamic scRNAseq with the 10X Visium dataset, we used the *FindTransferAnchors* function with default parameters, using SCT as normalization method. Then, the *TransferData* function (*weight.reduction* = "pca", 30 dimensions) was used to annotate brain regions based on transferred anchors from the scRNAseq reference datasets. To predict the cell-cell communication mediated by ligand-receptor co-expression patterns in the spatial context, we employed NICHES v0.0.2 (Raredon et al., 2022). Upon dimensionality reduction and data normalisation, NICHES was run using fanton5 as ligand-receptor database with default parameters. The resulting object was then scaled using the functions *ScaleData, FindVariableFeatures* (*selection.method* = "disp"), *RunUMAP* with default settings and a total of 15 dimensions. Spatially resolved expression of ligand-receptor pairs was then identified using the *FindAllMarkers* function (*min.pct* = 0.25, *test.use* = "roc"). For visualisation, we used the *SpatialFeaturePlot* function with default parameters and *min.cutoff* = "q1". Raw data and scripts used for data analysis will be made publicly available after peer review.

Immunofluorescence and single molecule fluorescence *in situ* hybridisation (smFISH) using RNAscope. Formalin-fixed paraffin embedded coronal brain sections were

section on a microtome (Thermo) and fixed in 4% PFA for 10 min at room temperature.
Sections were blocked with blocking buffer (1X PBS supplemented with 5% foetal calf serum
and 0.2% Tween 20) and incubated with primary antibodies at 4°C overnight, followed by
incubation with fluorescently conjugated secondary antibodies for 1 hour at room
temperature. All the antibodies were diluted in blocking buffer. Slides were mounted with
Vectashield mounting medium containing DAPI for nuclear labelling (Vector Laboratories)
and were visualized using an Axio Imager 2 (Zeiss). The list of antibodies for
immunofluorescence and RNAscope probes used in this study is presented in the table
below.

smFISH experiments were conducted as follow. Briefly, to prepare tissue sections
for smFISH, infected animals and naïve controls were anesthetized with isoflurane,
decapitated and brains were dissected out into ice-cold 1X HBSS. Coronal brain sections
were prepared as described above and embedded in paraffin. Cryopreserved coronal brain
sections (5 µm) were prepared placed on a SuperFrost Plus microscope slides. Sections
were fixed with 4% paraformaldehyde (PFA) at 4 °C for 15 min, and then dehydrated in 50,
70 and 100% ethanol. RNAscope 2.5 Assay (Advanced Cell Diagnostics) was used for all
smFISH experiments according to the manufacturer's protocols. All RNAscope smFISH
probes were designed and validated by Advanced Cell Diagnostics. For image acquisition,
16-bit laser scanning confocal images were acquired with a 63x/1.4 plan-apochromat
objective using an LSM 710 confocal microscope fitted with a 32-channel spectral detector
(Carl Zeiss). Lasers of 405nm, 488nm and 633 nm excited all fluorophores simultaneously
with corresponding beam splitters of 405nm and 488/561/633nm in the light path. 9.7nm
binned images with a pixel size of 0.07um x 0.07um were captured using the 32-channel
spectral array in Lambda mode. Single fluorophore reference images were acquired for
each fluorophore and the reference spectra were employed to unmix the multiplex images
using the Zeiss online fingerprinting mode. smFISH images were acquired with minor
contrast adjustments as needed, and converted to grayscale, to maintain image
consistency. The resulting images were processed and analysed using QuPath (Bankhead
et al., 2017), and the values plotted using Prism v8.0. The *in situ* hybridisation images were
acquired from the publicly available resource the Allen Mouse Brain Atlas
(www.mouse.brain-map.org/) and used in Figure S3B.

List of RNAscope probes used for smFISH			
Supplier	**Cat. Number**	**Sequence**	**Channel**
Trypanosoma brucei probes			
Biotechne	1103198-C1	Tbr-Gapdh	Channel 1
Biotechne	1103208-C2	Tbr-Pyk1	Channel 2
Biotechne	1103218-C3	Tbr-Pad2	Channel 3
Biotechne	1103221-C4	Tbr-Ep1	Channel 4
Mus musculus probes			
Biotechne	460181	Mm-Cd79a	Channel 1
Biotechne	314221-C2	Mm-Cx3cr1	Channel 2
Biotechne	317261-C3	Mm-IL10	Channel 3
Biotechne	517731-C4	Mm-Il10ra	Channel 4
Biotechne	414891-C3	Mm-Tnfsf13b	Channel 3
Biotechne	414871-C4	Mm-Tnfrsf17	Channel 4

List of antibodies used for immunofluorescence				
Supplier	**Cat. Number**	**Target**	**Clone**	**Dilution**
Cell Signalling	43279S	Arginase 1- Alexa fluor 647	D4E3M	1:100
Miltenyi	130-114-651	RE-Affinity CD68-PE		1:50
Santa Cruz	sc-33673	GFAP-Alexa Fluor 488	2E1	1:100

Flow cytometry analysis and *ex vivo* stimulation of brain-dwelling B cells. To
discriminate circulating versus brain-resident immune cells, we performed intravascular
staining of peripheral CD45$^+$ immune cells as previously reported (Anderson et al., 2014).
Briefly, a total of 2 µg of anti-CD45-PE antibody (in 100 µl of 1X PBS) was injected
intravenously 3 minutes prior culling. Mice were euthanised as described above and
transcardially perfused with ice-cold 0.025% (wt/vol) EDTA in 1X PBS. Whole brain samples
were collected and placed on ice-cold 1X HBSS (Invitrogen) and processed as recently
described (Guldner et al., 2021). Whole brain specimens were minced and digested using
the Adult Brain dissociation kit (Miltenyi) for 30 min at 37 °C, following manufacturer's
recommendations. The digested tissue was gently pressed through 70 µm nylon mesh cell
strainers to obtain a single cell suspension. The cell suspension was cleaned up and
separated from myelin debris using a Percoll gradient, as previously reported (Guldner et
al., 2021). The resulting fraction was then gently harvested and used as input for glia
profiling or for B cell purification using the B cell isolation kit II (negative selection approach)
using MACS sorting (Miltenyi). Cells from spleens were used as positive controls. The

resulting cell fraction was diluted to a final density of ~1×10^6 cells/ml. The resulting
suspension enriched in B cells were seeded on a 96 well plate and stimulated with 1X cell
Stimulation cocktail containing phorbol 12-myristate 13-acetate (PMA), Ionomycin, and
Brefeldin A (eBioSciences™) for 5 hours at 37°C and 5% CO_2, as previously reported
(Radomir et al., 2021). Upon stimulation, the resulting supernatant was harvested and used
to quantify IL-10 by ELISA (Biolegend), or to test its capacity to block BV2 polarisation in
the presence of *E. coli* LPS. As control, anti-mouse IL-10 antibody (IgG2b, clone JES5-
16E3. Biolegend) was applied to the B cell-derived supernatant for 30 min at room
temperature to sequester and block IL-10 signalling *in vitro*.
For flow cytometry analysis, single cell suspensions were resuspended in ice-cold FACS
buffer (2 mM EDTA, 5 U/ml DNAse I, 25 mM HEPES and 2.5% Foetal calf serum (FCS) in
1× PBS) and stained for extracellular markers at 1:400 dilution. The list of flow cytometry
antibodies used in this study were obtained from Biolegend and are presented in the table
below. Samples were run on a flow cytometer LSRFortessa (BD Biosciences) and analysed
using FlowJo software version 10 (Treestar). For intracellular staining, single-cell isolates
from brain or draining lymph nodes were stimulated as above in Iscove's modified
Dulbecco's media (supplemented with 1× non-essential amino acids, 50 U/ml penicillin,
50 µg/ml streptomycin, 50 µM β-mercaptoethanol, 1 mM sodium pyruvate and 10% FBS;
Gibco). Cells were then permeabilized with a Foxp3/Transcription Factor Staining Buffer Set
(eBioscience) and stained for 30 min at 4 °C. All antibodies used were diluted at 1:250.

List of antibodies used for flow cytometry				
Supplier	**Cat. Number**	**Target**	**Clone**	**Dilution**
Thermo	65-0865-14	Fixable viability dye eFluor 780	-	1:1,000
Biolegend	147712	CD45 PE	I3/2.3	2 µg/100 µl i.v.
Biolegend	103133	CD45 Brilliant Violet 421	30-F11	1:400
Biolegend	115555	CD19 Brilliant Violet 711	6D5	1:400
Biolegend	103225	B220 Alexa Fluor 488	RA3-6B2	1:400
Biolegend	142527	CD138 PE-Dazzle 594	281-2	1:400
Biolegend	101219	CD11b Alexa Fluor 488	M1/70	1:400
Biolegend	366507	BAFF APC	1D6	1:400
Biolegend	141727	CD206 Brilliant Violet 711	C068C2	1:400
Miltenyi	130-119-982	O4 APC	REA576	1:800
Miltenyi	130-123-284	ACSA-PE	IH3-18A3	1:800

Results

Single cell transcriptomic analysis of the mouse hypothalamus over the course of *T. brucei* infection

To resolve the complexity of the different cell types and transcriptional pathways involved in the CNS response to *T. brucei* infection with as much singularity and spatial resolution as possible, we employed a combined single cell (scRNAseq) and spatial transcriptomic approach (**Figure 1A**), from samples harvested during the onset of the CNS stage (25dpi) and appearance of neurological symptoms (45dpi) (**Figure 1B and C**). The overall inflammation in the brain neuroparenchyma and the meningeal space was confirmed at these time points by histological examination (**Table S1**). To further refine our scRNAseq dataset, we focused on the hypothalamus, given its critical role in controlling circadian behaviour (Rijo-Ferreira et al., 2018; Tesoriero et al., 2018). We obtained a total of 13,195 cells with an average of 500 genes/cell and 1,500 transcripts/cell (**Materials and Methods, Figure S1**). Overall, we identified 11 clusters spanning 8 cell types, including microglia (clusters 0, 1, 6, and 9), oligodendrocytes/B cells (cluster 7), astrocytes (clusters 2 and 5), T cells (cluster 3), and vascular-associated cells including endothelium (cluster 4), pericytes (cluster 8), and ependymocytes (cluster 10) (**Figure 1D and Table S2B and S2C**). The microglia subclusters were dominated by the expression of putative markers including *C1qa, Lyz2, Aif1,* and *Cx3cr1* (Prinz et al., 2021), whereas the astrocyte cluster was characterised by the expression of *bona fide* markers of mature astrocytes, including *Gfap* and *Agt* (**Figure 1E, Figure S2, and Table S2B**) (Batiuk et al., 2020)*.* The vascular-associated cells were further divided into three *Cldn5*⁺ endothelial cell subclusters, two clusters representing *Pdgfrb*⁺ pericytes/tanycytes*,* one cluster representing *Acta2*⁺ pericytes, and one *Ccdc153*⁺ ependymocyte cluster (**Figure 1E, Figure S3, and S2E Table**). These data are in agreement with the diversity of the glial cell types previously reported in healthy mouse hypothalamus (Chen et al., 2017; Mickelsen et al., 2019).

Disease state analysis revealed differential distribution of cells within the microglia, B cell, and T cell clusters in infected samples compared to naïve controls (**Figure 1F**). Furthermore, by computing an *in silico* gene module score to assess the global expression level of inflammatory mediators (e.g., cytokines and chemokines), we identified that responses to chronic *T. brucei* infection (at both 25 and 45dpi) were largely observed in the microglia subclusters (in particular microglia 1 and 2) and, to a lesser extent in endothelial cells, T cells, and adaptive immune cells and were significantly higher than naïve controls (ANOVA, $p < 2.2^{-16}$) (**Figure 1G**). Taken together, our data demonstrate that *T. brucei*

443   infection in the CNS induces an inflammatory response predominantly in microglia, as well
444   as T and B cells, and to a lesser extent in endothelial cells. Notably, we did not detect *T.*
445   *brucei* enough reads in our scRNAseq dataset for downstream analysis, perhaps owing to
446   the low parasite burden in the brain parenchyma; however, we were able to detect them in
447   our spatial transcriptomics dataset (see below).

Spatial transcriptomics reveals *both T. brucei* long slender and stumpy forms
predominantly in the circumventricular organs

When analysing our spatial transcriptomics datasets, we noted the expression of
multiple *T. brucei*-specific genes in infected samples, especially at 45dpi (**Figure 2A and**
S3B Table). The majority of the *T. brucei*-specific genes were distributed in discrete
locations in the mouse forebrain. For example, *Tb927.6.4280* (*GAPDH*), typically associated
with slender forms (Briggs et al., 2021; Creek et al., 2015; Kovářová et al., 2018), was highly
expressed in spatial clusters 0, 1, 4, 10, 14, and 17, that define the anatomical regions
corresponding to cerebral caudoputamen or corpus striatum, thalamus, hippocampus,
cerebral cortex, hypothalamus, and the circumventricular organs (CVOs; including the
lateral ventricle and the 3rd ventricle) (**Figure 2A, 2B, and S3B Table**). Similarly,
Tb927.7.5940 (*PAD2*) was restricted to cluster 17 (**Figure 2A, 2B, and S3B Table).** The
localisation of parasites in these brain regions at 45dpi coincided, at least partly, with an
increase in the expression of inflammatory mediators in several brain regions, including
around cluster 4 and 17 (both CVOs-related clusters) (**Figure 2C**). The spatial distribution
of the different developmental stages of *T. brucei* was further confirmed using smFISH
against parasite-specific marker genes associated with slender (*GAPDH* and *PYK1*) or
stumpy (*PAD2* and *EP1*) life cycle stages (Briggs et al., 2021; Dean et al., 2009) (**Figure**
2D) and by independent histological scoring (**Table S3B**). These observations confirm that
in addition to passage through the blood-brain barrier, African trypanosomes also exploit
the CVOs as points of entry into the CNS (Bentivoglio et al., 2018; Kristensson et al., 2010).

To provide insights into the potential diversity of brain-dwelling trypanosomes,
including the presence of various developmental stages, we performed gene ontology and
pathway analysis on the most abundant *T. brucei* transcripts based on their relative spatial
distribution (**Figure 2E and S3C Table**). Overall, we observed an overrepresentation of
genes typically associated with metabolically active parasites in the CVOs, such as protein
translation ($p\ adj = 3.35^{-57}$) and biosynthetic processes ($p\ adj = 1.05^{-24}$), irrespective of their
spatial distribution (**Figure 2E and S3C Table**) (Briggs et al., 2021; Creek et al., 2015;
Kovářová et al., 2018). Additionally, the transcriptome of the parasites in the CVOs was

dominated by genes pathways broadly associated with translation ($p\ adj$ = 9.14^{-22}), control

of gene expression ($p\ adj$ = 2.23^{-04}), and biosynthetic processes ($p\ adj$ = 3.46^{-08}), indicating

that the CVO-dwelling parasites are metabolically active. Notably, the parasites in the CVOs

also expressed genes considered critical regulators of parasite differentiation, such as

RBP7A and RBP7B (encoded by *Tb927.10.12090* and *Tb927.10.12100*, respectively),

PAD1 (encoded by *Tb927.7.5930*), and PAD2 (encoded by *Tb927.7.5940*) (**S3C Table**)

(Dean et al., 2009; Mony et al., 2014; Rojas et al., 2019). Together, these results provide

an overview of the spatial distribution of African trypanosomes in the mouse forebrain and

support the hypothesis that the majority of brain-dwelling trypanosomes display features of

replicative slender forms, protein translation and control of gene expression, together with

differentiation commitments in the CVOs.

Infection-associated microglia and border-associated macrophages occupy spatial

niches in proximity to the ventricular spaces

Having established that microglia display a high inflammatory score upon infection,

and *T. brucei* slender and stumpy forms are found in or surrounding CVOs, we next asked

whether the spatial distribution of different microglia cell clusters correlates to the distribution

of parasites in the forebrain. After subclustering, we identified six discrete myeloid

subclusters that displayed a marked differential gene expression signature (**Figure 3A**). For

example, cluster 1 and cluster 2 express high levels of putative homeostatic microglia

marker genes including *P2ry12, Trem119,* and *Cx3cr1* and may correspond to different

homeostatic subsets. Cells in cluster 1 express high levels of *Tgfbr1, Ifngr1*, and *Il6ra*,

whereas cluster 2 expresses high levels of *Il10ra* (**Figure 3B and S2F Table**), suggesting

a potential divergent response to cytokine signalling (e.g., interferon gamma (IFNγ) in cluster

one versus IL-10 in cluster 2). Cluster 3 is characterised by the expression of monocyte-

specific lineage markers, including *Cd14, Ccrl2, Fcgr2b,* and several MHC-II associated

molecules (*H2-Aa1, H2-Ab1*) (**Figure 3B and S2F Table**). Cluster 4 and 5 express high

levels of *Aif1*, as well as canonical pro-inflammatory chemokines and mediators of innate

immunity (*Ccl5, Mif, Cxcl13*), components of the complement cascade (*C1qa, C1qb*),

antigen processing and presentation genes (*H2-Ab1, H2-Eb1*), several interferon-stimulated

genes (*Ifitm3, Ifih1*), and markers of disease-associated microglia (*Apoe, Itgax, Trem2,*

Cst7) (Fitz et al., 2021; Krasemann et al., 2017; Shi and Holtzman, 2018), but decreased

expression of microglia homeostatic markers (**Figure 3B and S2F Table**). Lastly, cluster 6

expresses putative marker genes associated with border-associated macrophages such as

Lyz2, *Ms4a7*, *Ms4a6c*, *Tgfbi*, *H2-Ab1, and Lyz2* (Van Hove et al., 2019; Jordão et al., 2019),

as well as gene sets characteristic of anti-inflammatory responses, such as *Chil3*, *Arg1*, and

Vegfa (**Figure 3B and S2F Table**), indicative of an anti-inflammatory phenotype. Based on

these results we catalogued clusters 1 to 6 as follow: *Cx3cr1*+ 1 (29.5%), *Cx3cr1*+ 2, (30.4%),

Cd14+ Monocytes (27.6%), *Arg1*+ border-associated macrophages (*Arg1*+ BAMs; 12.6%),

Aif1+ 1 (10.5%), *Aif1*+ 2 (4.85%) (**Figure 3C and D)**. Notably, *Cx3cr1*+ microglia 1 and 2,

and *Cd14*+ monocytes accounted for ~75% of all the microglia detected under homeostatic

conditions, but *Aif1*+ microglia 1 and 2*,* and *Arg1*+ BAMs subclusters progressively increased

in frequency over the course of infection, suggesting an adoption of an infection-associated

phenotype (**Figure 3C and 3D**). In the spatial context, we found that the gene expression

of *Aif1*, *Adgre1*, specific marker genes for the *Aif1*+ *1* and *Aif1*+ *2* subclusters, were highly

expressed around the hippocampus, CVOs, and caudoputamen at 25dpi and 45dpi

compared to naïve controls (**Figure 3F**). Similarly, *Arg1* and *Chil3,* putative marker genes

for *Arg1*+ BAMs, were predominantly located in the lateral ventricle and the dorsal 3rd

ventricle in the infected brain (**Figure 3E**), further corroborated by immunofluorescence

analysis on independent brain sections (**Figure 3F**). Together, our combined analyses

demonstrate that infection-associated myeloid subsets (*Aif1*+ 1, *Aif1*+ 2, and *Arg1*+ BAMs)

are detected in regions proximal to the CVOs, coinciding with the spatial distribution of

trypanosomes and suggesting a functional compartmentalisation of the myeloid subsets in

responses to infection.

Microglial responses to *T. brucei* infection share common transcriptional features

with neurodegeneration diseases

To gain a more comprehensive understanding of microglia responses to infection at

the molecular level, we analysed the differentially expressed genes (DEGs) of microglia

subtypes in response to *T. brucei* infection, defined as genes with a Log$_2$ fold change >0.25

or <-0.25 and an adjusted *p* value < 0.05. Most of the upregulated DEGs were detected in

the *Cx3cr1*+ 1, *Cx3cr1*+ 2, and *Cd14*+ monocyte subclusters (**Figure 3G**) and were

associated with an upregulation of MHC-II-mediated antigen presentation (i*H2-Aa1, H2-*

Ab1), Neutrophil chemotaxis (*Ccl2, Ccl4*), adaptive immune responses (*Cd274, Mif,*

Tnfsf13b), and responses to IFNγ (*Ifitm3, Aif1*) (**Figure 3H top and S2G Table**). As the

infection progresses, we noted an enrichment for gene pathways associated with

neurodegenerative disorders, including Amyotrophic lateral sclerosis, Huntington disease,

Parkinson disease, and Alzheimer's disease, including *Apoe, Trem2, Psen2*, and *Cd22*

(**Figure 3H bottom and S2G Table**). These cells also downregulate homeostatic processes

associated with organ development (*Tgfbr1, Mertk, Fos*), neurone homeostasis (*Cx3cr1,*

Itgam), and responses to cAMP (*Fosb, Junb*) (**Figure 3H, S2G and S2H Table**). Overall,

our data demonstrates a dynamic response of the microglia during *T. brucei* infection; during

the onset of the CNS stage (25dpi), homeostatic $Cx3cr1^+$ microglia upregulate

transcriptional programmes associated with antigen processing and presentation and

development of adaptive immune responses, whilst downregulating genes associated with

homeostasis. As the infection progresses (45dpi), the microglia signatures share many

commonalities to those identified in neurodegenerative disorders (e.g., *Apoe, Trem2, Cd22*)

(Fitz et al., 2021; Krasemann et al., 2017; Pluvinage et al., 2019; Shi and Holtzman, 2018),

coinciding with the development of clinical symptoms in these animals. These data suggest

a common transcriptional response to inflammatory processes in the CNS. Other myeloid

cell types such as $Cd14^+$ monocytes and $Arg1^+$ BAMs constitute additional responders to

the infection, albeit with opposing effects; $Cd14^+$ monocytes and $Arg1^+$ BAMs display pro-

and anti-inflammatory phenotypes, respectively.

Chronic *T. brucei* infection recruits follicular-like regulatory $Cd4^+$ T cells and

cytotoxic $Cd8^+$ T cells into the CNS

We next sought to characterise the population of adaptive immune cells identified in

our dataset. We identified three T cell subclusters based on the expression of putative T cell

marker genes such as *Trac* and *Cd3g* (**Figure 4A to 4C, and S2I Table).** Cluster 0 (44%)

was discarded owing to the lack of identifiable marker genes. Cluster 1 (18%) and 2 (18.5%)

express marker genes associated with cytotoxic T cells such as *Cd8a* and *Gzmb* (**Figure**

4A to 4C, and S2I Table). Cells within cluster 2 also express high levels of genes associated

with cytotoxic T cell activation and effector function (*Ccl5, Klrd1*), a gamma TCR receptor

subunit (*Trgv2*), interferon-stimulated genes (*Ifitm1*), and high levels of *Cd52* which is

involved in T cell effector function (**S2I Table**) (von Kutzleben et al., 2017). This suggests

that cells in cluster 2 potentially represent a specialised cytotoxic T cell subset. Lastly, in

addition to *Cd4*, cells in cluster 3 (18.5%) express high levels of genes associated with

regulatory CD4$^+$ T cells including surface markers (*Cd5, Ctla4, Icos, Cd274*), transcription

factors (*Mxd1, Izkf2*), and effector molecules (*Il10, Areg, Il21*) (**Figure 4A to 4C, and S2I**

Table). Notably, these regulatory $Cd4^+$ T cells also express high levels of marker genes

typically associated with follicular helper T cells such as *Maf* and *Slamf5* (**Figure 4A to 4C,**

and S2I Table) (Bauquet et al., 2009; Cannons et al., 2010; Nurieva and Chung, 2010).

These follicular-like regulatory CD4$^+$ T cell subsets have been postulated as critical

regulators of adaptive responses in lymphoid organs (Hao et al., 2021a; Miles and Connick,

2018; Vaeth et al., 2019, 2019; Wollenberg et al., 2011), but so far have not been reported

in the brain during infections. These populations seemed dynamic over the course of

infection, with chronic stages associated with a two-fold increase in the abundance of $Cd4^+$

T cells compared to other subclusters (8.2%, 19.3%, and 20.85% in naïve, 25dpi, and 45dpi,

respectively) (**Figure 4B and 4D**), consistent with previous reports (Laperchia et al., 2016;

Lyck et al., 2003). Of note, the subcluster identified as cluster 2 $Cd8^+$ T cells ($Cd8^+$ 2 T cells)

was only detected in infected samples but not in naïve controls (23% and 20% at 25 and

45dpi, respectively) (**Figure 4B**), indicating a disease-associated T cell subset in the brain.

When compared across the brain in the spatial transcriptomics data set, the $Cd4^+$ T cell

subcluster was mostly detected in the lateral ventricle, external capsule, and the

caudoputamen in both naïve and infected samples, whereas the $Cd8^+$ T cell subsets

showed a more widespread distribution in the brain parenchyma (**Figure 4E**).

Cell-cell interaction analysis using NicheNet (Browaeys et al., 2020) revealed a

network of molecular communication between T cells, stromal cells, and the vasculature, in

infected samples compared to naïve controls (**Figure 4F and 4G**). For instance,

ependymocytes and endothelia cells express high levels of *Cxcl10* and *Cxcl12*, respectively,

which are critical mediators of lymphocytic recruitment into the brain parenchyma during

neuroinflammation (Christensen et al., 2006; Fife et al., 2001; Klein et al., 2005). Microglia

also express additional subsets of chemokines (*Ccl2, Ccl3, Ccl4*) with no overlap to those

detected in vascular-associated cells (**Figure 4F and 4G**), potentially indicating non-

redundant mechanisms of T cell recruitment into the brain parenchyma during infection.

Furthermore, the endothelial cells and microglia expressed high levels of cell adhesion

markers including *Icam1, Icam2*, and *Pecam1* (**Figure 4F and 4G**), which mediate immune

cell transendothelial and extravascular tissue migration (Abadier et al., 2015; Dias et al.,

2021; Lyck et al., 2003). We also detected additional mediators of T cell activation, including

endothelial cell-derived *Il15* and astrocyte-derived *Il18*, which are involved in T cell

activation and enhancement of IFNγ production (Alves et al., 2003; Pien et al., 2000;

Sareneva et al., 1998; Strengell et al., 2003; Takeda et al., 1998) (**Figure 4F and 4G**).

Together, our data provide an overview of the T cell diversity in the CNS during chronic *T.*

brucei infection, including regulatory $Cd4^+$ T cells that accumulate in the brain over the

course of *T. brucei* infection. Moreover, ligand-receptor mediated cell-cell communication

suggests that microglia, ependymocytes, endothelial cells, and astrocytes are involved in

the recruitment and activation of T cells into the brain during chronic *T. brucei,* albeit through

divergent signalling molecules.

Cd138⁺ plasma cells are detected in the mouse brain during chronic *T. brucei*

infection

Next, we characterised the cells contributing to the genes expressed in cluster 7

(**Figure 1D and S2J Table**). This appeared to represent a heterogeneous grouping of cells

expressing high levels of oligodendrocyte markers (*Olig1*, *Sox10*, and *S100b*) and *bona fide*

B cell markers (*Cd79a*, *Cd79b*, *Ighm*) (**Figure 1D and S2J Table**). Dimensional reduction

analysis after subsetting cluster 7 led us to identify five clusters identified as follow: clusters

1 (34.7%) and 2 (11.41%) expressed high levels of *Olig1* and *Pdgfra* and corresponded to

oligodendrocytes, cluster 3 (8.48%) corresponds to *Epcam⁺* neuroepithelium, and cluster 4

(6.02%) composed of *Map2⁺* neurons (**Figure 5A and S2J Table**). Lastly, in addition to

Cd79a and *Cd79b* (which encode for the B cell receptor), cluster 0 (39.3%) was also

characterised by high expression levels of putative markers associated with plasma cells,

including surface markers (*Sdc1 or Cd138, Slamf7*) and plasma cell-specific transcription

factors (*Prdm1, Xbp1, Irf4*) (**Figure 5A, 5B, and S2J Table)**. These cells also express genes

associated with regulatory function, including *Il10* and *Cd274* (**Figure 5A, 5B, and S2J**

Table), and was thus labelled as *Cd138⁺* plasma cells. Furthermore, the *Cd138⁺* plasma

cells were detected at low levels in naïve controls (~8% of the cells in this cluster) but

increased over the course of infection at 25dpi (61.6%) and 45dpi (88%) (**Figure 5C and**

5D). The enrichment of *Cd138⁺* plasma cells during chronic infections was further confirmed

by flow cytometry on independent *in vivo* experiments, mirroring the proportions detected

by scRNAseq (**Figure 5E and 5F**). Notably, *Cd138⁺* plasma occupied discrete niches in the

naïve brain around the CVOs (dorsal 3ʳᵈ ventricle) and subthalamic regions (**Figure 5G**),

but were preferentially detected in the external capsule, corpus callosum, and lateral

ventricle at 25dpi, or in the leptomeninges, cingulate cortex, lateral ventricle, and dorsal 3ʳᵈ

ventricle at 45dpi (**Figure 5G**). Taken together with the flow cytometry findings, these data

suggest a potential expansion of this population in the CVOs and proximal regions.

Furthermore, the predicted expression of *Il10*, an anti-inflammatory cytokine shown to be

expressed in B cells with a regulatory phenotype (Brioschi et al., 2021; Radomir et al., 2021;

Rosser and Mauri, 2015), was tested and confirmed by ELISA of *ex vivo* stimulation brain-

dwelling B cells from infected mice (**Figure 5H**), corroborating the *in silico* data and

indicating a regulatory phenotype. Together, these data show the presence of *Cd138⁺*

plasma cells with a regulatory phenotype in the CVOs and leptomeninges in the murine
brain during chronic *T. brucei* infection.

Cd138+ plasma cell supernatant suppresses microglia polarisation towards an
inflammatory phenotype

Our scRNAseq data indicats that microglia in the forebrain of *T. brucei*-infected mice
express both *Il10ra* and *Il10rb* (which together form the functional IL-10 receptor (Burmeister
and Marriott, 2018; Holly A. Swartz, Jessica C. Levenson, 2012; Lobo-Silva et al., 2016)
(**Figure 5I**), and that brain-dwelling *Cd138+* plasma cells produce IL-10 when stimulated *ex*
vivo (**Figure 5H**). Thus, we hypothesised that plasma cell-derived IL-10 may play a role in
modulating pro-inflammatory responses in microglia. *In silico* spatial ligand-receptor
interaction analysis around the CVOs identified several significant ligand-receptor
interactions upregulated during infection, including *Clec1b-Klrb1c*, involved in regulating NK
cell-mediated cytolytic activity (Hao et al., 2006), and *Lpl-Lrp2*, which are involved in ApoE-
mediated cholesterol intake in neurons (Spuch et al., 2012) (**Figure S5)**. Additionally, we
also identified a robust co-expression of *Il10* and *Il10ra* in the CVOs and leptomeninges
(**Figure 5J and Figure S5**), coinciding with the predicted localisation of *Cd138+* plasma
cells at 45dpi, which was independently validated using single molecule fluorescence in situ
hybridisation (smFISH) (**Figure 5K**). This confirmed that expression of *Il10* in brain dwelling
Cd138+ plasma cells and *Il10ra* in homeostatic *Cx3cr1+* microglia. Next, we hypothesised
that the supernatant from stimulated *Cd138+* plasma cells might also block microglia
polarisation towards a pro-inflammatory state. As expected, BV2 microglia-like cells
exposed to *E. coli* LPS for 24h expressed high levels of the pro-inflammatory cytokines *Il1β*
and *Tnfα* (**Figure 5L**), which was abrogated when BV2 cells were exposed to supernatant
from *Cd138+* plasma cells (**Figure 5L**). Moreover, pre-treatment of the *Cd138+* plasma cells
supernatant with a blocking antibody against IL-10 restores the expression of *Il1β* and *Tnfα*
in BV2 microglia, strongly indicating that IL-10 is a key plasma cell-derived anti-inflammatory
modulator. Taken together, these data suggest a functional interaction between *Cd138+*
plasma cells and microglia mediated, mediated at least partially, by IL-10 signalling.

Cx3cr1+ microglia express the B cell pro-survival factor B cell activation factor
(BAFF) signalling

Having established that microglia, T cells and plasma cells are associated with
chronic *T. brucei* infection, we next decided to evaluate relevant cell-cell interactions based
on the expression level of canonical ligand-receptor pairs. Of these, we observed a network

of complex molecular communication between plasma cells and microglia. A group of
ligands were redundantly detected in microglia from *Cx3cr1*[+] 1, *Cx3cr1*[+] 2, and *Arg1*^{+} BAMs
(*Vcam1, Spp1*, and *Agt*) (**Figure 6A**), whereas a second subset of ligands displayed a more
cell-restricted expression profile. For example, the pro-survival factor *Tnfsf13b* (encoding
for the B cell survival factor, BAFF) was abundantly expressed upregulated by homeostatic
Cx3cr1[+] microglia upon infection, whereas the expression of its cognate receptor *Tnfrsf17*
(or B cell maturation antigen, BCMA) was highly expressed in *Cd138*^{+} plasma cells from
infected animals (**Figure 6B and 6C**). Furthermore, the expression of *Tnfsf13b* was higher
in microglia from infected mice (**Figure 6D**), suggesting that this B cell pro-survival factor is
induced upon infection. Spatial ligand-receptor interaction analysis based on co-expression
revealed that the co-expression of both the gene for the pro-survival factor, *Tnfsf13b* and
the gene for its receptor, *Tnfrsf17,* was restricted to the CVOs and leptomeninges (**Figure
6E and Figure S5**), as identified for the *Il10-Il10ra* ligand-receptor pair. The expression
pattern for these two genes was independently confirmed by smFISH analysis and showed
that plasma cells expressing *Tnfrsf17* were in close proximity to microglia expressing
Tnfsf13b, particularly in the vicinity of the lateral ventricle in the brains of *T. brucei*-infected
mice (**Figure 6F and Figure S5**). The expression of BAFF in microglia upon infection was
further analysed by flow cytometry experiments (**Figure 6G**), corroborating the *in silico*
predictions. Together, our data suggest that crosstalk between microglia and *Cd138*^{+}
plasma cells; In this context, *Cx3cr1*[+] microglia promote *Cd138*^{+} plasma cell survival *via*
BAFF, and in turn *Cd138*^{+} plasma produce IL-10 to dampen down inflammatory responses
in microglia during *T. brucei* infection.

Discussion

To address fundamental questions regarding the innate and adaptive immune
responses of the CNS to unresolved, chronic *T. brucei* infection, this study had three main
goals: *i*) to characterise the temporal transcriptional responses of glial and recruited immune
cells to the CNS using single cell transcriptomics, *ii*) to understand the spatial distribution of
candidate cell types from the scRNAseq dataset using 10X Visium spatial transcriptomics,
and *iii*) to model cell-cell interactions taking place in the CNS during chronic infections based
on putative ligand-receptor interactions at both single cell and spatial level. Our combined
atlas provides novel and important insights for future analyses of the innate and adaptive
immune response to chronic CNS infection by *T. brucei*.

Our data describe critical and previously unappreciated cell types and cell-cell
interactions associated with chronic CNS infections. We demonstrate that microglia drive
inflammatory and anti-parasitic responses in the CNS, and also provide insights into the
transcriptional features border associated macrophages (BAMs). These responses are
heterogeneous, with microglia and *Cd14*+ monocytes displaying strong pro-inflammatory
signatures. Their transcriptional programme is consistent with pro-inflammatory responses
expected to be triggered in response to pathogenic challenges during the onset, including
the production of cytokines (i.e., *Il1b, Tnf*), chemokines (i.e., *Ccl5, Cxcl10*), and an
upregulation of molecules associated with antigen processing and presentation. Based on
the differential gene expression analysis over the course of infection, we propose a model
in which homeostatic *Cx3cr1*+ microglia undergo extensive transcriptional remodelling
during infection, leading to the acquisition of an infection associated phenotype, which
coincides with the onset of clinical symptoms. This includes the upregulation of gene
programmes involved in other neurodegenerative disorders, such as *Apoe, Trem2,* and
Cd22 at the point of infection in which clinical symptoms are detected (Fitz et al., 2021;
Krasemann et al., 2017; Pluvinage et al., 2019; Shi and Holtzman, 2018). The transcriptional
signatures identified in the IAMs state are reminiscent of those previously reported in
neurodegenerative disorders, thus it is tempting to speculate that this represents a core
"pathological" transcriptional module that is triggered in microglia in response to insults,
irrespective of the nature of such insults (e.g., parasites versus protein aggregates). These
similarities provide new insights into the mechanisms behind chronic brain inflammation.

Additionally, our datasets suggest that *Arg1*+ BAMs acquire an anti-inflammatory
state in the chronically infected brain, which might counterbalance the inflammatory
responses of infection-associated microglia (IAM). This is consistent with the responses

observed in other organs in which macrophages with an anti-inflammatory phenotype act to
limit inflammatory damage by promoting tissue repair (Mosser et al., 2021; Nobs and Kopf,
2021; Watanabe et al., 2019; Wynn and Vannella, 2016). To our knowledge, this is the first
report describing the responses of the BAMs to infection by protozoan pathogens. Given
their seemingly important role in promoting anti-inflammatory responses, further work is
required to explore whether these BAMs consists of ependymal (epiplexus or
supraependymal macrophages) or stromal choroid plexus macrophages, as recently
discussed (Munro et al., 2022).

This study also improves our understanding of the components of the adaptive
immune response that are recruited into the hypothalamic and brain parenchyma during
chronic infection. These include T cells, consistent with previous findings that these cells
have a prominent role in modulating CNS responses to *T. brucei* infection (Laperchia et al.,
2016; Masocha et al., 2004; Olivera et al., 2021). In addition to conventional cytotoxic *Cd8+*
T cells, we have identified a *Cd4+* T cell subset that shares many features with T follicular
helper cells, including the expression of immunomodulatory genes and effector molecules.
We also identified and validated, for the first time, a population of *Cd138+* plasma cells that
display a marked regulatory phenotype, characterised by the expression of *Il10, Lgals1*, and
Cd274. These plasma cells are exclusively detected in chronic infections but not in healthy
controls or during the onset of the CNS stage, suggesting a positive correlation between
CNS invasion and plasma cell recruitment. Using an *in vitro* approach, we also show that
these cells dampen pro-inflammatory responses in microglia mediated by IL-10 signalling,
consistent with previous studies (Laffer et al., 2019; Shemer et al., 2020; Sun et al., 2019),
although additional factors (e.g., *Lgals1*) might also play a role in this process. *In silico*
predictions suggest that microglia, in particular homeostatic microglia, are able to promote
plasma cell survival *via Tnfsf13*, encoding the B cell survival factor BAFF (Mackay and
Browning, 2002; Mackay et al., 2003; Ng et al., 2004; Smulski and Eibel, 2018). We
validated this using smFISH, confirming that both *Tnfsf13* and its cognate receptor *Tnfrsf17*
(encoding for the B cell maturation antigen, BCMA) are upregulated in microglia and B cells,
respectively, upon infection.

Based on these results, we propose a two-phase model to explain the behaviour of
microglia and adaptive immune cells over the course of CNS infection by *T. brucei*, centrally
coordinated at the CVOs. The first phase, or "priming phase" takes place during the onset
of the CNS stage and is associated with an upregulation of genes involved in antigen
presentation, cell migration and response to chemokine signalling, potentially derived from

peripheral and/or systemic signals. The second stage, or the "pathology phase", and is characterised by the upregulation of a core transcriptional programme previously reported in neurodegenerative disorders, including *Apoe and MHC-II* (Bohlen et al., 2019; Grubman et al., 2021; Sala Frigerio et al., 2019; Shi and Holtzman, 2018; Wang, 2021). This coincides with the worsening of the clinical scoring and the appearance of severe neurological symptoms in this model of infection. In this context, the activation of homeostatic microglia leads to the recruitment and survival of plasma cells mediated by BAFF-BCMA signalling. In turn, these regulatory plasma cells alleviate inflammation by dampening microglia activation *via* IL-10 signalling, limiting pathology, providing novel insights into the mechanisms of B cell-microglia interactions in the brain during infection. Our model is in line with previous work demonstrating that systemic IL-10 administration ameliorates neuroinflammation during chronic *T. brucei* infection (Rodgers et al., 2015), thus highlighting a prominent role of IL-10, derived from either *Cd138*$^+$ plasma cells or follicular-like *Cd4*$^+$ T cells, in limiting brain pathology. Future work is required to understand the origin of the *Cd138*$^+$ plasma cells recruited into the brain parenchyma upon CNS colonisation, but the meningeal space and the lymphopoietic niche at the CNS border is a plausible candidate (Brioschi et al., 2021; Wang et al., 2021b). Our results also demonstrate that the CNS invasion by African trypanosomes is orchestrated and fine-tuned by a myriad of cellular interactions between resident stromal cells and recruited peripheral immune cells in and around the CVOs, suggesting a previously unappreciated role for the CVOs in the pathogenicity of Sleeping Sickness. Although the formation of tertiary lymphoid structures in the CNS upon *T. brucei* infection has not been observed before, we speculate that this population of follicular-like T cells, together with stromal cells that might function to support T-B cell interactions (e.g., ependymal cells) might be involved in supporting primary humoral responses. We suggest that the *Cd138*$^+$ plasma cells identified in our study facilitate this response, especially around the CVOs. Further work is required to understand how these various signals translate into changes in sleep/wake patterns and circadian behaviour in sleeping sickness.

Limitations of this study

In this paper, we have provided for the first time a detailed, spatially resolved, single cell atlas of the murine CNS in response to chronic infections with African trypanosomes. Although our work represents a valuable gene expression resource of the murine CNS in response to infection, validated by complementary approaches, further work on examining the expression of other key molecular markers may offer additional information in the field.

Similarly, we have also defined several key cell-cell communications taking place in the infected brain using in silico ligand-receptor interaction analysis, but detailed functional experiments are required to validate their role *in vitro* and *in vivo*. For instance, the origin of the brain-resident plasma cells, observed in the dorsal 3rd ventricle under homeostatic conditions, remains to be evaluated. Additionally, the clonality and antibody repertoire of brain-dwelling plasma cells, expanded after the onset of the CNS stage, merits further investigation. From the parasite perspective, although we did not capture enough parasites in our single cell transcriptomics datasets to make statistical inferences, we have resolved the spatial distribution of slender and stumpy developmental stages and have provided insights into the transcriptional signatures of these developmental stages in different parts of the murine forebrain, which has remained elusive. Future sorting strategies to purify tissue-dwelling parasites will be greatly beneficial to overcome these challenges. We envision that integration of our work with future scRNAseq, and spatial transcriptomic datasets will address some of the questions arising from this study.

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interest.

Contributions

Methodology: JFQ, AML, NAM, LDL. *In vivo* work and sample collection: JFQ, MCS.

Bioinformatic data analysis (single cell transcriptomics): JFQ, PC, EMB, TDO. Bioinformatic

data analysis (spatial transcriptomics): JFQ. Flow cytometry: JFQ, MCS. Imaging: JFQ, PC,

RH, CAB, CL. The single-cell atlas was created by TDO. All authors participated in

discussions related to this work. JFQ wrote the manuscript. All authors reviewed and

approved the manuscript.

Figure legend

Figure 1. Diversity of hypothalamic glial cells during chronic *T. brucei* infection.

A) Overview of the experimental approach applied in this work. Upon infection, the levels of parasitaemia (in $\log_{10}$ scale; **B**) and clinical scoring **(C)** were measured in infected animals. **D)** Combined UMAP plot for 13,195 high-quality cells coloured by cell type across all the biological replicates. **E)** Heatmap representing the expression level of the top 25 marker genes for each of the cell clusters identified in D. **F)** Frequency of the different cell types detected in the murine hypothalamus at the three experimental groups analysed in this study. **G)** Inflammatory gene module score of genes typically associated with inflammation across all the cell types detected in (D), split and colour-coded by time point of infection. Statistical analysis using analysis of variance (ANOVA) for multiple comparison testing ($p = 2.2^{-16}$) is also reported.

Figure 2. Spatially resolved transcriptomics of brain-dwelling *Trypanosoma brucei*.

A) Spatial expression of Tb927.6.4280 (*GAPDH*) and Tb927.7.5940 (*PAD2*) and in the spatial transcriptomics from naïve (top row), 25dpi (middle), and 45dpi (bottom) coronal brain datasets. The circumventricular organs (CVOs)-specific marker Transthyretin (*Ttr*) is included for anatomical reference. **B) Top:** spatial feature plot depicting 18 different transcriptional clusters at in the murine forebrain from infected (45dpi) samples. **Bottom:** Violin plot depicting the relative expression of Tb927.6.4280 (*Gapdh*, marker for slender forms) and Tb927.7.5940 (*Pad2*, marker for stumpy forms) in the different spatially resolved transcriptional clusters in the infected murine brain. *Ttr* (mouse-specific gene) is also included to depict that cluster 17 corresponds to CVOs. Additional regions are also indicated, including caudoputamen or corpus striatum (clusters 0 and 8), hippocampus (cluster 4), Amygdala (cluster 10), and CVOs (cluster 17). The full list of *T. brucei* genes detected can be found in **S3B Table**. **C)** Inflammatory gene module score of genes typically associated with inflammation across the different spatially resolved transcriptional clusters at 45dpi. Non-parametric Wilcox test for multiple comparisons was applied and identified significant differences using the normalised gene expression (basemean) as reference. Asterisk denotes significant differences of <0.05. **D)** Representative smFISH probing putative slender markers *(GAPDH* and *PYK1;* middle panel)* and stumpy marker genes *(PAD2* and *EP1;* right panels),* around the lateral ventricle (LV) and choroid plexus (ChP) in naïve animals (left panels) and infected brain samples (right panels). Scale bar = 25 μm. **E)** Top 10 GO terms that characterise brain-dwelling African trypanosomes. The GO terms

were chosen using significant genes (-0.25 < Log$_2$ fold change > 0.25; adjusted *p* value <
0.05). Ctx, cerebral cortex; CPu, caudoputamen; Hip, Hippocampus; Am, Amygdala; CVOs,
circumventricular organs, including the lateral ventricle (LV) and the dorsal 3rd ventricle
(d3V); Th, thalamus.

Figure 3. Diversity and spatial distribution microglia, monocytes, and border-
associated macrophages during chronic *T. brucei* infection.
A) UMAP plot depicting the six subclusters identified as microglia, including the total number
of cells in this plot. The dotted line represents the clusters preferentially detected in infected
samples compared to naïve controls. **B)** Heatmap representing the expression level of
putative microglia marker genes for each of the microglia and myeloid subclusters. The cell
origin within each cluster (Naïve in teal, infected in orange) is also indicated at the bottom
of the heatmap. **C)** As in (A) but depicting the identified different time points. The dotted line
represents the clusters preferentially detected in infected samples compared to naïve
controls. **D)** Cell type proportion of the various microglia subclusters detected in Figure 1E
over the course of infection. **E)** *In silico* projection of top marker genes for the infection-
associated clusters, including *Aif1, Adgre1, Arg1*, and *Chil3* from naïve (top), 25dpi (middle),
and 45dpi (bottom) coronal mouse brain sections. Specific brain regions are also indicated.
F) Imaging analysis of *Arg1*$^+$ BAMs in proximity to the lateral ventricle of naïve and infected
mice using immunofluorescence staining for the detection of CD68 (pan-microglia marker)
and ARG1 (BAM specific marker). DAPI was included as nuclear staining, and GFAP as a
marker for astrocyte reactivity. Scale = 25 µm. **G)** Bar plot indicating the total number of
differentially regulated genes (DEGs) at 25dpi (left) and 45dpi (right) compared to naïve
controls. Upregulated genes are indicated in red, and downregulated genes are indicated
in blue. These genes were defined as having a -2 < Log$_2$ Fold change < 2, and an adjusted
p value of < 0.05. **I)** KEGG gene pathways overrepresented in cluster 2 at 25 and 45dpi.

Figure 4. Chronic *T. brucei* infection leads to an expansion of resident follicular-like
***Cd4*$^+$ T cells in the CNS.**
A) UMAP plot depicting the three main T cell subclusters identified in figure 1, including the
total number of cells in this group. **B)** As in (A) but depicting the identified different time
points including in this study. **C)** Heatmap representing the expression level of putative
microglia marker genes for each T cell subcluster. The cell origin within each cluster (Naïve
in teal, infected in orange) is also indicated. **D)** Proportion of the main T cell subclusters
identified in Figure 1E over the course of infection with *T. brucei*. **E)** Spatial feature plot

depicting the expression of *Cd4* and *Cd8a*, putative marker genes for $Cd4^+$ and $Cd8^+$ T cells, respectively, from samples harvested from naïve (top) and 25dpi (middle), and 45dpi (bottom) coronal mouse brain sections. **F)** Circos plot representing significant cell-cell interactions mediated by ligand-receptor communication between T cells ($CD4^+$ and $CD8^+$ T cells) and microglia (dark blue), astrocytes (dark green), T cells (dark pink), endothelial cells (light blue), and ependymocytes (light pink). Ligand-receptor interactions that were redundantly observed in more than one cell type are shown in light green. **G)** Heatmap representing the most significant ligand-receptor interactions between T cells and stromal cells detected in the scRNAseq datasets. The ligand-receptor interaction probability is scored based on the prior interaction potential scale. Abbreviations: Ctx, cerebral cortex; CPu, caudoputamen; Hip, Hippocampus; Lateral ventricle (LV); Dorsal 3rd ventricle (d3V).

Figure 5. Chronic *T. brucei* infection is associated with the expansion of resident regulatory-like *Cd138*+ plasma cells

A) UMAP plot depicting the oligodendrocyte/B cell subclusters, including the total number of cells. **B)** Heatmap of the top 50 most abundant genes in the B cell / oligodendrocyte subcluster, including a second heatmap depicting selected marker genes of plasma cell. **C)** As in (A) but depicting the identified different time points. The dotted line represents the clusters preferentially detected in infected samples compared to naïve controls. **D)** Proportion of the main B cells and oligodendrocytes subclusters identified in Figure 1E over the course of infection with *T. brucei*. **E)** Representative quantification of $CD138^+$ (encoded by *Sdc1*) plasma cells and $CD19^+$ B cells during the first peak of infection (7dpi) and after the onset of the CNS stage (30 dpi) using flow cytometry. **F)** Total number of cells detected by flow cytometry (*n* = 3-4 mice). A *p* value of < 0.05 is considered significant. **G)** *In silico* prediction of *Cd138*+ plasma cells distribution onto the spatial transcriptomics slides from naïve (left), 25dpi (middle), and 45dpi (right) coronal mouse brain sections. *Sdc1 or Cd138*, which is a plasma cell-specific marker, is used to depict cell distribution. The relative expression level of is colour coded. **H)** IL-10 production by *ex vivo* brain-dwelling B cells measured by ELISA. An adjusted *p* value of < 0.05 is considered significant. **I)** Dot Plot representing the expression level of *Il10ra* and *Il10rb* as well as *Il10* in the various cell types identified in naïve and infected mouse hypothalami. **J)** Predicted spatial ligand-receptor interaction analysis for *Il10-Il10ra* in the mouse brain at 45dpi. The relative expression level is indicated, and colour coded. **K)** Representative smFISH imaging targeting *Il10 (red), Il10ra (orange), Cd79a (green)*, and *Cx3cr1* (purple) around the lateral ventricle in the infected mouse brain, including an inlet section, highlighting the co-expression of the

predicted ligand-receptor pairs. Abbreviations: d3V, dorsal 3rd ventricle; Th, Thalamus; Ctx,

Cerebral cortex; CPu, Caudoputamen; LV, Lateral ventricle.

Figure 6. Crosstalk between *Cd138*$^+$ plasma cells and *Cx3cr1*$^+$ microglia in the brain

of chronically infected animals.

A) Circos plot of significant ligand-receptor interactions between *Cd138*$^+$ plasma cells and

Cx3cr1$^+$ 1 microglia (light blue), *Cx3cr1*$^+$ 1 microglia (dark blue), and *Arg1*$^+$ BAMs (purple).

Redundant interactions (shared by >1 cell type) are shown in light green. **B)** Heatmap of the

most significant ligand-receptor interactions between *Cd138*$^+$ plasma cells and microglia.

C) Dot Plot representing the expression level of *Tnfsf13b* (BAFF) and its cognate receptor

Tnfrsf17 (BCMA). **D)** Dot Plot representing the expression level of *Tnfsf13b* (BAFF) in the

various microglia subsets identified in the mouse hypothalamus during *T. brucei* infection.

E) Predicted spatial ligand-receptor interaction analysis for *Tnfsf13b-Tnfrsf17* in the mouse

brain at 45dpi. The relative expression level is indicated, and colour coded. **F)** Chronic *T.*

brucei infection induces the expression of *Tnfsf13b* and *Tnrsf17* in *Cx3cr1*$^+$ microglia and B

cells, respectively. Representative smFISH probe targeting *Cx3cr1* (purple), *Cd79a* (green),

Tnfsf13b (red), and *Tnfrsf17* (orange) around the lateral ventricle (LV) in an infected mouse

brain coronal section. Scale, 25 μm. **G)** Representative flow cytometry analysis and

quantification of BAFF$^+$ microglia in naïve and infected animals (30 dpi) using flow cytometry

(n = 3-4 mice). ** p < 0.005 is considered significant.

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Supplementary figures

Figure S1. Quality control of the hypothalamic scRNAseq datasets over the course of infection with *T. brucei*.

A) Representative flow cytometry analysis from naïve (Top panel) and infected (bottom panel) animals showing the relative proportion of immune cells (Cd45^{High}), microglia (CD11b^{High} CD45^{low}), oligodendrocytes (O4$^+$), and astrocytes (ACSA2$^+$). **B)** Average number of genes (top) and transcripts (bottom) per cell in the hypothalamic scRNAseq after filtering low quality cells, split by biological replicate. For normalisation, we accounted for differential gene and UMI counts using two independent approaches (SCT and STACAS). Both packages broadly identified the same cell populations. **C)** Gating strategy for the identification of resident immune cells, related to the quantification of CD138$^+$ plasma cells, as well as the expression of *Tnfsf13b* and *Tnfrsf17* in microglia and B cells, respectively.

Figure S2. Transcriptional landscape of hypothalamic astrocytes and vasculature during chronic *T. brucei* infection.

A) UMAP plot depicting the various vascular-associated cell types identified in the hypothalamic scRNAseq dataset. **B)** Spatial feature plot of putative marker genes for the various vasculature-associated cells in the 10X Visium dataset from naïve (top), 25dpi (middle), and 45dpi (bottom) coronal mouse brain sections. The relative expression level is indicated, and colour coded.

Figure S3. Quality control of 10X Visium datasets from the mouse forebrain over the course of infection with *T. brucei*

A) Spatially resolve cluster genes for naïve (left), 25dpi (middle), and 45dpi (right) 10X Visium spatial transcriptomics. **B)** Spatially resolved expression level of putative marker genes defining different anatomical brain regions in naïve (top) and 45dpi (bottom) samples. The transcriptional patters coincide with in situ hybridisation analysis of the following marker genes from the Allen Mouse brain atlas: *Camk2* (http://mouse.brain-map.org/experiment/show/79490122), *Hpca* (http://mouse.brain-map.org/experiment/show/72129291), *Tcf7l2* (http://mouse.brain-map.org/experiment/show/72339557), *Vipr2* (http://mouse.brain-map.org/experiment/show/1104), *Adora2a* (http://mouse.brain-map.org/experiment/show/72109410), *Ttr* (http://mouse.brain-map.org/experiment/show/68632172) (Daigle et al., 2018; Harris et al., 2019; Lein et al., 2007; Oh et al., 2014).

Figure S4. Characterisation of CNS myeloid responses to T. brucei infection.

A) Imaging analysis of *Arg1*+ BAMs in coronal brain sections of naïve and 45 day-infected mice using immunofluorescence staining for the detection of CD68 (pan-microglia marker) and ARG1 (BAM specific marker). DAPI was included as nuclear staining, and GFAP as a marker for astrocyte reactivity. An IgG isotype control is also included. Scale bar = 25 μm. **B)** Examples of downregulated gene pathways overrepresented in *Cx3cr1*+ 2 microglia at 25 and 45dpi.

Figure S5. Ligand-receptor interaction network in the mouse brain at 45 days post-infection.

A) Spatially resolved cluster genes for the 45dpi 10X Visium spatial transcriptomic dataset. **B)** Uniform Manifold Approximation and Projection (UMAP) plot depicting the predicted cluster-cluster interactions in the spatial context. Clusters are grouped based on their predicted ligand-receptor interaction. **C)** Heatmap representing the top 5 most significantly enriched ligand-receptor pairs in each of the spatially resolved transcriptional units in (A) and (B), clustered based on their relative expression.

Figure S6. Microglia – plasma cell communication mediated by *Il10* and *Tnfsf13b*.

A) Chronic *T. brucei* infection induces the expression of *Il10* and *Il10ra* in B cells and *Cx3cr1*+ microglia, respectively. Representative smFISH probe targeting *Cx3cr1* (purple), *Cd79a* (green), *Il10* (red), and *Il10ra* (orange) around the lateral ventricle (LV) in naïve (left) and infected (right) mouse brain coronal section. Scale bar, 25 μm. **B) Top panel**: Insets taken from the infected sample in (A), representing B cells expressing *Il10* (left) and *Cx3cr1*+ microglia expressing *Il10ra* (right). **Bottom panel**: Quantification of fluorescence intensity of the smFISH probes across four biological replicates per group and from >1,000 cells/replicate. Non-parametric *T* test *p* value < 0.01 is considered significant. **C)** Chronic *T. brucei* infection induces the expression of *Tnfsf13b* and *Tnfrsf17* in *Cx3cr1*+ microglia and plasma cells, respectively. Representative smFISH probe targeting *Cx3cr1* (purple), *Cd79a* (green), *Tnfsf13b* (red), and *Tnfrsf17* (orange) around the lateral ventricle (LV) in naïve (left) and infected (right) mouse brain coronal section. Scale bar, 25 μm. **D) Top panel**: Insets taken from the infected sample in (A), representing plasma cells expressing *Tnfrsf17* (left) and *Cx3cr1*+ microglia expressing *Tnfsf13b* (right). **Bottom panel**: Quantification of fluorescence intensity of the smFISH probes across four biological replicates per group and from >1,000 cells/replicate. P value < 0.01 (non-parametric *T* test) is considered significant. G) Proposed microglia-plasma cell crosstalk mediated by *Il10* and *Tnfsf13b*. In this context, microglia promote plasma cell maintenance and survival via *Tnfsf13b* (BAFF) signalling,

whereas plasma cells dampen pro-inflammatory responses in microglia via *Il10* signalling. **E)** Proposed model to explain the reciprocal cell-cell communication between plasma cells and homeostatic microglia mediated by IL-10 and BAFF signalling. In this context, plasma cells limit inflammatory processes triggered in homeostatic microglia *via* IL-10 signalling (that undergo transcriptional changes towards an infection-associated phenotype). In turn, microglia promote plasma cell activation and survival *via* BAFF signalling.

Table legend

Table S1. Characterisation of intra- and extra-ventricular trypanosomes in the mouse forebrain. Histopathology analysis from C57BL/6 female mice infected with *T. brucei brucei* Antat 1.1E were harvested at 25- and 45- days post-infection (*n* = 3-4 mice/group), fixed in 10% PFA and counterstained with the *T. brucei*-specific antibody TbHSP70. Uninfected animals (*n* = 3) were included as naïve controls. Clinical scoring on coronal sections were scored using a double-blinded approach. In addition to relative parasite localisation, H&E staining was also included to assess meningeal and parenchymal inflammation. The classification used for the scoring system is included in the table.

Table S2. Overview of the mouse hypothalamic single cell transcriptomics during chronic *T. brucei* infection. S2A) Quality control including mean reads per cell and median genes per cell before and after filtering out low quality cell types. **S2B)** Overview of the major cell types detected in the single cell dataset at a resolution of 0.4. The total number of cells per cluster, percentages, and marker genes are also included. **S2C)** Overview of the outputs generated by scCATCH and SingleR. The predicted cell identity, as well as the prediction score (where applicable), are included. **S2D)** Marker genes detected with the integration workflow STACAS for the cells detected in the hypothalamic dataset, and the microglia subset. **S2E)** Overview of the vascular-associated cells detected in our hypothalamic dataset at a resolution of 0.3. The marker genes for these clusters, as well as representative UMAP plots are also included. **S2F)** As in S2E but for the microglia/macrophage subclusters at a resolution of 0.3. **S2G)** List of differentially expressed genes in all the myeloid subsets at 25dpi, defined having a -0.25 < Log$_2$Fold change >0.25 and an adjusted *p* value < 0.05. **S2H)** List of differentially expressed genes in all the myeloid subsets at 45dpi, defined having a -0.25 < Log$_2$Fold change >0.25 and an adjusted *p* value < 0.05. **S2I)** As in S2E but for T cells at a resolution of 0.3. **S2J)** Overview of the oligodendrocytes and B cells detected in our hypothalamic dataset at a resolution of 0.3. The marker genes for these clusters, cell counts, as well as representative UMAP plots are also included.

Table S3. Overview of the spatial transcriptomics of the mouse forebrain during chronic *T. brucei* infection. S3A) Overview of the spatial transcriptomics project, including total number of reads sequenced per biological replicate, the median number of genes per spot and the percentage of mappable reads to the mouse (mm10) or *T. brucei* (TREU927) genomes. **S3B)** Mouse and *T. brucei* marker genes identified in the 10X Visium spatial transcriptomics datasets. **S3C)** Gene Ontology analysis (Biological processes) generated

1144   using TriTrypDB and default settings. Significantly enriched pathways are defined as having

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Figure 1

Figure 2

Figure 3

A) Microglia - subsets

Cluster 3 (*Cd14+ monocytes*)
Cluster 2 (*Cx3cr1+ 2*)
Cluster 4 (*Aif1+ 1*)
Cluster 1 (*Cx3cr1+ 1*)
Cluster 6 (*Arg1+ BAMs*)
Cluster 5 (*Aif+ 2*)

6,305 cells

UMAP 2 / UMAP 1

B) *Cx3cr1+ 1* | *Cx3cr1+ 2* | *Cd14+ mono* | *Arg1+ BAMs* | *Aif1+ 1* | *Aif 2*

C1qa, Hexb, Tmem119, Cx3cr1, P2ry12
Tgfbr1, Jun, Fos, Fosb
Cd14, Ccrl2, Fcgrb2, Tnf, Il1a
Chil3, Ly6c2, Lyz2, *Arg1*
Aif1, H2-Aa1, *Adgre1*, Trem2, H2-Ab1, Apoe

Max / Min

Naive / Infected

C) Microglia - time point

Naive
25dpi
45dpi

Infection-associated clusters

UMAP 2 / UMAP 1

D) Cell proportion

| | 0.0 | 0.25 | 0.5 | 0.75 | 1.0 |

Naive 1
Naive 2
25dpi 1
25dpi 2
45dpi 1
45dpi 2

Aif+ 2 | *Aif1+ 1* | *Arg1+ BAMs* | *Cd14+ mono* | *Cx3cr1+ 2* | *Cx3cr1+ 1*

E) *Aif1* | *Adgre1* | *Chil3* | *Arg1*

Naive: LV, Hip, Cc, d3V
25dpi: Hip, d3V, LV, Cc
45dpi: LV, Hip, Cc, d3V, Hyp

y / x

Expression level: Min — Max

F) Naive / Infected

DAPI | CD68 | ARG1 | GFAP

G)

25dpi vs Naive

DEGs: 1200, 1000, 800, 600, 400, 200
Cx3cr1+ 1, Cx3cr1+ 2, Cd14+ mono, Arg1+ BAMs, Aif+ 1, Aif+ 2

45dpi vs Naive

1200, 1000, 800, 600, 400, 200
Up / Down
Cx3cr1+ 1, Cx3cr1+ 2, Cd14+ mono, Arg1+ BAMs, Aif+ 1, Aif+ 2

H) 25dpi - KEGG pathways upregulated genes

Antigen processing and presentation via MHCII
Neutrophil chemotaxis
Humoral immune response
Positive regulation of adaptive immune response
Cellular response to lipopolysaccharide
Positive regulation of inflammatory response
Adaptive immune response
Response to interferon-gamma

10^{-15} — 10^{-10} — 10^{-5} — 10^{0}

45dpi - KEGG pathways upregulated genes

Epstein-Barr virus infection
Antigen processing and presentation
Amyotrophic lateral sclerosis
Non-alcoholic fatty liver disease
Lysosome
Huntington disease
Thermogenesis
Alzheimer disease
Phagosome
Parkinson disease
Prion disease
Oxidative phosphorylation
Ribosome

10^{-60} — 10^{-40} — 10^{-20} — 10^{0}

Figure 4

Figure 5

Figure 6

Figure S1

Figure S2

A)

Ependymocytes

Endothelial cells 1

Endothelial cells 2

Pericytes

Tanycytes

UMAP 2

UMAP 1

2,235 cells

B)

| | *Cldn5* | *Pdgfrb* | *Acta2* | *Ccdc153* |

Naive

25dpi

45dpi

y

x

Expression level

Low   High

Figure 2

Figure S3

A) Naive 1 | 25dpi | 45dpi

B) Camk2n1 | Hpca | Tcf7l2 | Vipr2 | Adora2a | Ttr

Naive

25dpi

45dpi

ISH

Figure S4

A)

	DNA	GFAP	ARG1	CD68	Merge
Isotype control					
Naive					
Infected					

B)

25dpi - KEGG pathways downregulated genes

- System development
- Hippocampal neuron apoptosis
- Regulation of dopamine metabolism
- Leukocyte adhesion to endothelium
- Animal organ development
- Regulation of developmental process
- Anatomical structure development
- Response to camp

Adjusted p value (Log$_{10}$)

45dpi - KEGG pathways downregulated genes

- Leishmaniasis
- B cell receptor signaling pathway
- Focal adhesion
- T cell receptor signaling pathway
- IL-17 signaling pathway
- Toxoplasmosis
- Tight junction
- Yersinia infection
- Osteoclast differentiation
- Chemokine signaling pathway

Adjusted p value (Log$_{10}$)

Figure S5

Figure S6

A)

Naive | Infected

LV | LV

Cd79a
Il10
Cx3cr1
Il10ra

B)

Il10+ plasma cells | *Il10ra*+ microglia

Cd79a | *Il10* | *Cx3cr1* | *Il10ra*

<0.0001 | <0.0001 | <0.0001 | <0.0001

Fluorescent units

Naive Infected | Naive Infected | Naive Infected | Naive Infected

C)

Naive | Infected

LV | LV

Cd79a
Tnfrsf17
Cx3cr1
Tnfsf13b

D)

Tnfrsf17+ plasma cells | *Tnfsf13b*+ microglia

Cd79a | *Tnfrsf17* | *Cx3cr1* | *Tnfsf13b*

<0.0001 | <0.0001 | <0.0001 | <0.0001

Fluorescent units

Naive Infected | Naive Infected | Naive Infected | Naive Infected

E)

Tnfrsf17+
Plasma cells

Il10

Il10ra+
Microglia

Tnfsf13b