Impact of *Streptococcus pneumoniae* biosynthesis gene mutations on epithelial

microinvasion and cellular responses

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ABSTRACT

Epithelial cells are important gatekeepers during bacterial colonisation of the nasopharynx by *Streptococcus pneumoniae.* The bacterial and host factors influencing the outcomes of this interaction are poorly understood but there is increasing recognition that bacterial metabolism is an important determinant of virulence. Pneumococcal colonisation is associated with microcolony formation and epithelial microinvasion without disease in healthy individuals. We have assessed the impact of mutations in two *S. pneumoniae* biosynthesis genes, glutamate 5 kinase (*proABC*) and formate tetrahydrofolate reductase (*fhs*) on epithelial cell microinvasion and subsequent epithelial-innate immunity, using an Experimental Human Pneumococcal Challenge (EHPC) model, primary NHBE-A healthy human bronchial epithelial cells and Detroit 562 nasopharyngeal cells.

Bacterial transcriptomic analysis revealed profound effects to stress response following deletion of *proABC* or *fhs* genes. Mutant strains retained the ability to colonise in the EHPC model. By day 6 post-inoculation, a higher proportion of mutant strains were found inside epithelial cells compared to WT. In primary epithelial cells, microscopy analyses revealed epithelial surface differences between strains, with enhancement of acetylated tubulin (a marker of Ciliated cells) and β catenin expression following Δ*proABC/piaA* exposure and enhancement of uteroglobin (a marker of Clara cells) expression following Δ*fhs/piaA* exposure. In Detroit 562 cells, pneumococcal adhesion was reduced ten-fold for both the Δ*proABC/piaA* and Δ*fhs/piaA* strains compared to WT. Microinvasion was four times higher for the mutants compared to WT. In Detroit 562 cells, the WT and Δ*proABC/piaA* strains induced a similar epithelial transcriptomic response, dominated by inflammatory response genes, distinct from the response to Δ*fhs/piaA* strain, which primarily induced upregulation of cellular stress and repair genes. Insights into differential activation of caspase pathways following infection with the different strains shed light on pneumococcal triggering of epithelial-derived innate immunity. These differential epithelial cell responses may in part be due to differences in effects on pneumococcal metabolic pathways, activity of pneumolysin and hydrogen peroxide production, between the strains.

Despite almost identical colonisation profiles to WT, just a single bacterial gene mutation in metabolic

genes revealed widespread and differing effects on pneumococcal-epithelial interactions and

epithelial cell responses. Overall, our findings suggest that it is bacterial metabolism and virulence,

but not pneumococcal load thresholds, that determine the epithelial host response. We propose this

new paradigm has important implications for pneumococcal niche adaptation, transmission and

transition towards disease.

GRAPHICAL ABSTRACT

Bacterial transcriptomics reveals profound changes in bacterial gene expression under stress, for

which biosynthesis genes play a major role. During serum-induced stress and deletion of *proABC* or

fhs genes, bacterial virulence factors such as ply and hydrogen peroxide regulator genes such as

spxB were upregulated. Using a range of different cell culture models, all pneumococcal strains were

able colonise and micro-invade epithelial cells. Bacterial load was not sufficient to account for the

differences observed in epithelial gene expression, following infection with the pneumococcal

strains. Epithelial cell responses were instead dependent upon bacterial adaptation profiles during

nasopharyngeal colonisation. For example, deletion of the *fhs* gene induced a more intrinsic and

epithelial repair response, enriching genes such as MAPK3/7, compared to 6B WT and deletion of

the *proABC* gene which induced a more typical pro-inflammatory immune response, enriching genes

such as RELA. The combination of host-pathogen interactions strengthens the link between bacterial

metabolism and virulence which will ultimately influence the outcome of colonisation, transmission

potential, transition to disease and generation of protective immunity.

INTRODUCTION

Adaptation to the host environment is crucial for successful colonisation of the upper respiratory tract

by a range of human pathogens. This includes the ability to withstand different ambient

temperatures, overcome physical barriers such as mucus, evade epithelial cellular soluble mediators

such as antimicrobial peptides, compete with neighbouring polymicrobial communities and

compensate for nutrient restriction. *Streptococcus pneumoniae* (pneumococcus) is a common

commensal of the human upper respiratory tract (URT), but pneumococcal disease occurs following

translocation of the bacteria into the lungs which leads to pneumonia, into the blood which causes

sepsis and into the brain causing meningitis[1]. Indeed, among children under 5yrs, *S. pneumoniae* is

the leading cause of pneumonia deaths globally[2].

URT colonisation by the pneumococcus was previously thought to be restricted by the mucosal

epithelial barrier. However, using experimental human pneumococcal challenge (EHPC) of healthy

volunteers and well-characterised epithelial cell models, we have previously shown that colonisation

in health is characterised by epithelial surface microcolony formation and microinvasion (evidence

of epithelial invasion and transmigration without disease)[3]. We have previously shown that a *S.*

pneumoniae serotype 4 strain (TIGR4) invades Detroit 562 nasopharyngeal epithelial cells more

readily than serotype 6B and 23F strains, resulting in a marked pro-inflammatory epithelial

transcriptomic and cytokine profile[3]. Therefore, although an intracellular lifestyle during carriage may

allow the pneumococcus to avoid an adverse URT environment, an epithelial-innate immune

response is induced, leading us to propose that although the inflammatory response triggered by

epithelial microinvasion may result in bacterial clearance, it may also promote pneumococcal

transmission.

S. pneumoniae is highly variable with more than 100 serotypes as determined by polysaccharide

capsule, and more than 600 underlying global pneumococcal sequence clusters[4]. Pneumococcal

virulence, transmissibility and the potential to cause invasive disease are widely recognised as strain

dependent, influenced mainly by the polysaccharide capsule, and a wide range of subcapsular and

cytoplasmic proteins[5]. Bacterial cellular metabolism including carbohydrate, nucleotide and amino

acid biosynthesis have also been shown to play an important role in the outcome of host-

pneumococcal interactions[6-9].

Here we reveal that despite attenuation of disease following disruption of *S. pneumoniae* biosynthetic genes, microinvasion was preserved as a feature of pneumococcal colonisation in both *in vitro* and *in vivo* models. Crucially, we show that the differential downstream effects of microinvasion, including the innate epithelial immune/ inflammatory response and cellular remodelling, are not simply correlated to bacterial load, but more likely coupled to differing bacterial responses to stress. Together our data highlight a disconnect between pneumococcal load and extent of epithelial cell responses and instead suggests that the outcome of pneumococcal microinvasion of the epithelium is intimately linked with bacterial metabolism and virulence characteristics expressed within the epithelial niche. Our findings emphasise the complexity of the epithelial response to bacterial stress during nasopharyngeal colonisation.

RESULTS

To explore the potential mechanisms that link bacterial metabolism to epithelial microinvasion and inflammation during pneumococcal colonisation and avoid the confounders of different capsular or genetic backgrounds, we have used isogenic mutants of *S. pneumoniae* serotype 6B which have deletions of key biosynthesis genes; a γ-glutamyl phosphate reductase (*proA*), a γ-glutamyl kinase (*proB*) and a pyrroline-5-carboxylate reductase s (*proC*), collectively referred to as *proABC*; a folate tetrahydrofolate reductase (*fhs*); and then together with a deletion of pneumococcal iron acquisition A (*piaA*)[10]. This double deletion ensures reversion does not occur during host experimental challenge, in the EHPC model[11]. In a murine model, we have previously shown that the ∆*proABC/piaA* and ∆*fhs/piaA* mutants effectively colonise but compared to the *S. pneumoniae* serotype 6B wild type (WT), are attenuated in their ability to cause disease[12]. In the EHPC model like the WT, both mutants retained the ability to colonise and induced IgG antibody production in colonised individuals[11]. Therefore, we used these isogenic mutants, with a focus on the double

deleted strains, to retain comparability with the human infection experiments, to investigate the role

of microinvasion on induction of epithelial innate immunity.

Deletions of *proABC* and *fhs* genes cause different broad-ranging effects on *S. pneumoniae*

metabolism under stress conditions

Given the potential complexity of the relationship between pneumococcal metabolism and virulence,

we first determined the wider impact of the *proABC* and *fhs* mutations on the pneumococcal in

response to human serum, to represent the physiological stress conditions found during infection.

The serotype 6B WT (strain BHN418) and its *proABC* and *fhs* isogenic mutant strains were grown

to mid-log phase in THY enriched media and then transferred to human serum for 60 minutes. We

found marked transcriptional differences between the WT and both mutants in response to serum

stress, associated with a more than three-fold increase in the number of upregulated genes for the

mutant strains compared to WT (data not shown). Genes differentially upregulated by the mutant

strains during serum stress included well-characterised pneumococcal virulence factors such as *ply*,

nanA, *psaA* and those regulating oxidative stress such as *lctO* (Supplementary Table 1).

Enrichment analysis of pathways of upregulated genes revealed that phosphotransferase systems,

amino nucleotide sugar, fructose and mannose and metabolic pathways were the most significantly

enriched pathways in the Δ*proABC* mutant under serum stress (Table 1). There was no disruption

in purine pathways or galactose metabolism. Enrichment pathway analysis for the Δ*fhs* mutant under

stress conditions revealed gene upregulation in competence, purine, pyruvate, metabolic pathways,

amino nucleotide sugar pathways and secondary metabolites (Table 1). Together these data

suggests that biosynthesis genes such as *proABC* or *fhs*, have widespread, but different effects on

metabolism which, during niche adaptation during colonisation, we postulate may be important

factors in the determination of host immunity.

S. pneumoniae 6B with _proABC_ or _fhs_ mutations experimentally colonise humans with enhanced microinvasion.

We then tested whether the effects of these gene deletions on metabolism and subsequent growth in sera also affected epithelial cell internalisation (microinvasion). Nasal curette samples from healthy volunteers inoculated with the 6B WT or double mutant strains _(ΔproABC/piaA_ or _Δfhs/piaA_)[13] to were collected to investigate the extent of epithelial association and microinvasion, (Figure 1A). A positive carrier was defined as colonisation at any time point (day 2 or day 6 post-inoculation) within the study by microbiology culture (colony forming units, CFU counts) following a nasal wash[3]. Mucosal cells collected by curettage were visualised by confocal microscopy for analysis of direct interactions of the pneumococcal strains with the epithelium (Figure 1B). Colonisation was achieved with all strains as analysed by microbiology and microscopy (Supplemental Information Table 2). Unexpectedly, the day 6 post challenge samples revealed greater microinvasion by both the Δ_proABC/piaA_ or Δ_fhs/piaA_ strains compared to WT (Figure 1C), with a higher microinvasive index (percentage of internalised bacteria / associated bacteria) as shown in Figure 1D.

Epithelial microinvasion is not dependent on bacterial load.

We have previously demonstrated that the pattern of microinvasion and the subsequent epithelial innate immune response to _S. pneumoniae_ 6B seen in vitro with Detroit 562 cells, a human nasopharyngeal carcinoma cell line, is similar to that seen in the EPHC model _in vivo_[3]. Therefore, we used our Detroit 562 cell model to confirm the differences between the Δ_proABC/piaA_ or Δ_fhs/piaA_ strains compared to WT in microinvasion. We found that, as with the EHPC data, although all strains still interacted with the epithelium forming surface colonies (Figure 2A), the isogenic mutants associated less compared to 6B WT (Figure 2B), significantly so for Δ_fhs/piaA_ strain and Δ_fhs_ single mutant strain. For all strains, microinvasion was observed with comparable absolute numbers of internalised bacteria (Figure 2C), therefore resulting in a significantly elevated micro-invasive index for the Δ_proABC/piaA_ or Δ_fhs/piaA_ strains compared to WT (Figure 2D). Importantly,

for the single 6B mutant ΔpiaA strain, epithelial association and microinvasion were not affected.

There were no significant differences in WT and mutant strain intracellular viability, with all strains

showing an approximately 50% reduction in intracellular CFU over 3 hours (Figure 1E). However,

despite the increased microinvasive index compared to WT, the single ΔproABC or Δfhs and the

double ΔproABC/piaA or Δfhs/piaA strains were impaired in their ability to transmigrate across the

epithelium (Figure 1F). This result is in keeping with previous evidence of disease attenuation in

murine models[12]. Similar trends for these strain interactions with epithelial cells were also observed

after one hour infection, suggesting bacterial replication does not play an important role in explaining

the differences observed between strains (Supplemental Information Figure 1).

Consistent with our previous findings for serotype 6B with Detroit 562 cells and Calu3 cells (a

bronchial epithelial cell line)[3], epithelial barrier function was not compromised after three hours of

infection; indeed, there was a tightening of the barrier evidenced by reduced FITC dextran diffusion

after pneumococcal exposure (Figure 2G). We found no evidence to suggest an impact on of

pneumococcal infection Junctional Adhesion Molecule A (JAM-A), Zonula-Occludens 1 (ZO-1),

Claudin 1 or Claudin 4 (Supplemental Figure 2). However, we did observe moderate increases in β

catenin expression following incubation with ΔproABC/piaA or Δfhs/piaA strains, compared to WT

infected cells (Figure 2H, 2I). We detected a modest but statistically significant increase in cell death

after six hours, as measured by secretion of Lactate Dehydrogenase (LDH), following infection with

S. pneumoniae with all the strains compared to non-infected cells (Figure 2J).

S. pneumoniae colonisation and microinvasion of primary human airway epithelium leads to

cellular remodelling

To further explore the impact of microinvasion on epithelial biology in a more complex environment,

we cultured *S. pneumoniae* serotype 6B and the isogenic biosynthesis mutants with primary human

bronchial epithelial airway (NHBE-A) cells in air-liquid interface. We found that all strains associated

with epithelial cells (Figure 3A, top) and were also detected inside epithelial cells, enclosed within

vacuoles as detected by TEM (Figure 3A, bottom). To evaluate the differential effects on barrier

function, we assessed junctional protein expression and barrier integrity. As previously described[3],

6B WT and mutant strains co-localised with Junctional Adhesion Molecule A (JAM-A, Supplemental

Information Figure 3A, arrow), with no change in overall JAM-A expression. However, we did observe

an increase in Zonula Occludens 1 (ZO-1) intensity at the junctional membrane for cells infected with

the 6B WT strain (Supplementary Figure 3B), and a significant increase in the intensity of β catenin

staining for cells infected with to all strains but in particular, with the Δ*proABC/piaA* strain (Figure 3B,

3C). There were no adverse effects on barrier integrity, as measured by transepithelial electrical

resistance (Figure 3D), or cell death as measured by the release of lactate dehydrogenase (LDH,

Figure 3E) over the infection period.

When cultured in an air-liquid interface, NHBE cells differentiate into typical respiratory epithelium

cell types: Goblet, Clara, Basal and Ciliated cells (Figure 4A). Although we found no evidence to

suggest the pneumococcus preferentially colonised particular cell-types, pneumococci were

observed to be co-localised with mucus (mucin5ac positive, Figure 4C, arrows) and caught-up within

cilia (acetylated tubulin positive cells, Figure 4B and Supplemental Information Figure 4). Strikingly

however, while the cellular composition of the epithelial cultures exposed to the Δ*fhs/piaA* strain were

comparable in appearance to non-infected cells, exposure to the 6B WT and Δ*proABC/piaA* strains

resulted in an increased abundance of uteroglobin staining (found on Clara cells, Figure 4D). We

quantified confocal microscopy images to assess the abundance of differentiated cells following

infection with different strains. We found a significant increase in abundance of acetylated tubulin

expression following infection with the Δ*proABC/piaA* strain (Figure 4E, left graph), no differences in

the expression of mucin5ac following infection with any strain (Figure 4E, right graph), and an

increased expression of uteroglobin following exposure to Δ*fhs/piaA* strain (Figure 4F, left graph).

The latter also translated into a significant increase in uteroglobin staining within the epithelium

(Figure 5F, right graph).

Together, these findings show that the pneumococcal infection induces significant remodelling of the

epithelium.

Microinvasion is not the sole determinant of the epithelial transcriptomic response to pneumococcal colonisation.

We have previously shown a broad range of host transcriptomic responses from Detroit 562 cells exposed to different pneumococcal strains including 6B (BHN418)[3]. To assess whether the enhanced microinvasion and the cellular remodelling observed with the 6B biosynthesis gene mutants are part of a coordinated inflammatory response, we assessed epithelial transcriptomic profiles following pneumococcal infection by RNAseq. Compared to non-infected cells, we found that all strains upregulated 78 core epithelial genes related to cytokine signalling in immune system, NLR signalling and GPCR ligand binding. 193 genes were upregulated by both the 6B WT and Δ*proABC/piaA* strains, characterised by Rhodopsin-like receptors, GPCR ligand binding, cytokine signalling in Immune system, signalling by Interleukins and Toll Receptor Cascades. Infection with the Δ*fhs/piaA* strain resulted in a markedly different transcriptomic profile with modest upregulation of 254 genes, characterised by antigen processing, proteasomal pathways, GTP hydrolysis, and intracellular stress responses (Figure 5A). Focusing on the 20 topmost upregulated epithelial genes revealed again that infection with 6B WT or Δ*proABC/piaA* strain induced a similar transcriptomic profile which contrasted with that of Δ*fhs/piaA* strain which upregulated different epithelial genes at a relatively low-level induction (Figure 5B).

Transcription factors (Figure 5C), cellular kinases (Figure 5D) and cytokines (Figure 5E) bioinformatically predicted to regulate differentially expressed genes again revealed the greatest differences following infection with Δ*fhs/piaA* strain, with diminished NFκB and MAPK activation predicted compared to 6B WT and Δ*proABC/piaA* strain. Infection with Δ*fhs/piaA* strain induced a more intrinsic and epithelial repair response which included TBK1, Raf1, JAK1 kinases and IL-1 and IL-33 cytokine signalling. To explore the functional consequence of autocrine / paracrine cytokine activity in infected Detroit 562 cells, we also assessed the expression of validated transcriptional modules that reflect cytokine activity. This showed that 6B WT and Δ*proABC/piaA* strains induced

high levels of IL-1A, IL-1B and IL-6 gene expression responses (Figure 6F). Infection of primary

epithelial cells with the Δ*fhs/piaA* strain further supports our Detroit 562 cell data, where we observed

a unique differential gene expression profile compared to infection with 6B WT or Δ*proABC/piaA*

strains (Supplemental Information Figure 5).

Deletion of *proABC* and *fhs* genes influence pneumococcal pneumolysin activity and

hydrogen peroxide production.

The *S. pneumoniae* pore forming toxin pneumolysin can both activate and suppress the innate

immune response[14,15]. Pneumolysin also mediates the haemolytic activity characteristic of the

pneumococcus[16]. We therefore hypothesised that differential expression of pneumolysin among the

mutant strains may explain the differences in epithelial cell transcriptomes resulting from infection

with the WT and the isogenic mutant strains. Compared to 6B WT, we observed a significant increase

in pneumolysin gene expression by the Δ*proABC* and Δ*fhs* strains, following serum stress

(Supplemental Information, Table 1). We also observed significant increases in haemolytic activity

with the Δ*proABC* strain in a bioassay (Supplemental Figure 6). These potential differences in

pneumolysin expression may therefore partially explain differential effects on the epithelial

transcriptome and cellular remodelling following infection with the mutant strains compared to WT.

Hydrogen peroxide (H_2O_2) is released by *S. pneumoniae* during the stress of infection and is

regulated by enzymes encoded by such as s*pxB*, *spx* and *lctO* [17,18]. Both Δ*proABC* and Δ*fhs* strains

significantly increased expression of *spxB, lctO* and *adhE* transcripts when the bacteria were

cultured in serum-induced stress conditions, compared to WT (Supplementary Information Table 1).

We therefore postulated that differential expression of pneumococcal H_2O_2 may modulate epithelial

function during colonisation of the nasopharynx.

We next assessed whether H_2O_2 secretion from each strain could account for differences observed

in epithelial cell responses. Comparable levels of hydrogen peroxide were observed after one, three

and six hours of incubation, in the absence of epithelial cells (Figure 6A, dark grey bars). However,

in the presence of epithelial cells, less hydrogen peroxide levels were detected following infection

with Δ*fhs/piaA* strain compared to Δ*proABC/piaA* and WT at later time points (Figure 6A, light grey

bars). Of note, hydrogen peroxide secretion was significantly lower in the presence of epithelial cells

with all strains at one- and three-hours infection. This suggests either the presence of a suppression

factor derived from epithelial cells or induction of a niche adaptation response during colonisation.

Differences were not due to changes in bacterial load, as H_2O_2 levels remained comparable in the

presence or absence of epithelial cells for all strains (Figure 6B).

A growth rate function has been previously reported in the literature for *fhs* gene (Figure 6B)[19,20].

Adjustment for bacterial load reveals that Δ*fhs/piaA* pneumococci generate significantly more

hydrogen peroxide per bacterium, compared to 6B WT and Δ*proABC/piaA* strains (Figure 6C). These

responses could partially explain differences in epithelial transcriptomic profiles detected following

infection with the different strains.

To confirm whether the source of H_2O_2 was primarily from the pneumococcus and not the epithelial

cells, cells were incubated with the pneumococcal strains for 1hr and washed from non-adherent

bacteria. This removed bacteria from the supernatant so that only epithelial associated and bacteria

that have microinvaded remained. After a further 2 hours (total 3-hour timepoint) or 5 hours (total 6-

hour timepoint) incubation in fresh cell media, the amount of H_2O_2 was measured. Although

increased levels of H_2O_2 were detected following infection with all strains, compared to non-infected

cells (Supplemental Information Figure 7), levels were much lower compared to those obtained when

pneumococcal inoculum was present (Figure 6A).

Collectively, these data suggest that the major source of hydrogen peroxide was produced from

extracellular pneumococci but associated pneumococci to the epithelium and/or epithelial-derived

hydrogen peroxide also contributes.

Differential Caspase Activity in Epithelial cells following infection with the pneumococcal

strains.

Production of hydrogen peroxide by the pneumococcus influences the activity of the

inflammasome[21]. The NLRP3 inflammasome drives apoptosis via caspase 1 and regulates

pyroptosis via caspase 3/7 activity[21]. Therefore, we assessed caspase induction upon infection with

the different pneumococcal strains. We hypothesized that factors such as enhanced microinvasion,

pneumolysin activity and hydrogen peroxide production would enhance epithelial caspase activity.

Compared to non-infected cells, infection with 6B WT and Δ*proABC/piaA* strains led to a 1.5-fold

increase in epithelial caspase activity 3-hour post infection, with all strains inducing caspase activity

by 6hr post infection (Figure 7A, 7B, dark grey bars). To test which caspases were activated, we

incubated infected cell cultures with either a caspase 1 inhibitor (YVAD-CHO, Figure 7A, light grey

bars), a caspase 3/7 inhibitor (Z-VAD-FMK, Figure 7B, light grey bars), or specifically detected

caspase 8 activity (Figure 7C). The results show that at baseline, 8% of caspase activity was

attributable to caspase 1 (Figure 7A). However, upon infection, we detected an increase in caspase

activity in the presence of the caspase 1 inhibitor, suggesting activation of other caspases, in

particular following infection with Δ*fhs/piaA* and Δ*proABC/piaA* strains. This suggests differential

caspase induction following infection with different strains. Infection with primary epithelial cells also

revealed similar findings (Supplemental Information Figure 8).

Next, we measured caspase 3/7 activity in cells infected with the different pneumococcal strains. In

non-infected cells, 50% of caspase activity was attributable to caspase 3/7 activity, which was

unaffected following 3-hour pneumococcal infection (Figure 7B). However, following 6-hour

incubation with pneumococcal strains, caspase activity derived from epithelial cells infected with

Δ*proABC/piaA* strain was not caspase 3/7 driven (97% activity remaining after inhibition), compared

to Δfhs*/piaA* strain (73% activity remaining after inhibition).

Finally, we tested for caspase 8 activity and found significant activation following infection with 6B

WT and Δ*proABC/piaA* strains (Figure 7C).

Together, these data suggest that pneumococcal metabolism influences specific epithelial response

profiles that may affect induction of immunity.

DISCUSSION

There is considerable variation in the propensity *S. pneumoniae* strains to colonise the human host,

cause invasive disease and transmit to others[1]. We have previously proposed that epithelial

microinvasion and the subsequent inflammatory response may determine the outcome of

colonisation[3], and reported that epithelial association and microinvasion profiles differ between

pneumococcal strains with different capsular serotypes, and showed that these translated to unique

epithelial transcriptomic and protein expression profiles[3]. As well as the capsule, *S. pneumoniae*

factors affecting epithelial interactions or nasopharyngeal colonisation include multiple cell wall

adhesins[1] and pneumolysin[14]. In addition, multiple metabolic pathways likely to be required for

successful colonisation including those involved in DNA, protein, cell wall and fatty acid synthesis,

purine and pyrimidine metabolism, and oxidative phosphorylation[22]. The latter data indicates *S.*

pneumoniae metabolism, known to profoundly affect systemic infection[9,23,24], is also likely to have an

important role during the epithelial interactions that characterise colonisation.

To investigate this further, we have used well-characterised biosynthesis pathway isogenic mutants

attenuated for disease but not for carriage, to investigate whether *S. pneumoniae* metabolism affects

detailed interactions with respiratory epithelium[12]. *proABC* consists of three genes involved in proline

biosynthesis (ProABC) and *fhs* encodes the Fhs formate tetrahydrofolate synthetase which

catalyses the synthesis of N10 formyl tretrahydrofolate, crucial for carbon metabolism and purine

nucleotide biosynthesis in a number of bacterial species[19,25]. The function of the Fhs is thought to be

particularly relevant in hypoxic conditions[25,26]. We now demonstrate that alterations in pneumococcal

metabolism caused by deletion of *fhs* or *proABC* have profound effects on *S. pneumoniae*

transcriptome under stress conditions. This translates to effects on respiratory epithelium including

association, microinvasion, transmigration, and the subsequent epithelial inflammatory response,

cellular re-modelling and caspase activation. We implicate differences in pneumolysin and hydrogen

peroxide in the mediation of these epithelial responses to pneumococcal infection. Together these

data highlight the complex downstream effects of bacterial metabolism and indicate that epithelial

microinvasion by *S. pneumoniae* may result in a multitude of host cellular and bacterial outcomes

(Graphical Abstract). Indeed, adaptation to microinvasion by the pneumococcus may both facilitate

immune evasion and, as is typical of intracellular bacterial species such as *Listeria* and *Salmonella*,

ultimately trigger inflammation to mediate transmission[27,28].

Under stress, pneumococcal isogenic mutants upregulated virulence factors such as pneumolysin

and oxidative stress regulators that impacts on hydrogen peroxide secretion. This translated to an

enhanced microinvasive index, but attenuation of transmigration across, human nasopharyngeal

epithelium, highlighting the complex relationship between bacterial metabolism and virulence.

Using a well-characterised primary epithelial cell model[29], we found that *S. pneumoniae* interacts

with each of the constituent epithelial subtypes: clara cells (secretory, xenobiotic metabolic, and

progenitor cell functions), goblet cells (mucus production), ciliated cells (mucus and small particle

transport). The apparent downstream effects of infection with these biosynthesis mutants on

epithelial biology following microinvasion varied considerably. The intensity of β catenin, an

adherens junction protein, increased at the epithelial junctional membrane following infection with

the Δ*proABC/piaA* strain. Although there were no detectable effects on epithelial mucus production

following infection with the different strains, compared the WT, we saw an enrichment of staining for

acetylated tubulin (marker of ciliated cells) with Δ*proABC/piaA* exposure, and enrichment of staining

for uteroglobin (marker of clara cells) with Δ*fhs/piaA* exposure. We speculate that this cellular

remodelling could enhance barrier function or modulate permissiveness to bacterial microinvasion

and be important for bacterial clearance. Importantly, the differential epithelial effects following

infection with the different strains is striking, appearing not to relate to bacterial load and intracellular

survival potential, but instead more closely linked to pneumococcal-driven metabolic adaptations

that are not solely determined by capsule serotype.

Infection with either 6B WT or Δ*proABC/piaA* strain induced more typical innate inflammatory

pathways typical pneumococcal infection[3], including those related to cytokine/chemokines,

interleukins, Toll Like Receptor and NFκB signalling, together with apoptotic transcripts such as

FOXO3 and TP53. We also identified epithelial genes that were increased only following WT

infection included RNA degradation and O-linked glycosylation, compared to Δ*proABC/piaA* strain

infection that resulted in increased gene expression involved in wnt signalling (which may be linked

to the increase catenin expression we observed[30]), DNA sensing, RIG-I pathways and signal

transduction. In contrast, the Δ*fhs/piaA* strain appeared to activate an epithelial pro-survival and

adaptation profile which included JUN, SMARCA4, NFAT5, KLF6 and TCF4 genes involved in

homeostatic signalling and chromatin remodelling[31,32]. Together these illustrate the multifaceted

outcomes of epithelium microinvasion with the potential for either an inflammatory or more tolerant

response. Whether this translates to differences in the length of nasopharyngeal carriage,

invasiveness or clearance of the pneumococcal remains to be fully determined, but in the EHPC at

day 6, increased density of the Δ*fhs/piaA* strain was seen compared the other strains[11]. Ultimately,

these epithelial transcriptomic differences may also shape the adaptive immune response to

pneumococcal colonisation[13,33], which could also influence outcome.

S. pneumoniae is a catalase-negative, facultative anaerobe intrinsically resistant to hydrogen

peroxide (H_2O_2) which, particularly under conditions of aerobic growth, is produced endogenously

by pyruvate oxidase (*SpxB*) and acetate oxidase (*LctO*)[17,18,34]. Although, *SpxB* is not crucial for

pneumococcal disease (serotype 1 clones contain multiple mutations[35]), H_2O_2 production is a potent

virulence factor, limiting the growth of a variety of competing organisms in the upper respiratory tract,

inducing host cell endoplasmic reticulum stress, and is an intracellular signalling molecule that has

been shown to modulate inflammation, glycolytic flux, pyruvate metabolism, nucleotide biosynthesis,

and capsule biosynthesis[6,36]. We have shown that deletion of ProABC or Fhs genes impact on

pneumococcal oxidative stress regulation, which may contribute to epithelial remodelling, induction

of caspase and the epithelial transcriptomic response to infection. Hydrogen peroxide induces DNA

damage and apoptosis of the lung epithelium[21,37], but pneumococcal-derived hydrogen peroxide has

been shown to inhibit inflammasome activation[17].

S. pneumoniae is highly adapted to colonise the human host and be transmitted from person to

person. Invasive pneumococcal disease, particularly in it severest forms is largely a dead end. The

data presented here further support our hypothesis that epithelial microinvasion in healthy people is

common and mostly does not lead to disease. However, the subsequent epithelial-derived innate

responses to microinvasion are likely influenced by a range of bacterial metabolic and virulence

factors. Our findings highlight the broad-ranging effects of single gene mutations in pneumococcal

biosynthesis pathways which may in part, explain the complexity of the differences between even

seemingly closely related pneumococcal strains.

METHODS

Bacteria

The Streptococcus pneumoniae serotype 6B (strain BHN 418[38]) was a kind gift from Prof. Birgitta Henriques Normark (Karolinska Institute). Δ*proABC/piaA* and Δ*fhs/piaA* mutant strains were generated using overlap extension PCR as described by Ramos-Sevillano et al[12]. Stocks of bacteria were stored at -80°C when bacterial growth in Todd Hewitt Broth (THY) was 0.3 O.D.$_{600nm}$. Aliquots were defrosted, centrifuged at 8000g for eight minutes and resuspended in 1% Fetal Bovine Serum (FBS, Gibco) in MEM media (Gibco) for infections. Approximately 10 bacteria were added for every epithelial cell. Colony forming units (CFU) were counted by serial dilutions on horse blood agar plates (EO Labs). Starting inoculums were not significantly different across strains for all assays.

Bacterial RNA-Seq sample collection, sequencing and reads mapping

Mutant pneumococcal strains (three biological replicates for each mutant) and 6B WT (three biological replicates) were grown in THY to mid log phase and the pellets resuspended in THY and undiluted human serum for 60mins. The culture was then pelleted, and total RNA extracted. Total RNA from each library was ribo-depleted and sent for Illumina Next Seq Sequencing Pathogen Genomics Unit (PGU), UCL. The quality of raw FASTQ reads was checked by FastQC v0.11.5, Babraham Bioinformatics, UK [39] and visualised using multiQC v1.9[40]. Reads were trimmed using Trimmomatic 0.39 [41]. Trimmed reads were also checked by FastQC and multiQC. Trimmed reads were then mapped to KEGG annotated 6B genome sequence (670-6B, Accession: CP002176.1) using bowtie2 with default settings [42]. Conversion into BAM files was performed using SAMtools [43]. Mapped reads were visualized in the Integrated Genome Browser (IGB) [44]. FeatureCounts v2.0.0 was used to summarize read counts for each annotated feature in the respective reference genomes in multimapping mode (-M) [45].

Differential gene expression analyses

The generated count matrix was imported into R-studio (R v3.4.2) and normalization of counts and

differential gene expression analysis was performed by DESeq2 [46]. DESeq2 normalized libraries

were regularized log transformed for visualizing heatmaps and clustering. Differential gene

expression was performed on raw counts. Fold change shrinkage was implemented with the apeglm

package within DESeq2. Genes with a log2 fold change > 1.5 and false discovery rate (FDR) of <

0.05 were categorized as differentially expressed. KEGG pathway enrichment and module analysis

were performed on differentially regulated genes using over representation analysis (ORA)

implemented by clusterProfiler [47].

Experimental Human Pneumococcal Carriage Model (EHPC)

A full explanation of experimental design and selection criteria has been previously described[3].

Following written informed consent, healthy non-smoking adults between the ages of 18 – 59 were

inoculated with 80,000 CFU/nostril live strains of *S. pneumoniae*. Mucosal cells from the inferior

turbinate using a plastic Rhino-probe™ (curettage, Arlington Scientific) were collected prior to

inoculation, and days 2 and 6 post-inoculation. Samples were processed for confocal microscopy

analysis. Nasal wash samples were collected for CFU count analysis. There were no adverse events.

Ethical approval was given by NHS Research and Ethics Committee (REC)/Liverpool School of

Tropical Medicine (LSTM) REC, reference numbers: 18/NW/0481 and Human Tissue Authority

licensing number 12548.

Primary Human Epithelial Cells

Normal Human Primary Bronchial/Tracheal Epithelial Cells (NHBE-A, ATCC® PCS-300-010™) were

plated at 6×10^3 cells/cm^2 on a layer of sub-lethally γ-irradiated (60 Gy) mouse embryonic fibroblasts

3T3-J2 cells (kind donation from Howard Green, Harvard Medical School, Boston[48]) with keratinocyte

culture medium cFAD (3:1 DMEM (Gibco) to Ham F-12 Nut Mix (Gibco), 10% FBS (HyClone, Sigma),

1% Penicillin-Streptomycin (100X, Sigma), 0.4 µg/mL Hydrocortisone (Calbiochem, USA), 5 µg/ml

Insulin (various), 10-10 Cholera Toxin (Sigma) and 2x10-9 Triodothyronine (Sigma)). Epithelial cells

were stimulated with 10 ng/mL human epidermal growth factor (hEGF, PeproTech, USA) on days 3

and 5. Cultures were grown at 37°C 6% CO_2 and sub-confluent cultures were trypsinised with 0.25%

Trypsin-EDTA (Sigma). For NHBE-A differentiation in Air Liquid Interface (ALI) culture, cells were

plated at a density of $6x10^4/cm^2$ on 1μm pore PET cell culture inserts (12 wells, Greiner). The insert

was supplemented with cFAD medium on the top and bottom. After 48 hours, medium was removed

from the top of the culture (exposure) and the culture was fed with fresh PneumaCult™ differentiation

Medium (Stemcell Technologies) from the bottom of the well every 2 days for 3 weeks, until cell

ciliation was observed. Antibiotics were removed from the medium and cells washed 24 hours before

infection experiments.

Human Epithelial Cell Lines

Human pharyngeal carcinoma Detroit 562 epithelial cells (ATCC_CCL-138) were grown in 10% FCS

in alpha MEM media (Gibco). For each set of experiments, cells were used within 5 passages. Cells

consistently tested PCR negative for mycoplasma (Cambridge Biosciences).

Pneumococcal-epithelial cell co-culture

For association and internalisation assays, confluent monolayers of Detroit 562 cells (typically day 7

- 8 post plating) cultured on 12 well plates (Corning), were exposed to *S. pneumoniae* (1 cell : 10

pneumococci) for three hours in 1% FCS alpha MEM (six-hour infection for HNBE-A cells in 1%

Pneumocult media without supplements)[3]. Cells washed three times in HBSS^{+/+} before incubation in

1% saponin for 10 minutes at 37°C to lyse cells. Bacterial dilutions were plated on horse blood agar

for 16 hours and colony forming units counted. For internalisation quantification, 200μg/ml

gentamicin was added to the cells for one hour before incubation with saponin.

For transmigration assays, Detroit 562 cells were plated onto 3μm pore, PET Transwell Inserts

(ThermoFisher) typically for 10 days[3]. Media was changed to 1% FCS (250μl apical chamber, 1ml

basal chamber) one hour prior to infection experiments. 1mg/ml FITC-dextran (Sigma Aldrich) was

added to the apical chamber of selected inserts for permeability assays. Transepithelial Electrical

Resistance (TEER) was measured before and after infection using an EVOM2 (World Precision

Instruments). Bacteria were added to the cells for three hours during of which 50µl of basal media

was repeatedly removed to measure bacterial load by counting CFU/well. Permeability was recorded

using a FLUOstar Omega (BMG Labtech) at 488nm.

Confocal Microscopy

Sample processing was performed as previously described[3]. Briefly, mucosal cells from the EHPC

model were placed directly into 4% PFA and cytospun onto microscope slides. NHBE-A cells and

Detroit 562 cells cultured on transwell membranes were fixed in 4% PFA (Pierce, Methanol Free).

Cells were permeabilised with 0.2% Triton X-100 for 10 minutes, blocked for one hour in blocking

buffer (3% goat serum and 3% BSA in PBS (Sigma)) and incubated with pneumococcal antisera

Pool Q (SSI Diagnostica) for one hour. Wheat germ agglutinin conjugated to Rhodamine (Vector

Labs) was added along with goat-anti rabbit IgG conjugated to Alexa Fluor 488 for 45 minutes in

blocking buffer. Primary (used at 1:100) antibodies used for epithelial cell proteins can be found in

Supplemental Information Table 3. Secondary (used at 1:500) antibodies were either goat anti-

mouse or goat anti-rabbit – Alexa Fluor 555 or 546, ThermoFisher. Of note, for epithelial protein

antibodies raised in rabbit, no pneumococcal staining was possible and therefore pneumococci will

not visible on the images (uteroglobin). DAPI solution was added for 5 minutes and cells were

mounted with Aqua PolyMount (VWR International) and a coverslip on the microslide. Pneumococci

were recorded by manual scanning of the whole cytospin for the EHPC samples. More than three

fields of view were recorded for each bacterial strain for Detroit 562 cell infections, using inverted

Zeiss LSM (either 700 or 880) confocal microscopes. Images were processed with Zeiss LSM Image

Browser. Z stacks were recorded at 1µm intervals at either 40x oil or 63x oil objectives. Automated

image analysis was carried out using Cellprofiler[49].

Electron Microscopy

Preparation of Detroit 562 cells and NHBE-A cells was identical, and previously described[3]. Briefly,

cells cultured on transwells were fixed with 2% paraformaldehyde and 1.5% glutaraldehyde in 0.1 M

cacodylate buffer and post-fixed in 1% OsO4 / 1.5% K4Fe(CN)6 in 0.1 M cacodylate buffer pH7.3.

Samples were dehydrated in graded ethanol-water series and infiltrated with Agar 100 resin mix.

Ultra-thin sections were cut at 70-80 nm using a diamond knife on a Reichert ultracut microtome.

Sections were collected on 300 mesh copper grids and stained with lead citrate. For transmission

electron microscopy the samples were hardened at 60°c for 48 hours. The coverslip was removed,

and a representative area was selected. Ultra-thin sections were cut at 70-80 nm using a diamond

knife on a Reichert ultra-cut S microtome. Sections were collected on copper grids and stained with

lead citrate. Samples were viewed with a Joel 1010 transition electron microscope and the images

recorded using a Gatan Orius CCD camera.

Pneumolysin activity

Adapted from Kirkham et al[50]. Briefly, final concentration of 2% horse blood (EO Labs) solution was

prepared in phenol free alpha MEM (Life Technologies) and 100 µl added to wells of a 96 U-bottom

plate (Corning). 100 µl of bacterial solutions (containing progressively diluted bacteria) suspended

in phenol free alpha MEM were added to each 96 well. Saponin was used as a positive control for

lysis. Solutions were incubated for 30 minutes at 37°C before centrifugation at 1000g for one minute.

100 µl was transferred into a new 96 well plate and absorbance recorded at 540nm on a plate reader.

Hydrogen Peroxide Assay

Detroit 562 cells were cultured in white 96 well plates (Corning). NHBE-A cells were cultured in 12

well plates in Pneumocult media. Cells were incubated with H_2O_2 substrate and infected with strains

of *S. pneumoniae* for up to six hours according to manufacturers' instructions (ROS-Glo[TM] H_2O_2

Assay, Promega). ROS-Glo[TM] Detection solution was added to the cells and incubated for 20

minutes. For primary cells, supernatant was then transferred to a white 96 well plate. Luminescence

was read using a GloMax -Multi Detection System plate reader (Promega).

Lactate Dehydrogenase Assay

Detroit 562 cells and NHBE-A cells were cultured in 12 well plates and infected with pneumococcal

strains for six hours. Supernatant was centrifuged at 8000g for 8 minutes and pellet discarded.

Supernatant was transferred to a clear 96 well plate (Corning) and CytoTox 96® Reagent was added

for 30 minutes according to manufacturers' instructions (CytoTox 96® Non-Radioactive Cytotoxicity

Assay, Promega). After adding Stop Solution, absorbance was measured at 490nm using a plate

reader. % Cytotoxicity was calculated using the following equation: 100 x (LDH release – background

from media alone)/(max LDH release from positive control – background from media alone).

Caspase assay

Detroit 562 cells were cultured in white 96 well plates (Corning). NHBE-A cells were cultured in 12

well plates in Pneumocult media. Cells were infected with strains of *S. pneumoniae* for up to six

hours. Primary cell supernatant was transferred to a white 96 well plate. Samples were incubated

with Caspase-Glo® 1 Reagent, Caspase-Glo® 1 YVAD-CHO Reagent, Caspase-Glo® Z-VAD-FMK

Reagent or Caspase-Glo® 8 Reagent, for one hour and according to manufacturers' instructions

(Promega). Luminescence was read using a GloMax-Multi Detection System plate reader

(Promega).

RNA samples and sequencing (RNA-Seq)

RNA-Seq data was collected as previously described[3]. Confluent monolayers of Detroit 562 epithelial

cells were infected with *S. pneumoniae* strains for four hours before collection in RNALater. RNA

was extracted using a Qiagen RNAEasy micro kit and treated for DNA removal using a Qiagen Turbo

DNA-free kit. RNA quality was assessed and quantified using a BioAnalyser (Agilent 2100). Samples

were sequenced using Illumina Nextseq 500/550 High Output 75 cycle kit giving 15-20 million 41bp

paired-end reads per sample (Pathogens Genomic Unit, UCL).

Data and code availability

Source data are provided as a Source Data file. RNAseq data from the Detroit 562 cell infections is

publicly accessible through Zenodo with Accession (DOI:10.5281/zenodo.7997789).

Statistics

Each condition within each experiment was performed in duplicate or triplicate, and each experiment

was performed independently more than three times, unless stated otherwise. Error bars represent

SEM, unless stated otherwise. GraphPad Prism Version 10 was used for parametric (t-tests or

ANOVA) or non-parametric (Mann-Whitney or Kruskal-Wallis tests) analysis, which was based on

the Shapiro-Wilk normality test. Ad hoc tests were performed using Tukey's (for parametric data) or

Dunn's (for non-parametric data) multiple comparisons test. P values less than 0.05 were considered

significant.

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AUTHOR CONTRIBUTIONS: CMW conceived, funded, designed and conducted the study,

performed the experiments, acquired samples and processed data, and wrote the first draft of the

manuscript. GP analysed and interpreted the RNAseq data. MB analysed and interpreted the

bacterial transcriptomic data. RR cultured and differentiated primary epithelial cells. MC ran the

primary cell qPCR. ERS generated the mutant strains and bacterial transcriptomic data. JR collected

and processed EHPC samples. JAGA processed the RNA-Seq data. MW ran the image analysis.

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data and revised the manuscript. RSH provided investigator support, designed and interpreted the

data, revised the manuscript. All authors commented on and approved the manuscript.

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FIGURE LEGENDS

Table 1. Differentially expressed pathways from single isogenic mutants in human serum compared to WT. 55 genes were selected within competence pathways, amino acid metabolism, virulence factors, oxidative stress pathways and other known genes important for colonisation, for assessment of changes in gene expression following serum stress.

Figure 1. Pneumococcal – epithelial interactions in the EHPC model. (A) During colonisation, pneumococci adhere to the epithelial cell surface (Association), internalise inside epithelial cells (Microinvasion) and transmigrate across the mucosal barrier. Mucus – lime; pneumococci – teal; intracellular vacuole – cream; epithelial cells– brown; nucleus – dark brown; cell junctions – pink. (B) Representative microscopy images showing 6B association to the epithelium and mutant microinvasion. Surface carbohydrates (red), nuclei (DAPI, blue), pneumococci (green). (C) Mucosal curettage samples were collected at day 6 post-pneumococcal challenge. Percentage of bacteria that were found by microscopy, on the surface (association) or inside (microinvasion) cells in the EHPC model. Number of volunteers (n) in each group is indicated in brackets, along with the total numbers of pneumococci (Spn) counted. (D) Micro-invasive index per volunteer, calculated from microscopy counts, for each strain. P = 0.1701, Kruskal-Wallis.

Figure 2. **Strain association, microinvasion and transmigration of Detroit 562 cells.** Cells were infected with *S. pneumoniae* for three hours and CFU counts recorded. (A) Representative confocal microscopy images from 6 independent experiments with replicates, showing pneumococcal (green) interactions with surface carbohydrates (red). (B) Association of pneumococcal strains to epithelial cells. P = 0.0009 (Kruskal-Wallis), n = 6 with replicates. (C) Internalisation of strains into cells. P = 0.0219 (Kruskal-Wallis) N = 6 with replicates. (D) Microinvasive index is defined as the percentage of internalised bacteria over all associated bacteria. P = 0.071 (Kruskal-Wallis) N = 6 with replicates. (E) Pneumococcal viability inside epithelial cells after 3hr infection was assessed using a gentamicin

protection assay and refreshing the media for +1-+3hrs. n = 3 or 4 independent experiments with replicates. Counts were normalised to microinvasion counts for each strain after 3 hours infection and compared to 6B WT; +1hr P = 0.6517 (ANOVA), +2hr P = 0.1377 (ANOVA), +3hr P = 0.1183 (ANOVA). (F) Transmigration of pneumococcal strains in Detroit 562 cells after 3hrs infection. 6B strains were added to the apical chamber of a transwell insert with a confluent monolayer of Detroit 562 cells. CFUs were recorded after 3hrs from the basal chamber, reflecting bacteria that had transmigrated across the epithelium. N = 6 independent experiments with replicates. P < 0.001 (Kruskal-Wallis). (G) Cells cultured on transwell inserts were exposed to 6B strains for 3hrs and leak to 4kDa FITC-Dextran was measured in the basal chamber by a fluorescent plate reader against a standard. N = 4 with replicates. P <0.0001 compared to non-infected cells, and P = 0.0689 between 6B WT and mutant strains (Kruskal-Wallis). (H) Representative confocal microscopy images from 6 independent experiments with replicates, showing pneumococcal (green) interactions with β catenin (red). Nuclear DAPI stain shown in blue. (I) Image quantification of integrated intensity of β catenin normalised to non-infected cells, following infection with the different strains. N = 5 independent experiments. ** P = 0.0034 (non-infected v infected), ** P = 0.0012 (6B v isogenic mutants), NS P = 0.0772 (non-infected v infected) Kruskal-Wallis. (J) Cell supernatant from infected cells was analysed for lactate dehydrogenase secretion from the apical and basal chamber. N = 3 - 5 with replicates. P = 0.046 compared to non-infected cells, and P = 0.5649 between 6B WT and mutant strains (ANOVA).

Figure 3. Effects on epithelial barrier from pneumococcal infection in HBE-A cells. Cells were cultured at ALI and infected with pneumococcal strains for 6hrs. (A) Top: Representative confocal microscopy images from 4 independent experiments with replicates, showing pneumococcal (green) association with the epithelium (red, surface carbohydrates; nuclei blue) at 6hr post infection. Bottom: Representative transmission electron microscopy images from 2 independent experiments, showing pneumococcal microinvasion examples of each strain (arrows), enclosed within a vacuole after 4hr infection. (B) Representative confocal microscopy images from 4 independent experiments with replicates, showing pneumococcal (green) interactions with junctional proteins (red) of (A) β

catenin. Colocalization of red and green appears yellow. Nuclei (blue). (C) Integrated intensity of β

catenin in pneumococcal negative or positive cells. P = >0.05, ANOVA. N = 4 independent

experiments. (D) Transepithelial electrical resistance (TEER) was recorded pre- and post- 6hr

infection to assess barrier integrity. N = 3 independent experiments with replicates. Average TEER

pre-infection was 466Ω.cm^2 (430-484 Ω.cm^2, P = 0.1458 ANOVA) and average TEER post-infection

was 545Ω.cm^2 (527-567 Ω.cm^2. P = 0.04744 ANOVA). Change in TEER comparing non-infected

cells to infected cells P = 0.6592, Kruskal-Wallis. Error bars represent SEM. (E) After infection,

supernatant was collected after 6hrs and analysed for lactate dehydrogenase secretion from the

apical and basal chamber. Non-infected v infected; P >0.05, ANOVA. N = 5-6 independent

experiments with replicates.

Figure 4. Pneumococcal – epithelial interactions with primary human epithelial cells. Cells

were cultured at ALI and infected with pneumococcal strains for 6hrs. (A) Representative scanning

electron microscopy images from 2 independent experiments, showing the surface of the epithelium.

Examples of differentiated epithelia (clara cells, goblet cells, ciliated cells) are shown for the

Δ*proABC/piaA* strain. Examples of pneumococci are highlighted by arrows. Representative confocal

microscopy images from 4 independent experiments with replicates for (B) ciliated cells (acetylated

tubulin, red), (C) goblet cells (mucin5ac, red, (arrows indicate co-localisation of mucin5ac with

pneumococci)), (D) clara cells (uteroglobin, red) shown after 6hr infection. Pneumococci (green),

nuclei (DAPI, blue), colocalization of red and green appears as yellow. (E) Integrated intensity of

acetylated tubulin and muc5ac in pneumococcal negative or positive cells. Acetylated tubulin neg P

= 0.2677, pos P = 0.017; mucin5ac neg P = 0.6852, pos P = 0.8510, ANOVA. N = 3 or 4 independent

experiments. (F) Integrated intensity of uteroglobin normalised to non-infected cells (left, P = 0.0115

non-infected v infected, Kruskal-Wallis) and percentage of clara positive cells following infection

(right, P = 0.0003 non-infected v strains, P = 0.0036 6B v mutant strains, Kruskal-Wallis). N = 3

independent experiments.

Figure 5. Detroit 562 cell transcriptomic responses to pneumococcal strains. Epithelial cells were infected for four hours with pneumococcal strains and RNA extracted and processed for RNAseq. 6B n = 11, PP n = 17, FP n = 14, non-infected n = 12, from 6 independent experiments. (A) All significantly log2 fold change upregulated genes according to strain compared to non-infected cells. Significance was defined as DEGs with a log2 fold change (logFC) of > 1.5 and false discovery rate (FDR) of < 0.05. (B) Comparison of the top 20 most upregulated genes for each strain, compared to non-infected cells. Upstream regulator analysis for (C) transcription factors, (D) kinases and (E) cytokines. (F) The expression of gene modules is represented by the mean Log_2 TPM value of the genes in each module.

Figure 6. Hydrogen peroxide production from pneumococcal strains in the absence and presence of Detroit 562 cells (A) Supernatant from bacterial cultures without cells (dark grey) in 96 well white plates was assessed for production of reactive oxygen species, by luminescence and compared to supernatant from bacterial-cell co-cultures (light grey). N = 5 independent experiments with replicates. Without cells (dark grey), in comparison to 6B WT, 1hr P = 0.9087 (ANOVA), 3hr P = 0.3310 (ANOVA), 6hr P = 0.7970 (ANOVA). With Detroit 562 cells (light grey), compared to non-infected cells: 0hr P = 0.1437 (ANOVA), 3hr P <0.0001 (ANOVA), P = 0.0002 (Kruskal-Wallis). Compared to 6B WT: 0hr P = 0.1399 (ANOVA), 3hr P = 0.006 (ANOVA), 6hr P = 0.0001 (ANOVA). (B) Bacterial inoculum was measured by CFU counts collected from the supernatant and cultured on blood agar plates for 16hr. n = 5 with replicates. Without cells, in comparison to 6B WT, 0hr P = 0.7652 (ANOVA), 1hr P = 0.0006 (Kruskal-Wallis), 3hr P = 0.0001 (ANOVA), P = 0.0279 (Kruskal-Wallis). With Detroit 562 cells, in comparison to 6B WT, 0hr P = 0.4513 (ANOVA), 1hr P = 0.017 (ANOVA), 3hr P = 0.0002 (Kruskal-Wallis), 6hr P = 0.0103 (Kruskal-Wallis). (C) Fold change of hydrogen peroxide production from the mutants compared to WT, normalised to the CFU counts. Without cells (dark grey) 1h P = 0.0369 (ANOVA), 3hr P = 0.0087 (ANOVA), 6hr P = 0.0209 (Kruskal-Wallis). With Detroit 562 cells (light grey), 1h P = 0.2170 (ANOVA), 3hr P = 0.0281 (ANOVA), 6hr P = 0.0243 (Kruskal-Wallis). Δpp is ΔproABC/piaA strain and Δfp is Δfhs/piaA strain.

Figure 7. Effects of pneumococcal infection caspase secretion in Detroit 562 cells. Caspase activity was assessed by luminescence, following infection with pneumococcal strains. (A) Caspase 1 activity was determined following incubation with the specific inhibitor YVAD-CHO. N = 6 with replicates. In comparison to non-infected cells, 3hr caspase P = 0.0297; caspase+YVAD-CHO inhibitor P = 0.0479 and, in comparison to 6B WT, 3hr caspase P = 0.0173; caspase+YVAD-CHO inhibitor P = 0.5725 (Kruskal-Wallis). In comparison to non-infected cells, 6hr caspase P = 0.39; caspase+YVAD-CHO inhibitor P = 0.3604 and, in comparison to 6B WT, 6hr caspase P = 0.6226; caspase+YVAD-CHO inhibitor P = 0.5386 (Kruskal-Wallis). (B) Caspase 3/7 activity was determined following incubation with the specific inhibitor Z-VAD-FMK. N = 4 with replicates. In comparison to non-infected cells, 3hr caspase P = 0.0001; caspase+Z-VAD-FMK inhibitor P = 0.0165 and, in comparison to 6B WT, 3hr caspase P = 0.0036; caspase+ Z-VAD-FMK inhibitor P = 0.0036 (Kruskal-Wallis). In comparison to non-infected cells, 6hr caspase P = 0.0022; caspase+ Z-VAD-FMK inhibitor P = 0.0005 and, in comparison to 6B WT, 6hr caspase P = 0.0215; caspase+ Z-VAD-FMK inhibitor P = 0.0012 (Kruskal-Wallis). (C) Caspase 8 activity was assessed following infection with pneumococcal strains. N = 3 with replicates. In comparison to non-infected cells, 6hr P = 0.0015 (ANOVA) and, in comparison to 6B WT, P = 0.0172 (ANOVA).

REFERENCES

1   Weiser, J. N., Ferreira, D. M. & Paton, J. C. Streptococcus pneumoniae: transmission, colonization and invasion. *Nat Rev Microbiol* **16**, 355-367, doi:10.1038/s41579-018-0001-8 (2018).

2   O'Brien, K. L. *et al.* Burden of disease caused by Streptococcus pneumoniae in children younger than 5 years: global estimates. *Lancet* **374**, 893-902, doi:10.1016/S0140-6736(09)61204-6 (2009).

3   Weight, C. M. *et al.* Microinvasion by Streptococcus pneumoniae induces epithelial innate immunity during colonisation at the human mucosal surface. *Nat Commun* **10**, 3060, doi:10.1038/s41467-019-11005-2 (2019).

4   Gladstone, R. A. *et al.* International genomic definition of pneumococcal lineages, to contextualise disease, antibiotic resistance and vaccine impact. *EBioMedicine* **43**, 338-346, doi:10.1016/j.ebiom.2019.04.021 (2019).

5   Amin-Chowdhury, Z. *et al.* Characteristics of Invasive Pneumococcal Disease Caused by Emerging Serotypes After the Introduction of the 13-Valent Pneumococcal Conjugate Vaccine in England: A Prospective Observational Cohort Study, 2014-2018. *Clin Infect Dis* **71**, e235-e243, doi:10.1093/cid/ciaa043 (2020).

6   Echlin, H., Frank, M., Rock, C. & Rosch, J. W. Role of the pyruvate metabolic network on carbohydrate
metabolism and virulence in Streptococcus pneumoniae. *Mol Microbiol* **114**, 536-552,
doi:10.1111/mmi.14557 (2020).
7   Hartel, T. *et al.* Characterization of central carbon metabolism of Streptococcus pneumoniae by
isotopologue profiling. *J Biol Chem* **287**, 4260-4274, doi:10.1074/jbc.M111.304311 (2012).
8   Henriques-Normark, B. & Tuomanen, E. I. The pneumococcus: epidemiology, microbiology, and
pathogenesis. *Cold Spring Harb Perspect Med* **3**, doi:10.1101/cshperspect.a010215 (2013).
9   Kohler, S., Voss, F., Gomez Mejia, A., Brown, J. S. & Hammerschmidt, S. Pneumococcal lipoproteins
involved in bacterial fitness, virulence, and immune evasion. *FEBS Lett* **590**, 3820-3839,
doi:10.1002/1873-3468.12352 (2016).
10   Brown, J. S., Gilliland, S. M. & Holden, D. W. A Streptococcus pneumoniae pathogenicity island
encoding an ABC transporter involved in iron uptake and virulence. *Mol Microbiol* **40**, 572-585,
doi:10.1046/j.1365-2958.2001.02414.x (2001).
11   Hill H, M. E., Nikolaou E, Blizard A, Pojar S, Howard A, Hyder-Wright A, Devin J, Reiné J, Robinson R,
Solórzano C, Jochems S, Kenny-Nyazika T, Ramos-Sevillano E, Weight CM, Myerscough C, McLennan
D, MortonB , Gibbons E, Farrar M, Randles V, Burhan H, Chen T, Shandling AD, Campo JJ, Heyderman
RS, Gordon SB, Brown JS, Collins AM, Ferreira DM. A Randomised Controlled Trial of Nasal
Immunisation with Live Virulence Attenuated Streptococcus pneumoniae Strains using Human
Infection Challenge. *Medrxiv*, doi:https://doi.org/10.1101/2023.04.14.23288224 (2023).
12   Ramos-Sevillano, E. *et al.* Preclinical Development of Virulence Attenuated Streptococcus
pneumoniae Strains Able to Enhance Protective Immunity Against Pneumococcal Infection. *Am J
Respir Crit Care Med*, doi:10.1164/rccm.202011-4161LE (2020).
13   Ferreira, D. M. *et al.* Controlled human infection and rechallenge with Streptococcus pneumoniae
reveals the protective efficacy of carriage in healthy adults. *Am J Respir Crit Care Med* **187**, 855-864,
doi:10.1164/rccm.201212-2277OC (2013).
14   Zafar, M. A., Wang, Y., Hamaguchi, S. & Weiser, J. N. Host-to-Host Transmission of Streptococcus
pneumoniae Is Driven by Its Inflammatory Toxin, Pneumolysin. *Cell Host Microbe* **21**, 73-83,
doi:10.1016/j.chom.2016.12.005 (2017).
15   Periselneris, J. *et al.* Pneumolysin suppresses the initial macrophage pro-inflammatory response to
Streptococcus pneumoniae. *Immunology* **167**, 413-427, doi:10.1111/imm.13546 (2022).
16   Terra, V. S., Plumptre, C. D., Wall, E. C., Brown, J. S. & Wren, B. W. Construction of a pneumolysin
deficient mutant in streptococcus pneumoniae serotype 1 strain 519/43 and phenotypic
characterisation. *Microb Pathog* **141**, 103999, doi:10.1016/j.micpath.2020.103999 (2020).
17   Erttmann, S. F. & Gekara, N. O. Hydrogen peroxide release by bacteria suppresses inflammasome-
dependent innate immunity. *Nat Commun* **10**, 3493, doi:10.1038/s41467-019-11169-x (2019).
18   Alibayov, B. *et al.* Oxidative Reactions Catalyzed by Hydrogen Peroxide Produced by Streptococcus
pneumoniae and Other Streptococci Cause the Release and Degradation of Heme from Hemoglobin.
Infect Immun **90**, e0047122, doi:10.1128/iai.00471-22 (2022).
19   Crowley, P. J., Gutierrez, J. A., Hillman, J. D. & Bleiweis, A. S. Genetic and physiologic analysis of a
formyl-tetrahydrofolate synthetase mutant of Streptococcus mutans. *J Bacteriol* **179**, 1563-1572,
doi:10.1128/jb.179.5.1563-1572.1997 (1997).
20   Mahdi, L. K., Wang, H., Van der Hoek, M. B., Paton, J. C. & Ogunniyi, A. D. Identification of a novel
pneumococcal vaccine antigen preferentially expressed during meningitis in mice. *J Clin Invest* **122**,
2208-2220, doi:10.1172/JCI45850 (2012).
21   Surabhi, S. *et al.* Hydrogen Peroxide Is Crucial for NLRP3 Inflammasome-Mediated IL-1beta
Production and Cell Death in Pneumococcal Infections of Bronchial Epithelial Cells. *J Innate Immun*
14, 192-206, doi:10.1159/000517855 (2022).
22   van Opijnen, T. & Camilli, A. A fine scale phenotype-genotype virulence map of a bacterial pathogen.
Genome Res **22**, 2541-2551, doi:10.1101/gr.137430.112 (2012).
23   Basavanna, S. *et al.* The effects of methionine acquisition and synthesis on Streptococcus
pneumoniae growth and virulence. *PLoS One* **8**, e49638, doi:10.1371/journal.pone.0049638 (2013).
24   Gomez-Mejia, A. *et al.* Pneumococcal Metabolic Adaptation and Colonization Are Regulated by the
Two-Component Regulatory System 08. *mSphere* **3**, doi:10.1128/mSphere.00165-18 (2018).

25 Sah, S., Aluri, S., Rex, K. & Varshney, U. One-carbon metabolic pathway rewiring in Escherichia coli
reveals an evolutionary advantage of 10-formyltetrahydrofolate synthetase (Fhs) in survival under
hypoxia. *J Bacteriol* **197**, 717-726, doi:10.1128/JB.02365-14 (2015).

26 Aluri, S., Rex, K. & Varshney, U. Simultaneous presence of fhs and purT genes is disadvantageous for
the fitness of Escherichia coli growth. *FEMS Microbiol Lett* **362**, doi:10.1093/femsle/fnv101 (2015).

27 Galan, J. E. Salmonella Typhimurium and inflammation: a pathogen-centric affair. *Nat Rev Microbiol*
19, 716-725, doi:10.1038/s41579-021-00561-4 (2021).

28 Li, G. *et al.* Morin inhibits Listeria monocytogenes virulence in vivo and in vitro by targeting
listeriolysin O and inflammation. *BMC Microbiol* **20**, 112, doi:10.1186/s12866-020-01807-6 (2020).

29 Travaglini, K. J. *et al.* A molecular cell atlas of the human lung from single-cell RNA sequencing. *Nature*
587, 619-625, doi:10.1038/s41586-020-2922-4 (2020).

30 Liu, J. *et al.* Wnt/beta-catenin signalling: function, biological mechanisms, and therapeutic
opportunities. *Signal Transduct Target Ther* **7**, 3, doi:10.1038/s41392-021-00762-6 (2022).

31 Herta, T. *et al.* DNA-release by Streptococcus pneumoniae autolysin LytA induced Krueppel-like
factor 4 expression in macrophages. *Sci Rep* **8**, 5723, doi:10.1038/s41598-018-24152-1 (2018).

32 Barutcu, A. R. *et al.* SMARCA4 regulates gene expression and higher-order chromatin structure in
proliferating mammary epithelial cells. *Genome Res* **26**, 1188-1201, doi:10.1101/gr.201624.115
(2016).

33 Wilson, R. *et al.* Protection against Streptococcus pneumoniae lung infection after nasopharyngeal
colonization requires both humoral and cellular immune responses. *Mucosal Immunol* **8**, 627-639,
doi:10.1038/mi.2014.95 (2015).

34 Spellerberg, B. *et al.* Pyruvate oxidase, as a determinant of virulence in Streptococcus pneumoniae.
Mol Microbiol **19**, 803-813, doi:10.1046/j.1365-2958.1996.425954.x (1996).

35 Syk, A. *et al.* Emergence of hypervirulent mutants resistant to early clearance during systemic
serotype 1 pneumococcal infection in mice and humans. *J Infect Dis* **210**, 4-13,
doi:10.1093/infdis/jiu038 (2014).

36 Pericone, C. D., Overweg, K., Hermans, P. W. & Weiser, J. N. Inhibitory and bactericidal effects of
hydrogen peroxide production by Streptococcus pneumoniae on other inhabitants of the upper
respiratory tract. *Infect Immun* **68**, 3990-3997, doi:10.1128/IAI.68.7.3990-3997.2000 (2000).

37 Loose, M. *et al.* Pneumococcal hydrogen peroxide-induced stress signaling regulates inflammatory
genes. *J Infect Dis* **211**, 306-316, doi:10.1093/infdis/jiu428 (2015).

38 Browall, S. *et al.* Intraclonal variations among Streptococcus pneumoniae isolates influence the
likelihood of invasive disease in children. *J Infect Dis* **209**, 377-388, doi:10.1093/infdis/jit481 (2014).

39 S., A. FastQC: a quality control tool for high throughput sequence data. (2010).

40 Ewels, P., Magnusson, M., Lundin, S. & Kaller, M. MultiQC: summarize analysis results for multiple
tools and samples in a single report. *Bioinformatics* **32**, 3047-3048,
doi:10.1093/bioinformatics/btw354 (2016).

41 Bolger, A. M., Lohse, M. & Usadel, B. Trimmomatic: a flexible trimmer for Illumina sequence data.
Bioinformatics **30**, 2114-2120, doi:10.1093/bioinformatics/btu170 (2014).

42 Langmead, B. & Salzberg, S. L. Fast gapped-read alignment with Bowtie 2. *Nat Methods* **9**, 357-359,
doi:10.1038/nmeth.1923 (2012).

43 Li, H. *et al.* The Sequence Alignment/Map format and SAMtools. *Bioinformatics* **25**, 2078-2079,
doi:10.1093/bioinformatics/btp352 (2009).

44 Nicol, J. W., Helt, G. A., Blanchard, S. G., Jr., Raja, A. & Loraine, A. E. The Integrated Genome Browser:
free software for distribution and exploration of genome-scale datasets. *Bioinformatics* **25**, 2730-
2731, doi:10.1093/bioinformatics/btp472 (2009).

45 Liao, Y., Smyth, G. K. & Shi, W. featureCounts: an efficient general purpose program for assigning
sequence reads to genomic features. *Bioinformatics* **30**, 923-930, doi:10.1093/bioinformatics/btt656
(2014).

46 Love, M. I., Huber, W. & Anders, S. Moderated estimation of fold change and dispersion for RNA-seq
data with DESeq2. *Genome Biol* **15**, 550, doi:10.1186/s13059-014-0550-8 (2014).

47 Yu, G., Wang, L. G., Han, Y. & He, Q. Y. clusterProfiler: an R package for comparing biological themes
among gene clusters. *OMICS* **16**, 284-287, doi:10.1089/omi.2011.0118 (2012).

48   Rheinwald, J. G. & Green, H. Serial cultivation of strains of human epidermal keratinocytes: the
formation of keratinizing colonies from single cells. *Cell* **6**, 331-343, doi:10.1016/s0092-
8674(75)80001-8 (1975).
49   Carpenter, A. E. *et al.* CellProfiler: image analysis software for identifying and quantifying cell
phenotypes. *Genome Biol* **7**, R100, doi:10.1186/gb-2006-7-10-r100 (2006).
50   Kirkham, L. A. *et al.* Construction and immunological characterization of a novel nontoxic protective
pneumolysin mutant for use in future pneumococcal vaccines. *Infect Immun* **74**, 586-593,
doi:10.1128/IAI.74.1.586-593.2006 (2006).

Table 1

Pathway	GeneRatio	P-adjust	qvalue
Δ*fhs* vs. WT			
Fatty acid metabolism/biosynthesis	10/57	1.08E-09	6.49E-10
Biosynthesis of secondary metabolites	26/57	2.09E-04	1.26E-04
Purine metabolism	10/57	1.34E-03	8.06E-04
Quorum sensing	11/57	3.20E-03	1.92E-03
Pantothenate and CoA biosynthesis	5/57	3.59E-03	2.16E-03
beta-Lactam resistance	5/57	7.59E-03	4.57E-03
Propanoate metabolism	4/57	1.51E-02	9.09E-03
2-Oxocarboxylic acid metabolism	4/57	1.51E-02	9.09E-03
Metabolic pathways	40/57	1.94E-02	1.16E-02
Amino sugar and nucleotide sugar metabolism	7/57	4.22E-02	2.54E-02
Pyruvate metabolism	5/57	4.31E-02	2.59E-02
Δ*proABC* vs. WT			
Fatty acid metabolism/biosynthesis	10/71	1.17E-08	8.94E-09
Galactose metabolism	12/71	1.25E-04	2.47E-08
Phosphotransferase system (PTS)	13/71	2.54E-03	1.93E-03
Amino sugar and nucleotide sugar metabolism	9/71	2.89E-02	2.20E-02

Figure 1

A

B

C

	Day 6 post-challenge	
	Association (%)	**Micro-invasion (%)**
6B	87.8 (n11, 43spn)	12.2 (n11, 6spn)
ΔproABC/piaA	59.3 (n11, 16spn)	40.7 (n11, 11spn)
Δfhs/piaA	48.7 (n5, 57spn)	51.3 (n5, 60spn)

D

Figure 2

A

B Association

Bacterial counts (log10 CFU/well)

$*$ $***$

6B, ΔproABC/piaA, Δfhs/piaA, ΔproABC, Δfhs, ΔpiaA

C Micro-invasion

Bacterial counts (CFU/well)

6B, ΔproABC/piaA, Δfhs/piaA, ΔproABC, Δfhs, ΔpiaA

D Micro-invasion Index

Proportion of intracellular bacteria over adhered (%)

$*$ $*$ $**$

6B, ΔproABC/piaA, Δfhs/piaA, ΔproABC, Δfhs, ΔpiaA

E Micro-invasive Viability

Proportion of viable CFU relative to 3hr microinvasion

6B, ΔproABC/piaA, Δfhs/piaA

3hr infection +1hr gent +fresh media   +0hrs   +1hr   +2hr   +3hr

F Transmigration

Bacterial counts (log10 CFU/well)

$**$ $**$ $***$

6B, ΔproABC/piaA, Δfhs/piaA, ΔproABC, Δfhs, ΔpiaA

G Permeability

FITC-dextran (µg/ml)

$****$

Non infected, 6B, ΔproABC/piaA, Δfhs/piaA, ΔproABC, Δfhs, ΔpiaA

H β catenin

Non infected   6B

ΔproABC+PiaA   Δfhs+PiaA

I β catenin

Normalised integrated intensity of β catenin

$**$ $**$ NS

NI, 6B, ΔproABC/piaA, Δfhs/piaA, 6B, ΔproABC/piaA, Δfhs/piaA

Pneumococcci associated   negative   positive

J Epithelial viability

% Cytotoxicity

$*$

Non infected, 6B, ΔproABC/piaA, Δfhs/piaA

Figure 3

Figure 4

Figure 5

A

6B WT v not infected   Δ*proABC/piaA* v not infected

81   193   38

78   13

Δ*fhs/piaA* v not infected

B

log2foldchange	6B	ΔproABC/piaA	Δfhs/piaA
Upregulated genes			
AC256236.1	32.9	25.5	0.0
AC022149.1	30.2	27.6	0.0
Z84488.2	29.1	21.6	0.0
MUC21	25.8	29.0	0.0
VASN	20.9	0.0	0.0
BRD2	18.4	24.7	0.0
AC012254.2	18.2	13.8	0.0
CTAGE4	18.1	0.0	0.0
MICE	17.1	20.3	0.0
AC107075.1	10.1	0.0	0.0
CSNK2B	0.0	20.2	0.0
MTRNR2L6	0.0	19.4	15.8
LSM2	0.0	17.1	0.0
ALOX5	0.0	0.0	6.9
AC006064.6	0.0	0.0	3.4
TAP2	0.0	0.0	3.2
CYP1A1	0.0	0.0	1.7
FOSB	0.0	0.0	1.4
IL1B	0.0	0.0	1.3
CXCL8	0.0	0.0	1.1
CXCL2	0.0	0.0	1.1
CYP1B1	0.0	0.0	1.0

C Transcription factors

0.00   2.03   7.00

6B, ΔproABC/piaA, Δfhs/piaA

CREB1, TP53, HIF1A, NUPR1, RELA, STAT3, NFKBIA, FOXO3, FOXO1, TGIF1, EZH2, JUN, SMARCA4, NFKB1, NFAT5, KLF6, TCF4

D Kinases

0.00   1.01   4.00

6B, ΔproABC/piaA, Δfhs/piaA

MAPK1, PRKCA, SRC, TBK1, IKBKB, MAP3K8, MAPK8, EIF2AK3, RIPK1, MAP3K14, ERBB2, PRKCD, FGFR1, RAF1, JAK1, CHUK, MAPK7, PRKCE, MAPK3

E Cytokines

row min   row max

6B, ΔproABC/piaA, Δfhs/piaA

TNF, IL1B, IFNG, IL1A, CSF2, IL6, IL33

F

IL1A   IL1B   IL6   TNF   Type 1 IFN

(violin plots: 6B, ΔproABC/piaA, Δfhs/piaA, NI)

Figure 6

Figure 7

Graphical abstract