Infection affects guppy reproductive fitness and offspring parasite resistance

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Abstract: Infection imposes energetic costs on hosts. Hosts typically respond by shifting

resources, potentially affecting the quantity and quality of offspring they produce. As the sexes

differ in their optimal reproductive strategies, infection of mothers versus fathers may affect

offspring quantity and quality in different ways. Here, we test how experimental infection of

guppies *Poecilia reticulata* with the ectoparasite *Gyrodactylus turnbulli* affects parental

reproductive fitness and the parasite resistance of offspring. We compared breeding pairs in

which one or neither parent had previously been infected. Parental infection did not affect the

size, body condition, or number of offspring produced, but previously infected mothers had 35-

39% longer latency to birth. However, offspring of infected mothers experienced 105 fewer

worm days than those of infected fathers: fathers, but not mothers, that experienced heavy

infections themselves produced offspring that also experienced heavy infections. The parent-

offspring regression for infected fathers is therefore consistent with previous evidence that

parasite resistance is heritable in this system, whereas that among mothers provides novel

insight that mothers may engage in transgenerational immune priming. The sexes may thus

strike a different balance between offspring quantity and quality when faced with infection, with

potentially broad implications for disease and population dynamics.

Keywords: Trinidadian guppy, *Gyrodactylus*, life history, transgenerational immune priming,

heritable parasite resistance, parent-offspring regression, sex-specific response to infection

Background: Infected parents may change the quantity and quality of the offspring they

produce, both because of the energetic constraints [1] or pathology [2–4] associated with

infection, and because the optimal investment in defence [5–9] and reproductive strategy may

differ under the threat of infection [10,11]. Intuitively, parental infection may induce the

production of fewer, lower quality offspring due to decreased parental resources [12,13].

However, infection may also induce the production of more offspring as infected parents

'terminally invest': in the face of probable death, hosts increase reproductive output at the

expense of their own defence against the infection [14]. Infection may also induce the

production of higher quality offspring, particularly if they are likely to be exposed to the same

parasite, through parental investment in the immunological defences of their offspring, known as

"transgenerational immune priming", or TGIP [15]. TGIP can last from shortly after birth, (in the

case of e.g. maternal antibodies [16,17]) to subsequent generations (in the case of epigenetic

changes [18]), depending on the host species and the disease to which they are responding

[15]. TGIP is costly to both parents and offspring, however: manufacturing parentally donated

factors such as proteins or antibodies requires resources and energy, and any form of priming

may require offspring to mount an immune response, even in the absence of the disease [15].

We might expect mothers and fathers to take different strategies in adjusting their investment. In

the absence of infection, males should optimally invest in offspring quantity, and females, quality

[19,20]: they may also differ in how they shift their investment post-infection. Indeed, there is

some preliminary evidence for sex-specific effects of infection on parental care. Female blue tits

that are infected with avian malaria *Plasmodium spp.* provision their young significantly less

than uninfected conspecifics [21], indicating an infection-induced trade-off between parental

investment and parental disease survival. However, male great tits infected with *Plasmodium*

spp. provisioned their chicks significantly more than uninfected males, resulting in a positive

relationship between disease prevalence in males and offspring provisioning [22].

As well as ultimate drivers, the sexes may differ in the proximate mechanisms through which

they can affect offspring quantity or quality. For example, in many systems, mothers have more

opportunity to affect the phenotypes of their offspring [23,24], and as a result offspring

phenotypes are often strongly correlated with maternal phenotypes, for example in live-birthing

fish [25] and humans [26]. This may hold true for TGIP: although the underlying mechanisms

have not been fully elucidated, promising candidates include parentally donated proteins [27]

that are likely too large to be transferred by sperm [23,28]. Indeed, no relationships among

antibody titres were detected in vertebrates when fathers but not mothers were primed

[29,30]. However, other mechanisms, such as epigenetic modifications [31] or nonnuclear

effects [32], could be mediated by either parent. Indeed, a recent meta-analysis of TGIP in

invertebrates found that the sex of the parent primed did not affect the strength of TGIP [33],

indicating the prevalence of such mechanisms in this group. Such mechanisms likely function

among vertebrates, too: among pipefish, both offspring and grand-offspring of primed parents

show altered gene expression [34]. However, more broadly, work in vertebrates has historically

been heavily biased towards investigating maternal effects [15,35]. Indeed, evidence for

paternally-mediated TGIP in vertebrates is limited to sex-role reversed species [35], or those

with some paternal care [36].

Here, we test how infection with *Gyrodactylus turnbulli* affects the reproductive fitness of male

and female guppies, and the quality of the offspring produced. This highly tractable and

manipulable system has been used extensively [37–40], and has characteristics that make it

particularly appropriate for understanding transgenerational effects. Exposure to predators has

transgenerational effects mediated by both parents [41]. For infection, resistance to *G. turnbulli*

is heritable in the Trinidadian guppy [42,43], enabling us to partially control for host genotype

when investigating other potential sources of resistance. The parasite is associated with lower

survival [44,45] and body condition [46] of wild guppies, indicating it depletes host resources.

Further, the key conditions for TGIP are present in this system [15]: *G. turnbulli* can be directly

transmitted from mother to offspring during birth, so offspring of infected mothers are likely to be

exposed to the same infection; and *G. turnbulli* primarily reproduce asexually [47], indicating

infections in natural populations have some genotypic stability.

The biology of our system suggests that the sexes may differ in how infection with *G. turnbulli*

affects parental investment. First, the parasite interacts with the host sexes differently: males

are less likely to be infected in nature [48], and experience lower infection loads both in the wild

[37,48] and during experimental infections [43] than females. Despite this, females may be more

likely than males to survive their infections in nature [45,46,49], and appear better able to

maintain the same behavioural phenotypes as uninfected fish [50,51]. Teleost fish also provide

some of the most robust evidence for maternally [15] and paternally-derived (among sex-role

reversed pipefish [34,35]) TGIP. Female guppies may be well-positioned to prime their offspring:

they give birth to live offspring whose eggs are provisioned only at the time of fertilization, and

female phenotype affects offspring phenotype [52]. However, in other fish, maternally-

provisioned antibodies often disappear after offspring pass certain developmental stages such

as absorbing the yolk sac [16,17] which, in livebearers such as the guppy, usually happens

before they are born [53]. Male guppies may also be able to directly affect offspring phenotype

through sperm quality: in an artificial insemination experiment, sperm from males fed a high

quality diet was of a higher quality itself, and produced offspring that were heavier at birth [54].

We also know that infection with *G. turnbulli* affects DNA methylation in guppies [55], raising the

possibility of epigenetically-mediated (and thus potentially bi-parental) TGIP. Such epigenetic

changes can last generations after an initial immune challenge [18].

Based on parental investment theory, we predicted that males should prioritize offspring

number, whereas females should prioritise offspring quality. We quantified offspring number as

the total number of offspring a pair produced during our observation period, and latency to birth:

together these predict how many offspring a female (and her mate in monogamous pairs, such

as in our experiment) may produce in her lifetime, assuming all else is constant. We quantified

offspring quality as how heavily infected they became during experimental infection.

Methods:

(a) Fish Origin and Maintenance

We used laboratory-bred descendants of guppies from the Caura River in Trinidad. Fish were

maintained and bred in 20 L tanks of mixed sexes, under standard conditions, as follows. Tanks

were on a recirculating system (Aquaneering) with approximately 20% daily water changes, a

lighting schedule of 12L:12D, and an average temperature of 25±1°C. In these systems,

wastewater from tanks passed through foam, sand, and ultraviolet filters before re-entering

other tanks, preventing unintentional parasite transmission. Fish were fed flake and Artemia

daily.

(b) Parasite origin and maintenance

Our parasite line was established by transferring one worm from a commercially obtained guppy

to an uninfected host from a mixed laboratory-bred stock, a 'culture fish'. This parasite line was

maintained on groups of three to six culture fish per 1.8 L tank under standard conditions. Twice

per week, all culture fish were anesthetized under anaesthetic (tricaine methanesulfonate

'MS222'; 4g per L) and parasites were counted using a dissecting microscope. Uninfected fish

were added to replace recovered or dead fish.

(c) Parental infection and breeding design

Parental fish were anaesthetized (using MS222 as above) and placed in close proximity to a

dead, highly infected culture fish until at least two worms transmitted (mean±SEM=2.8±0.27), as

observed under a dissecting microscope. Once infected, parental fish were isolated in 1.8 L

tanks maintained under standard conditions for the duration of their infection. We counted

worms every three days for 15 days to record individual infection trajectory over time. After 15

days, we treated fish with levamisole (0.002g per L) to clear infection. We recorded the length

and weight of the parents before and after infection.

We set up breeding pairs of one male and one female using the recovered fish and parasite

naïve fish in three different treatments: recovered mother, naïve father; recovered father, naïve

mother; and both parents naïve. These breeding pairs were housed in 1.8 L tanks under

standard conditions and checked daily for the presence of offspring. Each brood produced from

a pair was moved to a separate 1.8 L tank.

(d) Offspring infection

Once they reached adulthood, offspring were separated into individual 1.8 L tanks. We used two

batches of fish, one in August 2021 (with an average age at infection of approximately 4.4

months) and one in May 2022 (with an average age at infection of approximately 7.8 months).

According to the needs of other concurrent experiments, some of these fish were infected

manually, as described under parental infection, and others were infected via "co-housing": they

were housed in 1.8 L tanks with an infected conspecific and screened for infection every 24

hours. Once infected, these fish were isolated in a 1.8 L tank and treated the same as the

manually infected offspring and parents from that point forwards. As noted below, we included

infection type as a fixed effect in the statistical models and found that it did not explain

significant variation in any of our response variables. On all infected offspring, we counted the

worms every three days for 12 days and then sacrificed the host.

(e) Data Analysis

We used R statistical software [56] to analyse the data, and provide the code and output in the

supplement. We used the data from this experiment to address two main questions: 1) Does

infection affect reproductive fitness? 2) Does parent infection affect offspring response to

infection? We addressed each question using a) data from all pairs, whether or not one parent

had been infected; and b) only data from pairs in which one parent had been infected. This

enabled us to evaluate the extent to which parental exposure to infection affected reproductive

fitness and offspring infection (a); and the extent to which the intensity of the parent's infection

explained variation in these two outcomes (b). As our measure of the parent's infection intensity,

and offspring response to infection, we used the area under the curve of infection load over time

('infection integral').

As our metrics of reproductive fitness, we used: the latency between the parent's infection and

the birth of the offspring; the total number of offspring a pair produced during the observation

period; and the body length and body condition of those offspring at adulthood. We used each

of these four metrics as the response variable in separate linear (mixed) models (Gaussian error

family, identity link function) in glmmTMB [56] using first the data from all pairs, and then data

from only pairs in which one parent had been infected (i.e., a total of eight models). Each of

these eight models included as fixed effects the parental infection treatment (mother, father, or

neither parent infected), mother's body condition, mother's body length, and father's body

condition. For response variables relevant to the level of the individual offspring (birth latency,

body length, body condition), the models included mother identity as a random factor as many

pairs produced multiple offspring. Because male and female guppies typically differ in body

condition metrics and length, we included sex of the offspring as a fixed effect in those models.

For the total number of offspring models, we used only one observation per pair. The four

models using only data from pairs in which one parent had been infected additionally included

the (log transformed) infected parent's infection integral and the interaction with parental

infection treatment as fixed effects.

We used two separate linear mixed models to test how a) parental exposure to infection, and b)

the severity of that infection, affects offspring response to infection (Gaussian error family,

identity link function in glmmTMB [56]). Both models included as fixed effects the sex, body

condition, body length (residuals on sex), age at infection, the method of experimental infection

(manual vs. cohoused), and the number of parasites establishing an infection on the offspring.

Both models also included the parental infection treatment (mother, father, neither), and the

interaction between parental infection treatment and offspring age at infection. As random

effects, both models included the mother's identity to control for the non-independence of data

from multiple offspring from the same pair. In addition, the model including parental infection

severity included parental infection integral (log transformed), and its interaction with parental

infection treatment. We checked the fit of all models using DHARMa [57], and the figures were

plotted using visreg [58] and ggplot2 [59].

Heritability was estimated via the slope of the parent-offspring regression [60]. While the animal

model of heritability can control for more variables, it would assume the first generation of fish to

be completely unrelated to one another [61]. Our fish do not meet this assumption: they have

been maintained in the lab since 2012 and are more likely to share an ancestor than their wild

counterparts (Kramp et al, in prep.).

Results:

Does infection affect reproductive fitness?

We found that previously infected and parasite naïve guppies produced the same number of

offspring, and these did not differ in either size or body condition at adulthood (all P>0.2, see

supplement). We did find that infection, at least of mothers, substantially increased the number

of days between (sham) infection and birth. Mothers who had previously been infected took

34.7% and 38.7% longer to give birth (147.9 days) than pairs in which the father (96.6 days), or

neither parent (89.9 days), had been infected, respectively (Fig. 1, Chisq = 14.42, df = 2,

P=0.0007). We tested post-hoc whether this effect was due to infection negatively impacting

maternal body condition and found no evidence to support this idea: maternal body condition

was not affected by infection (P>0.4), whereas that of fathers was (Chisq= 10.59, df=2,

P=0.005).

Similarly, we found that the intensity of parental infection did not significantly affect the number

of offspring a pair produced, or the size or body condition of those offspring at adulthood (P=

0.06-0.97, see supplement). Some of these results were marginally non-significant: infected

mothers produced fewer offspring (mean±SEM= 2.6±0.7) than infected fathers (mean±SEM=

5.1±1; Chisq = 2.99, df=1, P=0.084), and parents that experienced heavier infection loads

produced offspring with higher body condition at adulthood (Chisq = 3.51, df=1, P=0.061).

Again, we found that the number of days between (sham) infection and offspring birth was

affected by parental infection treatment, and this effect depended on the intensity of that

infection (Fig. 2; interaction between parental infection treatment and integral: Chisq = 5.13,

df=1, P=0.024).

Does parent infection affect offspring response to infection?

We found that the effect of parental infection treatment on offspring response to infection

depended on the age of the offspring at infection, and the parental infection treatment: among

offspring with a previously infected father, younger offspring experienced lower infection

intensities than older offspring (Fig. 3; interaction between parental infection treatment and

offspring age at infection: Chisq = 9.13, df = 2, P = 0.010). We confirmed that the correlation in

Fig. 3 is only significantly different from 0 for offspring of infected fathers using *post-hoc* tests

(see supplement). We also found that the more parasites initially established on the fish, the

higher their infection integral (Chisq = 9.62, df = 1, P = 0.002).

Among offspring with one infected parent, we found their infection integral was significantly

predicted by whether the mother or the father had been infected, but this effect depended both

on offspring age at infection, and the intensity of the parent's infection. As in the model including

all offspring, younger offspring experienced lower infection intensities than older offspring, but

only among those whose father had been infected (parental infection treatment interacts with

offspring age at infection: Chisq = 3.85, df = 1, P = 0.0498). We also found a significant

correlation between the father's infection integral and that of the offspring, but no significant

correlation between mother and offspring infection integral (Fig 4.; interaction between parental

infection integral and parental infection treatment: Chisq = 11.54, df = 1, P = 0.0007). From this

parent-offspring regression, we estimate heritability to be 0.21.

Discussion:

We found that parental infection does affect the quantity and quality of offspring a pair produces,

depending on which parent was infected. Pairs in which the father was infected showed no

increase in birth latency, whereas those in which the female was infected took almost 40%

longer to produce offspring. Under natural conditions this latency would likely translate to

infected females producing far fewer offspring over their lifetimes, even if this latency to birth is

transient. Females appear to balance this reduction in offspring quantity with an increase in

quality: offspring of fathers who experienced heavy infections also experienced heavy

infections, whereas offspring of mothers showed no such pattern. On average, offspring of

infected mothers experienced 105 fewer worm days than offspring of infected fathers. Paternal

infection load therefore appeared to be heritable, meaning that heavily infected fathers quickly

produced offspring that also became heavily infected. Heavily infected mothers, on the other

hand, took longer to produce offspring that did not become heavily infected. This finding, similar

to previous work in teleosts [36], suggests that maternally mediated TGIP may be occurring in

the system. Overall, our results give a broad overview of how parasites may change

reproductive investment strategies, and how this affects the next generation of hosts.

The observation that infected mothers took longer to give birth is contrary to other

studies, including in humans, in which infection and disease cause premature birth [62]. There

are several possible explanations for this result. First, previously infected mothers may have

resisted breeding and simply not become pregnant for longer than uninfected conspecifics, as

female guppies have been shown to be less receptive to mating when exposed to our parasite

[63]. Second, previously infected mothers may mate at the same frequency but store sperm for

longer than uninfected mothers. Female sperm storage creates more opportunities for

competition between males' sperm and therefore could be an effective mechanism for ensuring

the production of the healthiest offspring [64]. In times of physiological stress, such as infection,

this may be a beneficial strategy to improve offspring fitness when exposed to the same

stressor. Third, infected mothers may be more likely to cannibalize their offspring, a behaviour

that is common in healthy guppies but may be exacerbated as a result of the energetic costs of

infection [65]. However, infection did not affect maternal body condition, which would be a clear

indication of significant energetic costs and thus more reason to cannibalize young.

In contrast, previously infected fathers produced broods at the same rate as uninfected pairs

and produced more offspring than previously infected mothers (mean±SEM= 5.1±1 vs. 2.6±0.7,

though this result was marginally non-significant), though these offspring appear to be less

parasite resistant than those of previously infected mothers. Our data therefore indicate that in

contrast to females, males pay no fecundity cost of infection with these parasites, at least when

paired with a female with no other option (if females were given a choice, previously infected

males may not have fathered any children due to pre- and post-copulatory sexual selection).

That males therefore appear to produce more offspring despite apparently experiencing more

severe costs of infection than females [45,46,48] suggests that males may terminally invest in

maintaining reproductive output at the expense of maintaining other physiological systems [14].

This terminal investment appears to have been in offspring quantity rather than quality, as

offspring of infected fathers experienced more worm days than offspring of infected mothers,

and our data suggest that mothers, but not fathers, primed their offspring to resist *G. turnbulli*

infection.

While they broadly support classic parental investment theory, there is some circularity in our

results that raises some non-mutually exclusive explanations. We found that: 1) among infected

fathers, those with heavier infections produced offspring quicker (Fig. 2), so these would be

among the oldest to have been infected according to our experimental design; 2) we found that

older offspring of infected fathers tended to get heavier infections (Fig. 3); and 3) we found a

significant positive correlation between father infection integral and offspring infection integral,

but no such correlation among mother-offspring infection integral (Fig. 4). Our results may

therefore be driven by older fish overall becoming more heavily infected. This seems unlikely,

given that age only predicts infection intensity among those with a previously infected father.

Alternatively, fathers who become heavily infected may mate more quickly than those with

lighter infections (Fig. 2) and thus their broods are produced earlier; perhaps either the lower

quality of their sperm [54] or reduced investment in their broods by the female [66,67] result in

their offspring's weak response to infection. Finally, fathers who become heavily infected may

generally have a faster pace of life, investing heavily in reproduction and little else, and their

offspring inherit this phenotype: the positive parent-offspring regression we observe is

consistent with previous findings that resistance to *G. turnbulli* is heritable in guppies [42,43,68].

Despite the evidence for the heritability of resistance to this parasite, we did not observe a

significant mother-offspring regression (Fig. 4), indicating that TGIP may be occurring from

mothers to offspring: offspring of mothers that experienced severe infections had light infections

comparable to those of offspring of mothers who experienced less severe infections. Thus, any

parasite load may be sufficient to induce TGIP to the same protective level, or perhaps TGIP is

compensatory to load and thus allows all offspring of infected mothers to benefit from a similar

level of resistance. This priming appears to last indefinitely, as age did not impact the mother-

offspring regression in infection severity, which suggests the underlying mechanism is likely not

maternally donated proteins: maternal antibodies, mRNAs, and proteins are typically absent

from guppy offspring within a few days post-birth [16,17,53]. As it did not appear to wane, the

maternally mediated TGIP we observed may have an epigenetic basis. Indeed, epigenetic

changes in response to infection have been observed in female guppies [69] and these changes

may be conserved from generation to generation [70].

Our results indicate yet another factor in the complex interactions between disease dynamics

and host and parasite evolution in natural communities. In our system, populations differ in their

prevalence of *Gyrodactylus* spp. and the mean intensity of infection, and these are likely not

stable through time [44]. In populations and at times when prevalence is high, our results

indicate that more mothers may prime their offspring, who would develop overall lower infection

loads, potentially reducing transmission [71], and thus affecting population-level prevalence and

mean intensity. If female TGIP has a measurable impact on disease dynamics in nature, it may

therefore slow the evolution of host resistance by reducing the strength of parasite-mediated

selection. However, host defences do appear to evolve rapidly in response to these parasites

[68], so TGIP may not be important. Potentially, those that develop the heaviest infections

comparable to those we observed here do not successfully breed. Indeed, observed natural

infection loads tend to be low [48], and patterns of aggregation strongly suggest that heavily

infected hosts are missing from our surveys, presumed dead [49]. The long latency to breed

among previously infected females, i.e., the ones who produce the primed offspring, would

exacerbate this problem. Similarly, the impact of TGIP may be overwhelmed by the fact that

males are able to sire offspring (that inherit their parasite resistance) even posthumously [72],

and engage in coercive mating so will likely mate [73], even though females discriminate against

males who are infected [74], or those who may lack resistance [75]. Our results therefore

demonstrate that the sexes pay different costs of infection with this parasite, with potentially

important implications for the evolution of host defences.

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Figure legends:

Fig. 1: Pairs in which the mother had been infected had longer latency to offspring birth

than pairs in which the father, or neither parent had been infected. Points represent the

partial residuals from the model described in the main text. Bold bars give the median, boxes

the interquartile range, and whiskers the data falling within 1.5 x the median value.

Fig. 2: Pairs in which fathers (darker blue) had more intense infections produced broods

quicker, whereas the intensity of the mother's (lighter yellow) infection did not affect

birth latency. Points represent the partial residuals from the model described in the main text,

lines give the model fits, and shading the 95% confidence intervals. We quantified infection

intensity using 'infection integral', or the area under the curve of infection load over time.

Fig. 3: Among offspring with an infected father, older fish tended to experience more

intense infections, but no such relationship exists among offspring of infected mothers,

or those of two parasite-naïve parents. Points represent the partial residuals from the model

described in the main text, lines give the model fits, and shading the 95% confidence intervals.

We quantified infection intensity using 'infection integral', or the area under the curve of infection

load over time.

Fig. 4: A father's infection intensity significantly predicts the infection intensity that his

offspring experience, but no such relationship exists between the infection intensity

experienced by a mother and that of her offspring. Points represent the partial residuals

from the model described in the main text, lines give the model fits, and shading the 95%

confidence intervals. We quantified infection intensity using 'infection integral', or the area under

the curve of infection load over time.