Pathogenic rickettsiae utilize the phosphatidylserine binding receptor CD300f on macrophages for host invasion and pathogenesis.

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Author Contributions

O.H.V., M.S.R., and A.F.A. planned the research, analyzed, and interpreted the data; O.H.V., I.M., H.G., M.S., S.U., and M.S.R. performed the experiments; A.F.A., and O.H.V., contributed to the overall project administration and supervision; O.H.V., M.S.R., and A.F.A. wrote the manuscript; and all authors participated in editing the manuscript.

Abstract

Some arthropod-borne obligate intracellular rickettsiae are among the most virulent human pathogens. Upon entry, *Rickettsia* species modulate immune (e.g., macrophages; MΦ) and non-immune cell (e.g., endothelial cells) responses to create a habitable environment for host colonization. In particular, MΦ play a crucial role in either terminating an infection at an early stage or succumbing to bacterial replication and colonization. However, our understanding on how *Rickettsia* species modulate crucial cellular processes within MΦ, including phagocytosis, and host cell defenses, to establish an intracytosolic replication niche, remain poorly defined. In this study, we describe a previously unappreciated mechanism, in which pathogenic rickettsiae infection is mediated by the phosphatidylserine (PS)-binding receptor, CD300f. We found that CD300f$^{-/-}$ mice but not wild-type (WT) C57BL/6J mice were protected against *R. typhi-* or *R. rickettsii* [*Shelia Smith*]-induced fatal rickettsiosis. Adoptative transfer studies further revealed that CD300f-expressing bone marrow-derived macrophages (BMDMΦ) are important mediators to control rickettsiosis in WT mice. Mechanistical analysis, using WT or CD300f$^{-/-}$ BMDMΦ, showed that CD300f facilitates the engulfment of both pathogenic *R. typhi* and *R. rickettsii* species, likely via a PS-mediated mechanism. Furthermore, CD300f was involved in the intracytosolic replication of both pathogenic rickettsiae by differentially modulating the anti-inflammatory Interleukin (IL)-10 and anti-rickettsial IL-1α and IL-1β cytokine responses. Collectively, our findings describe a previously unappreciated role for the efferocytic receptor, CD300f, to facilitate engulfment and the intracellular survival of pathogenic rickettsiae within the host.

Significance Statement

Vector-borne diseases, which are transmitted by hematophagous arthropods, like ticks and fleas, present a perilous threat to public health. In fact, tick- and flea-borne rickettsial diseases are on the rise globally and our current inadequate understanding on how *Rickettsia* interacts with their mammalian host has significantly impaired the development of effective interventions against pathogenic rickettsial infections. Here, we identified the phosphatidylserine (PS)-receptor, CD300f, as an important mediator of pathogenic rickettsiae infection *in vivo* and *in vitro*. Specifically, we showed that CD300f-expressing macrophages facilitate rickettsial infection by differentially modulating anti-inflammatory Interleukin (IL)-10 and anti-rickettsial IL-1α and IL-1β

cytokine responses. In sum, our data described CD300f as an important regulator of rickettsial infection and

may present a target for therapeutic intervention.

Introduction

Vector-borne diseases represent a serious concern for global public health. In the United States, many

vector-borne pathogens, transmitted by hematophagous arthropods (e.g., ticks and fleas), are on the rise, as

exemplified by recent outbreaks of *R. rickettsii*, an etiologic agent of Rocky Mountain Spotted Fever, in Arizona

(1) and of *R. typhi*, an etiologic agent of murine typhus, in California (2) and in Texas (3). Human infection with

rickettsiae occurs via infected arthropods (e.g., ticks and fleas) either through their bite or deposited infected

feces into host's dermis and mucosal surfaces. Upon entry, *Rickettsia* species (spp) encounter tissue-resident

immune cells, like macrophages (MΦ) and dendritic cells (4). MΦ play a crucial role in either terminating an

infection at an early stage of host invasion, which commonly is the fate of non-pathogenic *Rickettsia* spp, or

succumbing to bacterial replication and pathogen colonization as well as host dissemination to distant organs

(4). However, the key cellular processes of rickettsial obligate lifestyle, which includes *I)* internalization by

phagocytosis (into professional phagocytes, like MΦ) or by induced phagocytosis (into main target endothelial

cells), *II)* regulation of membrane dynamics and intracellular trafficking, and *III)* evasion of host defenses to

establish an intracytosolic replication niche, remain poorly defined and have impaired the development of

effective interventions against pathogenic rickettsiae (4, 5). Specifically, our understanding on rickettsiae-

induced phagocytosis relies mostly on reports from endothelial cells, leaving the mechanism of engulfment of

rickettsiae by host defense cells, like MΦ, widely unexplored. In fact, preceding research on endothelial cells

has revealed the identity of four host receptors Ku70 (6), α2β1 (7), FGFR1 (8), Epac1 (9), with limited effects

on *Rickettsia* invasion (~ 40%) when silenced individually, supporting the hypothesis of an alternative receptor

(on host)-ligand (on rickettsiae) system for rickettsial engulfment. Yet the precise mechanism(s) remain to be

elucidated.

Phagocytosis of apoptotic cells (AC) by MΦ [aka efferocytosis], is critical for maintaining homeostasis

by removing ACs before becoming proinflammatory and immunogenic causing autoimmune diseases (10, 11).

Importantly, the same mechanism can also be hijacked by various pathogens, including viruses and bacteria,

to promote host cell invasion (12). In fact, pathogens have been shown to exploit efferocytosis through

externalization of "eat-me" signals [e.g., phosphatidylserine (PS)] to gain access to various PS-binding

receptors on MΦ, including CD300s (12, 13) to evade host immune surveillance, and to promote their

dissemination within the host (12). The CD300 family are type I transmembrane cell surface receptors with a

single immunoglobulin (Ig)V-like extracellular domain that can transmit either activating or inhibitory signals

(11, 14, 15). Specifically, activating receptors have usually short intracellular tails and gain activation potential

through binding of adaptor molecules (e.g., DAP12) harboring immunoreceptor tyrosine-based activation

motifs. In contrast, inhibitory receptors have immunoreceptor tyrosine-based inhibitory motifs within their

intracellular tails. The orthologous mouse family has a variety of names, including CMRF-like molecules (CLM)

(15), but for simplicity, herein, we use the human nomenclature for both species. CD300f is predominantly

expressed by myeloid cells and is unique as it displays both activating and inhibitory signaling capabilities (11,

15). Moreover, CD300f is a PS-binding receptors, which regulates efferocytosis in professional phagocytes

(e.g., MΦ) (11, 15–19). In line with such unique role CD300f has also been shown to play an important role in

modulating allergic, inflammatory, autoimmune viral and bacterial responses. However, the contributing role of

PS-binding receptor CD300f during rickettsiae engulfment in MΦ (or other immune defense cells) causing

ultimately fatal rickettsiosis has not been investigated.

Here, we assessed the functional role of CD300f in rickettsial pathogenesis, by taking advantage of a

well-accepted *CD300f* knockout mouse model (17). Our studies demonstrate, using our previously established

mouse model of fatal rickettsiosis (20), that CD300f$^{-/-}$ mice, but not wild-type (WT) C57BL/6J mice were

protected against *R. typhi*- or *R. rickettsii* [*Shelia Smith*]-induced lethality. Adoptative transfer studies identified

CD300f-expressing bone marrow-derived macrophages (BMDMΦ) as critical mediators in controlling rickettsial

infection in mice. Further mechanistical analysis showed that CD300f facilitates the engulfment of *R. typhi* and

R. rickettsii into BMDMΦ, likely via PS-dependent mechanism. In addition, our data suggest the survival

advantage of *R. typhi* and *R. rickettsii* within WT BMDMΦ is due to a CD300f-mediated increase in the

expression of anti-inflammatory IL-10 levels and the decrease in anti-rickettsial IL-1α and IL-1β cytokine

responses. Collectively, our findings describe a previously unappreciated role for CD300f during rickettsial

infection.

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Results

CD300f exacerbates the pathogenesis of rickettsiae.

Efferocytosis carried out by professional phagocytes (e.g., MΦ) is critical for maintaining cellular

homeostasis by removing large quantities of ACs before they become proinflammatory and immunogenic

causing the development of autoimmune diseases (10–12). Importantly, the same mechanism can also be

hijacked by viruses and bacteria to promote their host invasion (12, 13). In fact, both kind of pathogens utilize

PS externalization to gain access to PS-receptors, including Tyro3, Axl, MerTK, TIM1/4, or CD300s (e.g.,

CD300f) (12, 13). As a result, we undertook experiments to investigate, how pathogenic *Rickettsia* exploit

efferocytic receptor-mechanisms to invade and colonize the host and initiate disease. We tested the *in vivo*

role for CD300f in *Rickettsia* colonization by employing our established C57BL/6J wild-type (WT) mouse model

of severe (~LD_{50}) rickettsiosis using both pathogenic *R. typhi* or *R. rickettsii* spp (20). As shown previously, we

observed a mortality rate of ~50% in WT mice using *R. typhi* (~68 hpi) and *R. rickettsii* (~50 hpi) (Figs. 1A and

1C). Our findings further showed that, *R. typhi*- or *R. rickettsii*-infected CD300f$^{-/-}$ mice, but not WT mice,

showed no signs of lethality during infection (Figs. 1A and 1C). Bacterial burden in spleens from both

Rickettsia spp infected WT and CD300f$^{-/-}$ mice confirmed successful infection at day 3 post-infection.

Furthermore, *R. typhi*- and *R. rickettsii*-infected WT mice displayed a significantly higher bacterial burden in the

spleens as compared to that from both *Rickettsia* spp infected CD300f$^{-/-}$ mice at day 3 and 7 (Figs. 1B and 1D).

This correlated with the observed differences in the spleen sizes and weights of the infected animals (Fig. S1).

In sum, these data suggest that presence of CD300f exacerbates rickettsiosis *in vivo*.

Macrophages are crucial mediators of *R. typhi* and *R. rickettsii* infection *in vivo*.

Given the findings from others and our laboratory highlighting the importance of MΦ during rickettsiae

infection, we wanted to explore the role of MΦ in modulating the susceptibility differences between CD300f$^{-/-}$

and WT mice during *R. typhi* and *R. rickettsii* infection. As such, we first injected C57/B6J WT and CD300f$^{-/-}$-

deficient mice via tail vein (*i.v.*) with liposome-encapsulated phosphate-buffered saline (PBS)- or

dichloromethylene biphosphate (Cl$_2$MBP) at 48 and 24 hrs to deplete endogenous MΦ as described previously

(18, 20). Next, mice were infected with a lower dose (10^5 PFU) of either *R. typhi* or *R. rickettsii* that resulted in

a ~LD_{25} in WT mice, which agrees with our previous findings (20) (Fig. 2A). Our data further showed that

depletion of MΦ not only enhanced the mortality rate of *R. typhi*- and *R. rickettsii*-infected WT mice but also

impaired the survival advantage observed in CD300f$^{-/-}$ mice (Figs. 2B & 2D). In contrast, injection of PBS-

liposomes did not alter the mortality rate of *R. typhi-* or *R. rickettsii*-infected WT or CD300f^{-/-} mice (Figs. 2B &

2D). Of note, development of splenomegaly and consequently bacterial loads within the spleens was

significantly increased in rickettsiae-infected Cl$_2$MBP-treated mice as compared to bacteria-infected PBS-

liposomes treated WT and CD300f^{-/-} animals (Fig. S2, Figs. 2C & 2E). Taken together our findings suggest that

the presence of CD300f on MΦ plays a key role in rickettsial infection.

CD300f on macrophages contributes to *R. typhi* and *R. rickettsii* infection *in vivo*.

To further assess the role of CD300f-expressing MΦ in modulating rickettsiosis *in vivo*, we next injected

WT mice via tail vein (*i.v.*) with PBS- or Cl$_2$MBP-liposome at 72 and 48 hrs prior to injections with bone marrow

derived MΦ (BMDMΦ) purified from either CD300f^{-/-}, or WT mice at a concentration of 5 x 10^6 cells per mouse

(Fig. 3A). Twenty-four hours later, mice were injected (*i.v.*) with either *R. typhi* or *R. rickettsii* [10^5 PFU] (Figs.

3B & 3D), similar to infection models of mild rickettsiosis as described previously (20). Our data showed that

removal of MΦ not only enhanced the mortality rate of both *R. typhi-* and *R. rickettsii*-infected WT mice but also

showed that adoptively transferred BMDMΦ from WT mice partially rescued fatal rickettsiosis in Cl$_2$MBP-

treated WT mice (Figs. 3B & 3D). Importantly, injection of BMDMΦ from CD300f^{-/-} mice into Cl$_2$MBP-treated

WT mice further reduced the mortality rate of *R. typhi-* or *R. rickettsii*-infected WT mice to levels seen in

bacterial-infected PBS-liposomes treated WT mice (Figs. 3B & 3D). In line with our findings, the development

of splenomegaly and bacterial loads within the spleens was significantly increased in Cl$_2$MBP-treated WT mice

as compared to PBS-liposomes treated WT mice (Fig. S3, Figs. 3C & 3E). Moreover, adoptive transfer of WT

BMDMΦ reduced the bacterial burden in rickettsiae-infected Cl$_2$MBP-treated WT mice (Figs. 3C & 3E).

Importantly, injection of BMDMΦ from CD300f^{-/-} mice further reduced the bacterial burden in Cl$_2$MBP-treated

WT mice, reaching close to the levels observed in rickettsiae-infected PBS-liposomes treated WT mice (Figs.

3C & 3E). Collectively, these data showed that CD300f-expressing MΦ are crucial in modulating host invasion

by pathogenic *Rickettsia* from both SFG and TGs.

CD300f, but no other member of CD300 family contributes to *R. typhi-* or *R. rickettsii* infection in

macrophages.

As iterated above, MΦ are one of the cell types first encountered by rickettsiae at the site of infection

and are considered key players to either terminate the infection early at the skin site or allow initial pathogen

colonization and subsequent dissemination within the host (4). In fact, our recent findings showed that

pathogenic rickettsiae modulate inflammasome- and autophagy-dependent responses in MΦ to facilitate

replication within the host (20, 21). As data shown above revealed that CD300f-expressing MΦ play an

important role in host invasion by pathogenic *Rickettsia* spp, we further evaluated if any other CD300 family

member contributes to bacterial infection into host. We focused on family members that function as activating

receptors promoting efferocytosis by MΦ (e.g., CD300d, or others)(11, 15, 17, 18, 22). In this effort, we

assessed the phagocytic capability of purified BMDMΦ from WT, CD300d$^{-/-}$ or CD300f$^{-/-}$ mice, to engulf *R. typhi*

or *R. rickettsii* by immunofluorescent assay (IFA). Our data showed that, unlike WT or CD300d$^{-/-}$ BMDMΦ,

phagocytosis of both *R. typhi* and *R. rickettsii* was significantly reduced in CD300f$^{-/-}$ BMDMΦ (Fig. 4A). To

further confirm these findings, we employed qRT-PCR and found similar results (Fig. 4B). These data indicate

that CD300f, but not CD300d, contributed to the engulfment of *R. typhi* and *R. rickettsii* into MΦ. As CD300f

primarily functions as a PS-binding receptors to regulate efferocytosis (11, 16–19, 22), we further determined

whether CD300f-mediated engulfment of pathogenic rickettsiae by MΦ involves PS. This was achieved by

using purified *R. typhi* and *R. rickettsii* incubated with increasing concentrations of recombinant Annexin V

(rAnxV), a molecule known to block PS-mediated efferocytosis (16, 17, 22), and then utilized to infect WT

BMDMΦ. To distinguish adherent from engulfed bacteria, rickettsial engulfment was determined by differential

staining for IFA as described previously (20, 23). Our findings showed that pretreatment with rAnxV inhibited

the engulfment of both pathogenic rickettsiae in a dose-dependent manner (Figs. S4A & S4B). In addition,

experiments using heat-inactivated (HI) rAnxV were employed as specificity control and failed to inhibit

bacteria uptake (Figs. S4A & S4B), indicating that PS is likely a ligand contributing to *R. typhi* or *R. rickettsii*

invasion of MΦ. Engagement of the PS-CD300f-mechanism is commonly linked to an anti-inflammatory

cytokine response (11, 16–19, 22). Intriguingly, we recently showed that the intracellular survival of pathogenic

rickettsiae involved in the downregulations of pro-inflammatory cytokine responses, including IL-1α and IL-

1β (20).

To gain further mechanistic insight, we evaluated the anti-inflammatory IL-10 and pro-inflammatory IL-

1β and IL-1α cytokine responses in cultured supernatants of *R. typhi*- and *R. rickettsii*-infected WT BMDMΦ, as

well as CD300f$^{-/-}$ BMDMΦ. We observed that infection of WT BMDMΦ with *R. typhi* or *R. rickettsii* produced

significantly lower levels of IL-1β or IL-1α cytokine, while infection of CD300f$^{-/-}$ BMDMΦ resulted in an increase

of IL-1β or IL-1α cytokine levels (Fig. 4C). Furthermore, we found that *R. typhi*- or *R. rickettsii*-infected WT

BMDMΦ produced significantly higher levels of IL-10, as compared to infection of CD300f$^{-/-}$ BMDMΦ with

pathogenic rickettsiae (Fig. 4C). Given these data, we sought to determine the biological importance of

CD300f-dependent modulation of IL-1β or IL-1α cytokine responses in restricting the survival of both

pathogenic rickettsiae in MΦ. In this effort, we neutralized the activity of IL-1β or IL-1α cytokines using anti-IL-

1β or anti-IL-1α antibodies and assessed the effect on the bacterial burdens for *R. typhi*-, and *R. rickettsii*-

infected WT or CD300f$^{-/-}$ BMDMΦ. Neutralization of IL-1α or IL-1β (with a lower effectiveness) resulted in an

increase in bacterial loads of *R. typhi*-, or *R. rickettsii*-infected WT BMDMΦ (Figs. 4D & 4E). Importantly,

antibody neutralization of IL-1α or IL-1β (with a lower effectiveness), increased the bacterial burdens of *R.

typhi*-, and *R. rickettsii*-infected CD300f$^{-/-}$ BMDMΦ, reaching the levels similar to that observed in infected WT

BMDMΦ (Figs. 4D & 4E). Of note, concurrent anti-IL-1β and anti-IL-1α antibody treatments in *R. typhi*- and *R.

rickettsii*-infected WT or CD300f$^{-/-}$ BMDMΦ did not result in a synergistic effect (Figs. 4D & 4E). The efficiency

of antibody-mediated blocking was validated by comparing the levels of IL-1α or IL-1β cytokines in the

supernatants of IgG isotype control, IL-1α or IL-1β antibody-treated Rickettsia-infected WT BMDMΦ, as well as

CD300f$^{-/-}$ BMDMΦ (Fig. S5). Collectively, our data present a previously unappreciated pathway by which

pathogenic rickettsiae engage the efferocytic receptor, CD300f, on MΦ to support their host invasion.

Discussion

Successful host invasion by intracellular bacteria requires receptor-ligand engagement and subversion of

host endocytic bactericidal pathways (24, 25). However, research on how *Rickettsia* spp invade, and avoid

cytosolic defense surveillance for host colonization is only now emerging beyond the difficulties posed by their

obligate intracellular replication and a life cycle that involves arthropod and vertebrate hosts (4, 5). In fact,

research focused on characterizing *Rickettsia*-specific immunodominant outer membrane proteins [e.g.,

surface cell antigens (Scas)] or ligands, like lipopolysaccharides (LPS) failed to show a significant impact on

the virulence in mammalian host systems (26, 27). One possible explanation for these failed approaches is the

presence of alternative but readily available outer membrane components that could function as ligands for

host receptors. In addition, preceding research on endothelial cells, originally considered the main host target

of rickettsiae, resulted in the identification of four probable host cell receptors [Ku70 (6), α2β1 (7), FGFR (8),

Epac (9)]. However, selective targeting of those receptors, showed only moderate inhibition of *Rickettsia*

invasion, indicating cooperative and/or alternative receptor-ligand systems for bacteria engulfment. Intriguingly,

no receptor-ligand mechanism for rickettsial invasion has been identified for professional phagocytes, like MΦ.

To address this knowledge gap, we focused on receptor-ligand systems involved in efferocytosis, a highly anti-

inflammatory mechanism required for cellular homeostasis, which is often hijacked by pathogens, including

viruses and bacteria, to promote their own host invasion (10–13, 25, 28). As this process involves the

recognition of "eat me" signals [e.g., phosphatidylserine (PS)] on apoptotic cells (ACs) through various PS-

receptors, including MerTK, TIM1/4, or CD300s (e.g., CD300f) (10–13, 25, 28), we took advantage of the well-

established *CD300f* knockout mouse model (17). Our studies demonstrate that CD300f$^{-/-}$ but not WT mice were

protected against *R. typhi-* or *R. rickettsii* [*Shelia Smith*]-induced fatal rickettsiosis. As preceding findings from

other and our laboratory suggest that rickettsiae exhibit species-specific immune modulatory responses in MΦ

to establish an intracellular niche (20, 21, 23, 29–36), we next evaluated the role of CD300f on MΦ during

rickettsial infection. Using *in vivo* depletion and adoptative transfer studies we showed that CD300f-expressing

MΦ are crucial in controlling rickettsial infection *in vivo*. Of note, our study did not evaluate a potential

contributing role of other CD300f-expressing cell types, including among other neutrophils or dendritic cells.

CD300f has been shown to suppress the antimicrobial activity of neutrophils against *Pseudomonas aeruginosa*

and *Candida albicans* infection (37). However, infection studies using pathogenic rickettsiae suggest that

neutrophils do not alter the course of rickettsiosis or contribute to the restriction of bacterial growth (35).

Dendritic cells seem to mount different immune responses against *R. conorii* infection dependent on the *in vivo*

model (protective type 1 response in C57BL/6 mice vs. suppressive adaptive immunity in C3H/HeN animals)

(38) Intriguingly, reports from other laboratory imply that in contrast to CD300f function on MΦ, its expression

inhibited efferocytosis by dendritic cells (39) suggesting that CD300f might modulates rickettsiae infection and

immune responses differently in dendritic cells as compared to MΦ, however the precise mechanism remains

to be investigated.

As the CD300 family is composed of several members we next addressed the contributing rules of other

family members using bone marrow-derived macrophages (BMDMΦ) deficient in the expression of specific

CD300 receptors (e.g., CD300d), and showed that CD300f, but not CD300d, plays a predominant rule in

facilitating pathogenic rickettsiae infection. However, it is well-known that MΦ express additional PS-binding

receptors, including among others Ku70 (40), CD300b (18, 22), Tim4 (41), and BAI1 (42), so it is plausible that

CD300f can directly or indirectly cooperate with other receptors to modulate phagocytosis of their cargo, a

mechanism described for Tim4 (43) and future experiments will address these questions.

As CD300f-receptor engagement by rickettsiae would likely involve a ligand, we searched for putative

ligands on the rickettsial outer membrane and found the presence of several glycerophospholipids (GPLs) (44,

45), including among others phosphatidylserine (PS), and phosphatidylglycerol (PG), known "eat-me" signals

involved in efferocytosis (10–12, 28). Preceding findings by others and our work described that obligate

intracellular bacteria, like *Rickettsia* spp possess most enzymes required for biosynthesis of

glycerophospholipids, like PS, however with some metabolic holes, because of missing enzymes in the

biosynthetic pathway, illustrating the dependence on host precursor to synthesize downstream metabolites

(46–48). Based on these findings we hypothesized that *Rickettsia* engulfment is mediated by a CD300f-PS

systems generally used for efferocytosis. We assessed the importance of bacterial PS for engulfment in WT

BMDMΦ by pre-incubating *R. typhi* and *R. rickettsii* with increasing concentrations of recombinant Annexin V

(rAnxV), a molecule known to block PS-mediated efferocytosis (16, 17), prior to infection and showed that

rAnxV reduced the engulfment of *R. typhi* or *R. rickettsii* in a dose-dependent manner. However, it is important

to note that not all externalized PS functions equivalent, and therefore it is feasible that the PS found on the

bacterial outer membrane is not involved in the phagocytosis process directly, which was described for other

cells [(e.g., monocytes and macrophages (49, 50)]. It is also plausible that the PS promoting *Rickettsia*

engulfment is provided by a bystander AC remnant, a mechanism described for *Trypanosoma brucei* (51), or

via a PS-cloaking mechanism a pathway described for *Listeria monocytogenes* (52). Thus, our findings

suggest that PS modulates the pathogenic rickettsiae engulfment into BMDMΦ via CD300f, however the

source of PS and therefore the precise mechanism of CD300f-dependent phagocytosis of rickettsiae requires

further investigation.

Findings from others and our laboratory further suggests that IL-1 signaling responses played a critical role

in limiting rickettsial infection *in vivo* and *in vitro* (20, 21, 29, 33–35, 53). Specifically, we showed that both *R.*

typhi and *R. rickettsii* reduced IL-1α and IL-1β (to a lesser extent) responses, in order, to establish an

intracytosolic replication niche in MФ. As the CD300f-PS-mediated signaling response is a highly immune-

suppressive event, we evaluated the pro- and anti-inflammatory cytokine responses in WT and CD300f^{-/-}

BMDMФ during *R. typhi* and *R. rickettsii* infection. Our data suggest that the survival advantage of *R. typhi* and

R. rickettsii within WT BMDMФ is due to a CD300f-mediated increase in the expression of anti-inflammatory

IL-10 levels, and a decrease in anti-rickettsial IL-1α and IL-1β cytokine responses. In line with our findings,

previous reports suggest that CD300f augments fungal and bacterial infection by suppressing MyD88/TRIF-

mediated cytokine responses (37, 54–56). Given these reports by others and our recent findings, it is tempting

to speculate that pathogenic *Rickettsia* engage the CD300f receptor, likely via the PS ligand, to modulate anti-

inflammatory IL-10 levels and to suppress TLR- and inflammasome-mediated pro-inflammatory IL-1β and IL-1α

cytokine responses to establish an intracytosolic replication niche, however, the precise mechanism remains

unclear and requires further investigation.

Materials and Methods

Animals

All experiments were conducted in fully AAALAC-accredited program using 8- to 10-week-old female C57BL/6J

wild-type (WT), CD300d$^{-/-}$, or CD300f$^{-/-}$ mice in a specific-pathogen-free environment according to the

University of Maryland School of Medicine Institutional Animal Care and Use Committee (IACUC).

Antibodies and Reagents

Antibodies against whole *Rickettsia* (SFG or TG) were raised in house (20, 21, 23). ProLong Gold antifade

mounting medium with DAPI (4′,6-diamidino-2-phenylindole), paraformaldehyde (PFA), and Alexa 488/594-

conjugated secondary antibodies were purchased from Thermo Fisher Scientific.

Bacterial strains, cell culture, and infection

Vero76 cells (African green monkey kidney, ATCC, RL-1587) were maintained in minimal Dulbecco's modified

Eagle's medium (DMEM) supplemented with 10% heat-inactivated fetal bovine serum (FBS) at 37°C with 5%

CO_2. *R. rickettsii* (*Sheila Smith*) strain was obtained from Dr. Ted Hackstadt (Rocky Mountain Laboratories,

NIH, MT, USA) and *R. typhi* strain (Wilmington) was obtained from CDC. *Rickettsia* strains were propagated in

Vero76 cells grown in DMEM supplemented with 5% FBS at 34°C with 5% CO_2. All *Rickettsia* were partially

purified as described previously (57, 58). Partially purified *R. rickettsii* and *R. typhi* were used for infection of

BMDMΦ at 34°C. Taking into consideration of rickettsial doubling time of 8 to 10 h, we used higher MOI for

early stages of infection (~20 for 2 hours post infection (hpi) timepoint vs. MOI of 5 at later time points (24 and

48 h post-infection) (20, 23, 58–60). Tail vein injection (*i.v.*) of purified *Rickettsia* (10^5-10^6 PFU), resuspended

in PBS was used to initiate infection in mice as described previously as (20). At Days 1, 3, and 7 after

administration, blood was collected, and serum cytokine levels were measured by flow cytometry. Splenic

tissue specimens were collected at the indicated times and used for bacterial burden analysis by qPCR

described below.

Differentiation of bone marrow-derived macrophages

Bone marrow cells were isolated from femurs and tibias of WT, CD300d$^{-/-}$ or CD300f$^{-/-}$ mice. Differentiation was

induced by culturing bone marrow cells in RPMI 1640 medium supplemented with 10% FBS and 30% L929-

conditioned medium (a source of macrophage colony stimulating factor) and cultured for 7 days as described

previously (18, 20, 21).

RNA isolation and quantitative real-time PCR

To determine viable bacterial number during the course of host infection, we performed RT-qPCR assay on

isolated RNA (59, 61, 62). BMDMΦ samples were collected at different times of post infection, while spleens

were collected at day 7 post infection. RNA was extracted from 1 x 10^6 BMDMs or 100 µL of organ

homogenate using the Quick-RNA miniprep kit (ZymoResearch). The iScript Reverse Transcription Supermix

kit (Bio-Rad) was used to synthesize cDNAs from 200 ng of RNA according to the manufacturer's instructions.

Quantitative real-time PCR was performed using SYBR Green (Thermo Fisher Scientific), 2 µl cDNA and 1 µM

each of the following oligonucleotides for rickettsial (housekeeping) citrate synthase gene (*GltA*), and host

(housekeeping) *GAPDH* gene. Relative copy number (RCN) of *GltA* expression was normalized by the

expression of the *GAPDH* and calculated with the equation: RCN = $E^{-\Delta Ct}$, where E = efficiency of PCR, and Ct

= Ct *target* − Ct *GAPDH*. Melting curve analyses were performed at the end of each run to ensure that only

one product was amplified as described previously (20, 21, 63).

In vivo depletion of macrophages following *Rickettsia* challenge

C57/B6J WT or CD300f$^{-/-}$ mice were injected via tail vein (*i.v.*) using liposome-encapsulated PBS- or dichloromethylene biphosphate (Cl$_2$MBP), as described previously (18, 20). Mice were injected twice (48 and 24 hrs) with PBS- or Cl$_2$MBP-liposomes (200 µl/per mouse) followed by injections (*i.v.*) twenty-four hours later with 10^6 PFU of *R. typhi* or *R. rickettsii*. Survival was monitored for 7 days. Bacterial burden was determined in spleens of uninfected or *R. typhi-* and *R. rickettsii*-injected mice by qPCR at day 7 (n = 5 for each treatment).

Adoptive transfer of bone marrow derived macrophages following *Rickettsia* challenge

C57/B6J WT mice were injected via tail vein (*i.v.*) Mice were injected twice (72 and 48 hrs) with PBS- or Cl$_2$MBP-liposomes (200 µl/per mouse) followed by injections with BMDMΦ (5 x 10^6 cells/mouse) from CD300f$^{-/-}$, or WT mice, as described previously (18, 20). Twenty-four hours later, mice were injected (*i.v.*) with 10^5 PFU of *R. typhi* or *R. rickettsii*. Survival was monitored for 7 days, and bacterial burden was determined in spleens of uninfected or *Rickettsia*-injected mice by qPCR.

Immunofluorescence

Eight-well chamber slides were seeded with WT, CD300d$^{-/-}$ or CD300f$^{-/-}$ BMDMΦ (30-50 x 10^4 cells/well) and infected with partially purified pathogenic *Rickettsia* spp [MOI = 20 (2 h) and MOI = 5 (24 h)] as described previously (20, 21, 23, 58–60). Briefly, BMDMΦ were incubated with partially purified *Rickettsia* for various length of time at 34°C. Following incubation, cells were washed three times with 1 x PBS and fixed with 4% paraformaldehyde (PFA) for 20 min at room temperature. Cells were than permeabilized in blocking buffer (0.3% saponin and 0.5% normal goat serum in 1 x PBS) for 30 min and incubated for 1 h with antibodies against whole *Rickettsia* (SFG or TG) using a dilution of 1:100 or 1:500 respectively. Cells were then washed with 1 x PBS and incubated for 1 h with αAlexa Fluor 488 secondary antibody (1:1,500). Next, cells were washed with 1 x PBS and mounted with ProLong Gold antifade mounting medium containing DAPI. Images were acquired using the Nikon W-1 spinning disk confocal microscope (University of Maryland Baltimore, Confocal Core Facility) and internalization was analyzed using Fiji software as described previously (23). Approximately 100 host cells were enumerated for each experiment and each experiment was repeated five times.

For infection assays using recombinant Annexin V protein, partially purified *Rickettsia* were incubated

with various concentrations of regular or heat inactivated recombinant Annexin V (rAnxV) for 0.5 h at 4°C and

reactions were used to infect BMDMΦ for additional 2 or 24 h at 34°C. Following incubation, cells were

washed, fixed, and stained with anti-*Rickettsia* antibodies as described above.

Neutralization of IL-1α and IL-1β *in vitro*

For *in vitro* neutralization of IL-1α and IL-1β, *R. typhi*-, or *R. rickettsii*-infected BMDMΦ from C57BL/6J WT or

CD300f$^{-/-}$ mice were treated with 100 nM anti-IL-1α (clone ALF-161; BioXCell), anti-IL-1β (clone B122;

BioXCell), or IgG isotype control (Armenian hamster IgGs; BioXCell) antibodies for 24 h, and bacterial burden

was assessed by qPCR.

Measurement of cytokines and chemokines

Cytokine concentrations in supernatants from cultured BMDMΦ or sera of animals were assessed using the

Legendplex mouse inflammation kit (BioLegend) following the manufacturer's instructions as described

previously (18, 20).

Statistical analysis

Data sets were considered statistically significant when a $P \leq 0.05$ value was obtained by unpaired Student's *t*-

test (two-tailed), paired Student's *t*-test (two-tailed), a one-way ANOVA with either multiple comparisons or

comparison to WT bacteria, a two-way ANOVA, or a log-rank (Mantel-Cox) test. Statistical analyses were

performed using GraphPad Prism Software, version 8 and samples were denoted using the following asterisks:

*$P \leq$ 0.05; **$P \leq 0.01$; ***$P \leq 0.005$; ****$P \leq 0.001$. Data are presented as mean ± SEM, unless stated otherwise.

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Conflicts of Interest

The authors declare no conflict of interest. The funding sources had no role in the design of the study, in the collection, analyses, or interpretation of data, in the writing of the manuscript, or in the decision to publish the results.

Figure legends

Fig.1. Efferocytic receptor, CD300f, exacerbates the pathogenesis of rickettsiosis. C57BL/6J WT or CD300f$^{-/-}$ mice were injected via tail vein (*i.v.*) with *R. typhi* (A-B), *R. rickettsii* (C-D), or PBS (10^6 PFU, n = 12 for each treatment). Survival was monitored for 7 days. (B and D) Bacterial burden was tested in spleens of *R. typhi-*, *R. rickettsii-*, or PBS-injected WT and CD300f$^{-/-}$ mice (n = 5 per each treatment) shown in panels B to D by *GltA* reverse transcription quantitative real-time PCR (RT-qPCR) at day 3 and 7 (n = 5 for each treatment). Relative copy number (RCN) of *GltA* expression of rickettsiae was normalized by the expression of the housekeeping host gene, *GAPDH*. Error bars in panels B to D represent means ± SEM from five independent experiments. NS, nonsignificant; **$P \leq 0.01$; ***$P \leq 0.005$.

Fig. 2. Macrophages are critical in restricting pathogenic rickettsiae infection *in vivo*. (A) C57/B6J WT or CD300f$^{-/-}$-deficient mice (n = 12 per experimental group) were *i.v.* injected twice (48 and 24 hrs) with PBS- or Cl$_2$MBP-liposomes (200 μl/per mouse) followed by *i.v.* injections with 10^5 PFU of either *R. typhi* (B-C) or *R. rickettsii* (D-E). Survival was monitored for 7 days. Bacterial burden (C and E) was determined in spleens of *Rickettsia*-injected WT or CD300f$^{-/-}$ mice as described in the legend of Fig.1. Error bars in (C, and E) represent means ± SEM; NS, non-significant; *$P \leq 0.05$; **$P \leq 0.01$; ***$P \leq 0.005$.

Fig. 3. CD300f on macrophages facilitates pathogenic rickettsiae infection *in vivo*. C57/B6J WT mice (n = 12 per experimental group) were injected via tail vein (*i.v.*) using liposome-encapsulated PBS- or dichloromethylene biphosphate (Cl$_2$MBP). Mice were injected twice (72 and 48 hrs) with PBS- or Cl2MBP-

liposomes (200 μl/per mouse) followed by injections with BMDMΦ (5 x 10^6 cells/mouse) from CD300f$^{-/-}$, or WT

mice. Twenty-four hours later, mice were injected (*i.v.*) with 10^5 PFU of *R. typhi* (B-C) or *R. rickettsii* (D-E).

Survival was monitored for 7 days. Bacterial burden (C, E) was determined in spleens of *R. typhi*- and *R.*

rickettsii-injected WT mice as described in the legend of Fig.1. Error bars in (C, E) represent means ± SEM;

NS, non-significant; *P ≤ 0.05; **P ≤ 0.01; ***P ≤ 0.005.

Fig. 4. CD300f facilitates *Rickettsia* invasion by reducing pro-inflammatory IL-1 cytokine responses.

BMDMΦ from WT, CD300f$^{-/-}$ and CD300d$^{-/-}$ mice were infected with *R. typhi* or *R. rickettsii* at a multiplicity of

infection (MOI) of 20 (2 h) and 5 (24 h). (A) Number of *Rickettsia* per cell was determined 2 h post-infection by

immunofluorescent assay (IFA) using anti-Alexa488 or anti-Alexa595 conjugated anti-*R. typhi* or anti-*R.*

rickettsii antibody staining's. Experimental data were repeated 5 times and represent approximately 100–200

bacteria for each experimental group and time point. (B) Bacterial burden in *R. typhi*- and *R. rickettsii*-infected

BMDMΦ was determined 24 h (n = 5 per group) post-infection by *GltA* RT-qPCR. RCN of *GltA* expression was

normalized by the expression of *GAPDH*. (C) Culture supernatants from BMDMΦ from WT, CD300f$^{-/-}$ and

CD300d$^{-/-}$ mice infected with *R. typhi* or *R. rickettsii* were analyzed for production of IL-1α, IL-1β, and IL-10

using Legendplex kits (BioLegend), followed by flow cytometry. (D-E) Bacterial burdens in *Rickettsia*-infected

WT, CD300f$^{-/-}$ and CD300d$^{-/-}$ treated BMDMΦ with anti-IL-1α, anti-IL-1β, both anti-IL-1α and anti-IL-1β

antibodies, or corresponding IgG isotype controls. Samples were evaluated at 24 h post-infection by *GltA* RT-

qPCR and normalized by *GAPDH* levels. Error bars in (A-D) represent means ± SEM; NS, non-significant; *P ≤

0.05; **P ≤ 0.01; ***P ≤ 0.005; ****P ≤ 0.001.

Supplemental figure legends

Fig. S1. Splenic data during infection of pathogenic *Rickettsia* species. (A) Representative images of

spleens (at Day 7) from C57BL/6J WT and CD300f$^{-/-}$ mice injected *i.v.* with *R. typhi*, *R. rickettsii*, or PBS (dose

of 10^6 PFU). (B) Spleen weight from injected animals was evaluated at day 7 day (n = 8). Error bars in panel B

represent means ± SEM from five independent experiments. NS, nonsignificant; ****P ≤ 0.001.

Fig. S2. Splenic data after PBS- or Cl$_2$MBP-liposome treatment and rickettsiae infection. (A-B) C57/B6J WT or CD300f$^{-/-}$-deficient mice were *i.v.* injected twice (48 and 24 h) with PBS- or Cl$_2$MBP-liposomes (200 μl/per mouse) followed by *i.v.* injections with 10^5 PFU of either *R. typhi* (A) or *R. rickettsii* (B). Spleen weight from injected animals was evaluated at day 7 day (n = 8). Error bars in panels A and B represent means ± SEM from five independent experiments. NS, nonsignificant; **$P \leq 0.01$; ***$P \leq 0.005$.

Fig. S3. Splenic data after adaptive transfer of WT or CD300f$^{-/-}$-BMDM into WT mice during rickettsiae infection. (A-B) C57/B6J WT or CD300f$^{-/-}$-deficient mice were *i.v.* injected twice (48 and 24 h) with PBS- or Cl$_2$MBP-liposomes (200 μl/per mouse) followed by injections with BMDMΦ (5 x 10^6 cells/mouse) from CD300f$^{-/-}$, or WT mice. Twenty-four hours later, mice were injected (*i.v.*) with 10^5 PFU with 10^5 PFU of either *R. typhi* (A) or *R. rickettsii* (B). Spleen weight from injected animals was evaluated at day 7 day (n = 8). Error bars in panels A and B represent means ± SEM from five independent experiments. NS, nonsignificant; **$P \leq 0.01$; ***$P \leq$ 0.005.

Fig. S4. Blocking phosphatidylserine reduced the invasion of pathogenic rickettsiae into macrophages. (A-B) Purified *R. typhi* or *R. rickettsii* were pretreated for 0.5 h with various amounts of recombinant Annexin (rAxnV) and then utilized to infect BMDMΦ from WT mice. BMDMΦ were infected with *R. typhi* or *R. rickettsii* (untreated or pretreated with rAxnV) at a multiplicity of infection (MOI) of 20 (2 h) and 5 (24 h). Boiled rAnxV served as control. (A) Number of *Rickettsia* per cell was determined by immunofluorescent assay (IFA) using anti-Alexa488 or anti-Alexa595 conjugated anti-*R. typhi* or anti-*R. rickettsii* antibody staining's. Experimental data were repeated 5 times and represent approximately 100 - 200 bacteria for each experimental group and time point. (B) Bacterial burden in *R. typhi*- and *R. rickettsii*-infected BMDMΦ, as described in panel (A), was determined 24 h (n = 5 per group) post-infection by *GltA* RT-qPCR. RCN of *GltA* expression was normalized by the expression of *GAPDH*. Error bars in panels A and B represent means ± SEM from five independent experiments. NS, nonsignificant; *$P \leq 0.05$; **$P \leq 0.01$; ***$P \leq 0.005$.

Fig. S5 Assessment of IL-1α and IL-1β cytokine responses in Rickettsia-infected WT and CD300f$^{-/-}$ macrophages treated with IL-1α, IL-1β, or IgG-isotype control antibodies. (A-B) Culture supernatants of

uninfected, *R. typhi*-, or *R. rickettsii*-infected WT and CD300f$^{-/-}$ BMDMΦ treated with anti-IL-1α, anti-IL-1β, both

anti-IL-1α/anti-IL-1β antibodies, or IgG-isotype controls. Samples were evaluated 24 h post-infection to

determine the level of IL-1β and IL-1α cytokines using Legendplex kits (BioLegend) followed by flow cytometry.

Error bars (A-B) represent means ± SEM from five independent experiments; NS: non-significant; *P≤ 0.05; **P

≤ 0.01; ***P ≤ 0.005.

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Fig. 1

A

Legend:
- WT + PBS
- CD300f$^{-/-}$ + PBS
- WT + *R. typhi*
- CD300f$^{-/-}$ + *R. typhi*

Y-axis: Survival (%)
X-axis: Time (h)

***

B

Spleen

Legend:
- WT + PBS
- CD300f$^{-/-}$ + PBS
- WT + *R. typhi*
- CD300f$^{-/-}$ + *R. typhi*

Y-axis: RCN of *GltA* / mg of Spleen tissue
X-axis: Day 3, Day 7

** ***

C

Legend:
- WT + PBS
- CD300f$^{-/-}$ + PBS
- WT + *R. rickettsii*
- CD300f$^{-/-}$ + *R. rickettsii*

Y-axis: Survival (%)
X-axis: Time (h)

***

D

Spleen

Legend:
- WT + PBS
- CD300f$^{-/-}$ + PBS
- WT + *R. rickettsii*
- CD300f$^{-/-}$ + *R. rickettsii*

Y-axis: RCN of *GltA* / mg of Spleen tissue
X-axis: Day 3, Day 7

** **

Fig. 2

Fig. 3

Fig. 4