Oxidation of hemoglobin in the lung parenchyma facilitates the differentiation of pneumococci into encapsulated bacteria

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Running title: Differentiation of Spn in the lung parenchyma

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Summary

Pneumococcal pneumonia causes cytotoxicity in the lung parenchyma but the underlying

mechanism involves multiple factors contributing to cell death. Here, we discovered that hydrogen

peroxide produced by *Streptococcus pneumoniae* (Spn-H_2O_2) plays a pivotal role by oxidizing

hemoglobin, leading to its polymerization and subsequent release of labile heme. At physiologically

relevant levels, heme selected a population of encapsulated pneumococci. In the absence of capsule

and Spn-H_2O_2, host intracellular heme exhibited toxicity towards pneumococci, thus acting as an

antibacterial mechanism. Further investigation revealed that heme-mediated toxicity required the

ABC transporter GlnPQ. *In vivo* experiments demonstrated that pneumococci release H_2O_2 to cause

cytotoxicity in bronchi and alveoli through the non-proteolytic degradation of intracellular proteins

such as actin, tubulin and GAPDH. Overall, our findings uncover a mechanism of lung toxicity

mediated by oxidative stress that favor the growth of encapsulated pneumococci suggesting a

therapeutic potential by targeting oxidative reactions.

Highlights

- Oxidation of hemoglobin by *Streptococcus pneumoniae* facilitates differentiation to encapsulated pneumococci *in vivo*

- Differentiated *S. pneumoniae* produces capsule and hydrogen peroxide (Spn-H_2O_2) as defense mechanism against host heme-mediated toxicity.

- Spn-H_2O_2-induced lung toxicity causes the oxidation and non-proteolytic degradation of intracellular proteins tubulin, actin, and GAPDH.

- The ABC transporter GlnPQ is a heme-binding complex that makes Spn susceptible to heme toxicity.

50 **Graphical abstract**

Introduction

Streptococcus pneumoniae (Spn) strains colonize the lungs causing pneumonia, a global disease that kills more than a million individuals every year.[1] Pneumococcal pneumonia is an acute bacterial infection of the pulmonary parenchyma and can lead to subsequent invasion of pneumococci into the respiratory epithelium. [2,3] Invasion of bronchi and terminal bronchiole allows pneumococci to reach respiratory bronchiole, alveolar ducts, and alveoli, where pneumococci have access to the alveolar-capillary network, a large surface area containing ~300 billion of capillaries and where the exchange of CO_2 by O_2 occurs. Once Spn gains access to the alveolus and causes cytotoxicity, Spn may then migrate to the bloodstream to cause bacteremia and meningitis.[2]

Spn strains include more than 100 capsular types, the most prevalent of which are the targets of pneumococcal vaccines that have saved millions since their licensure.[4] The capsular polysaccharide is negatively charged and allows pneumococci to colonize the lungs by evading entrapment by mucus secreted in the lumen of bronchi and terminal bronchioles.[2] The capsule is also anti-phagocytic by blocking complement deposition and enhances intracellular survival in cardiovascular endothelial cells.[2,5-7]

The synthesis of the pneumococcal capsule is linked to the glycolytic pathway.[8,9] Spn has a fermentative metabolism to produce energy oxidizing glucose, in the presence of molecular oxygen (O_2), to ultimately produce ATP. This metabolic pathway includes the oxidation of pyruvate by the enzyme pyruvate oxidase (SpxB), releasing H_2O_2 as a byproduct.[10-12] In the absence of O_2, pyruvate is converted to L-lactate, while in its presence, L-lactate is converted back to pyruvate, via lactate oxidase (LctO) in a reaction which byproduct is also H_2O_2.[10,11] In cultures of Spn grown under a mixture of gases with ~20% atmospheric O_2 (~150 mm Hg) and ~5% CO_2, nearly 85% of the pool of

H_2O_2 (Spn-H_2O_2) released occurs through the reaction catalyzed by SpxB whereas the remaining

~15% is attributed to LctO.[13,14]

Besides components of the glycolytic pathway and atmospheric O_2, the alveolar-capillary

network is a source of erythrocytes and hemoglobin. We recently demonstrated that hemoglobin

enhances *in vitro* growth of Spn strains and upregulates expression of the *spxB* gene and genes

encoding the capsule locus.[15,16] Moreover, another recent study demonstrated that H_2O_2 produced

by the pneumococcus oxidizes oxy-hemoglobin (Fe^{2+}) from different mammals, including humans, to

produce the non-oxygen-binding form of hemoglobin known as met-hemoglobin (Fe^{3+}).[17,18] The

oxidation of hemoglobin by Spn produced potent oxidants, including labile heme[19] and a

hemoglobin-derived side chain tyrosyl radical.[20] These toxic products are important in the

pathophysiology of human diseases that are accompanied by intravascular hemolysis, such as sickle

cell disease (SCD), and in inflammatory conditions, such as sepsis.[21-23] In children with SCD,

hemoglobin (Hb)S is oxidized to met-hemoglobin resulting in an acute hemolytic vascular

inflammatory process inducing the polymerization of hemoglobin, and consequently acute lung

injury.[23,24] The oxidation of hemoglobin results in highly oxidizing ferryl hemoglobin ($^\bullet$Hb-Fe^{4+}), met-

hemoglobin (Hb-Fe^{3+}) and the release of toxic heme that disrupted the mitochondrial membrane

potential of lung epithelial cells and endothelial cells.[25,26]

To the best of our knowledge, oxidative reactions catalyzed by Spn-H_2O_2 and hemoglobin

have not been associated with the pathophysiology of pneumococcal pneumonia. Recent evidence

indicate that oxidation of hemoglobin does occur. Firstly, patients with acute bacterial respiratory

distress syndrome (ARDS) have elevated levels of cell-free hemoglobin in the lungs that correlates

with alveolar-capillary barrier dysfunction.[27] Secondly, a mouse model of pneumococcal pneumonia

demonstrated that Spn damages the alveolar-capillary barrier, thereby facilitating the translocation

of blood and fluids into the alveolar space.[28] Finally, the alveolar-capillary barrier dysfunction was

recapitulated in a mouse model of ARDS by intratracheal delivery of extracellular hemoglobin or

heme.[27]

In this study, we demonstrate that Spn-H_2O_2 oxidizes hemoglobin leading to the

differentiation of encapsulated pneumococci in the alveoli which allows for survival against heme-

mediated toxicity. We further show that both Spn-H_2O_2 and the capsule act synergistically to protect

pneumococci from heme toxicity. These results suggest that heme-mediated toxicity in

pneumococcal pneumonia targets encapsulated pneumococci and perhaps other encapsulated

bacteria for survival during infection.

Results

***Streptococcus pneumoniae*-H_2O_2 reacts with heme from hemoglobin causing its degradation.** Since

heme degradation can occur by nonselective destruction of the double bonds in its protoporphyrin

IX ring caused by reactive oxygen species (Fig. 1A)[29-31], we investigated whether Spn-H_2O_2 released

in the supernatant degrades heme. Spn strains released into the supernatant >650 µM of H_2O_2 at 6

h post-inoculation in THY (Fig. 1B, and Fig. S1A). Isogenic Δ*spxB*Δ*lctO* mutant derivatives did not

produce detectable levels of H_2O_2 (Fig. 1B and Fig. S1A). THY-Hb^{3+} was then inoculated with TIGR4,

D39, EF3030, or their isogenic H_2O_2-defective strain, Δ*spxB*Δ*lctO*. Subsequently, we analyzed heme

levels in the supernatants using an in-gel heme staining approach (Fig. S1B), and a Quantichrom

assay. [32,33] A median concentration of 27.13 µM labile heme and heme-bound hemoglobin (total

heme) was observed in uninfected THY-Hb^{3+} containing 10 µM of Hb^{3+} (Fig. 1C, and 1D). Heme could

not be detected (Fig. 1C, Fig. S1C) or was significantly lower (Fig. 1D, and 1E) in cultures of TIGR4,

D39 or EF3030, incubated for up to 6 h. In contrast, THY-Hb^{3+} cultures of TIGR4$\Delta spxB\Delta lctO$,

D39$\Delta spxB\Delta lctO$, or EF3030$\Delta spxB\Delta lctO$ yielded 16.82 μM, 19.76 μM, or 19.78 μM of total heme at 6

h post-inoculation, respectively (Fig. 1D and 1E). We demonstrated peroxidase activity of Fe^{3+}-heme

as Spn-H_2O_2 was not detected 2 or 4 h post-inoculation of THY+Hb-Fe^{3+} cultures (Fig. 1F). As a result,

H_2O_2 produced in Spn cultures oxidized hemoglobin leading to the subsequent degradation of both,

labile and heme-bound hemoglobin.

The treatment of hemoglobin A_0 (HbA$_0$) with hydrogen peroxide has resulted in the

crosslinking of globins.[34,35] To explore whether the non-rate limiting Spn-H_2O_2 produced in

supernatants causes the aggregation of globins, we conducted Western blot analysis. Notably, using

either a polyclonal anti-hemoglobin antibody, a monoclonal anti-alpha or anti-beta chain antibody

(Fig. S1D), we found that α globin, and β globin, were absent in THY-Hb^{3+} cultures containing 10 μM

hemoglobin (Fig. 1G) when oxidation had occurred (Fig. S1E) or cultures with 20 μM hemoglobin

(Fig. S1D). In THY-Hb^{3+} cultures of H_2O_2-deficient mutants, however, hemoglobin monomers and

dimers were detected at similar level as that in the uninfected control (Fig. 1G, 1H, and S1D). The

aggregation of globins was visually evident.

Structural changes, such as amino acid oxidation, have been reported in the reaction of H_2O_2

with HbA$_0$, including oxidation of β-globin methionine 55 to methionine sulfoxide (MetO), and other

non-heme containing proteins.[35-37] We conducted untargeted metabolomics to analyze the primary

metabolism of molecules released, or produced by pneumococci, during the oxidation of

hemoglobin. TIGR4 or TIGR4$\Delta spxB\Delta lctO$, was cultured for two h in THY or in THY-Hb^{3+} and

supernatants harvested from these conditions were analyzed. Partial least squares discrimination

analysis (PLSDA) demonstrated that the groups were separable (Fig. 1J). Area under the curve (AUC)

analysis revealed that metabolites in THY-Hb^{3+} culture supernatants of TIGR4 producing H_2O_2 were

the most biologically different (component 2=10%; AUC=0.9542) (Fig. 1K). An overview of

differentiated metabolites at minimum 2-fold change and FDR $p<0.05$ is displayed in the heatmap

(Fig. 1I). A clear distinction of metabolites was obtained when Spn-H_2O_2 was present (Fig. 1I and

Table S1). Metabolites that increased in the supernatant where hemoglobin oxidation occurred

included creatinine, isoleucine, leucine, tyrosine, and tyrosyl, whereas those whose concentration

decreased were aspartic acid, guanine, and oxoproline (Table S1). Creatinine levels increased in

cultures containing hemoglobin with both H_2O_2-producing and H_2O_2-deficient pneumococci.

Metabolites that increased due to the presence of H_2O_2 included typical oxidative stress markers,[38]

such as MetO, oleamide, and putrescine. Metabolites that were downregulated included

methionine, oxidized to MetO[38], and pyruvic acid, the substrate of SpxB (Table S1). Therefore, the

oxidation of hemoglobin by Spn-H_2O_2 has a significant impact on the primary metabolism.

Incubation of *S. pneumoniae* with hemoglobin produces thick pneumococcal aggregates and

selects for encapsulated pneumococci. We demonstrated that hemoglobin induces formation of

Spn biofilms.[15,16] We next investigated if hemoglobin localizes on pneumococci. To assess this, Spn

was inoculated in THY-Hb^{3+} and the capsule, hemoglobin and the DNA were stained and analyzed by

confocal microscopy.

A projection of z-stacks and their three-dimensional (3D) reconstruction, revealed

hemoglobin-positive Spn bacteria (Spn-Hb$^+$) as soon as 2 h post-inoculation; Spn-Hb$^+$ increased in

abundance over time (Fig. 2A, Fig. S2A, S2B, and Video S1). Notably, the majority of Spn-Hb$^+$

bacteria did not stain with DAPI. A second population of pneumococci, those expressing capsule,

and that stained with DAPI was observed (Fig. 2A, left panels, arrows). In these encapsulated

pneumococci, the capsule signal began to fade 4 h post-inoculation (Fig. 2A, middle panels, arrows).

After 6 h of incubation, the capsule had already been replaced by signal of hemoglobin in individual

pneumococcal cells (Fig. 2A, right panel, arrows; Fig. S2B). Structures that resemble polymers of

hemoglobin were observed in Spn cultures (Fig. S2C and S2D, arrows) particularly after a gentle

washed (Fig. 2H, Fig. S3A). Hemoglobin signal was specific since Spn-Hb$^+$ pneumococci were absent

in preparations where the anti-hemoglobin antibody was omitted (Fig. S2E). Planktonic

pneumococci incubated for 6 h in THY-Hb^{3+} showed a similar population of Spn-Hb$^+$ bacteria and

encapsulated pneumococci (Fig. 2B and Fig. S2F).

Spn-Hb$^+$ bacteria were also observed in preparations stained with monoclonal antibodies,

either with an anti-alpha chain hemoglobin (Fig. 2C, 2D and 2F) or an anti-beta chain hemoglobin

(Fig. S2G). To confirm that Spn-Hb$^+$ had lost DNA, we performed colocalization studies between Spn-

Hb$^+$ and the DNA stained with Toto-1. A Pearson's correlation coefficient <0.268 confirmed limited

co-localization indicating these Spn-Hb$^+$ pneumococci had lost their DNA (Fig. S2G). XY and XZ optical

sections and 3D reconstructions of z-stacks of these preparations revealed a dome of pneumococci

of ~3 μm thick lacking Spn-Hb$^+$ bacteria [Figs. 2C (arrow), 2D (arrow), 2F, Fig. S2H, and Video S2].

Quantitative analysis of the fluorescence intensity confirmed that the bacterial dome contained

significantly more live pneumococci (i.e., stained with Toto-1) than Spn-Hb$^+$ bacteria (Fig. 2E, and

Fig. S2I). Middle optical sections of the biofilm structure contained a mixture of both Spn-Hb$^+$ and

live pneumococci, although the population of Spn-Hb$^+$ bacteria was significantly more abundant (Fig.

S2H and Fig. S2I).

H₂O₂-mediated oxidation of hemoglobin facilitates the selection of encapsulated pneumococci.
Since selection of Spn-Hb⁺ bacteria and encapsulated pneumococci occurs concurrently with oxidation of hemoglobin, we investigated if its oxidation contributes to these phenotypes. To assess this, we compared THY-Hb³ cultures of $\Delta spxB\Delta lctO$ mutants against their H₂O₂-producing counterparts. The capsule, hemoglobin, and the DNA were stained and analyzed by confocal microscopy and the density was investigated. In experiments inoculated with H₂O₂-deficient $\Delta spxB\Delta lctO$ strains we observed a significant decrease in both Spn-Hb⁺ bacteria and encapsulated pneumococci (Fig. 2H and not shown). Planktonic $\Delta spxB\Delta lctO$ harvested from these cultures showed a reduced population of $\Delta spxB\Delta lctO$-Hb⁺ pneumococci (Fig. 2I, and S3B, yellow arrows) and an increased population of bacteria with a DAPI signal (Fig. 2I, and S3B, white arrows).

Hemoglobin polymers resembling net-like structures (Fig. 2J, white arrows), Spn-Hb⁺ bacteria (Fig. 2J, yellow arrows) and encapsulated pneumococci (Fig. 2J, encircled) were also observed when TIGR4 or EF3030 (Fig. S3C) were inoculated into cultures of human alveolar A549 cells and incubated with DMEM-Hb³⁺ for 6 h. Hemoglobin was oxidized (Fig. 2K), and H₂O₂ was produced in DMEM-Hb³⁺ cultures (Fig. S3D). Overall, the ultra-structure of these biofilms includes Spn-Hb⁺ bacteria, hemoglobin polymers embedded into aggregates of live pneumococci and Spn-Hb⁺ bacteria of ~12 µm, and encapsulated pneumococci protruding out from the biofilm matrix (Fig. S2J).

Heme released by the oxidation of hemoglobin causes intoxication in Spn-Hb⁺ pneumococci. We
then investigated the mechanism that intoxicates Spn-Hb⁺ bacteria. We first compared the density of pneumococci when incubated with or without hemoglobin. Cultures of Spn strains that lack

production of H_2O_2 have a fitness advantage compared with the WT strain[39-41] and as such in the

absence of hemoglobin the density of Spn WT was significantly lower than that of their

corresponding $\Delta spxB\Delta lctO$ strain (Fig. 2O). In contrast to the differences in biofilm ultrastructure,

when incubated in THY-Hb^{3+}, the density of Spn WT strains and their corresponding $\Delta spxB\Delta lctO$

mutant was similar (Fig. 2P and no shown).

We reason that if heme is released during hemoglobin oxidation this can be toxic for

pneumococci. [42,43] We therefore conducted Western blot analysis of the peptidoglycan and cytosol

purified from THY-Hb^{3+} cultures of Spn and assessed for the presence of hemoglobin, or heme.

Neither hemoglobin monomers nor dimers were observed in peptidoglycan, or cytosolic,

preparations of TIGR4 or TIGR4$\Omega spxB$-$lctO$, but they were present in those fractions purified from

cultures of TIGR4$\Delta spxB\Delta lctO$ (Fig. 2L and Fig. S3E). The loading control PfbA, a ~67 kDa protein

anchored on the cell surface[44], or cytosolic signal of Ply, were observed in the corresponding

fractions (Fig. 2L and Fig. S3E). Heme was also quantified in the peptidoglycan. Heme signal in the

peptidoglycan of all Spn strains was detected although that in the peptidoglycan of

TIGR4$\Delta spxB\Delta lctO$ was significantly higher than that of in the peptidoglycan of H_2O_2-producing Spn

strains (Fig. 2N). Thus, heme released during hemoglobin oxidation is located in the cell wall of H_2O_2-

producing Spn strains.

Because H_2O_2 is secreted and hemoglobin oxidation occurs in the extracellular milieu, we

reasoned that inoculating Spn in the top compartment of a transwell system device with a ~0.4 µm

membrane (Fig. 2Q), added with THY-Hb^{3+}, may intoxicate pneumococci. These intoxicated

pneumococci could then pass through the transwell membrane. A coverslip installed at the bottom,

and planktonic bacteria in the top compartment were collected, fixed, stained with fluorescence and

analyzed by confocal microscopy.

A middle XY and YZ confocal optical section and the projection of z-stacks of planktonic

TIGR4 pneumococci showed both encapsulated pneumococci (Fig. 2R, white arrows) and Spn-Hb$^+$

bacteria (Fig. 2R, yellow arrows). Notably, polymerized hemoglobin was produced and detected

both on the bottom substrate (Fig. 2S, left panel) and attached to Spn-Hb$^+$ bacteria (Fig. 2S, middle

panel). Spn-Hb$^+$ bacteria, but no encapsulated pneumococci, were observed in the bottom of the

well confirming that intoxicated pneumococci were able to traverse the ~0.4 μm transwell

membrane (Fig. 2S, right panel). Neither polymerized Hb nor Spn-Hb$^+$ like-bacteria were observed in

the bottom of transwell experiments inoculated with TIGR4Δ*spxB*Δ*lctO* or D39Δ*spxB*Δ*lctO* (not

shown).

Both H$_2$O$_2$ and the capsule protect pneumococci from heme toxicity. We next investigated heme

susceptibility of Spn strains. Dose-response studies found that the minimum bactericidal

concentration (MBC) of heme that killed 99.97% of TIGR4 bacteria, compared with untreated

control, was 10 μM (Fig. 3A and Fig. S4A), whereas the MBC for D39 (Fig. 3E) and EF3030 was 15 μM

(Fig. 3G). Culture supernatants were harvested, sterilized, and used for spectroscopic analysis which

showed significant degradation of heme when TIGR4 survived a challenge with 5 μM or 7.5 μM

heme (Fig. 3C, and Fig. S4C) whereas an intact heme peak was observed in supernatants collected

from a lethal challenge with 12.5 μM heme (Fig. 3D). These findings suggested that pneumococci are

resistant to levels of heme above the concentration of labile heme in plasma or the lungs ~0.2 μM[45-

47] and that Spn-H$_2$O$_2$ protects pneumococci from heme toxicity.

To directly assess this above, we performed heme-susceptibility studies in cultures lacking

H_2O_2 by either challenging $\Delta spxB\Delta lctO$ strains with heme or treating WT pneumococci with catalase

and heme. Remarkably, the MBC of heme for TIGR4$\Delta spxB\Delta lctO$ was 1.25 μM (Fig. 3B and Fig. S4B),

and that of D39$\Delta spxB\Delta lctO$ was 2.5 μM (Fig. 3F). A microplate assay incubated for 24 h resulted in a

>3-fold lower minimum inhibitory concentration (MIC) for Spn strains lacking H_2O_2 compared with

the corresponding WT strain, including another reference strain, EF3030 (Fig. 3G, Table S2).

Spectroscopy analysis showed an intact heme curve in supernatants from heme-challenged

TIGR4$\Delta spxB\Delta lctO$ (Fig. 3C). We next treated TIGR4 with catalase and this treatment rendered

encapsulated pneumococci susceptible to 5.0 μM heme (Fig. 3J).

Besides lacking H_2O_2 production, TIGR4$\Delta spxB\Delta lctO$ has a defect for capsule production[9]. We

therefore conducted experiments to investigate whether the capsule and H_2O_2 confer synergistic

protection against heme toxicity. To address this, a TIGR4 capsule knockout strain (TIGR4Δcps), or a

D39-derivative capsule mutant, R6, were challenged with heme. Unlike the WT strains, which had an

MBC>10 μM, the MBC of heme for TIGR4Δcps and R6 was 5 μM (Fig. 3K and 3L). TIGR4Δcps and R6

produce WT levels of H_2O_2 (Fig. 1B and Fig. S1A). We then challenged TIGR4Δcps or R6 with heme

and H_2O_2 in these cultures was scavenged with catalase. The treatment with catalase significantly

reduced the MBC of TIGR4Δcps or R6 to 1.25 μM or 0.625 μM heme, respectively (Fig. 3K and Fig.

3L). To study heme toxicity at the structural level by confocal microscopy, we prepared a TIGR4Δcps

expressing GFP (TIGR4Δcps^{GFP}). When these TIGR4Δcps^{GFP} bacteria were exposed to 1.25 μM heme,

and subsequently treated with catalase, our confocal micrographs revealed that they were sparsely

distributed (Fig. 3M, white arrows). Additionally, we observed a loss of DNA staining, which was

replaced by a signal from hemoglobin when we stained the bacteria with the anti-hemoglobin

polyclonal antibody (Fig. 3M). Altogether, these *in vitro* experiments demonstrated that Spn strains

are protected by both the capsule and H_2O_2 against heme (Fig. 3N, top panel) because the lack of

either increased heme susceptibility (Fig. 3N, middle panel). Additionally, the absence of both

capsule and H_2O_2 resulted in heme susceptibility at heme levels below 1.5 µM (Fig. 3N, bottom

panel).

H_2O_2 contributes to toxicity and histopathological damage in the lung. To evaluate the contribution

of H_2O_2-mediated oxidation of hemoglobin to pneumococcal disease, we utilized a mouse model of

pneumococcal pneumonia. The mouse model mimics the aspiration of Spn into the lower airways,

facilitating colonization in bronchi, bronchioles, and/or alveoli (Fig. 4A). Balb/c mice (N=8 per group)

were intranasally infected with an inoculum containing ~10^7 cfu of TIGR4, TIGR4Δ*spxB*Δ*lctO*,

TIGR4Ω*spxB-lctO*, D39 or D39Δ*spxB*Δ*lctO*. Two additional groups of Balb/c mice were infected with

~10^8, or ~10^9 cfu of TIGR4Δ*spxB*Δ*lctO*. Since the capsule protects Spn from the innate immune

response[2,5-7], we quantified encapsulated bacteria in the inoculum before infecting mice. Confocal

micrographs of TIGR4, TIGR4Ω*spxB-lctO*, D39 and D39Δ*spxB*Δ*lctO* showed abundant encapsulated

(CPS[+]) bacteria, whereas capsule signal in TIGR4Δ*spxB*Δ*lctO* bacteria and that from a

nonencapsulated TIGR4Δ*cps* control, was limited (Fig. 4B). We then quantified pneumococci that

expressed capsule from these micrographs (i.e., DAPI[+]/CPS[+]). Most TIGR4, TIGR4Ω*spxB-lctO,* D39,

and D39Δ*spxB*Δ*lctO* pneumococci (>84.1%) were encapsulated whereas the population of

encapsulated TIGR4Δ*spxB*Δ*lctO* was significantly lower (p<0.001), compared to TIGR4, at 28.8% (Fig.

4C). Thus, mutation of *spxB* and *lctO* only affected production of capsule in TIGR4 but not in D39.

We then proceeded to investigate mouse mortality. Mice infected with TIGR4, TIGR4Ω*spxB-*

lctO or D39 succumbed within 96 h post infection (Fig. 4D and Fig. S5A). Remarkably, mice infected

with either ~10^7, ~10^8, or ~10^9 cfu of TIGR4Δ*spxB*Δ*lctO* survived 96 h post-infection, while 30% of

those infected with D39Δ*spxB*Δ*lctO* survived (Fig. 4D, not shown and Fig. S5A). We calculated the

rate of death and found that mice inoculated with D39 succumbed 3.5 times faster than those in the

D39Δ*spxB*Δ*lctO* group (Fig. S5A). We also monitored signs of stress and weight loss to evaluate the

severity of the infection. Animals infected with TIGR4, or TIGR4Ω*spxB-lctO,* showed ruffled fur, and

lethargy as soon as 24 h post-infection and had significantly lost 15.3%, or 18.78%, respectively, of

their body weight at the time of euthanasia (Fig. 4E). Mice infected with TIGR4Δ*spxB*Δ*lctO* presented

ruffled fur within 24 h, but they recovered a normal appearance within 48 h post-infection and had

only lost 1.51% of their body weight at the time of euthanasia (Fig. 4E).

Gross pathology of lungs from mice infected with TIGR4, or TIGR4Ω*spxB-lctO,* showed

hemorrhage with sub lobar focal lesions (Fig. 4F, arrowheads) while those from mice infected with

TIGR4Δ*spxB*Δ*lctO* appeared normal (Fig. 4F). Accordingly, colonization of lungs of mice infected with

TIGR4 reached a median density of 2.3x10^7 cfu/g, that of TIGR4Ω*spxB-lctO* was 1.4x10^8 cfu/g at the

time of the euthanasia (Fig. 4G), whereas pneumococci in mice infected with TIGR4Δ*spxB*Δ*lctO* had

been completely cleared from the lungs at 96 h post-infection (Fig. 4G). Mice had been transiently

colonized with TIGR4Δ*spxB*Δ*lctO* for 48 h post-infection, pneumococci were recovered from lungs at

a median density of 6.2 x10^3 cfu/g (not shown). Pneumococci in the blood of mice infected with

TIGR4, or TIGR4Ω*spxB-lctO,* yielded a density of 3.4x10^6, or 2.8 x10^6, cfu/ml, respectively with

abundant encapsulated pneumococci observed in fresh collected blood (Fig. 4H, Fig. S5D). In

contrast, pneumococci were not isolated from blood of those infected with TIGR4Δ*spxB*Δ*lctO* at 48

or 96 h post-infection (Fig. 4H and not shown).

To investigate if the rapid clearance of TIGR4Δ*spxB*Δ*lctO* from the lung was due to a

decreased adhesion, we infected *in vitro* cultured human (A549), or mouse (MLE-12), alveolar type I

pneumocytes with TIGR4 or TIGR4Δ*spxB*Δ*lctO* and investigated the density by culture and confocal

microscopy. The density of TIGR4 and TIGR4Δ*spxB*Δ*lctO* adhered to human or mouse alveolar

pneumocytes was similar (Fig. 4I and 4J) and strains were observed attached to pneumocytes by

confocal microscopy (Fig. 4K). Thus, the clearance of TIGR4Δ*spxB*Δ*lctO* from the mice lungs was not

due to an impaired adhesion to alveolar type I pneumocytes.

We then performed a histopathological assessment of the lungs of mice. Mice infected with

TIGR4, or D39, showed detachment of bronchiolar epithelium, indicating a cytotoxic event involving

the ciliated columnar pseudostratified epithelium [Fig. 4L, and Fig. S5B, Fig. S5C]. Alveoli of mcie

infected with TIGR4, or D39, were fibrotic with abundant erythrocytes and additional areas of

intracellular pneumococci within non-viable pneumocytes were observed (Fig. 4L, arrowhead and

Fig. S5B, Fig. S5C). The alveolar artery of the mice infected with TIGR4, or D39, showed abundant

endothelial cytotoxicity, associated with cytotoxicity of the alveoli surrounding the artery. In

contrast, the bronchioles of the uninfected mice and the mice infected with Δ*spxB*Δ*lctO* showed

normal bronchiolar epithelium (Fig. 4L and Fig. S5B, Fig. S5C). These bronchioles contained normal

smooth muscle (Figure 4L and Fig. S5B, Fig. S5C). TIGR4Δ*spxB*Δ*lctO* caused minimal acute

hemorrhage in the bronchiole, whereas D39Δ*spxB*Δ*lctO* caused areas with inflammatory infiltrate.

Alveoli of mice infected with TIGR4Δ*spxB*Δ*lctO* showed no fibrosis or cytotoxicity, and bacteria were

not identified, whereas D39Δ*spxB*Δ*lctO* caused alveolar fibrosis without cytotoxicity (Fig. 4L and Fig.

S5B, Fig. S5C). Histopathological scores demonstrated significant bronchiolar hypertrophy,

bronchiolar cellular exudate, and alveolar inflammatory cell infiltrate in lung of mice infected with

TIGR4, or TIGR4Ω$spxB$-$lctO$, compared to TIGR4Δ$spxB$Δ$lctO$ (Fig. 4M). These findings show that

pneumococci producing Spn-H_2O_2 causes abundant cytotoxic damage in the lung parenchyma,

engaging all cellular types, including bronchial cells, alveolar cells, and endothelial cells of arteries

and veins.

Oxidation of hemoglobin by Spn-H_2O_2 triggers capsule production in the lung. To gain further

insight into the mechanisms of pathogenesis mediated by Spn-H_2O_2, lung sections of mice infected

with pneumococci were stained with fluorescence and analyzed by confocal microscopy. We

investigated the location of pneumococci in bronchioles, alveoli, and/or pulmonary arteries and

veins and the subcellular localization of bacteria. Notably, in the lumen of the respiratory bronchiole

of mice infected with TIGR4, or TIGR4Ω$spxB$-$lctO$, ~98% of pneumococci did not express the capsule

[Fig. 5A, 5C (l-CPS[+]) and Fig. S6]. Moreover, 88.4% of pneumococci that had internalized into the

ciliated columnar respiratory epithelium of bronchi did not express capsule (Fig. 5A, 5C and Fig. S6).

Remarkably, encapsulated bacteria increased by 42.1% in pneumococci located inside bronchiole-

adjacent alveoli [Fig. 5A, arrows and 5C (a-CPS[+]), Fig. S6]. When imaged in alveoli, 39.5%

pneumococci were encapsulated inside alveoli and only 12.1% encapsulated bacteria were observed

in the lumen [Fig. 5A and 5D (l-CPS[+])]. Presence of encapsulated pneumococci was at 27.3% when

bacteria had invaded the single squamous epithelium of pulmonary arteries and translocated to the

lumen of pulmonary arteries (Fig. 5A, 5E, and Fig. S6). In the lung of mice infected with D39,

encapsulated pneumococci were attached to bronchiole and in the alveolar epithelium but were

absent inside bronchiole (Fig. S7). Unlike mice infected with TIGR4, bacteria in the lumen of

bronchiole or alveoli could not be observed in lung specimens of mice infected with D39 (Fig. S7).

Regardless of colonization with encapsulated or nonencapsulated pneumococci, we

observed a rearrangement of N-acetyl-D-glucosamine(GlcNAc)- and Sialic acid-containing cell

membrane proteins in the bronchiole, alveoli, arteries, and veins. This rearrangement was

characterized by intracellular signal of WGA (Fig. 5A, 5B, and Fig. S6). In contrast, in lungs from

uninfected mice or mice infected with TIGR4$\Delta spxB\Delta lctO$ the signal of choline-containing proteins

remained in the membrane (Fig. 5B). The rearrangement of GlcNAc- and sialic acid-containing cell

membrane proteins and the absence of nuclei in areas with abundant Spn colonization, indicate

cytotoxicity (Fig. 5A, and Fig. S6). TIGR4$\Delta spxB\Delta lctO$ (i.e., DAPI$^+$ bacteria) were only observed in the

lumen of bronchiole (Fig. 5B), whereas D39$\Delta spxB\Delta lctO$ (encapsulated) was localized arrested in foci

in bronchiole, inside the respiratory epithelium of bronchiole, in the lumen of alveoli, or inside

alveoli (Fig. S7, encircled).

High resolution laser ablation inductively coupled plasma time of flight mass spectrometry

(LA-ICP-TOFMS), performed on sections of lungs from infected mice, revealed a significant alteration

of Fe$^+$,Cu$^+$, Zn$^+$, Mn$^+$, Ca$^+$, Na$^+$, Mg$^+$, and K$^+$ in mice infected with TIGR4 or TIGR4$\Omega spxB$-$lctO,$

compared to mice infected with TIGR4$\Delta spxB\Delta lctO$ or the mock-infected control (Fig. 5H, Fig. S8A-G).

Higher concentrations of Fe$^+$ and Zn$^+$ were observed in animals infected with H$_2$O$_2$-producing

pneumococci, with Fe$^+$ localizing in areas of toxicity (Fig. S9A and S9C) whereas the increase of Zn$^+$

was observed around the pleura (Fig. S8B). While the infection had resolved in this mice, animals

infected with TIGR4$\Delta spxB\Delta lctO$, which produces pneumolysin, showed accumulation of iron (Fig. 5H,

arrow) in areas where abundant inflammatory infiltrate is observed (Fig. S9B). Compared with

uninfected control mice and those infected with TIGR4ΔspxBΔlctO, levels of Cu^+, Mn^+, Ca^+, Na^+, Mg^+,

and K^+ were significantly reduced in the lungs of mice infected with H_2O_2-producing pneumococci.

Altogether, infection with Spn producing H_2O_2 causes an imbalance in the availability of important

bio-metals with an increase of iron in areas of abundant cytotoxicity.

Increased reactive oxygen species and cytotoxicity in the lungs of mice infected with H_2O_2-

producing pneumococci. Given that Spn-H_2O_2 contributes to lung cell toxicity we next investigated

its production *in vivo*. The H_2O_2 concentration in the lungs of uninfected mice and mice infected with

ΔspxBΔlctO was significantly lower than that in the lungs of mice infected with TIGR4 (Fig. 5F). We

then modeled production of Spn-H_2O_2 in human alveolar A549 cells and quantified intracellular

reactive oxygen species (ROS). Signal of ROS per area of lung cells (1.14×10^4 μm^2) significantly

increased in alveolar cells infected with TIGR4, and in the control cells treated with menadione (100

μM)[48], compared with uninfected cells or those infected with ΔspxBΔlctO (Fig. 5G, and Fig. S10A).

Middle optical confocal sections (xy, xz, and yz) revealed the presence of intracellular pneumococci

in human alveolar cells infected with either TIGR4 or ΔspxBΔlctO further indicating that the increase

of ROS was in part due to release of H_2O_2 by intracellular pneumococci (Fig. S10B). Despite elevated

intracellular Spn-H_2O_2, gene expression studies did not reveal increased expression of antioxidant

response genes, including catalase, nuclear respiratory factor 1, and superoxide dismutase (Figs.

5M-O).

An increase of intracellular ROS results in the oxidation, and non-proteolytic degradation, of

tubulin, and this has been associated with heart failure[36,49]. We therefore performed Western blot

analysis of alveolar cells infected with pneumococci utilizing antibodies against β-tubulin, and other cytosolic proteins such as catalase, β-actin, and GADPH. Signal of catalase, a cytosolic peroxidase, remained intact after 16 h of incubation of human alveolar cells with TIGR4 or TIGR4Δ*spxB*Δ*lctO* (Fig. 5I). Remarkably, the levels of all other proteins decreased 16 h post-infection (Fig. 5I). Therefore, catalase was used to normalize the levels of all other intracellular proteins. In alveolar cells infected with TIGR4 16 h post-infection, signal of β-actin (Fig. 5J), β-tubulin (Fig. 5K) and GADPH (Fig. 5L) significantly decreased compared with alveolar cells infected with the H_2O_2 deficient strain TIGR4Δ*spxB*Δ*lctO* (Fig. 5I). Oxidation and non-proteolytic degradation of important cytoskeletal proteins can lead to cell contraction. Consequently, both nuclei number and the area of the actin cytoskeleton decreased in alveolar cells infected with TIGR4, compared to those infected with Δ*spxB*Δ*lctO* (Fig. S10C and S10D).

Altogether, we demonstrated that Spn-H_2O_2 is produced *in vivo* by intracellular pneumococci causes cytotoxicity by increasing ROS inside the cells, and causing oxidation and non-proteolytic degradation of important cytoskeletal proteins.

H_2O_2-induced polymerization of hemoglobin occurs *in vivo* in the lung. We propose that *in vivo* oxidation of hemoglobin favors the differentiation of Spn into encapsulated pneumococci. Therefore, we investigated the oxidation of hemoglobin in the lungs of mice infected with pneumococci. Abundant hemoglobin signal and erythrocytes were observed in bronchioles, and alveoli from lung of mice infected with TIGR4 (Fig. 5P and Fig. S11). Polymerized hemoglobin, and Spn-Hb[+] bacteria, were observed inside alveoli (Fig. 5P, Fig. S11), in the lumen of alveoli (Fig. 5P, yellow arrows), and in the pulmonary artery (Fig. 5Q, yellow arrows, enlargement). Note that

neither the nuclei of type I and type II pneumocytes nor the nuclei of endothelial cells were

observed, confirming cytotoxicity. Spn-Hb$^+$ bacteria, non-encapsulated and encapsulated

pneumococci were present in alveoli and arteries (Fig. 5P and 5Q). Abundant leukocytes were

observed in both alveoli and arteries of mice infected with TIGR4 (Fig. 5P, and Fig. S11, arrowheads).

Notably, these leukocytes were characterized by hemoglobin on the membrane, and signal of both

encapsulated and non-encapsulated pneumococci, with some pneumococci found embedded within

polymerized hemoglobin (Fig. 5Q, enlargement, Fig. S11, and Video S3 and S4). In contrast, neither

non-encapsulated pneumococci nor Spn-Hb$^+$ bacteria were observed in bronchioles or alveoli of

mice infected with TIGR4Δ$spxB$Δ$lctO$ although leukocytes were observed in the lumen of pulmonary

arteries (Fig. 5P). Erythrocytes were also observed in the alveoli of mice infected with

TIGR4Δ$spxB$Δ$lctO$ but there was no signal of polymerized hemoglobin. Thus, *in vivo* oxidation of

hemoglobin causes its polymerization, creation of Spn-Hb$^+$ pneumococci, and triggers encapsulation

of Spn.

Identification of a heme-binding protein involved in heme sensitivity. To gain further insight into

the molecular mechanism of hemoglobin oxidation leading to selection of encapsulated

pneumococci and Spn-Hb$^+$ bacteria, we performed transposon insertion site sequencing analysis

using the High-throughput Insertion Tracking by Sequencing (HITS) method with a D39 transposon

mutant library. To identify genes involved in bacterial fitness during Hb-induced biofilm formation

we conducted pair-wise comparisons between each of two bacterial transposon mutant

populations, planktonic bacteria, or biofilms growing with or without Hb (10 µM). Both, planktonic

pneumococci and biofilm bacteria were separately analyzed, and genes required for fitness in each

condition are presented in Table S3. In general, genes encoding proteins located on, or with activity

in, the cell envelope (i.g., permeases of ABC transporters PiuC, AmiC, autolysins LytB, LytC or Pbp1A)

were essential to cope with the hostile environment of hemoglobin oxidation. In addition to those

genes, HITS identified insertions in the gene SPD_1098 (*glnP*), encoding the permease of an ABC

transporter (GlnPQ), that were enriched in D39 biofilms incubated with hemoglobin compared to

biofilms grown with no hemoglobin (Table S3). Because the oxidation of hemoglobin is toxic for

pneumococci but bacteria with a *glnP* mutation were enriched, we hypothesized that the SPD_1098

encoded product could be involved in heme-mediated toxicity. SPD_1098 is transcribed as an

operon including SPD_1099 (*glnQ*), the ATP binding cassette (ABC) (Fig. 6A).[50] GlnPQ has been

described as a glutamine, and/or glutamic acid transporter in pathogenic bacteria [51].

Since GlnPQ could function either as a heme transporter or a heme-binding protein, we

investigated the mechanism by which GlnPQ may be involved in hemoglobin-induced biofilms and

susceptibility to heme. To assess this, we constructed an insertional deletion in *glnP* within the

TIGR4 background resulting in TIGR4Δ*glnP*. Additionally, we complemented the *gnlP* in the

TIGR4Δ*glnP* to generate TIGR4Ω*glnP* (Fig. 6A). These TIGR4-derivative mutants grew at the same

rate of that of the WT within 6 h but, unlike the WT strain, TIGR4Δ*glnP* did not undergo autolysis

(Fig. 6B). We incubated TIGR4Δ*glnP* in THY-Hb^{3+} and investigated the density of biofilms. The density

of TIGR4Δ*glnP* was three orders of magnitude higher (median, 1.18×10^8 cfu/ml) compared to that of

TIGR4 (1.93×10^5 cfu/ml) whereas biofilms of TIGR4Ω*glnP* significantly decreased (1.24×10^6 cfu/ml)

(Fig. 6C). Accordingly, confocal micrographs, and quantification of the fluorescence intensity of all

channels, of TIGR4Δ*glnP* grown in THY-Hb^{3+} showed an increased population of encapsulated

pneumococci and a decrease of Hb$^+$ bacteria compared to the same populations in biofilms of

TIGR4Ω*glnP* (Fig 6E and 6F). Oxidation of hemoglobin by TIGR4Δ*glnP* was similar to that caused by

TIGR4 after 2, 4 or 6 h of incubation (Fig. 6D), suggesting that the increase viability (i.e., density) of

TIGR4Δ*glnP* was due to a decrease susceptibility to heme toxicity.

We investigated the susceptibility of TIGR4Δ*glnP* to a sub-inhibitory concentration of heme

(10 µM) and compared the results to those obtained with TIGR4. Growth of TIGR4, or TIGR4Ω*glnP*,

was inhibited by ≥10 µM heme (Fig. 6G, Fig. S12A, and Fig. S12C), whereas TIGR4Δ*glnP* was resistant

to up to 20 µM heme (Fig. 6H and Fig. S12B). Because TIGR4Δ*glnP* did not show autolysis (Fig. 6B),

we assessed whether the absence of autolysis, rather than the absence of the GlnPQ transporter

rendered strain TIGR4Δ*glnP* resistant to heme. We therefore prepared a TIGR4Δ*lytA* mutant and

demonstrated that this autolysis defective mutant was similarly susceptible to heme as TIGR4 (Fig.

6G and Fig. S12D), indicating that heme resistance of TIGR4Δ*glnP* was not due to the loss of

autolysis.

Structural studies were then conducted to investigate binding of heme to GlnP. Several

earlier studies[52] demonstrated the suitability of protein-derived peptides as models for the

investigation of heme-binding motifs (HBMs). Predicted by the web application HeMoQuest (Paul

George et al., 2020), six GlnP-derived peptides (**1** – **6**) were synthesized in this study (Table S4) and

analyzed for their heme-binding potential by UV/vis spectroscopy. Heme binding was observed for

peptides **1** (TTKS**H**^{120}KISK), **3** (NQSK**Y**^{395}G**Y**^{397}KIKT), and **5** (SP**Y**^{547}KSLR) by a shift of the Soret band to

~420 nm (Fig. 6I). The highest heme-binding affinities were determined for peptides **3** and **5** with K_D

values of 7.26 ± 2.34 µM and 3.59 ± 0.90 µM, respectively, displaying both motifs as promising,

moderate heme-binding sites. Peptide **1** exhibits only a very weak heme-binding affinity (K_D = 12.19

± 1.18 µM), which renders this motif as rather unsuitable for heme binding on protein level. In

contrast, peptides **2**, **4**, and **6** did not bind heme and were therefore discarded as potential heme-

binding sites in the GlnPQ ABC transporter (Fig. S4).

To further confirm the heme-binding potential of the identified HBMs on protein level,

molecular docking studies were performed. In accordance with the experimental studies, heme

binding to motif **5** showed the best binding properties with a distance of 3.45 Å between the oxygen

of Y^{547} and the iron ion of heme (Fig. 6I and 6J). With a slightly closer distance between the

coordinating amino acid Y^{397} and heme (2.65 Å), motif **3** possesses similar heme-binding potential as

motif **5** (Fig. 6I and 6J). In line with the very low heme-binding affinity on peptide level, heme

docking to motif **1** was not possible, confirming that this motif should not be considered as a HBM in

further investigations (Fig. S12E and S12F).

We finally investigated the virulence of TIGR4Δ*glnP* using the mouse model of pneumonia.

We hypothesize that in the absence of GlnP, infection with TIGR4Δ*glnP* would have been more

virulent or at least similar than infection with the WT strain. However, while four days post-

inoculation the mice infected with TIGR4 had already died, animals infected with TIGR4Δ*glnP*

survived (Fig. 6K). Inoculated TIGR4Δ*glnP* bacteria expressed capsule and H_2O_2 at the same level as

WT (not shown) supporting previous evidence that the GlnPQ transporter is necessary for lung

pathogenesis.[50,53] Because we discovered that TIGR4Δ*glnP* had a defect in autolysis (Fig. 6B) and

autolysis might be important for bronchiole invasion, we assessed the virulence of TIGR4Δ*glnP* by

inoculating bacteria via intraperitoneal injection. Mice injected with TIGR4 and TIGR4Δ*glnP* died

within 72 h post-infection whereas >90% mice infected with TIGR4Δ*spxB*Δ*lctO* survived (Fig. 6L).

Accordingly, pneumococci were recovered from the blood of mice infected with TIGR4 and

TIGR4Δ*glnP* but not from the blood of mice infected with TIGR4Δ*spxB*Δ*lctO* (Fig. 6M). Altogether,

these data confirmed that GlnPQ is a heme-binding protein that contributes to heme toxicity in Spn.

Discussion

S. pneumoniae thrives in the lung's alveolar-capillary network, benefiting from oxygen,

carbohydrates, and iron from heme-hemoglobin utilized for their metabolism but producing H_2O_2

and unintended consequences for the host. Under laboratory culture conditions, Spn-H_2O_2 reacts

with Fe^{2+} generating a hydroxyl radical ($^•OH^-$) that is lethal to bacterial species with an electron

transport chain.[39,54] Spn-H_2O_2 oxidizes hemoproteins such as hemoglobin and cytochrome C (Cyt*c*)

and this oxidation creates two other toxic products, labile heme and a tyrosyl radical

($^•Hb+Fe^{4+}$).[17,19,20] Here, we discovered that oxidative reactions driven by Spn-H_2O_2 contributes to

lung toxicity by oxidizing hemoglobin contributing to the degradation of cytosolic proteins, and

facilitating the differentiation of pneumococci into encapsulated bacteria. Accordingly, the

differentiation predominantly takes place within the alveoli and endothelial cells of pulmonary

arteries. These mechanisms represent novel points of intervention for a disease that kills millions

every year.

The oxidation of hemoglobin by Spn-H_2O_2 induced its aggregation, maintaining pneumococci

suspended in the lung tissue. *In vitro* studies have demonstrated that H_2O_2 crosslinks the α-globin[34]

or β-globin[35] and our studies found that Spn-H_2O_2 caused the aggregation of both α and β globin

chains. The attack of Spn-H_2O_2 to the goblins generated MetOH, a product of the oxidation of

methionine-55 in the β chain and that has been associated with the collapse of the globin.[35] Cell free

hemoglobin is bound by haptoglobin (Hp) that is taken up by macrophages via CD163 for its

recycling.[55] Oxidized hemoglobin has a reduced Hp biding and therefore a weaken interaction with

human macrophages via CD163.[34] In the lung of mice infected with Spn, oxidized hemoglobin bound

to a subset of Spn-Hb$^+$ bacteria that lacked capsule, suggesting that it protected Spn-Hb$^+$ from the

cellular immune response. The abundance of CD45$^+$ leukocytes surrounding Spn-Hb$^+$ bacteria in

bronchioles and alveoli of mice infected with Spn, at the time of severe pneumonia, supports this

hypothesis.

Pneumococci produce the toxin pneumolysin or Ply,[56-59] but its mechanism of cytotoxicity

cannot explain the intricate pathophysiology observed in the lung of those suffering from

pneumococcal pneumonia.[60,61] There is a strong scientific premise for Spn-H_2O_2 both in causing cell

death and in triggering pneumococcal disease in animal models.[9,58,62-65] Moreover, simultaneous

activation of apoptosis and pyroptosis markers occur, which supports a complex molecular

mechanism leading to lung cytotoxicity.[66-69] We discovered a loss in cellular structure within mouse

lung regions exhibiting significant alveolar and bronchial cytotoxicity, where intracellular

pneumococci were located. Signal of nuclear DNA from epithelial cells was absent, but nuclei of

infiltrated CD45$^+$ cells were present. *In vivo* cytotoxicity was partially attributed to Spn-H_2O_2 that

was produced by pneumococci in the mouse lungs. Spn-H_2O_2 was also delivered intracellularly to *in*

vitro cultured human alveolar cells. While Spn-H_2O_2 can oxidize intracellular proteins, LA-ICP-TOFMS

analysis revealed increased iron levels in areas of lung toxicity, suggesting a scenario where Fenton

reactions generate $^{\bullet}OH^-$ radicals, contributing to toxicity by causing toxic DNA damage.[54,70]

We made a fascinating discovery related to the mechanism of lung cell death that correlated

with the loss of the lung's cellular structure. Proteins of the cell cytoskeleton involved in structural

stability and protein trafficking, such as β-tubulin and β-actin, and cytosolic GAPDH from the

glycolytic pathway were degraded during infection of human alveolar cells, or bronchial cells[20], with

H_2O_2-producing pneumococci. Degradation of cytoskeletal proteins correlated with microtubule

collapse (catastrophe) and cell swelling due to loss of actin stress fibers (not shown and [20]).

Structural damage of microtubules has been observed in ventricular cardiomyocytes exposed to

H_2O_2 (100 μm).[36] Oxidation of cysteines 213, 295, and 305 in the α globin and cysteine 129 in the β

globin weakened tubulin-tubulin interaction, inhibiting microtubule polymerization and leading to

catastrophe. [36,71,72] Similarly, the catalytic cysteine residue (Cys152) of human GAPDH has

exceptional reactivity towards H_2O_2, forming a cysteine sulfenic acid that further react with

glutathione leading to S-glutathionylation.[73] S-glutathionylation of GAPDH leads to cell death.[74,75]

Pharmacological induction of H_2O_2-mediated oxidation of GAPDH proves promising for the

treatment of glycolysis-dependent tumors as it activates non-apoptotic cell death.[76] Survival in

animal models of pneumococcal sepsis, or pneumonia, is improved by the administration of

antioxidants or scavenging of extracellular plasma hemoglobin with haptoglobin, respectively[77,78],

and antioxidants have reduced the mortality of patients with pneumococcal sepsis[79].

Spn-H_2O_2 oxidation of hemoglobin causes the release of heme, its degradation, and the

creation of highly reactive tyrosyl radical.[20,30,31,80,81] As such, heme destruction is extremely toxic. For

example, intravascular hemolysis with the accumulation of labile heme during hemolytic diseases

such as malaria and SCD[23] has been linked to proinflammatory and prothrombotic complications,[82]

as well as cell death through PANoptosis.[83] Notably, labile heme is also an inhibitor of

phagocytosis[84-86]. Additionally, the oxidation of heme-carrying proteins such metmyoglobin,

cytochrome C (Cyt$c$), and methemoglobin (Hb-Fe^{3+}) results in generation of toxic tyrosyl radicals[20,87-

90]. The tyrosyl radical created by the oxidation of hemoglobin by Spn-H_2O_2[20] contributes to the

severity of alveolar cytotoxicity observed in the current study, as it has been demonstrated to

contribute to as seen in the pathophysiology in SCD[25].

Data in this study, and evidence form earlier research, support a model in which

encapsulated Spn reach the bronchi and bronchioles and decapsulate[91] to enter the bronchiolar

epithelium. Nonencapsulated pneumococci traffics down to alveoli, where bacteria reach the

alveolar-capillary network, a surface area of 70 m^2 with ~300 million blood capillaries each with a

diameter <10 μm.[92]. Upon lysis of erythrocytes, hemoglobin is then oxidized by Spn-H_2O_2

stimulating the differentiation of pneumococci to encapsulated bacteria. Several lines of evidence

allow us to propose such a new mechanism. For example, *in vitro* studies found that oxidation of

hemoglobin killed a population of pneumococci with the formation of Spn-Hb^+ bacteria. Moreover,

pneumococci that did not produce H_2O_2 and capsule were extremely sensitive to heme, and ~10^9

bacteria were cleared from the lungs within 48 h. Genes in the capsule locus are upregulated when

Spn is incubated in blood-mimicking conditions, or with labile heme.[19,93] Collectively, our findings

unveil novel intervention strategies. By addressing oxidative reactions in pneumococcal pneumonia

or by stimulating the natural antioxidant response of lung cells through pharmacological

approaches, we may unlock promising therapeutic possibilities.

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References

1.   Wahl, B., O'Brien, K.L., Greenbaum, A., Majumder, A., Liu, L., Chu, Y., Luksic, I., Nair, H.,
McAllister, D.A., Campbell, H., et al. (2018). Burden of Streptococcus pneumoniae and
Haemophilus influenzae type b disease in children in the era of conjugate vaccines: global,
regional, and national estimates for 2000-15. Lancet Glob Health *6*, e744-e757.
10.1016/S2214-109X(18)30247-X.
2.   Weiser, J.N., Ferreira, D.M., and Paton, J.C. (2018). Streptococcus pneumoniae: transmission,
colonization and invasion. Nat Rev Microbiol *16*, 355-367. 10.1038/s41579-018-0001-8.
3.   Musher, D.M., and Thorner, A.R. (2014). Community-acquired pneumonia. N Engl J Med *371*,
1619-1628. 10.1056/NEJMra1312885.
4.   Ganaie, F., Saad, J.S., McGee, L., van Tonder, A.J., Bentley, S.D., Lo, S.W., Gladstone, R.A.,
Turner, P., Keenan, J.D., Breiman, R.F., and Nahm, M.H. (2020). A New Pneumococcal
Capsule Type, 10D, is the 100th Serotype and Has a Large cps Fragment from an Oral
Streptococcus. mBio *11*. 10.1128/mBio.00937-20.
5.   Brissac, T., Martinez, E., Kruckow, K.L., Riegler, A.N., Ganaie, F., Im, H., Bakshi, S., Arroyo-
Diaz, N.M., Spencer, B.L., Saad, J.S., et al. (2021). Capsule Promotes Intracellular Survival and

Vascular Endothelial Cell Translocation during Invasive Pneumococcal Disease. mBio *12*, e0251621. 10.1128/mBio.0251 6-21.

6. Hyams, C., Camberlein, E., Cohen, J.M., Bax, K., and Brown, J.S. (2010). The Streptococcus pneumoniae capsule inhibits complement activity and neutrophil phagocytosis by multiple mechanisms. Infect Immun *78*, 704-715. 10.1128/IAI.00881-09.

7. Kim, J.O., Romero-Steiner, S., Sorensen, U.B., Blom, J., Carvalho, M., Barnard, S., Carlone, G., and Weiser, J.N. (1999). Relationship between cell surface carbohydrates and intrastrain variation on opsonophagocytosis of Streptococcus pneumoniae. Infect Immun *67*, 2327-2333. 10.1128/IAI.67.5.2327-2333.1999.

8. Geno, K.A., Gilbert, G.L., Song, J.Y., Skovsted, I.C., Klugman, K.P., Jones, C., Konradsen, H.B., and Nahm, M.H. (2015). Pneumococcal Capsules and Their Types: Past, Present, and Future. Clin Microbiol Rev *28*, 871-899. 10.1128/CMR.00024-15.

9. Echlin, H., Frank, M.W., Iverson, A., Chang, T.C., Johnson, M.D., Rock, C.O., and Rosch, J.W. (2016). Pyruvate Oxidase as a Critical Link between Metabolism and Capsule Biosynthesis in Streptococcus pneumoniae. PLoS Pathog *12*, e1005951. 10.1371/journal.ppat.1005951.

10. Lisher, J.P., Tsui, H.T., Ramos-Montanez, S., Hentchel, K.L., Martin, J.E., Trinidad, J.C., Winkler, M.E., and Giedroc, D.P. (2017). Biological and Chemical Adaptation to Endogenous Hydrogen Peroxide Production in Streptococcus pneumoniae D39. mSphere *2*. 10.1128/mSphere.00291-16.

11. Taniai, H., Iida, K., Seki, M., Saito, M., Shiota, S., Nakayama, H., and Yoshida, S. (2008). Concerted action of lactate oxidase and pyruvate oxidase in aerobic growth of Streptococcus pneumoniae: role of lactate as an energy source. J Bacteriol *190*, 3572-3579. 10.1128/JB.01882-07.

12. Tettelin, H., Nelson, K.E., Paulsen, I.T., Eisen, J.A., Read, T.D., Peterson, S., Heidelberg, J., DeBoy, R.T., Haft, D.H., Dodson, R.J., et al. (2001). Complete genome sequence of a virulent isolate of Streptococcus pneumoniae. Science *293*, 498-506. 10.1126/science.1061217.

13. Pericone, C.D., Park, S., Imlay, J.A., and Weiser, J.N. (2003). Factors contributing to hydrogen peroxide resistance in Streptococcus pneumoniae include pyruvate oxidase (SpxB) and avoidance of the toxic effects of the fenton reaction. J Bacteriol *185*, 6815-6825. 10.1128/jb.185.23.6815-6825.2003.

14. Ramos-Montanez, S., Kazmierczak, K.M., Hentchel, K.L., and Winkler, M.E. (2010). Instability of ackA (acetate kinase) mutations and their effects on acetyl phosphate and ATP amounts in Streptococcus pneumoniae D39. J Bacteriol *192*, 6390-6400. 10.1128/JB.00995-10.

15. Akhter, F., Womack, E., Vidal, J.E., Le Breton, Y., McIver, K.S., Pawar, S., and Eichenbaum, Z. (2021). Hemoglobin induces early and robust biofilm development in Streptococcus pneumoniae by a pathway that involves comC but not the cognate comDE two-component system. Infect Immun. 10.1128/IAI.00779-20.

16. Akhter, F., Womack, E., Vidal, J.E., Le Breton, Y., McIver, K.S., Pawar, S., and Eichenbaum, Z. (2020). Hemoglobin stimulates vigorous growth of Streptococcus pneumoniae and shapes the pathogen's global transcriptome. Sci Rep *10*, 15202. 10.1038/s41598-020-71910-1.

17. McDevitt, E., Khan, F., Scasny, A., Thompson, C.D., Eichenbaum, Z., McDaniel, L.S., and Vidal, J.E. (2020). Hydrogen Peroxide Production by Streptococcus pneumoniae Results in Alpha-hemolysis by Oxidation of Oxy-hemoglobin to Met-hemoglobin. mSphere *5*. 10.1128/mSphere.01117-20.

18. Kajfasz, J.K., Rivera-Ramos, I., Abranches, J., Martinez, A.R., Rosalen, P.L., Derr, A.M., Quivey,
R.G., and Lemos, J.A. (2010). Two Spx proteins modulate stress tolerance, survival, and
virulence in Streptococcus mutans. J Bacteriol *192*, 2546-2556. 10.1128/JB.00028-10.
19. Alibayov, B., Scasny, A., Khan, F., Creel, A., Smith, P., Vidal, A.G.J., Fitisemanu, F.M., Padilla-
Benavides, T., Weiser, J.N., and Vidal, J.E. (2022). 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. 10.1128/iai.00471-
22.
20. Scasny, A., Alibayov, B., Khan, F., Rao, S.J., Murin, L., Jop Vidal, A.G., Smith, P., Wei, L.,
Edwards, K., Warncke, K., and Vidal, J.E. (2023). Oxidation of hemoproteins by Streptococcus
pneumoniae collapses the cell cytoskeleton and disrupts mitochondrial respiration leading to
cytotoxicity of human lung cells. bioRxiv. 10.1101/2023.06.07.544089.
21. Nader, E., Romana, M., and Connes, P. (2020). The Red Blood Cell-Inflammation Vicious
Circle in Sickle Cell Disease. Front Immunol *11*, 454. 10.3389/fimmu.2020.00454.
22. Buehler, P.W., Humar, R., and Schaer, D.J. (2020). Haptoglobin Therapeutics and
Compartmentalization of Cell-Free Hemoglobin Toxicity. Trends Mol Med *26*, 683-697.
10.1016/j.molmed.2020.02.004.
23. Kato, G.J., Steinberg, M.H., and Gladwin, M.T. (2017). Intravascular hemolysis and the
pathophysiology of sickle cell disease. J Clin Invest *127*, 750-760. 10.1172/JCI89741.
24. van Beers, E.J., Samsel, L., Mendelsohn, L., Saiyed, R., Fertrin, K.Y., Brantner, C.A., Daniels,
M.P., Nichols, J., McCoy, J.P., and Kato, G.J. (2014). Imaging flow cytometry for automated
detection of hypoxia-induced erythrocyte shape change in sickle cell disease. Am J Hematol
89, 598-603. 10.1002/ajh.23699.
25. Kassa, T., Jana, S., Strader, M.B., Meng, F., Jia, Y., Wilson, M.T., and Alayash, A.I. (2015). Sickle
Cell Hemoglobin in the Ferryl State Promotes betaCys-93 Oxidation and Mitochondrial
Dysfunction in Epithelial Lung Cells (E10). J Biol Chem *290*, 27939-27958.
10.1074/jbc.M115.651257.
26. Balla, J., Jacob, H.S., Balla, G., Nath, K., Eaton, J.W., and Vercellotti, G.M. (1993). Endothelial-
cell heme uptake from heme proteins: induction of sensitization and desensitization to
oxidant damage. Proc Natl Acad Sci U S A *90*, 9285-9289. 10.1073/pnas.90.20.9285.
27. Shaver, C.M., Upchurch, C.P., Janz, D.R., Grove, B.S., Putz, N.D., Wickersham, N.E., Dikalov,
S.I., Ware, L.B., and Bastarache, J.A. (2016). Cell-free hemoglobin: a novel mediator of acute
lung injury. Am J Physiol Lung Cell Mol Physiol *310*, L532-541. 10.1152/ajplung.00155.2015.
28. Gotts, J.E., Bernard, O., Chun, L., Croze, R.H., Ross, J.T., Nesseler, N., Wu, X., Abbott, J., Fang,
X., Calfee, C.S., and Matthay, M.A. (2019). Clinically relevant model of pneumococcal
pneumonia, ARDS, and nonpulmonary organ dysfunction in mice. Am J Physiol Lung Cell Mol
Physiol *317*, L717-L736. 10.1152/ajplung.00132.2019.
29. Maitra, D., Byun, J., Andreana, P.R., Abdulhamid, I., Diamond, M.P., Saed, G.M., Pennathur,
S., and Abu-Soud, H.M. (2011). Reaction of hemoglobin with HOCl: mechanism of heme
destruction and free iron release. Free Radic Biol Med *51*, 374-386.
10.1016/j.freeradbiomed.2011.04.011.
30. Nagababu, E., and Rifkind, J.M. (2004). Heme degradation by reactive oxygen species.
Antioxid Redox Signal *6*, 967-978. 10.1089/ars.2004.6.967.

31.   Nagababu, E., and Rifkind, J.M. (1998). Formation of fluorescent heme degradation products
during the oxidation of hemoglobin by hydrogen peroxide. Biochem Biophys Res Commun
247, 592-596. 10.1006/bbrc.1998.8846.

32.   Pamplona, A., Ferreira, A., Balla, J., Jeney, V., Balla, G., Epiphanio, S., Chora, A., Rodrigues,
C.D., Gregoire, I.P., Cunha-Rodrigues, M., et al. (2007). Heme oxygenase-1 and carbon
monoxide suppress the pathogenesis of experimental cerebral malaria. Nat Med *13*, 703-
710. 10.1038/nm1586.

33.   Mingone, C.J., Gupte, S.A., Chow, J.L., Ahmad, M., Abraham, N.G., and Wolin, M.S. (2006).
Protoporphyrin IX generation from delta-aminolevulinic acid elicits pulmonary artery
relaxation and soluble guanylate cyclase activation. Am J Physiol Lung Cell Mol Physiol *291*,
L337-344. 10.1152/ajplung.00482.2005.

34.   Vallelian, F., Pimenova, T., Pereira, C.P., Abraham, B., Mikolajczyk, M.G., Schoedon, G.,
Zenobi, R., Alayash, A.I., Buehler, P.W., and Schaer, D.J. (2008). The reaction of hydrogen
peroxide with hemoglobin induces extensive alpha-globin crosslinking and impairs the
interaction of hemoglobin with endogenous scavenger pathways. Free Radic Biol Med *45*,
1150-1158. 10.1016/j.freeradbiomed.2008.07.013.

35.   Jia, Y., Buehler, P.W., Boykins, R.A., Venable, R.M., and Alayash, A.I. (2007). Structural basis
of peroxide-mediated changes in human hemoglobin: a novel oxidative pathway. J Biol Chem
282, 4894-4907. 10.1074/jbc.M609955200.

36.   Goldblum, R.R., McClellan, M., White, K., Gonzalez, S.J., Thompson, B.R., Vang, H.X., Cohen,
H., Higgins, L., Markowski, T.W., Yang, T.Y., et al. (2021). Oxidative stress pathogenically
remodels the cardiac myocyte cytoskeleton via structural alterations to the microtubule
lattice. Dev Cell *56*, 2252-2266 e2256. 10.1016/j.devcel.2021.07.004.

37.   Griffiths, S.W., King, J., and Cooney, C.L. (2002). The reactivity and oxidation pathway of
cysteine 232 in recombinant human alpha 1-antitrypsin. J Biol Chem *277*, 25486-25492.
10.1074/jbc.M203089200.

38.   Moskovitz, J., and Smith, A. (2021). Methionine sulfoxide and the methionine sulfoxide
reductase system as modulators of signal transduction pathways: a review. Amino Acids *53*,
1011-1020. 10.1007/s00726-021-03020-9.

39.   Wu, X., Gordon, O., Jiang, W., Antezana, B.S., Angulo-Zamudio, U.A., Del Rio, C., Moller, A.,
Brissac, T., Tierney, A.R.P., Warncke, K., et al. (2019). Interaction between Streptococcus
pneumoniae and Staphylococcus aureus Generates (.)OH Radicals That Rapidly Kill
Staphylococcus aureus Strains. J Bacteriol *201*. 10.1128/JB.00474-19.

40.   Bryant, J.C., Dabbs, R.C., Oswalt, K.L., Brown, L.R., Rosch, J.W., Seo, K.S., Donaldson, J.R.,
McDaniel, L.S., and Thornton, J.A. (2016). Pyruvate oxidase of Streptococcus pneumoniae
contributes to pneumolysin release. BMC Microbiol *16*, 271. 10.1186/s12866-016-0881-6.

41.   Echlin, H., Frank, M., Rock, C., and Rosch, J.W. (2020). Role of the pyruvate metabolic
network on carbohydrate metabolism and virulence in Streptococcus pneumoniae. Mol
Microbiol *114*, 536-552. 10.1111/mmi.14557.

42.   Gozzelino, R., Jeney, V., and Soares, M.P. (2010). Mechanisms of cell protection by heme
oxygenase-1. Annu Rev Pharmacol Toxicol *50*, 323-354.
10.1146/annurev.pharmtox.010909.105600.

43.   Gbotosho, O.T., Kapetanaki, M.G., and Kato, G.J. (2020). The Worst Things in Life are Free:
772   The Role of Free Heme in Sickle Cell Disease. Front Immunol *11*, 561917.
773   10.3389/fimmu.2020.561917.
774   44.   Yamaguchi, M., Terao, Y., Mori, Y., Hamada, S., and Kawabata, S. (2008). PfbA, a novel
775   plasmin- and fibronectin-binding protein of Streptococcus pneumoniae, contributes to
776   fibronectin-dependent adhesion and antiphagocytosis. J Biol Chem *283*, 36272-36279.
777   10.1074/jbc.M807087200.
778   45.   Adisa, O.A., Hu, Y., Ghosh, S., Aryee, D., Osunkwo, I., and Ofori-Acquah, S.F. (2013).
779   Association between plasma free haem and incidence of vaso-occlusive episodes and acute
780   chest syndrome in children with sickle cell disease. Br J Haematol *162*, 702-705.
781   10.1111/bjh.12445.
782   46.   Reiter, C.D., Wang, X., Tanus-Santos, J.E., Hogg, N., Cannon, R.O., 3rd, Schechter, A.N., and
783   Gladwin, M.T. (2002). Cell-free hemoglobin limits nitric oxide bioavailability in sickle-cell
784   disease. Nat Med *8*, 1383-1389. 10.1038/nm1202-799.
785   47.   Saltini, C., Mohammad, N., Xin, Y., Alvarado, R., Ghio, A.J., Moneypenny, C.G., Riva, A., Fu, D.,
786   Flagg, T., Saltini, G.F.A., et al. (2023). Lung microhaemorrhage drives oxidative/inflammatory
787   damage in alpha(1)-antitrypsin deficiency. ERJ Open Res *9*. 10.1183/23120541.00662-2022.
788   48.   Criddle, D.N., Gillies, S., Baumgartner-Wilson, H.K., Jaffar, M., Chinje, E.C., Passmore, S.,
789   Chvanov, M., Barrow, S., Gerasimenko, O.V., Tepikin, A.V., et al. (2006). Menadione-induced
790   reactive oxygen species generation via redox cycling promotes apoptosis of murine
791   pancreatic acinar cells. J Biol Chem *281*, 40485-40492. 10.1074/jbc.M607704200.
792   49.   Drum, B.M., Yuan, C., Li, L., Liu, Q., Wordeman, L., and Santana, L.F. (2016). Oxidative stress
793   decreases microtubule growth and stability in ventricular myocytes. J Mol Cell Cardiol *93*, 32-
794   43. 10.1016/j.yjmcc.2016.02.012.
795   50.   Hartel, T., Klein, M., Koedel, U., Rohde, M., Petruschka, L., and Hammerschmidt, S. (2011).
796   Impact of glutamine transporters on pneumococcal fitness under infection-related
797   conditions. Infect Immun *79*, 44-58. 10.1128/IAI.00855-10.
798   51.   Ploetz, E., Schuurman-Wolters, G.K., Zijlstra, N., Jager, A.W., Griffith, D.A., Guskov, A.,
799   Gouridis, G., Poolman, B., and Cordes, T. (2021). Structural and biophysical characterization
800   of the tandem substrate-binding domains of the ABC importer GlnPQ. Open Biol *11*, 200406.
801   10.1098/rsob.200406.
802   52.   Wissbrock, A., Goradia, N.B., Kumar, A., Paul George, A.A., Kuhl, T., Bellstedt, P.,
803   Ramachandran, R., Hoffmann, P., Galler, K., Popp, J., et al. (2019). Structural insights into
804   heme binding to IL-36alpha proinflammatory cytokine. Sci Rep *9*, 16893. 10.1038/s41598-
805   019-53231-0.
806   53.   Hendriksen, W.T., Kloosterman, T.G., Bootsma, H.J., Estevao, S., de Groot, R., Kuipers, O.P.,
807   and Hermans, P.W. (2008). Site-specific contributions of glutamine-dependent regulator
808   GlnR and GlnR-regulated genes to virulence of Streptococcus pneumoniae. Infect Immun *76*,
809   1230-1238. 10.1128/IAI.01004-07.
810   54.   Imlay, J.A., Chin, S.M., and Linn, S. (1988). Toxic DNA damage by hydrogen peroxide through
811   the Fenton reaction in vivo and in vitro. Science *240*, 640-642. 10.1126/science.2834821.
812   55.   Ginzburg, Y., An, X., Rivella, S., and Goldfarb, A. (2023). Normal and dysregulated crosstalk
813   between iron metabolism and erythropoiesis. Elife *12*. 10.7554/eLife.90189.

56. Nishimoto, A.T., Rosch, J.W., and Tuomanen, E.I. (2020). Pneumolysin: Pathogenesis and
Therapeutic Target. Front Microbiol *11*, 1543. 10.3389/fmicb.2020.01543.
57. Shak, J.R., Ludewick, H.P., Howery, K.E., Sakai, F., Yi, H., Harvey, R.M., Paton, J.C., Klugman,
K.P., and Vidal, J.E. (2013). Novel role for the Streptococcus pneumoniae toxin pneumolysin
in the assembly of biofilms. mBio *4*, e00655-00613. 10.1128/mBio.00655-13.
58. Rubins, J.B., Duane, P.G., Clawson, D., Charboneau, D., Young, J., and Niewoehner, D.E.
(1993). Toxicity of pneumolysin to pulmonary alveolar epithelial cells. Infect Immun *61*,
1352-1358. 10.1128/iai.61.4.1352-1358.1993.
59. Rubins, J.B., Duane, P.G., Charboneau, D., and Janoff, E.N. (1992). Toxicity of pneumolysin to
pulmonary endothelial cells in vitro. Infect Immun *60*, 1740-1746. 10.1128/iai.60.5.1740-
1746.1992.
60. van der Poll, T., and Opal, S.M. (2009). Pathogenesis, treatment, and prevention of
pneumococcal pneumonia. Lancet *374*, 1543-1556. 10.1016/S0140-6736(09)61114-4.
61. Gonzales, J., Chakraborty, T., Romero, M., Mraheil, M.A., Kutlar, A., Pace, B., and Lucas, R.
(2021). Streptococcus pneumoniae and Its Virulence Factors H(2)O(2) and Pneumolysin Are
Potent Mediators of the Acute Chest Syndrome in Sickle Cell Disease. Toxins (Basel) *13*.
10.3390/toxins13020157.
62. Shenoy, A.T., Brissac, T., Gilley, R.P., Kumar, N., Wang, Y., Gonzalez-Juarbe, N., Hinkle, W.S.,
Daugherty, S.C., Shetty, A.C., Ott, S., et al. (2017). Streptococcus pneumoniae in the heart
subvert the host response through biofilm-mediated resident macrophage killing. PLoS
pathogens *13*, e1006582. 10.1371/journal.ppat.1006582.
63. Brissac, T., Shenoy, A.T., Patterson, L.A., and Orihuela, C.J. (2017). Cell invasion and pyruvate
oxidase derived H2O2 are critical for Streptococcus pneumoniae mediated cardiomyocyte
killing. Infection and immunity. 10.1128/IAI.00569-17.
64. Ramos-Montanez, S., Tsui, H.C., Wayne, K.J., Morris, J.L., Peters, L.E., Zhang, F., Kazmierczak,
K.M., Sham, L.T., and Winkler, M.E. (2008). Polymorphism and regulation of the spxB
(pyruvate oxidase) virulence factor gene by a CBS-HotDog domain protein (SpxR) in serotype
2 Streptococcus pneumoniae. Mol Microbiol *67*, 729-746. 10.1111/j.1365-
2958.2007.06082.x.
65. Spellerberg, B., Cundell, D.R., Sandros, J., Pearce, B.J., Idanpaan-Heikkila, I., Rosenow, C., and
Masure, H.R. (1996). Pyruvate oxidase, as a determinant of virulence in Streptococcus
pneumoniae. Mol Microbiol *19*, 803-813. 10.1046/j.1365-2958.1996.425954.x.
66. Rai, P., Parrish, M., Tay, I.J., Li, N., Ackerman, S., He, F., Kwang, J., Chow, V.T., and Engelward,
B.P. (2015). Streptococcus pneumoniae secretes hydrogen peroxide leading to DNA damage
and apoptosis in lung cells. Proc Natl Acad Sci U S A *112*, E3421-3430.
10.1073/pnas.1424144112.
67. Surabhi, S., Jachmann, L.H., Shumba, P., Burchhardt, G., Hammerschmidt, S., and Siemens, N.
(2022). 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. 10.1159/000517855.
68. Brissac, T., Shenoy, A.T., Patterson, L.A., and Orihuela, C.J. (2018). Cell Invasion and Pyruvate
Oxidase-Derived H(2)O(2) Are Critical for Streptococcus pneumoniae-Mediated
Cardiomyocyte Killing. Infect Immun *86*. 10.1128/IAI.00569-17.

69.   Feldman, C., Anderson, R., Cockeran, R., Mitchell, T., Cole, P., and Wilson, R. (2002). The
effects of pneumolysin and hydrogen peroxide, alone and in combination, on human ciliated
epithelium in vitro. Respir Med *96*, 580-585. 10.1053/rmed.2002.1316.
70.   Park, S., You, X., and Imlay, J.A. (2005). Substantial DNA damage from submicromolar
intracellular hydrogen peroxide detected in Hpx- mutants of Escherichia coli. Proc Natl Acad
Sci U S A *102*, 9317-9322. 10.1073/pnas.0502051102.
71.   Landino, L.M., Hagedorn, T.D., Kim, S.B., and Hogan, K.M. (2011). Inhibition of tubulin
polymerization by hypochlorous acid and chloramines. Free Radic Biol Med *50*, 1000-1008.
10.1016/j.freeradbiomed.2011.01.018.
72.   Clark, H.M., Hagedorn, T.D., and Landino, L.M. (2014). Hypothiocyanous acid oxidation of
tubulin cysteines inhibits microtubule polymerization. Arch Biochem Biophys *541*, 67-73.
10.1016/j.abb.2013.10.026.
73.   Hildebrandt, T., Knuesting, J., Berndt, C., Morgan, B., and Scheibe, R. (2015). Cytosolic thiol
switches regulating basic cellular functions: GAPDH as an information hub? Biol Chem *396*,
523-537. 10.1515/hsz-2014-0295.
74.   Magherini, F., Tani, C., Gamberi, T., Caselli, A., Bianchi, L., Bini, L., and Modesti, A. (2007).
Protein expression profiles in Saccharomyces cerevisiae during apoptosis induced by H2O2.
Proteomics *7*, 1434-1445. 10.1002/pmic.200600796.
75.   Mustafa Rizvi, S.H., Shao, D., Tsukahara, Y., Pimentel, D.R., Weisbrod, R.M., Hamburg, N.M.,
McComb, M.E., Matsui, R., and Bachschmid, M.M. (2021). Oxidized GAPDH transfers S-
glutathionylation to a nuclear protein Sirtuin-1 leading to apoptosis. Free Radic Biol Med *174*,
73-83. 10.1016/j.freeradbiomed.2021.07.037.
76.   Ma, E., Chen, P., Wilkins, H.M., Wang, T., Swerdlow, R.H., and Chen, Q. (2017).
Pharmacologic ascorbate induces neuroblastoma cell death by hydrogen peroxide mediated
DNA damage and reduction in cancer cell glycolysis. Free Radic Biol Med *113*, 36-47.
10.1016/j.freeradbiomed.2017.09.008.
77.   Carlson, D., Maass, D.L., White, D.J., Tan, J., and Horton, J.W. (2006). Antioxidant vitamin
therapy alters sepsis-related apoptotic myocardial activity and inflammatory responses. Am J
Physiol Heart Circ Physiol *291*, H2779-2789. 10.1152/ajpheart.01258.2005.
78.   Remy, K.E., Cortes-Puch, I., Solomon, S.B., Sun, J., Pockros, B.M., Feng, J., Lertora, J.J.,
Hantgan, R.R., Liu, X., Perlegas, A., et al. (2018). Haptoglobin improves shock, lung injury, and
survival in canine pneumonia. JCI Insight *3*. 10.1172/jci.insight.123013.
79.   Janz, D.R., Bastarache, J.A., Peterson, J.F., Sills, G., Wickersham, N., May, A.K., Roberts, L.J.,
2nd, and Ware, L.B. (2013). Association between cell-free hemoglobin, acetaminophen, and
mortality in patients with sepsis: an observational study. Crit Care Med *41*, 784-790.
10.1097/CCM.0b013e3182741a54.
80.   Nagababu, E., and Rifkind, J.M. (2000). Reaction of hydrogen peroxide with
ferrylhemoglobin: superoxide production and heme degradation. Biochemistry *39*, 12503-
12511. 10.1021/bi992170y.
81.   Nagababu, E., and Rifkind, J.M. (2000). Heme degradation during autoxidation of
oxyhemoglobin. Biochem Biophys Res Commun *273*, 839-845. 10.1006/bbrc.2000.3025.
82.   Hopp, M.T., and Imhof, D. (2021). Linking Labile Heme with Thrombosis. J Clin Med *10*.
10.3390/jcm10030427.

83. Sundaram, B., Pandian, N., Mall, R., Wang, Y., Sarkar, R., Kim, H.J., Malireddi, R.K.S., Karki, R.,
Janke, L.J., Vogel, P., and Kanneganti, T.D. (2023). NLRP12-PANoptosome activates
PANoptosis and pathology in response to heme and PAMPs. Cell. 10.1016/j.cell.2023.05.005.
84. Martins, R., Maier, J., Gorki, A.D., Huber, K.V., Sharif, O., Starkl, P., Saluzzo, S., Quattrone, F.,
Gawish, R., Lakovits, K., et al. (2016). Heme drives hemolysis-induced susceptibility to
infection via disruption of phagocyte functions. Nat Immunol *17*, 1361-1372.
10.1038/ni.3590.
85. Olonisakin, T.F., Suber, T., Gonzalez-Ferrer, S., Xiong, Z., Penaloza, H.F., van der Geest, R.,
Xiong, Y., Osei-Hwedieh, D.O., Tejero, J., Rosengart, M.R., et al. (2021). Stressed
erythrophagocytosis induces immunosuppression during sepsis through heme-mediated
STAT1 dysregulation. J Clin Invest *131*. 10.1172/JCI137468.
86. Sankar, S.B., Donegan, R.K., Shah, K.J., Reddi, A.R., and Wood, L.B. (2018). Heme and
hemoglobin suppress amyloid beta-mediated inflammatory activation of mouse astrocytes. J
Biol Chem *293*, 11358-11373. 10.1074/jbc.RA117.001050.
87. Gunther, M.R., Tschirret-Guth, R.A., Witkowska, H.E., Fann, Y.C., Barr, D.P., Ortiz De
Montellano, P.R., and Mason, R.P. (1998). Site-specific spin trapping of tyrosine radicals in
the oxidation of metmyoglobin by hydrogen peroxide. Biochem J *330 (Pt 3)*, 1293-1299.
10.1042/bj3301293.
88. Shumaev, K.B., Kosmachevskaya, O.V., Timoshin, A.A., Vanin, A.F., and Topunov, A.F. (2008).
Dinitrosyl iron complexes bind with hemoglobin as markers of oxidative stress. Methods
Enzymol *436*, 445-461. 10.1016/S0076-6879(08)36025-X.
89. Barr, D.P., Gunther, M.R., Deterding, L.J., Tomer, K.B., and Mason, R.P. (1996). ESR spin-
trapping of a protein-derived tyrosyl radical from the reaction of cytochrome c with
hydrogen peroxide. J Biol Chem *271*, 15498-15503. 10.1074/jbc.271.26.15498.
90. Qian, S.Y., Chen, Y.R., Deterding, L.J., Fann, Y.C., Chignell, C.F., Tomer, K.B., and Mason, R.P.
(2002). Identification of protein-derived tyrosyl radical in the reaction of cytochrome c and
hydrogen peroxide: characterization by ESR spin-trapping, HPLC and MS. Biochem J *363*, 281-
288. 10.1042/0264-6021:3630281.
91. Kietzman, C.C., Gao, G., Mann, B., Myers, L., and Tuomanen, E.I. (2016). Dynamic capsule
restructuring by the main pneumococcal autolysin LytA in response to the epithelium. Nat
Commun *7*, 10859. 10.1038/ncomms10859.
92. Cloutier, M.M. (2019). Respiratory physiology, 2nd edition. Edition (Elsevier).
93. Aprianto, R., Slager, J., Holsappel, S., and Veening, J.W. (2018). High-resolution analysis of
the pneumococcal transcriptome under a wide range of infection-relevant conditions.
Nucleic Acids Res *46*, 9990-10006. 10.1093/nar/gky750.

I-1= THY/T4 versus THY/T4ΔΔ
I-2=THY-Hb³⁺/T4 versus THY/T4
I-3=THY-Hb3⁺/T4ΔΔ versus THY/T4ΔΔ
I-4=THY-Hb3⁺/T4 compared with THY-Hb3⁺/T4ΔΔ

TIGR4Δ*cps*GFP+Cat+Heme

A

Spn-Hb⁺ Encapsulated pneumococci DNA

B

C

Encapsulated TIGR4 DNA

Hemoglobin Hemoglobin+DNA

D

Encapsulated D39 DNA

Hemoglobin Merged

E

anti-Hb No anti-Hb

Hb+capsule

DNA

F

Capsule Capsule+Hb

DNA+Hb Merged

G

XY Spn-Hb⁺ Spn-Hb⁺ Hb

DNA

XZ Spn-Hb⁺

H

Optical sections

1 2 3

4 5 6

7 8 9

10 11 12

I

Mean fluorescense (log10)

Spn DNA⁺
Spn Hb⁺

Confocal optical sections (1 µm)

J

Polymerized Hb Encapsulated Spn Spn-Hb⁺

A

Top

Spn-CPS+

Spn-CPS+

Middle

▷ Hemoglobin polymers

B Planktonic pneumococci

D39

D39Δ*spxB*Δ*lctO*

C

EF3030

Capsule

Spn-CPS⁺

DNA

Hemoglobin

Spn-Hb⁺

Merge

EF3030Δ*spxB*Δ*lctO*

Capsule

Spn-CPS⁺

DNA

Hemoglobin

Spn-Hb⁺

Merge

TIGR4Δ*spxB*Δ*lctO*

Capsule

Spn-CPS⁺

DNA

Hemoglobin

Spn-Hb⁺

Merge

D

H_2O_2 (μM)

****

****

TIGR4-2h
TIGR4-4h
TIGR4-6h
Δ*spxB*Δ*lctO*-6h
<0.56 μM

E   THY-Hb³⁺

TIGR4-THY
TIGR4
Δ*spxB*Δ*lctO*
Ω*spxB-lctO*

kDa

Hb-dimer

Hb-monomer

Ply   53

F

A TIGR4

B TIGR4ΔspxBΔlctO

C TIGR4ΩspxB-lctO

D Mock-infected

0 ━━━━━━ 219
Fe56 ppm

CPS+**Hb**+**DNA**   **CPS**+**Hb**+**DNA**   **CPS**+**DNA**   **Hb**+**DNA**

Top

Middle

→ Encapsulated Spn   ▶ Leukocytes with Hb signal

→ Spn-Hb⁺   → Erythrocytes

Table S1. Metabolites differentially regulated in the supernatant of THY-Hb^{3+} cultures infected with TIGR4 compared to plain THY.

Molecule	Class	Adjusted p-value	Fold-change
THY-Hb^{3+}/TIGR4 compared with THY/TIGR4			
Aspartic acid	Organic acid	0.006	0.955886
Creatinine	Organic acid	0.003	1.616839
Guanine	Organoheterocyclic compounds	0.026	0.551192
Guanosine	Nucleosides, nucleotides, and analogues	0.026	1.301212
Isoleucine	Organic acids and derivatives	0.013	1.051325
Leucine	Organic acids and derivatives	0.013	1.079021
Methionine	Organic acids and derivatives	0.004	0.591517
Methionine sulfoxide	Organic acids and derivatives	0.004	2.001035
Nicotinamide	Organoheterocyclic compounds	0.031	0.899909
Oleamide NIST	Lipids and lipid-like molecules	0.006	1.119466
Oxoproline	Organic acids and derivatives	0.006	0.945675
Putrescine	Organic nitrogen compounds	0.004	1.683839
Pyruvic acid	Organic acids and derivatives	0.004	0.053013
Shikimic acid	Organic oxygen compounds	0.003	0.722413
Tyrosine	Organic acid	0.013	1.077018
Tyrosol	Benzenoids	0.004	1.614024
THY-Hb^{3+}/TIGR4$\Delta spxB\Delta lctO$ compared with THY/TIGR4$\Delta spxB\Delta lctO$			
Creatinine	Organic acid	0.003	2.320286
Shikimic acid	Organic oxygen compounds	0.003	0.623841
THY-Hb^{3+}/TIGR4 compared with THY-Hb^{3+}/TIGR4$\Delta spxB\Delta lctO$			
Creatinine	Organic acids and derivatives	0.01	1.457524

Nicotinamide	Organoheterocyclic compounds	0.003	1.553198
Nicotinic acid	Organoheterocyclic compounds	0.003	0.753161
Tryptophan	Organoheterocyclic compounds	0.026	0.923314
Tyrosine	Organic acids and derivatives	0.013	0.88953
Tyrosol	Benzenoids	0.004	0.589645
THY/TIGR4 compared with THY/TIGR4△spxB△lctO			
Guanosine	Nucleosides, nucleotides, and analogues	0.026	1.204739
Methionine	Organic acids and derivatives	0.004	0.57766
Methionine sulfoxide	Organic acids and derivatives	0.004	2.064243
N-acetylornithine	Organic acids and derivatives	0.013	0.840103
Nicotinamide	Organoheterocyclic compounds	0.003	1.692531
Nicotinic acid	Organoheterocyclic compounds	0.003	0.762097
Oleamide NIST	Lipids and lipid-like molecules	0.017	1.082949
Orotic acid	Organoheterocyclic compounds	0.013	0.667873
Putrescine	Organic nitrogen compounds	0.004	1.622776
Pyruvic acid	Organic acids and derivatives	0.004	0.178594
Shikimic acid	Organic oxygen compounds	0.031	1.068225

Table S2. Minimum inhibitory concentration of heme for *Streptococcus pneumoniae* strains.

Streptococcus pneumoniae Strain	MIC (µM)*
D39	15
D39Δ*spxB*Δ*lctO*	5
D39Δ*spxB*	7
D39Δ*spbph*37	12.5
D39Δ*piu*Δ*pia*	12.5
EF3030	15
EF3030Δ*spxB*Δ*lctO*	5
EF3030Δ*spxB*	7.5

*A modified MIC assay in a 96-well microplate was performed to assess as recommended by the Clinical Laboratory Standards Institute (CLSI).

Table S3. Genes of *S. pneumoniae* strain D39 essential for growth in hemoglobin identified by HITS.

Gene name (gene ID)	Encoded protein	Sites	log2FC	p-value	Adj. p-value
Biofilms (Hb$^-$) compared to biofilms (Hb$^+$), Hb$^+$/Hb$^-$					
glnP (SPD_1098)	ABC transporter permease subunit	117	1.68	0	0
gidA (SPD_0129)	tRNA uridine 5-carboxymethylaminome	70	-1.2	0.0002	0.28313
tpx (SPD_1464)	Thiol peroxidase	23	1.43	0.0005	0.35392
cls (SPD_0185)	Cardiolipin synthetase	120	0.69	0.0007	0.4247
sufS (SPD_0764)	Cysteine desulfurase	56	1.7	0.0015	0.53087
sufB (SPD_0765)	SUF system FeS assembly protein	16	2.34	0.0015	0.53087
(SPD_1295)	Putative hemolysin	38	1.24	0.0024	0.67952
(SPD_0064)	GntR family transcriptional regulator,	46	1.15	0.0037	0.92435
malQ (SPD_1933)	4-alpha-glucanotransferase	74	0.79	0.0042	0.93881
ppc (SPD_0953)	Phosphoenolpyruvate carboxylase	179	-0.72	0.0041	0.93881
Planktonic pneumococci (Hb$^-$) compared to biofilms (Hb$^+$), Hb$^+$/Hb$^-$					
glnP (SPD_1098)	ABC transporter permease subunit	127	-1.38	0	0
pbp1A (SPD_0336)	Penicillin-binding protein 1A	143	-2.2	0	0
(SPD_1649)	piuC iron uptake ABC transporter permease	97	-1.11	0	0
amiC (SPD_1670)	Oligopeptide ABC transporter, permease protein AmiC	97	-1.11	0.0001	0.07078
pbp2A (SPD_1821)	Penicillin-binding protein Pbp2A	144	-0.73	0.0012	0.63705
Planktonic pneumococci (Hb$^+$) compared to biofilms- (Hb$^+$), Biofilm/Planktonic					

lytC (SPD_1403)	1,4-beta-N-acetylmuramidase, LytC	114	-1.09	0.0001	0.14157
pbp2A (SPD_1821)	Penicillin-binding protein 2A, Pbp2A	135	-0.71	0.0002	0.21235
pbp2A (SPD_1925)	Penicillin-binding protein 1B, Pbp1B	158	-0.53	0.0006	0.50964
cls (SPD_0185)	Cardiolipin synthetase	120	0.64	0.0013	0.61346
(SPV_1332)	Membrane protein, putative	81	0.97	0.0021	0.81079
(SPV_1672)	Membrane protein, putative	80	2.61	0.0025	0.88479
Planktonic pneumococci (Hb⁻) compared to Planktonic pneumococci (Hb⁺), Hb⁺/Hb⁻					
SPV_RS05135	UDP-N-acetylglucosamine 1-carboxyvinyltransferase, murA2	97	-1.97	0.001	1
amiC (SPD_1670)	Oligopeptide ABC transporter, permease protein AmiC,	97	-0.74	0.0031	1
(SPD_0361)	transcription regulator, putative	158	-0.7	0.004	1
pbp1A (SPD_0336)	Penicillin-binding protein 1A	143	-0.82	0.0044	1
dltA (SPD_2005)	D-alanine--D-alanyl carrier protein ligase	81	-0.63	0.01	1
mltG (SPD_1346)	Endolytic murein transglycosylase, MltG	100	-2.27	0.0101	1
lytB (SPD_0853)	Endo-beta-N-acetylglucosaminidase, LytB_1	155	0.66	0.011	1
sufB (SD_0766)	FeS assembly protein SufB	87	1.68	0.013	1
mtlA (SPD_0360)	PTS system, mannitol-specific IIBC components	131	-0.6	0.02	1
lytC (SPD_1403)	1,4-beta-N-acetylmuramidase, LytC	122	0.73	0.02	1
sufS (SPD_0764)	Cysteine desulfurase, SufS	58	1.48	0.027	1
ppc (SPD_0953)	Phosphoenolpyruvate carboxylase, SPD_0953	192	-0.73	0.028	1
guaB (SPD_2055)	Inosine-5'-monophosphate dehydrogenase	86	-0.98	0.035	1
dagA (SPD_0372)	D-alanine glycine permease	68	-0.84	0.036	1
ccpA (SPD_1797)	Catabolite control protein A, CcpA	66	-0.94	0.038	1

glnP (SPD_1098)	ABC transporter permease subunit	127	0.62	0.039	1
(SPD_0350)	Membrane protein, putative	36	-1.37	0.041	1
sufD (SPD_0763)	FeS assembly protein SufD	61	1.17	0.043	1
dltD (SPD_2002)	Undecaprenol-phosphate-poly D-alanine transfer protein	80	-0.62	0.047	1
glnA (SPD_0448)	Glutamine synthetase, type I	66	1.05	0.049	1

Table S4. Analytical characterization of the amino acid ABC transporter-derived peptides.

No.	Sequence	Position in the sequence of amino acid ABC transporter	Mw (Mw theor.) [g/mol]	HPLC t_R [min]	TLC R_f
1	TTKSHKISK	116 – 124	514.82[a] (1027.61)	14.22[c], 7.80[d]	0.60[g]
2	IKDKYGFTI	148 – 156	542.32[a] (1082.38)	29.04[e]	0.52[h], 0.40[i], 0.35[j]
3	NQSKYGYKIKT	391 – 401	443.58[b] (1327.73)	21.37[e], 11.16[f]	0.75[g]
4	LQNNYKQLL	507 – 515	566.83[a] (1131.64)	28.14[e]	0.42[h], 0.44[i], 0.48[j]
5	SPYKSLR	545 – 551	425.25[a] (848.45)	20.01[e]	0.38[h], 0.25[j]
6	IARNYQSFK	685 – 693	563.32[a] (1124.61)	21.96[e]	0.78[g], 0.38[h]

Mass peaks were detected as [M+2H][2+] (a) and [M+3H][3+] (b) by ESI-MS. HPLC conditions were as follows: Water with 0.1% TFA (eluent A), acetonitrile with 0.1% TFA (eluent B): 0% – 30% eluent B in 30 min (c), 5% – 55% eluent B in 50 min (d), 0% – 40% eluent B in 40 min (e), and 10% – 40% eluent B in 30 min (f). The following TLC systems were used: n-propanol/25% ammonia (3:7, v/v) (g), n-butanol/acetic acid/water (48:18:24, v/v) (h), n-propanol/25% ammonia (7:3, v/v) (i), and pyridine/ethyl acetate/acetic acid/water (5:5:1:3, v/v) (j). ABC, ATP-binding cassette; ESI-MS, electrospray ionization mass spectrometry. All peptides were >95 % HPLC pure.

Table S5. Primers used in this study.

Primer Name	Sequence (5′-3′)
Glnp up Fwd	TGCCAAAAGAACCACCTGAT
Glnp up Rev	TCTAAGTCTTATTCCCGGGTTTCTGCTTTGGCAATACCT
Glnp down Fwd	TCTAAATTTGGAAGCCGGCGAAACGCTTAGAAAAGAGG
Glnp down Rev	CCATCCTTGATTTGGCAGAT
Ery Fwd	CCCGGGAATAAGACTTAGA
Ery Rev	CGGCTTCCAAATTTACA
Glnp Fwd (screening)	TAAATACGAGCACCTGGTTACTG
Glnp Rev (screening)	GATTTCAATTTCAAACCTTGGTC
ΩGlnp up Fwd	AGGCTCACTTCAGGAACGTC
ΩGlnp up Rev	TAAGCCCCGAAAAGCAACACCGAGCAGTTGGTGGATAACA
ΩGlnp down Fwd	ACTTCTTGAACACTTGCCGAAGAATCCTCTCTCCATGTGCT
ΩGlnp down Rev	GCATAGGCGGTATCAGAAACA
Cam Fwd	GTGTTGCTTTTCGGGGCTTA
Cam Rev	TCGGCAAGTGTTCAAGAAGT
ΩGlnp Fwd	TGTCAAACCCAGATGCTCCA
ΩGlnp Rev	TTCACATTTGGCTCGCTACG
MK147 hlpA-Gfp Fwd	GATAAAAGGTGATGAGGGTAATGC
MK147 hlpA-Gfp Rev	TTCAATTCGACAAAACGAGAGTAA
ΩGlnp Fwd (plasmid)	AGCACGGGATCCGCAACCAAAGTGCAATCCTAGT
ΩGlnp Rev (plasmid)	ACTGTGTCTAGATGTTCTTCATATCCCCGTCCT
Nrf1 - TaqMan® Gene Expression Assay	Cat# 4331182
GAPDH - TaqMan® Gene Expression Assay	Cat# 4331182
Cat - TaqMan® Gene Expression Assay	Cat# 4331182
SOD1 - TaqMan® Gene Expression Assay	Cat# 4331182
HITS primers	
adap1	AGTTCTCCAGGTCTTGCGTTGCTCTTCCGATC*T
adap3	p-GATCGGAAGAGCACACGTCTGAACTCCAGTCAC
marout-nest 2	AGACCGGGGACTTATCAG
oljJD	GTGACTGGAGTTCAGACGT*G
MarPCR2-5N	AATGATACGGCGACCACCGAGATCTACACTCTTTCCCTACACGACGCTCTTCCGATCTNNNNNCCGGGGACTTATCAGCCAAC*C
BC#	CAAGCAGAAGACGGCATACGAGATxxxxxxGTGACTGGAGTTCAGACGTGTG

a * = phosphorothioate linkage, b p= 5' phosphorylation, c xxxxxx = 6bp Illumina TruSeq barcode sequence

KEY RESOURCES TABLE

REAGENT OR RESOURCE	SOURCE	IDENTIFIER
Antibodies		
Rabbit anti-β Tubulin	Proteintech	Cat# 10068-1-AP
Mouse anti-β Actin	Proteintech	Cat# 66009-1-Ig
Mouse anti-GAPDH	Proteintech	Cat# 60004-1-Ig
Mouse anti-Catalase	Proteintech	Cat# 21260-1-AP
Mouse anti-Hemoglobin β, Alexa Fluor 546	Santa Cruz Biotechnology	Cat# sc-21757 AF546
Mouse anti-Hemoglobin β	Santa Cruz Biotechnology	Cat# sc-21757
Rabbit anti-Hemoglobin α	Santa Cruz Biotechnology	Cat# sc-21005
Mouse anti-ply	Santa Cruz Biotechnology	Cat# sc-80500
Goat anti-Hemoglobin	Invitrogen	Cat# PA-29342
Rabbit Anti-PfbA Serum	Kawabata lab	N/A
Rabbit anti-pneumococcal antisera type 4	Statens Serum Institut	Cat# 16747
Rabbit anti-pneumococcal antisera type 2	Statens Serum Institut	Cat# 76856
Rabbit anti-pneumococcal antisera type 19	Statens Serum Institut	Cat# 16911
Rabbit anti-pneumococcal antisera type 3	Statens Serum Institut	Cat# 76858
Rabbit anti-pneumococcal Omni antisera	Statens Serum Institut	Cat# 2438
Capsule 4, Alexa Fluor 488	This study	N/A
Capsule 4, Alexa Fluor 555	This study	N/A
Capsule 2, Alexa Fluor 555	This study	N/A
Capsule 3, Alexa Fluor 555	This study	N/A
Capsule 19, Alexa Fluor 555	This study	N/A
S. pneumoniae Capsule, Alexa Fluor 488	This study	N/A
Anti- Anti-WGA, Alexa Fluor 555	Invitrogen	Cat# W32464
Anti-WGA, Alexa Fluor 488	Invitrogen	Cat# W11261
Gout anti-mouse CD45	R&D systems, Bio-techne	Cat# AF114
Secondary Antibody, StarBright Blue 520 Goat anti-mouse IgG	Biorad	Cat# 12005866
Secondary Antibody, StarBright Blue 520 Goat anti-rabbit IgG	Biorad	Cat# 12005869
Secondary Antibody, Rabbit anti-mouse IgG (H+L) HRP	Jackson ImmunoResearch	Cat# 315-035-045
Secondary Antibody, Goat anti-rabbit IgG (H+L) HRP	Jackson ImmunoResearch	Cat# 111-035-045
Secondary Antibody, Donkey anti-goat IgG-HRP	Santa Cruz Biotechnology	Cat# sc-2020
Goat anti-mouse Ig, Human ads-FITC	SouthernBiotech	Cat# 1010-02
Bacterial strains		
TIGR4	Clinical isolate, serotype 4	Tettelin et al., 2001
P2422	TIGR4Δ*cps*; Kan^R	Zafar et al., 2016
SPJV29	TIGR4Δ*spxB*; Ery^R	McDevitt et al., 2020
SPJV41	TIGR4Δ*spxB*Δ*lctO*; Ery^R, Spc^R	McDevitt et al., 2020
	TIGR4Δ*spxB*Δ*lctO*Ω*gfp*; Ery^R, Spc^R, Cam^R	This study
SPJV44	TIGR4Δ*spxB*Δ*lctO*Ω*spxB-lctO*; Ery^R, Spc^R, Cam^R	Alibayov et al., 2022
SPJV52	TIGR4Δ*glnP*; Ery^R	This study
SPJV53	TIGR4Δ*glnP*Ω*glnP*; Cam^R	This study
EF3030	Clinical isolate, serotype 19F	Petersen et al., 2019

SPJV49	EF3030Δ$spxB$Δ$lctO$; Ery^R, Spc^R	McDevitt et al., 2020
D39	clinical isolate, serotype 2	Avery et al., 1944
SPJV45 (D39ΔspxBΔlctO)	D39Δ$spxB$Δ$lctO$; Ery^R, Spc^R	McDevitt et al., 2020
R6	D39 derivative serotype 2 (smooth or encapsulated)	Avery et al., 1944
	R6Δ$spxB$Δ$lctO$; Ery^R, Spc^R	McDevitt et al., 2020
BL21(DE3)	NEB	Cat# C2527H

Chemicals, peptides, and recombinant proteins

Fetal Bovine Serum (FBS) Optima	R&D systems, Bio-techne	Cat# S12450
Gibco L-Glutamine 200 mM (100x)	Thermo Scientific	Cat# 25030081
Gibco MEM Non-Essential Amino Acids Solution (100X)	Thermo Scientific	Cat# 11140050
Gibco HEPES (1 M)	Thermo Scientific	Cat# 15630080
Gibco Penicillin-Streptomycin (10000 U/mL)	Thermo Scientific	Cat# 15140122
Dulbecco's Modified Eagle's Medium (DMEM)	Corning	Cat# 10013CV
Gibco Minimum Essential Medium (MEM)	Thermo Scientific	Cat# 11095080
Gibco Trypsin-EDTA (0.25%), phenol red	Thermo Scientific	Cat# 25200056
BBL Trypticase Soy Agar	BD	Cat# 211043
Bacto™ Todd Hewitt Broth	BD	Cat# 249240
Bacto™ Yeast Extract	BD	Cat# 212750
Blood Agar (TSA with Sheep Blood) Medium	Thermo Scientific	Cat# R01202
Horse Blood Defibrinated	Lampire Biological Laboratories, Inc.	Cat# 7233401
Sheep Blood Defibrinated	Quad FIVE	Cat# 610100
Bacto Tryptone	BD	Cat# 211705
Fixable Viability Stain 440UV	BD	Cat# 566332
Difco™ Skim Milk	BD	Cat# 232100
LB medium (Luria/Miller)	BD	Cat# 244610
LB agar (Luria/Miller)	BD	Cat# 244520
S.O.C medium	Invitrogen	Cat# 15544-034
Gentamicin solution	Sigma-Aldrich	Cat# G1397
Ampicillin sodium salt	Sigma-Aldrich	Cat# A9518
Erythromycin	Sigma-Aldrich	Cat# E6376
Kanamycin sulfate	Sigma-Aldrich	Cat# 60615
Chloramphenicol	Sigma-Aldrich	Cat# 857440
Kanamycin sulfate	Sigma-Aldrich	Cat# 60615
Spectinomycin sulfate	MP Biomedicals	Cat# 158993
Paraformaldehyde	Sigma-Aldrich	Cat# 158127
2-Mercaptoethanol	Sigma-Aldrich	Cat# M3148
Chelex-100	Biorad	Cat# 1421253
Mutanolysin from *Streptomyces globisporus* ATCC 21553	Sigma-Aldrich	Cat# M9901
Lysozyme from chicken egg white	Sigma-Aldrich	Cat# L6876
Sucrose, Crystal	Mallinckrodt Baker	Cat# MAL8360
Hemin	Sigma-Aldrich	Cat# H9039
Hemoglobin human	Sigma-Aldrich	Cat# H7379
Phosphate Buffered Saline (PBS) Tablets	Fisher BioReagents	Cat# BP2944100
Isoflurane Solution	Covetrus	Cat# 029404
Ketmine	Covetrus	Cat# 071173
Xylazine	Covetrus	Cat# 061035

Reagent	Supplier	Catalog #
Paraformaldehyde	MilliporeSigma	Cat# 158127
Hanks' Balanced Salt solution (HBSS)	MilliporeSigma	Cat# H6648
Collagenase D from *Clostridium histolyticum*	Roche	Cat# 11088866001
DNase I	Roche	Cat# AMPD1
Glycerol (Molecular Biology)	Fisher BioReagents	Cat# BP229
Gentamicin solution (50 mg/mL)	MilliporeSigma	Cat# G1397
Dextrose (D-Glucose), Anhydrous	Fisher Chemical	Cat# D-16
cOmplete™, Mini, EDTA-free Protease Inhibitor Cocktail	Rosche	Cat# 11836170001
Iron (III) chloride hexahydrate	Sigma-Aldrich	Cat# 236489
Potassium hexacyanoferrate (III)	Sigma-Aldrich	Cat# 244023
Proteinase K from Tritirachium album	Sigma-Aldrich	Cat# P6556
ProLong™ Diamond Antifade Mountant	Invitrogen	Cat# P36970
Precision Plus Protein Dual Color Standards	Biorad	Cat# 1610374
Dimethyl Sulfoxide (DMSO)	Fisher BioReagents	Cat# BP231-100
Sodium Chloride 0.9%	B.Braun Medical	Cat# 3627632
SuperSignal™ West Pico PLUS Chemiluminescent Substrate	Thermo Scientific	Cat# 34577
12% Mini-PROTEAN® TGX Stain-Free™ Protein Gels	Biorad	Cat# 4568044
Turbo Transblot 5X buffer	Biorad	Cat# 10026938
10x Tris/Glycine/SDS	Biorad	Cat#1610732
Methanol (Certified ACS)	Fisher Chemical	Cat# A412
Ethanol, Absolute (200 Proof)	Fisher BioReagents	Cat# BP2818
Acetonitrile, Optima LC/MS Grade	Fisher Chemical	Cat# A955
Catalase from bovine liver	Sigma-Aldrich	Cat# C9322
TRIS EDTA Buffer	VWR	Cat# E112
Water, Ultra-Pure, Sterile, Molecular Biology Grade	Apex Bioresearch	Cat# 18-93
Apex Safe DNA Gel Stain	Apex Bioresearch	Cat# 20-278
1 kb DNA Ladder	NEB	Cat# N3232L
GeneRuler 100 bp DNA Ladder	Thermo Scientific	Cat# SM0242
Immersion oil Type B	Fisher Scientific	Cat# 16484
DAPI (4',6-Diamidino-2-Phenylindole, Dihydrochloride)	Invitrogen	Cat# D1306
T4 DNA Ligase	NEB	Cat# M0202L
CutSmart Buffer	NEB	Cat# B7204
BamHI	NEB	Cat# R0136S
XbaI	NEB	Cat# N3012S
NEBuffer™ 3.1	NEB	Cat# B7203S
Dephosphorylation of 5´-ends of DNA using CIP	NEB	Cat# M0290S
T4 DNA Polymerase	NEB	Cat# M0203S
Klenow Fragment	NEB	Cat# M0212L
λ DNA-HindIII Digest	NEB	Cat# R0145S
dNTP Mix (10 mM ea)	Thermo Scientific	Cat# 18427013
Bovine Serum Albumin Fraction V, protease-free	Roche	Cat# 03117332001
Non-fat dry milk, biotin free	LabScientific	Cat# M0841
Magnesium chloride hexahydrate	Sigma-Aldrich	Cat# M2670
Tween (Polysorbate) 20	Fisher Chemical	Cat# BP337-100
Glycerol (Molecular Biology)	Fisher BioReagents	Cat# BP229
Hydrogen Peroxide, 3% (Certified)	Fisher Chemical	Cat# H324
o-Dianisidine	Thermo Scientific Chemicals	Cat# A17150.22

Hematoxylin	Mercedes Scientific	Cat# MA1010
Eosin	Mercedes Scientific	Cat# MA1015
CellROX™ Green Reagent, for oxidative stress detection	Thermo Scientific	Cat# C10444
Sodium acetate solution	Sigma-Aldrich	Cat# 71196
RNAprotect	Qiagen	Cat# 76526
4x Laemmli Sample Buffer	Biorad	Cat# 1610747
CSP-1 (Competence-Stimulating Peptide-1)	AnaSpec Peptide Synthesis	Cat# AS-63779
CSP-2 (Competence-Stimulating Peptide-2)	AnaSpec Peptide Synthesis	Cat# AS-63877
Invitrogen™ Amplex™ UltraRed Reagent	Fisher Scientific	Cat# A36006
Superoxide Dismutase bovine	Sigma-Aldrich	Cat# S9697-15KU
Peroxidase from horseradish	Sigma-Aldrich	Cat# P8375-25KU
Fmoc Rink amide MBHA resin	Iris Biotech	Cat# BR-1305
HBTU	Iris Biotech	Cat# RL-1030
Trifluoracetic acid (TFA) for HPLC	Sigma-Aldrich	Cat# 302031
TFA for peptide cleavage	Solvay Fluor GmbH	Cat# AB 212435
Dichloromethane (DCM)	Fisher Scientific GmbH	Cat# AC610050040
Diethyl ether	VWR	Cat# 23809.363P
Dimethylformamide	VWR	Cat# ACRO354830010
Ethane-1,2-dithiol	Sigma-Aldrich	Cat# 800795
N-methylmorpholine	Sigma-Aldrich	Cat# 8.05894
Phenol	Sigma-Aldrich	Cat# 8.22296
Piperidine	Thermo Scientific	Cat# A12442
tert-Butanol	Fisher Scientific	Cat# 11394208
Thioanisole	Thermo Scientific	Cat# A14846.36
Fmoc-L-Thr(tBu)-OH	Orpegen	Cat# 03-1602
Fmoc-L-Lys(Boc)-OH	Orpegen	Cat# 03-1428
Fmoc-L-Ser(tBu)-OH	Orpegen	Cat# 03-1572
Fmoc-L-His(Trt)-OH	Orpegen	Cat# 03-1302
Fmoc-L-Ile-OH	Orpegen	Cat# 03-1360
Fmoc-L-Asp(OtBu)-OH	Orpegen	Cat# 03-2154
Fmoc-L-Tyr(tBu)-OH	Orpegen	Cat# 03-2662
Fmoc-L-Gly-OH	Orpegen	Cat# 03-0270
Fmoc-L-Phe-OH	Orpegen	Cat# 03-1510
Fmoc-L-Asn(Trt)-OH	Orpegen	Cat# 03-1122
Fmoc-L-Gln(Trt)-OH	Orpegen	Cat# 03-1212
Fmoc-L-Leu-OH	Orpegen	Cat# 03-1390
Fmoc-L-Pro-OH	Orpegen	Cat# 03-1540
Fmoc-L-Arg(Pbf)-OH	Orpegen	Cat# 03-1092
Fmoc-L-Ala-OH*H_2O	Orpegen	Cat# 03-1030
Ammonia, 25%	VWR	Cat# 1133.1000
Glacial acetic acid	VWR	Cat# A3701.1000PE
Ethyl acetate	VWR	Cat# 23882.310P
n-propanol	VWR	Cat# 1.01024
Pyridine	Carl Roth	Cat# CP07.2
HEPES	Carl Roth	Cat# HN77.5
Recombinant pneumolysin	Vidal lab	N/A
ABC transporter-derived peptides **1-6**, see Table S4	synthesized by Imhof lab (this study)	N/A

MarC9 transposase	labLampe et al, 1999	N/A
Critical commercial assays		
Amplex™ Red Hydrogen Peroxide/Peroxidase Assay Kit	Thermo Scientific	Cat# A22188
NEBuilder® HiFi DNA Assembly Master Mix	NEB	Cat# E2621S
PerfeCTa qPCR ToughMix	QuantoBio	Cat# 95112
PerfeCTa SYBR® Green FastMix	QuantoBio	Cat# 95072
Phusion™ Plus Green PCR Master Mix	Thermo Scientific	Cat# F632S
DreamTaq™ Hot Start Green PCR Master Mix	Thermo Scientific	Cat# K9021
Pierce™ BCA Protein Assay Kit	Thermo Scientific	Cat# 23227
Alexa Fluor™ 488 Protein Labeling Kit	Thermo Scientific	Cat# A10235
Alexa Fluor™ 555 Protein Labeling Kit	Thermo Scientific	Cat# A20174
QuantiChrom™ Heme Assay Kit	BioAssay Systems	Cat# DHIM-250
QuantiChrom™ Hemoglobin Assay Kit	BioAssay Systems	Cat# DIHB-250
QIAquick PCR Purification Kit	Qiagen	Cat# 28104
QIAamp DNA mini kit	Qiagen	Cat# 51306
Nextera DNA Flex Library Prep Kit	Illumina	Cat# 20018704
MiSeq Reagent Kit v2 (300-cycles)	Illumina	Cat# MS-102-2002
RNeasy Plus Kit	Qiagen	Cat# 74034
GeneJET Gel Extraction Kit	Thermo Scientific	Cat# K0691
iScript™ cDNA Synthesis Kit	Biorad	Cat# 1708890
Maxima H Minus First Strand cDNA Synthesis Kit	Thermo Scientific	Cat# K1651
DNA-free™ DNA Removal Kit	Thermo Scientific	Cat# AM1906
Deposited data		
Complete genome of selected *S. pneumoniae*	This study	NCBI: PRJNA1018957
TnSeq reads	This study	NCBI: PRJNA1029615
Experimental models: cell lines		
A549	ATCC	CCL-185
Detroit562	ATCC	CCL-138
MLE-12	ATCC	RL-2110
Experimental models: organisms/strains		
BALB/c mice, 4-weeks old, female	Charles River Laboratories	555NCIBALB/c
C57BL/6 mice, 4-weeks old, female	Charles River Laboratories	C57BL/6NCrl
Oligonucleotides		
see Table S5	This study	N/A
Recombinant DNA		
pPEPY-glnP (Purpose: insertion of indicated gene)	This study	N/A
PJIR750 (Purpose: amplify antibiotic marker gene)	This study	N/A
PJIR751(Purpose: amplify antibiotic marker gene)	This study	N/A
pPP2-glnP (Purpose: insertion of indicated gene)	This study	N/A
pMagellan6 (Purpose: source of transposon)	van Opijnen et al., 2009	N/A
Software and algorithms		
Prism	GraphPad	version 10.0.3
ImageJ	NIH	https://imagej.nih.gov/ij/
TnSeq insert comparison or tools		
Image Lab	Biorad	version 3.01
CFX Maestro	Biorad	version 2.3
The Read assembly and Annotation Pipeline Tool (RAPT)	NCBI	https://www.ncbi.nlm.nih

Bacterial and Viral Bioinformatics Resource Center (BV-BRC)	BV-BRC	https://www.bv-brc.org/
Pathogenwatch	N/A	https://pathogen.watch/
Proksee	N/A	https://proksee.ca/
HeMoQuest	Paul George et al., 2020	http://131.220.139.55/SeqDHBM/
NIS-Elements Basic Research	Nikon	version 4.30.01
YASARA	YASARA Biosciences GmbH	version 21.8.27
C-I-Tasser	Zheng et al., 2021	https://zhanggroup.org/C-I-TASSER/
TRANSIT	DeJesus et al., 2015	https://github.com/mad-lab/transit

RESOURCE AVAILABILITY

Further information and requests for resources and reagents should be directed to and will be fulfilled by the Lead

Contact, Jorge E. Vidal (jvidal@umc.edu).

Material and methods.

Ethics Statement. All experiments involving animals were performed with prior approval of and in accordance with protocol 1584 which was reviewed and approved by the UMMC Animal Care Committee. UMMC laboratory animal facilities have been fully accredited by the American Association for Accreditation of Laboratory Animal Care. Procedures were performed according to the institutional policies, Animal Welfare Act, NIH guidelines, and American Veterinary Medical Association guidelines on euthanasia.

Female 4-5-week-old Balb/c mice were obtained from Charles River Laboratories, Inc and allowed to acclimate for one week before the experimental challenge. At all times mice received food and water ad libitum.

Bacterial strains and growth conditions. All Spn strains used in this study are listed in the Star Table. Spn was cultured on BAP (Fisher Scientific) or BAP with 10 µg/ml gentamicin (Sigma-Aldrich) at 37°C for 24 h in a 5% CO_2 atmosphere. Colonies were inoculated into Todd-Hewitt-broth with 0.5% yeast extract (THY) (BD) and grown until exponential phase (OD_{600} 0.3, ~1 X 10^8 CFU/ ml). THY broth was utilized in all the experiments. Isogenic mutants were cultivated using appropriate antibiotics.

Cell culture lines. Low passage, A549 human type II alveolar epithelial cells (ATCC, CCL-185), and MLE-12 mouse lung type II epithelial cells (ATCC, CRL-2110), and Detroit 562 human pharyngeal epithelial cells (ATCC, CCL-138) were purchased from ATCC (American Type Culture Collection). The A549 and MLE-12 cells were cultured in Dulbecco's Modified Eagle's Medium (DMEM) (Corning) media with 2 mM L-glutamine (Gibco), 10% fetal bovine serum (FBS) (R&D systems, Bio-techne), 100 units/ml penicillin/streptomycin solution (Gibco). The Detroit 562 cells were cultured in Minimum Essential Medium (MEM) media supplemented with 2 mM L-glutamine (Gibco), 1x Non-Essential Amino Acids Solution (Gibco), 2 mM HEPES (Gibco), 10% fetal bovine serum (FBS) (R&D systems, Bio-techne), and 100 units/ml penicillin/streptomycin solution (Gibco). Cell passages were performed by trypsinization with Trypsin-EDTA (0.25%), phenol red (Gibco) and seeded in the experiment specific device. All experiments described hereafter were performed with cells that had been grown for 8-10 days in the specified device.

Preparation of inoculum for *in vitro* and for animal experiments. Inoculum for the *in vitro* studies was prepared essentially as previously described[1-3]. Briefly, an overnight BAP culture of the Spn strain was used to prepare a bacterial suspension in sterile phosphate buffered saline [(PBS), pH=7.4] (Fisher BioReagents). This fresh bacterial suspension was inoculated to a final OD_{600} of ~0.1 and the suspension contained ~5.15×10^8 cfu/ml. Aliquots of these suspensions were routinely diluted and plated to confirm bacterial counts (cfu/ml). Unless otherwise noted, all *in vitro* experiments described below were inoculated with fresh inocula, i.e., prepared right before the start of the experiment.

To prepare inoculant for mice studies, the Spn strain was inoculated in THY broth supplemented with 20% fetal bovine serum (FBS) (R&D systems, Bio-techne); this culture was grown for 4 h (i.e., early log phase) at 37°C in a 5% CO_2 atmosphere; the growth was monitored using a spectrophotometer Bio-Rad SmartSpec Plus. After this incubation time, the culture was centrifuged at 4500 g for 5 min and the pellet was resuspended in 10 ml PBS and washed once. The washed bacterial pellet was resuspended in PBS containing 10% (v/v) glycerol and stored at -80⬚C until it was used. Aliquots of inocula were thawed from each batch to obtain the density by dilution and platting. All inocula were used within two months.

Confocal microscopy studies. All micrographs obtained in these experiments and throughout this study were obtained with a Nikon C2 laser scanning confocal microscopy system.

(A) Studies of pneumococcal biofilms, and planktonic pneumococci, incubated with hemoglobin. Pneumococci were inoculated into 8-well glass slides (Thermo Fisher Scientific, Nunc Lab-Tek II CC2) that had been added with THY broth supplemented with 10 µM hemoglobin (Sigma-Aldrich) and incubated at 37°C in a 5% CO_2 atmosphere. At the end of the incubation time, planktonic pneumococci were removed, washed two times with PBS, and fixed with 4% paraformaldehyde (PFA) (Sigma-Aldrich) for 15 min at room temperature. Biofilms were washed two times with PBS and then fixed with PFA as above. Planktonic pneumococci, or biofilms, were then washed two times with PBS and with 2% bovine serum albumin (BSA) (Roche) for 30 min at room temperature. Planktonic bacteria were stained in suspension whereas biofilms were stained on the 8-well glass slides. Pneumococci were then stained for 1 h at room temperature with serotype-specific polyclonal antibody (Statens Serum Institute, Denmark) (40 µg/ml) that had been previously labeled with Alexa-488 (anti-S4-A488) (Thermo Scientific) or Alexa-555 (anti-S2-A555, or anti-S19-A555) (Molecular Probes) and with a mouse monoclonal anti-hemoglobin antibody labeled with Alexa-546 [(anti-Hb-A546), 20 µg/ml] (Santa Cruz Biotechnology). Stained planktonic bacteria or biofilms were finally washed three times with PBS. Planktonic

pneumococci dropped on microscope slides and stained biofilms were air dried and then mounted with ProLong Diamond Antifade mounting medium containing DAPI (Molecular Probes).

(B) Studies of hemoglobin polymerization and Spn-Hb⁺ bacteria using a Transwell system. These experiments were performed using 6-well TC treated plates (Genesee Scientific, GenClone). We first installed a cover glass (Chemglass Life Sciences) in the bottom of the microplate and then a transwell system device (Corning Costar) with pore membrane of 0.4 µm- was installed in the well. The system was added with 1 ml of THY broth containing 10 µM hemoglobin, infected with Spn and incubated at 37°C in a 5% CO_2 atmosphere. At the end of the incubation, planktonic cells were removed from the transwell, and the cover glass that had been installed in the bottom, was removed and fixed with 2% PFA. The following staining procedure was done as indicated above or planktonic cells and biofilms; we stained the pneumococcal capsule, hemoglobin and DNA. Micrographs were obtained by a confocal microscope.

(C) Confocal microscopy studies of lung tissue. Deparaffinized sections of lung tissue ~5 µm mounted on microscope slides were washed three times with PBS and the preparations were blocked with 2% bovine serum albumin (BSA) for 1 h at room temperature. These preparations were then incubated for 1 h with serotype-specific polyclonal antibody (Statens Serum Institute, Denmark) (40 µg/ml) that had been previously labeled with Alexa-488 (anti-S4-A488) or Alexa-555 (anti-S2-A555) (Molecular Probes) and wheat germ agglutinin conjugated to Alexa-488 or Alexa-555 [(WGA), 5 µg/ml]. Some lung tissue specimens were stained with an anti-S4-A488 and a mouse monoclonal anti-hemoglobin antibody labeled with Alexa-546 [(anti-Hb-A546), 20 µg/ml] (Santa Cruz Biotechnology) for 1 h at room temperature. Stained tissues were finally washed three times with PBS, air dried and then mounted with ProLong Diamond Antifade mounting medium containing DAPI (Molecular Probes).

(D) Studies of pneumococci incubated with human alveolar cells in the presence of hemoglobin. Human A549 cells grown on an 8-well chamber (Thermo Fisher Scientific, Nunc Lab-Tek II CC2) were washed three times with PBS and then added with infection medium that had been supplemented with 10 µM hemoglobin. Pneumococci were infected and incubated at 37°C in a 5% CO_2 atmosphere. At the end of the incubation time, planktonic pneumococci that had been removed, and biofilms were washed, fixed with PFA and the capsule of pneumococci, DNA, and hemoglobin were stained essentially as detailed above.

Quantification of pneumococci expressing capsule. Aliquots of inocula prepared for animal studies, as detailed above, were thawed in ice and stained with a serotype-specific polyclonal antibody (40 µg/ml) for 1 h at room temperature.

Stained pneumococci were pelleted down by centrifugation at 21,130 x g for 5 min, washed two times with PBS and then fixed with 4% PFA that was incubated for 15 min at room temperature. Fixed bacteria were washed again two times with PBS, resuspended in PBS and air dried on a microscope slide. Preparations were mounted with ProLong Diamond Antifade mounting medium containing DAPI and micrographs were obtained by a confocal microscope. Capsule was quantified from confocal micrographs using ImageJ (NIH). The quantification process consisted of separating the DAPI channel (bacterial DNA) and the green channel (encapsulated pneumococci), quantifying the bacteria in the DAPI channel using the 'find maxima' function, then overlaying the green channel against the DAPI channel using the 'image calculator' function to confirm encapsulation before quantifying the green channel in the same manner. The 'prominence' setting was adjusted to filter out redundant counts, and the output was selected as 'single points'. Parameters were adjusted to reduce background noise. Absolute number of bacteria (encapsulated Spn/Spn) were obtained and utilized to calculate the percentage of pneumococci that expressed capsule.

Adhesion assay. Adhesion of pneumococci to A549 cells and MLE-12 cells was assessed as follows: Cells grown for 8-10 days on a 6-well microplate were washed three times with sterile PBS to remove the antibiotic and added with 1 ml of infection medium, which consisted of DMEM supplemented with 2 mM L-glutamine, HEPES buffer (100 mM) and 5% fetal bovine serum (FBS). Cells were infected with pneumococci and incubated for the indicated time points, after which infected cells were washed two times with PBS to remove unbound bacteria. Cells and pneumococci were detached by sonication (Branson Ultrasonic 2800) for 30 s and after homogenization in PBS, the suspensions were diluted and plated to obtain bacterial accounts.

Purification of the soluble fraction of human alveolar cells infected with pneumococci. A549 cells were infected as above and incubated for 4, 8, 12, 16 or 24 h at 37°C in 5% CO_2 atmosphere. Uninfected cells were used as a control. After incubation, cells were gently scrape off the 6-well microplate and washed twice with ice-cold PBS by centrifugation cycles of 300 x g for 5 min at 4°C. Washed cells were lysed with RIPA buffer supplemented with 1X complete protease inhibitor (Roche) incubated 30 min on ice. After incubation, lysed cells were centrifuged at 13,500 x g for 20 min at 4°C and the soluble fraction was collected. The protein concentration of the soluble fraction was determined with the BCA protein assays (Thermo Fisher Scientific) as recommended by the manufacturer.

Quantification of intracellular reactive oxygen species. To quantify reactive oxygen species (ROS) in infected cells the CellROX Green Reagent from Invitrogen was used. Human alveolar A549 cells were seeded in an 8 well chamber slide,

and once confluent, cells were infected with Spn or mutant derivatives and incubated for 6 h at 37°C in a 5% CO_2 atmosphere. After incubation, planktonic pneumococci were removed and infected cells were incubated for 30 min with fresh infection medium containing the CellROX Green Reagent at a concentration of 5 µM. Cells were then washed three times with PBS and fixed with 2% PFA for 15 min after which the cells were washed two times with PBS, then air-dried, and mounted with ProLong Diamond Antifade mountant containing DAPI (50 µg/ml). Cells were immediately imaged by confocal microscopy. Quantification of intracellular ROS from confocal micrographs was performed using ImageJ version 1.3t (National Institutes of Health, NIH) and done by taking intensity spectrum measurements of a region of interest in the green channel (GFP) and obtaining area under the curve. Values were expressed by creating a ratio of ROS (GFP): DAPI intensity within the same samples.

Bacterial cell fractionation. To investigate heme or hemoglobin uptake, the subcellular fractions of TIGR4, TIGR4*ΔspxBΔlctO*, and TIGR4*ΔglnP* without or with hemoglobin, heme growth conditions were prepared by the method as previously described[4,5] with minor modification. Briefly, grown bacterial cells were pelleted by centrifugation at 7,500 x g for 10 min at room temperature. The supernatant was discarded, cells were washed once with ice-cold PBS to remove cell debris, and resuspended in 1 ml protoplast buffer (1X protease inhibitor cocktail [Roche], 200 U/µl mutanolysin, 2 mg/ml lysozyme in a 20% sucrose-10 mM Tris [pH 7.5]- 50 mM MgCl2 buffer) and incubated at 37°C for 2 h with shaking. The bacterial endogenous autolytic enzymes hydrolyze the peptidoglycan layer of Spn activated by MgCl2, and the sucrose maintains the protoplasts intact. After incubation, the suspension was centrifuged at 21,130 x g for 10 min at 4°C, and the supernatant containing cell wall extract fraction was collected and kept at -80°C. The pellet protoplasts were resuspended in a 20% sucrose-10 mM Tris [pH 7.5]- 50 mM $MgCl_2$ buffer supplemented with 1X protease inhibitor cocktail [Roche] and lysed by sonication. The lysed cell suspension was centrifuged at 6000 x *g* for 10 min at 4°C to remove any particulate material. The supernatant-contained cytoplasmatic membrane and cytoplasmatic proteins were separated by ultracentrifugation at 25,000 x g for 3 h at 4°C. After centrifugation, the supernatant was kept as cytoplasmatic fraction, and the pellet cytoplasmatic membrane fraction resuspended in TN buffer and stored for further processing.

Western blotting. Equivalent amounts of cellular or subcellular fractions, as specified in the appropriate section, from bacteria, infected cells, or lung specimens were combined with 4x reducing sample buffer and boiled for 5 min at 100°C. The mixture was loaded into a 12% Mini-Protean TGX precast gels (Bio-Rad), which were run for 2h at 90 V. Gels were

transferred to nitrocellulose membranes using the recommended transfer buffer supplemented with 20% ethanol and the Trans-Blot Turbo transfer system. Transferred membranes were blocked for 1 h at room temperature in a solution of Tris-buffered saline supplemented with 0.1% Tween 20 (TBST) and 5% non-fat dry milk. The membrane was then incubated overnight at 4°C with a primary antibody diluted in TBST containing 5% non-fat dry milk. The following primary antibodies were used: anti-β tubulin at 1.6 µg/µl (Proteintech, 10068-1-AP), anti-β actin at 1.6 µg/µl (Proteintech, 66009-1-Ig), anti-GAPDH at 2 µg/µl (Proteintech, 60004-1-Ig), anti-catalase at 1.2 µg/µl (Proteintech, 21260-1-AP), anti-hemoglobin α chain mAb at 2 µg/µl, anti-hemoglobin β chain mAb at 2 µg/µl or an anti-hemoglobin polyclonal antibody at 10 µg/µl (Invitrogen).

The next day, the membrane was washed three times for 5 min each with TBST, in a rocking platform, and incubated for 1 h at room temperature with Starbright Blue 520 (Bio-Rad) anti-mouse, or anti-rabbit; this secondary antibody was diluted 1:2500 in 5% non-fat dry milk in TBST. The membrane was then washed six times for 5 min each with TBST. Blots were then imaged on a ChemiDoc MP imager (Bio-Rad) using Image Lab 5.0 software, with automatic exposure settings for chemiluminescence and high specificity, optimizing for bright bands. Densitometric analysis of the bands was performed with ImageLab software (Bio-Rad), normalizing to a selected target protein.

Bacterial growth curves and studies of the minimum inhibitory concentration (MIC). Bacteria were grown in 24-well plates poured with 1 ml fresh THY (with or without supplements) at 37°C in a 5% CO_2 atmosphere. The medium was then inoculated with fresh Spn inoculum, and the OD_{600} was monitored every 20 minutes for 24 h using a BioTek Synergy H1 Multimode Reader (Agilent Technologies, Inc). Uninfected THY was always used as the blank and negative control. To assess the inhibition of growth by heme, a 2 mM stock solution of heme prepared in dimethyl sulfoxide (DMSO), was diluted in THY broth. This stock solution was used same day. Non-heme supplemented THY broth was used as a control. Pneumococci were inoculated and the OD_{600} was monitored as above. Two technical replicates and three biological replicates were performed in these experiments.

The minimum inhibitory concentration (MIC) of heme was determined using a slightly modified broth microdilution method, as recommended by the Clinical Laboratory Standards Institute (CLSI)[6]. Briefly, a 2 mM stock solution of heme was diluted in THY broth and added in 96-well plates; note that we cannot use lysed horse blood, as recommended by the CLSI, because the lysate contains hemoglobin and heme. The 96-well plates were inoculated with pneumococci at ~10 x 10^8 cfu/ml and incubated at 37°C in a 5% CO_2 atmosphere for 24 h. The MIC was recorded as the

heme concentration of the well with no visible growth. MIC assays were performed with technical triplicates and two biological replicates.

To assess the viability of pneumococci challenged with heme, Spn was inoculated in 6-well plates that had been added with THY, as a control, or THY supplemented with heme. The samples were incubated for 2, 4, or 6 h at 37°C in a 5% CO_2 atmosphere. After incubation, bacteria were collected, diluted, and plated on BAP to obtain the density (cfu).

Spectroscopic analysis of heme, or hemoglobin, when incubated with pneumococci. Spn was inoculated in THY broth or THY supplemented with heme (0.62, 1.25, 2.5, 5, 10, or 20 µM) or hemoglobin (10 µM), and incubated for the indicated time at 37°C in a 5% CO_2 atmosphere. The culture supernatants were collected, and then centrifuged at 4°C for 5 min at 21,130 x g and transferred to a 96-well plate and analyzed by spectroscopy spanning 200 nm through 1000 nm using an BMG LabTech FLUOstar Omega spectrophotometer.

Qualitative assessment and quantification of hydrogen peroxide. Spn hydrogen peroxide production was determined with qualitative and quantitate methods. Qualitative detection of H_2O_2 production by Spn was performed as previously described[3,7] using the Prussian blue agar assay. Shortly, Spn strains or culture supernatants (10 µl), obtained as described above, were inoculated or spotted, respectively, onto Prussian blue agar plates and these plates were incubated at 37°C in a 5% CO_2 and ~20% O_2 atmosphere overnight (Spn) or for 4 h (supernatants). The plates were then photographed with a Canon Rebel EOS T5 camera system, and digital pictures were analyzed.

H_2O_2 was quantified from supernatants of Spn cultures that had been infected in THY (with or without supplements) or in cell culture medium (DMEM) and incubated at 37°C in a 5% CO_2 and ~20% O_2 atmosphere for the indicated time. At the end of the incubation, culture supernatants were collected and centrifuged at 4°C for 5 min at 21,130 x g, and then transferred to new tubes that were placed on ice. Some supernatants were filter sterilized using a 0.22-µm syringe filter (Genesee Scientific) and kept on ice. Collected supernatants were processed within 30 min by dilution with 1X reaction buffer from the Amplex Red H_2O_2 assay kit (Molecular Probes), and H_2O_2 levels were quantified according to the manufacturer's instructions using an BMG LabTech FLUOstar Omega spectrophotometer.

H_2O_2 was quantified from lungs removed 24 h post-infection with pneumococci or mock-infected. Lungs were homogenized within 20 minutes after removal using a LabGen Series 7 Homogenizer (Cole-Parmer) and H_2O_2 was quantified within 30 min. H_2O_2 concentration was measured using the Amplex Red (10 µM) which is converted to resorufin (highly fluorescent) by the reaction of H_2O_2 and horseradish peroxidase (HRP, 1U/ml). Superoxide dismutase

(SOD, 5U/ml) was also added to convert superoxide (SO) to H_2O_2. The rate of H_2O_2 production was obtained by calibrating the fluorescence response of known concentrations of H_2O_2 in the Oroboros O2k FluoRespirometer. Additionally, the end point absorbance was measured using a SpectraMax M5 plate reader at 570 nm with a separate calibration curve for the absorbance.

In-gel heme detection assay. Bacterial cytosolic or membrane fractions, or supernatants harvested from experiments incubating pneumococci with hemoglobin were combined with nonreducing loading buffer. Samples were not heated. The mixtures were loaded into a nondenaturing 12% Mini-Protean TGX precast gel (Bio-Rad), which was run for 2 h at 100 V in running buffer lacking sodium dodecyl sulfate (SDS). The gel was then stained using a published protocol[8]. Briefly, after electrophoresis, gels were immersed in a methanol-sodium acetate solution (pH 5) and incubated at room temperature on a rocking platform (VWR) at a speed of 1 for 2 min. After incubation, a solution of o-dianisidine-sodium acetate (pH 5) was added to the gel, which was incubated for 20 min in the dark. To visualize heme in the gel, 3% hydrogen peroxide was added, and the reaction was stopped by washing with distilled water. The gel was then photographed with a Canon Rebel EOS T5 camera system, and digital pictures analyzed.

Quantification of hemoglobin and heme. The concentration of heme or hemoglobin, was determined by using the QuantiChrom™ Heme Assay Kit or the QuantiChrom™ Hemoglobin Assay Kit (BioAssay), respectively. Heme and Hemoglobin levels were determined using manufacturer's instructions, calibration standards provided in each kit and using a BMG LabTech FLUOstar Omega spectrophotometer.

Mouse model of pneumococcal disease. Female 4-5week old Balb/c mice (Charles River Laboratories) were infected intranasally with 10^7 cfu/ml Spn resuspended in 50 µl PBS. The mock infection control group received 50 µl of PBS. Some mice were infected intraperitoneally with 10^7 CFU/ ml Spn resuspended in 100 µl PBS, while the control group received 100 µl PBS. Prior to the infection, the animals were anesthetized via inhalation of 5% isoflurane. Survival was monitored for up to four days. To avoid cross bacterial infection, mice with the same strain where housed within the same box. Animals were weighted daily whereas their behavior and appearance were monitored two times per day. Mice were euthanized when they lost ≥15% of their body weight, compared to their body weight before infection, or when mice were non-responsive to manual stimulation, and/or if they show signs of illness such as ruffled fur, intermittent hunching, and exhibiting respiratory distress. Blood was collected under anesthesia, and the nasopharyngeal tissue, and lungs, were excised post-euthanasia.

An aliquot of blood was immediately added with THY broth added with 10% glycerol and used for dilution and plating onto BAP containing gentamicin. Another aliquot of blood was left untreated and kept at 4°C for 20 min after which serum was separated by centrifugation at 1000 x g for 20 min. Serum was frozen at -80°C until used. Nasopharyngeal tissue, or the lungs, was split in two aliquots, one of them was fixed with 4% paraformaldehyde (PFA) and immediately stored at -80°C for histological analysis and confocal microscopy. The second aliquot was placed in THY added with 10% glycerol (THY-G) and a cocktail of 1X protease inhibitors and immediately homogenized after which the specimens were stored at -80°C. This aliquot was utilized for bacterial counts and for Western blot.

Histological analysis. The PFA-fixed lungs were paraffin-embedded, sectioned (~5 μm) and stained with hematoxylin and eosin (H&E) at the UMMC histology core facility. Micrographs of the tissues were captured with an Olympus BX63 inverted fluorescence microscope. The evaluation of cytotoxicity in various cellular compartments of the lung was conducted blindly by a certified Pathologist. Inflammatory cellular infiltration, bronchiolar hypertrophy, and the extent of bronchiolar exudate and cellular infiltration were assessed using a five-point severity scoring method.[9]

Quantification of immunofluorescence images. Confocal z-stacks micrographs were analyzed using the NIS Elements Basic Research software, version 4.30.01 build 1021. For quantifying encapsulated and non-encapsulated bacteria in lung of infected mice, a similar method was used as detailed above for the quantification of encapsulated bacteria in inocula. Region of interest (ROI) was selected to quantify bacteria in the different compartments of the lung.

Whole-genome sequencing. Genomic DNA was purified using the Qiagen QIAamp DNA Mini Kit as instructed by the manufacturer. The DNA was sequenced at the SeqCenter (Before known as MiGS Microbial Genome Sequencing Center) using the NextSeq 2000 platform. The paired-end read data were assembled and annotated using tools available on RAPT NCBI using g reference strain TIGR4 (AE005672). The sequences were deposited on NCBI GenBank (PRJNA1018957).

Construction of a *gnlP* mutant and complemented strain. To prepare a TIGR4 isogenic Δ*glnP* mutant, we PCR amplified upstream and downstream sequences of SP1241 (TIGR4 nomenclature) and the erythromycin resistance gene (*ermB*) from pJIR750[1]. All three fragments were sowed by PCR and the construct was purified using the QIAquick PCR Purification Kit (QIAGEN) and then transformed into TIGR4 or D39 using a standard transformation procedure (79). Transformants were harvested in BAP containing erythromycin (1 μg/ml), and the deletion of *glnP* was confirmed by PCR and sequencing (GenBank accession will be provided during revision).

The TIGR4Δ*spd1098* complemented strain was generated by return the gene back into same location. Firstly, the upstream and downstream parts of *spd1097* gene were amplified and merged with chloramphenicol gene which was amplified from pJIR750 plasmid. The fragment was inserted into TIGR4, and transformants were harvested in BAP with chloramphenicol (3.5 µg/ml) then, the DNA was extracted. Amplified around 8 kb fragment from it and transformed into TIGR4Δ*spd1098*. The chloramphenicol resistance and erythromycin susceptible colonies were selected. The insertion was confirmed by PCR and sequencing.

Preparation of a TIGR4Δ*spxB*Δ*lctO* expressing the green fluorescence protein (GFP). The gene encoding GFP, including a downstream chloramphenicol resistant cassette (*cat*), was amplified from a strain MK147[11], and the fragment was transformed into competent cells of TIGR4Δ*spxB*Δ*lctO*. Chloramphenicol resistant colonies were selected in BAP containing 3.5 µg/ml of the antibiotic. The insertion of the *gfp-cat* fragment was confirmed by PCR and sequencing and the expression of the GFP was verified by fluorescence microscopy.

RNA extraction and qRT-PCR analysis. Cells infected with Spn in 6-well plate collected after 4, 8, 12, and 16 h. Then cells were harvested, and the total RNA was extracted using the RNeasy Plus Mini Kit (QIAGEN) following the manufacturer's instructions. DNA was removed using the Turbo DNA-free Kit (Ambion by Life Technologies). The RNA concentration was obtained using a NanoDrop spectrophotometer (Thermo Fisher Scientific), and 1000 ng of RNA was cDNA transcribed using the iScript cDNA Synthesis Kit (Bio-Rad). Gene expression analysis was carried out using PerfeCTa qPCR ToughMix (QuantaBio) with ready to use mixture of primers with FAM probe (TaqMan® Gene Expression Assays, Thermo Fisher Scientific) and a CFX96 Touch real-time PCR system (Bio-Rad). The primers used for the qRT-PCR analysis were GAPDH, Cat, Nrf1, SOD1, and HO-1. The following conditions were utilized: 1 cycle at 95°C for 3 min and 40 cycles of 95°C for 15 s, 60°C for 30 s and 72°C for 30 s. Melting curves were generated to confirm the absence of primer dimers. The relative quantitation of mRNA expression was normalized to the constitutive expression of the housekeeping GAPDH gene and calculated by the comparative cycle threshold (2−ΔΔCT) method.

Statistical analysis. We performed one-way analysis of variance (ANOVA) followed by Dunnett's multiple-comparison test when more than two groups were compared or Student's t test to compare two groups, as indicated. All statistical analysis was performed using the software GraphPad Prism (version 8.3.1).

Transposon insertion site sequencing analysis of transposon mutant libraries. In brief, replicate starter cultures of a *S. pneumoniae* mariner transposon library in the D39 background containing sufficient cells to represent the mutant library by at least 100-fold were thawed, grown to log phase in THY, a sample taken for gDNA isolation (**t1**), and an aliquot used to inoculate fresh THY with and without Hb (10 µM) for growth in microtiter plates. Samples from planktonic (non-adherent) and biofilm cultures (adherent) were collected separately after 8 h and gDNA isolated (**t2**). The HITS variation of transposon insertion site sequencing was then conducted, essentially as previously described with some modifications, to specifically identify and quantitate transposon insertions throughout the genome within each selected library at t1 vs t2 [12,13]. Briefly, genomic DNA was sheared, ends repaired via T4 polymerase, 3' ends tailed with adenosine via Klenow polymerase, and custom adaptors[12] added via DNA ligase. After quantitation with a NanoDrop[TM] spectrophotometer and quality control by gel electrophoresis, transposon junctions were enriched via PCR with primers specific to the adaptor and to the mariner transposon arm[12], repurified, verified by gel electrophoresis and reamplified for barcode addition by PCR with a nested mariner transposon primer and Illumina 'BC' primers containing unique barcodes for each sample. Sample quality was validated via Agilent™ analysis prior to single-end Illumina HiSeq analysis. After sequencing, reads adjacent to transposon insertions were mapped to the genome and changes in mutant frequency (i.e., the number of reads per insertion) from **t1** to **t2** determined with the Burrows-Wheeler aligner[14,15]. The TRANSIT analysis pipeline implementing normalization (non-zero means at each site) and a resampling (permutation) test was used to statistically evaluate fitness of each mutant in the library under each experimental condition[15]. Sequencing yield was greater than 10 million reads per sample and after filtering to obtain only the genomic matches adjacent to the transposon ~7 million pseudoreads were obtained per sample. Input samples contained insertions within 46,417 unique genomic TA sites (*mariner* inserts only into the dinucleotide TA) of the total genomic 133,753 TA positions indicating a ~37% saturation of sites within the input library. Output samples all exceeded 34% saturation. Overall, these data indicated that library complexity was maintained throughout the experiment and sequencing coverage of transposon insertions was >150-fold. HITS raw sequences were deposited on NCBI GenBank (PRJNA1029615).

Sequence- and structure-based screening for potential heme-binding motifs (HBMs) in the amino acid ABC transporter. The sequence of the amino acid ABC transporter (*S. pneumoniae* serotype 2; UniProt: A0A0H2ZPN9) was screened for potential HBMs by using the web application HeMoQuest (http://131.220.139.55/SeqDHBM/)[16]. In total 13

potential HBMs were shortlisted, which were further subjected to manual refinement, combining overlapping motifs (around Y^{395} and Y^{397}) and excluding less suitable motifs (e.g., with acidic residues as in case of Y216). In order to gain insights into the accessibility of the predicted coordinating sites in the remaining nine motifs, a homology model of the ABC transporter monomer was generated by use of the structure prediction tool C-I-Tasser[17]. After manual inspection of the motifs within the homology model, motifs with sterically inaccessible coordinating residues (Y^{125}, Y^{269}, and Y^{635}) were excluded from selection, finally revealing six potential HBMs in the ABC transporter.

Synthesis and analytical characterization of ABC transporter-derived peptides. As described earlier[18,19], the six predicted HBMs (TTKSHKISK (**1**), IKDKYGFTI (**2**), NQSKYGYKIKT (**3**), LQNNYKQLL (**4**), SPYKSLR (**5**), IARNYQSFK (**6**)) were subjected to automated solid-phase peptide synthesis (SPPS; Economy Peptide Synthesizer EPS 221, Intavis). In brief, synthesis of peptides **1** − **6** was performed following standard 9-fluorenylmethyloxycarbonyl/*tert*-butyl (Fmoc/tBu) strategy on Rink amide MBHA resin (0.67 mmol/g loading). 2-(1H-benzotriazol-1-yl)-1,1,3,3-tetramethyluronium hexafluorophosphate (HBTU) served as the coupling agent. Side-chain deprotection and cleavage of the peptide from resin was achieved by adding reagent K (0.75 g phenol, 0.25 ml ethandithiol, 0.5 ml thioanisol) in 95% trifluoroacetic acid (1 ml per 100 mg resin) for a reaction time of 3 h at room temperature. The crude products were precipitated in cold diethyl ether and several times washed with the same. Afterwards, the crude products were purified by semipreparative reverse-phase high-performance liquid chromatography (RP-HPLC; LC-8A, Shimadzu) on a C18 reversed phase Eurospher 100 column. Subsequently, purity and identity of the peptides was proven by analytical RP-HPLC (LC10AT, Shimadzu, equipped with C18 reversed phase Vydac 218TP54 column), thin-layer chromatography (TLC), and electrospray ionization mass spectrometry (ESI-MS; micrOTOF-Q III, Bruker Daltonics GmbH), respectively (Table S4). The peptide content was determined by analytical RP-HPLC through comparison to an internal peptide standard and considered for further usage.

UV/vis spectroscopic binding studies of heme with the ABC transporter-derived peptides. Using an established experimental setup[18-20], the heme-binding capacity of peptide **1** − **6** was determined by UV/vis spectroscopy. In brief, heme (0.4 − 40 µM) was preincubated with each peptide in a constant concentration (5 − 20 µM) in 4-(2-hydroxyethyl)-1-piperazineethanesulfonic acid (HEPES) buffer (100 mM, pH 7.0) for 30 min at room temperature. Absorbance spectra (300 − 600 nm) were recorded using a Multiskan GO spectrophotometer (Thermo Fisher Scientific). Difference spectra were obtained by substraction of the spectra from heme and peptide only from the spectra from the heme-peptide

complexes. Dissociation constants (KD) were determined by usage of the earlier established equation of Pîrnău and Bogdan in GraphPad Prism 8.0[20].

Molecular docking of heme to the amino acid ABC transporter. For HBMs **1**, **3**, and **5**, molecular docking studies were conducted in YASARA (version 21.8.27[21]), as described earlier[19]. In brief, for each motif, a cubic simulation cell of 10 Å x 10 Å x 10 Å was built around the predicted coordinating residue in the by C-I-Tasser produced homology model (Zheng et al., 2021). Focused docking was performed by using the heme ligand as downloaded from the ChemSpider database (ID: 16739951[22]) and applying the Autodock Vina algorithm as implemented in YASARA[21,23]. Force Field calculations were done according to AMBER14 force field[24].

Primary metabolism analysis of pneumococcal cultures containing oxidized hemoglobin. THY or THY containing 10 μM hemoglobin (Hb-Fe^{3+}), was infected with either TIGR4 or TIGR4$\Delta sxB\Delta lctO$, in a 6-well microplate, and the cultures were incubated for 2 or 4 h at 37°C in a 5% CO_2 atmosphere. The culture supernatant was removed, filter sterilized with a 0.22 μm syringe filter and immediately frozen at -80°C. Aliquots of these frozen supernatants were analyzed by spectroscopy to investigate the oxidation of hemoglobin. Primary metabolism by gas chromatography-time of flight mass spectrometry (GC-TOF MS) was performed at the West Coast Metabolomics Center, UC Davis. Briefly, samples extracted using 1ml of 3:3:2 ACN:IPA:H_2O (v/v/v). Half of the sample was dried to completeness and then derivatized using 10 μl of 40 mg/ml of methoxyamine in pyridine. They were shaken at 30°C for 1.5 h. Then 91 μl of MSTFA + FAMEs to each sample and they were shaken at 37°C for 0.5 h to finish derivatization. Samples were then vialed, capped, and injected onto the instrument. We use a 7890A GC coupled with a LECO TOF. 0.5 μl of derivatized sample is injected using a splitless method onto a RESTEK RTX-5SIL MS column with an Intergra-Guard at 275°C with a helium flow of 1 ml/min. The GC oven is set to hold at 50°C for 1 min then ramp to 20°C/min to 330°C and then hold for 5 min. The transferline was set to 280°C while the EI ion source was set to 250°C. The Mass spec parameters collect data from 85m/z to 500m/z at an acquisition rate of 17 spectra/sec. Raw data were processed by LECO ChromaTOF version 4.5 for baseline subtraction, deconvolution and peak detection, while BinBase was used for annotation and reporting.[25]

Quantification of metals in lung tissue. Elemental images of lung sections were collected via laser ablation inductively coupled plasma time of flight mass spectroscopy (LA-ICP-TOF-MS) at the Biomedical National Elemental Imaging Resource (BNEIR) at Dartmouth College (NIGMS R24GM141194) in April 2023. Instrumentation consisted of an

imageBIO266 laser ablation unit (Elemental Scientific Lasers,) and a Vitesse ICP-TOF-MS detection system (Nu Instruments,).

Laser ablation used the imaging cup, a 10 μm spot size, 150 Hz repetition rate, with He gas flow through both imaging cup and sample chamber at 225 L/min, a scan speed of 1500 μm/sec and a fluence of 3 J/cm^2. The LA unit was connected to the Vitesse via a Dual Concentric Injection (DCI) connection unit, with a nebulizer argon flow of 1150 L/min, and the Vitesse was operated in H_2 gas mode. The mass range scanned was 22 to 260, omitting masses 27.5 to 40.5 to prevent over-saturation of the Vitesse detector. The LA-ICP-TOF-MS was tuned daily using the NIST 612 glass standard to optimize performance.

Quantification of detector counts into parts per million used analysis of a custom-made micro-spotted gel standard calibration series[26] consisting of 5 concentration levels, collected before and after analysis of each sample. Data reduction was conducted using the Iolite application package[27], which conducts background subtraction and quantification using the Howell method [28] as part of the 3D Trace Elements data reduction scheme.

References

1. Vidal, J.E., Ludewick, H.P., Kunkel, R.M., Zahner, D., and Klugman, K.P. (2011). The LuxS-dependent quorum-sensing system regulates early biofilm formation by Streptococcus pneumoniae strain D39. Infect Immun *79*, 4050-4060. 10.1128/IAI.05186-11.

2. Wu, X., Jacobs, N.T., Bozio, C., Palm, P., Lattar, S.M., Hanke, C.R., Watson, D.M., Sakai, F., Levin, B.R., Klugman, K.P., and Vidal, J.E. (2017). Competitive Dominance within Biofilm Consortia Regulates the Relative Distribution of Pneumococcal Nasopharyngeal Density. Appl Environ Microbiol *83*. 10.1128/AEM.00953-17.

3. Alibayov, B., Scasny, A., Khan, F., Creel, A., Smith, P., Vidal, A.G.J., Fitisemanu, F.M., Padilla-Benavides, T., Weiser, J.N., and Vidal, J.E. (2022). 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. 10.1128/iai.00471-22.

4. Tai, S.S., Wang, T.R., and Lee, C.J. (1997). Characterization of hemin binding activity of Streptococcus pneumoniae. Infect Immun *65*, 1083-1087. 10.1128/IAI.65.3.1083-1087.1997.

5. Rowe, H.M., Karlsson, E., Echlin, H., Chang, T.C., Wang, L., van Opijnen, T., Pounds, S.B., Schultz-Cherry, S., and Rosch, J.W. (2019). Bacterial Factors Required for Transmission of Streptococcus pneumoniae in Mammalian Hosts. Cell Host Microbe *25*, 884-891 e886. 10.1016/j.chom.2019.04.012.

6. Clinical and Laboratory Standards Institute. (2016). Methods for antimicrobial dilution and disk susceptibility testing of infrequently isolated or fastidious bacteria, 3rd edition. Edition (Clinical and Laboratory Standards Institute).

7. Saito, M., Seki, M., Iida, K., Nakayama, H., and Yoshida, S. (2007). A novel agar medium to detect hydrogen peroxide-producing bacteria based on the prussian blue-forming reaction. Microbiol Immunol *51*, 889-892. 10.1111/j.1348-0421.2007.tb03971.x.

8. Maitra, D., Byun, J., Andreana, P.R., Abdulhamid, I., Diamond, M.P., Saed, G.M., Pennathur, S., and Abu-Soud, H.M. (2011). Reaction of hemoglobin with HOCl: mechanism of heme destruction and free iron release. Free Radic Biol Med *51*, 374-386. 10.1016/j.freeradbiomed.2011.04.011.

9. Gingles, N.A., Alexander, J.E., Kadioglu, A., Andrew, P.W., Kerr, A., Mitchell, T.J., Hopes, E., Denny, P., Brown, S., Jones, H.B., et al. (2001). Role of genetic resistance in invasive pneumococcal infection: identification and study of susceptibility and resistance in inbred mouse strains. Infect Immun *69*, 426-434. 10.1128/IAI.69.1.426-434.2001.

10. Wang, H., Hou, L., Kwak, D., Fassett, J., Xu, X., Chen, A., Chen, W., Blazar, B.R., Xu, Y., Hall, J.L., et al. (2016). Increasing Regulatory T Cells With Interleukin-2 and Interleukin-2 Antibody Complexes Attenuates Lung Inflammation and Heart Failure Progression. Hypertension *68*, 114-122. 10.1161/HYPERTENSIONAHA.116.07084.

11. Kjos, M., Aprianto, R., Fernandes, V.E., Andrew, P.W., van Strijp, J.A., Nijland, R., and Veening, J.W. (2015). Bright fluorescent Streptococcus pneumoniae for live-cell imaging of host-pathogen interactions. J Bacteriol *197*, 807-818. 10.1128/JB.02221-14.

12. Wong, S.M., Gawronski, J.D., Lapointe, D., and Akerley, B.J. (2011). High-throughput insertion tracking by deep sequencing for the analysis of bacterial pathogens. Methods Mol Biol *733*, 209-222. 10.1007/978-1-61779-089-8_15.

13. Gawronski, J.D., Wong, S.M., Giannoukos, G., Ward, D.V., and Akerley, B.J. (2009). Tracking insertion mutants within libraries by deep sequencing and a genome-wide screen for Haemophilus genes required in the lung. Proc Natl Acad Sci U S A *106*, 16422-16427. 10.1073/pnas.0906627106.

14. Li, H., and Durbin, R. (2009). Fast and accurate short read alignment with Burrows-Wheeler transform. Bioinformatics *25*, 1754-1760. 10.1093/bioinformatics/btp324.

15. DeJesus, M.A., Ambadipudi, C., Baker, R., Sassetti, C., and Ioerger, T.R. (2015). TRANSIT--A Software Tool for Himar1 TnSeq Analysis. PLoS Comput Biol *11*, e1004401. 10.1371/journal.pcbi.1004401.

16. Paul George, A.A., Lacerda, M., Syllwasschy, B.F., Hopp, M.T., Wissbrock, A., and Imhof, D. (2020). HeMoQuest: a webserver for qualitative prediction of transient heme binding to protein motifs. BMC Bioinformatics *21*, 124. 10.1186/s12859-020-3420-2.

17. Zheng, W., Zhang, C., Li, Y., Pearce, R., Bell, E.W., and Zhang, Y. (2021). Folding non-homologous proteins by coupling deep-learning contact maps with I-TASSER assembly simulations. Cell Rep Methods *1*. 10.1016/j.crmeth.2021.100014.

18. Kuhl, T., Sahoo, N., Nikolajski, M., Schlott, B., Heinemann, S.H., and Imhof, D. (2011). Determination of hemin-binding characteristics of proteins by a combinatorial peptide library approach. Chembiochem *12*, 2846-2855. 10.1002/cbic.201100556.

19. Hopp, M.T., Alhanafi, N., Paul George, A.A., Hamedani, N.S., Biswas, A., Oldenburg, J., Potzsch, B., and Imhof, D. (2021). Molecular Insights and Functional Consequences of the Interaction of Heme with Activated Protein C. Antioxid Redox Signal *34*, 32-48. 10.1089/ars.2019.7992.

20. Kuhl, T., Wissbrock, A., Goradia, N., Sahoo, N., Galler, K., Neugebauer, U., Popp, J., Heinemann, S.H., Ohlenschlager, O., and Imhof, D. (2013). Analysis of Fe(III) heme binding to cysteine-containing heme-regulatory motifs in proteins. ACS Chem Biol *8*, 1785-1793. 10.1021/cb400317x.

21. Krieger, E., and Vriend, G. (2014). YASARA View - molecular graphics for all devices - from smartphones to workstations. Bioinformatics *30*, 2981-2982. 10.1093/bioinformatics/btu426.

22. Pence, H.E., and Williams, A. (2010). ChemSpider: An Online Chemical Information Resource. J Chem Educ *87*, 1123-1124. 10.1021/ed100697w.

23. Krieger, E., and Vriend, G. (2015). New ways to boost molecular dynamics simulations. J Comput Chem *36*, 996-1007. 10.1002/jcc.23899.

24. Duan, Y., Wu, C., Chowdhury, S., Lee, M.C., Xiong, G., Zhang, W., Yang, R., Cieplak, P., Luo, R., Lee, T., et al. (2003). A point-charge force field for molecular mechanics simulations of proteins based on condensed-phase quantum mechanical calculations. J Comput Chem *24*, 1999-2012. 10.1002/jcc.10349.

25. Skogerson, K., Wohlgemuth, G., Barupal, D.K., and Fiehn, O. (2011). The volatile compound BinBase mass spectral database. BMC Bioinformatics *12*, 321. 10.1186/1471-2105-12-321.

26. Theiner, S., Egger, A., Keppler, B., Heffeter, P., Kornauth, C., Theiner, S., Heffeter, P., and Keppler, B. (2014). Bioimaging and quantification of metal-based anticancer drugs using LA-ICP-MS. Journal of Biological Inorganic Chemistry *19*, S681-S681.

27. Paton, C., Hellstrom, J., Paul, B., Woodhead, J., and Hergt, J. (2011). Iolite: Freeware for the visualisation and processing of mass spectrometric data. Journal of Analytical Atomic Spectrometry *26*, 2508-2518. 10.1039/c1ja10172b.

28. Howell, D., Griffin, W.L., Pearson, N.J., Powell, W., Wieland, P., and O'Reilly, S.Y. (2013). Trace element partitioning in mixed-habit diamonds. Chem Geol *355*, 134-143. 10.1016/j.chemgeo.2013.07.013.