1 **Regulative synthesis of capsular polysaccharides in the pathogenesis of**

2 ***Streptococcus suis***

3 Xingye Wang[1], Jie Wang[1], Ning Li[1], Xin Fan[1], Beinan Wang[1#*]

5 [1]Key Laboratory of Pathogenic Microbiology and Immunology, Institute of Microbiology,

6 Chinese Academy of Sciences, Beijing, China

11 [#]Address correspondence to Beinan Wang, wangbn@im.ac.cn

12 [*]Present address: No. 1 Beichen West Road, Chaoyang District, Beijing 100101, China.

Abstract

Streptococcus suis (*S. suis*) is an important zoonotic pathogen causing substantial economic losses in the swine industry. *S. suis* serotype 2 (SS2) is often isolated from the diseased. *S. suis* expresses capsular polysaccharide (CPS), a virulence factor crucial for their survival in the blood. However, the role of CPS in the pathogenesis of *S. suis* is incomplete. Here, we showed a dynamic regulation of CPS in *S. suis* pathogenesis. In a mouse infection model, an SS2 strain (05ZYH33) was detected in the nasal-associated lymphoid tissue (NALT) and cerebrospinal fluid (CSF) as early as 30 min after intranasal inoculation without bacteremia. Histological analysis revealed that 05ZYH33 in the nasal cavity invaded the olfactory epithelium, resulting in early brain inflammation. Transmission electron microscopy showed that 05ZYH33 isolated from NALT and CSF at early infection time had a thin layer of CPS, and those detected in the blood 5 h post-inoculation showed a much thicker CPS. In addition, adoptive transfer of anti-CPS restricted 05ZYH33 in the blood but not in NALT or CSF. However, an antiserum directed to multiple non-CPS virulence factors (anti-V5) efficiently inhibited 05ZYH33 in NALT, CSF, and blood. Thus, 05ZYH33 colonizes NALT more efficiently without CPS and subsequently invades the meninges through the olfactory nerve system. These findings provide valuable information for the treatment of *S. suis* infection and the development of vaccines across serotypes of *S. suis* by targeting CPS-independent immunity.

Keywords: *Streptococcus suis*, CPS, and meningitis.

Introduction

S. suis is a zoonotic pathogen in the porcine industry. Thirty-three serotypes of *S. suis* have been described to date based on the capsular polysaccharides (CPS). The *S. suis* serotype most frequently isolated from diseased swine and humans is serotype 2 (SS2). *S. suis* is commonly found in NALT of asymptomatic piglets. Under some unknown conditions, *S. suis* can reach and survive in the blood and invade the brain to cause meningitis and multi-organ dissemination. Infection of the central nervous system (CNS) is a cause of mortality in piglets with the disease. CPS is essential for survival of *S. suis* in the bloodstream and is recognized as an important virulence factor of this bacterial pathogen. However, the role of CPS in the pathogenesis of S. *suis* and the function of CPS-induced immunity in SS2 protection is controversial [1]. The opsonizing antibodies targeting CPS are protective [2, 3] but only partially protect against infection [4]. Furthermore, a CPS-glycoconjugated vaccine protected parenterally challenged piglets [5], but protection by anti-CPS has not been demonstrated in animals challenged through the intranasal route, which is a common natural infection route of *S. suis*.

Synthesis of CPS is enhanced in the bloodstream and reduced in the CNS [6, 7]. *In vitro* experiments revealed that the presence of CPS attenuated 05ZYH33 invasion of epithelial cells [8-10] and that unencapsulated mutants displayed increased rates of invasion of the blood–cerebrospinal fluid barrier (BCSFB) [8, 9]. These observations suggest that *S. suis* regulates CPS synthesis to fit hosts. However, despite the proposal of this hypothesis more than two decades ago, there is still no direct evidence of such encapsulation modulation for *S. suis* [11].

While CPS has been known for years and considered necessary for infection yet

probably not sufficient, other surface-associated and secreted proteins of *S. suis* have

received attention during the last years for their important virulent roles in the pathogenesis

[3] and as vaccine candidates to raise effective immune response [15]. To cause disease, *S.*

suis must colonize the respiratory mucosa, breach epithelial barriers, survive in the

bloodstream, spread to different organs, and exaggerate inflammation. CPS and these

virulent proteins contribute to the pathogenesis of the infection at specific steps.

Two pathways have been exploited by meningeal pathogens to access the CNS:

penetrating the blood–brain barrier (BBB) or the BCSFB through the blood or directly

accessing the CNS via the olfactory or trigeminal nerves [12]. Some human meningeal

pathogens, such as *Streptococcus pneumoniae* and *Neisseria meningitidis*, can directly

transmigrate from the nasal mucosa into the CNS through the olfactory nerve [12-14].

Similar to these meningeal pathogens, the predominant route of *S. suis* infection in pigs is

through the upper respiratory tract (URT), which may provide the opportunity for *S. suis*

to transmigrate directly to the CNS from the nasal cavity.

Studies on *S. suis* commonly use parenteral infection models that bypass colonization

of the URT, thus this critical step of *S. suis* pathogenesis is largely unexplored. In the

present study, mice were infected intranasally (i.n.) with 05ZYH33, and the infection

process was monitored. We show that 05ZYH33 regulated the synthesis of CPS at different

stages of infection and that 05ZYH33 migrated to the CNS from the nasal cavity

independent of CPS before it entered the blood. Moreover, we revealed that immunity

against non-CPS virulence factors of *S. suis* efficiently prevented nasal–CNS

transmigration and subsequent progress of the infection.

Results

S. suis serotypes regulated CPS synthesis in different culture phases.

A clinical isolate of *S. suis* serotype 2 wild type (05ZYH33) was cultured and collected in the lag, logarithmic (log), and stationary phases [optical density at 600 nm (OD_{600}) of 0.20, 0.60, and 0.80, respectively] (Fig. 1A). The CPS of 05ZYH33 collected in different growth phases was quantitated based on hydrophobicity in a bacterial adhesion to hydrocarbon (BATH) assay. High surface hydrophobicity leads to high bacterial adherence to hydrocarbon (high BATH value) and reflects low levels of CPS on the surface of 05ZYH33. As shown in Fig. 1B, the CPS-deficient strain Δ2BSS2 (05ZYH33 isogenic), used as a control, exhibited the highest BATH value ($69.5 \pm 6.51\%$). A similarly high BATH value ($62.5 \pm 9.73\%$) was found in the log phase of 05ZYH33. However, the BATH values in the lag and stationary phases of 05ZYH33 were substantially lower ($37.0 \pm 17\%$ and $15.6 \pm 9.2\%$, respectively). These data indicate that CPS of 05ZYH33 was synthesized dynamically *in vitro*, with the highest quantity in the stationary phase and the lowest in the log phase.

To determine the dynamic CPS synthesis in *S. suis* serotypes, four other serotypes of *S. suis* were cultured and collected in the log and stationary phases for CPS quantitation by BATH assays. As shown in Fig. 1C, all the serotype strains had high hydrophobicity at the log phase and low at the stationary phase. The similarity in CPS patterns of these strains suggests a shared regulation mechanism by *S. suis* serotypes.

Monitoring the CPS content of *S. suis* serotypes in culture. (A) The growth curve of

05ZYH33 in TSB-FBS culture was assessed by measuring the optical density at 600 nm

(OD600) at specified time points. Data present the mean ± SD of three independent

experiments (*n* = 10). (B) The hydrophobicity of 05ZYH33 during the lag, log, and

stationary (Sta) phases was measured by BATH assays (*n* = 4 to 7). (C) The hydrophobicity

of indicated serotype strains in the log and stationary phases was measured by BATH

assays. A representative photo of the BATH assay (upper panel) and BATH values (lower

panel) (*n* = 3 to 6). Δ2BSS2 refers to an isogenic strain lacking CPS; NC represents a

05ZYH33 suspension without hydrocarbon. **, *P* <0.01. ***, *P* <0.001. ****, *P* <0.0001.

05ZYH33 in different cultural stages exhibited altered abilities for host cell adherence

and resistance to bacterial killing.

05ZYH33 and Δ2BSS2 were cultured and collected at the log and stationary phases to

determine the effects of CPS on the binding of 05ZYH33 to epithelial cells. The adherence

assay showed that while 16.5 ± 5.2% of Δ2BSS2 was associated with epithelial cells (HEp-

2), only 4.96 ± 3.26% of 05ZYH33 in the log phase and 2.05 ± 1.58% of 05ZYH33 in the

stationary phase were associated with the cells (Fig. 2A). The bacterial binding was

Δ2BSS2 > 05ZYH33 in the log phase > 05ZYH33 in the stationary phase. Similar binding patterns of 05ZYH33 and Δ2BSS2 were also observed in the assay using human brain microvascular endothelial cells (hBMECs), the major component of the BBB (Fig. 2B). These results support that CPS reduces adherence of the bacteria to host cells.

CPS of *S. suis* plays a critical role in the resistance to bacterial killing. 05ZYH33 in different growth phases were co-incubated with the blood from naïve mice to determine the effect of CPS on bacterial killing. After incubation for 3 h, surviving bacteria in the blood examined by colony-forming units (CFUs) showed that substantially more 05ZYH33 in the log and stationary phases were detected compared with Δ2BSS2 in the matching growth phases. In addition, there were more surviving 05ZYH33 in the stationary phase compared with that in the log phase (Fig. 2C). These results suggest a correlation between lower CPS in the NALT and a greater capacity for cellular association, whereas elevated CPS levels in the blood are linked to improved resistance against bactericidal activity. However, the mechanisms behind these associations remain unknown.

Fig. 2. The adherence of 05ZYH33 to epithelial cells and its resistance to bacterial killing. HEp-2 or HBMECs cells were inoculated with 05ZYH33 or Δ2BSS2 in either the log or stationary phase at an infection MOI of 10. (A) Adherence rate of *S. suis* to HEp-2 cells. (B) Adherence rate of *S. suis* to HBMECs. (C) *S. suis* strains in log and stationary phases were incubated with whole blood from naïve mice for 3 h, and the viability of *S. suis* was determined. Data are from three independent experiments and present as means ±

SEM (n = 6 to 16). **P <0.01, ***P <0.001, ****P <0.0001; ns, not significant.

The course of 05ZYH33 infection in mice following intranasal inoculation.

The dynamic synthesis of CPS associated with differential adherence to host cells and

resistance to bacterial killing *in vitro* suggested that 05ZYH33 regulates CPS synthesis for

pathogenesis and survival in a host. To determine the role of CPS dynamic synthesis in

05ZYH33 pathogenesis, mice were i.n. inoculated with 05ZYH33 to simulate *S. suis*

natural infection in pigs and CFUs in various bodily compartments were assessed at

different points over 120 h. By 0.5 h after inoculation, CFUs of 05ZYH33 in the nasal-

associated lymphoid tissue (NALT), a pig tonsil homologue and the major niche for *S. suis*

in pigs, and the lungs were similar (5×10^5) and gradually reduced with time (Figs. 3A and

3B), suggesting that the CFUs in the lungs are from the nasal cavity. Up to 10^5 CFUs were

also found in CSF samples by 0.5 h (Fig. 3C). The curves of CFUs in NALT, the lungs, and

CSF showed a similar trend, which was a high level for a few hours followed by a gradual

reduction with increasing days. In contrast, 05ZYH33 was not detected in the blood until

5.0 h after inoculation (Fig. 3D). As expected, CFUs in the spleen and heart at indicated

times (Figs. 3E and 3F) were similar to those in the blood, indicating that they disseminated

from the circulation. These findings suggested that 05ZYH33 in the nasal cavity can

transmigrate to the lungs and CNS before bacteremia and disseminate to other organs after

entering the blood. During the five days (120 h) following inoculation, the mice did not

show significant disease symptoms, and their physical conditions were similar compared

to non-infected mice (body weight, appetite, and activity). No obvious disease symptoms

might be due to the bacteria cleared relatively quickly.

Fig. 3. The intranasal infection course in mice. Mice were intranasally inoculated

with 05ZYH33. Total CFUs in various bodily compartments were assessed at the indicated

time points after inoculation, (A) NALT, (B) the CSF, (C) the lung, (D) the blood, (E) the

spleen, and (F) the heart. The data presented are derived from two independent experiments

and presented as means ± SEM ($n = 6$). N.D., not detected.

The CPS of 05ZYH33 was synthesized differentially in stages of infection in mice.

05ZYH33 was isolated from the bodily compartments of mice 12 h after inoculation.

The 12 h of infection allows the detection of the bacteria in different body compartments

of the infected mice. Following enriched by culturing the isolates in TSB to an OD_{600} of

0.7 CPS synthesis *in vivo* was determined by BATH assay. The hydrophobicity of isolates

from NALT and the CSF was lower compared with that of Δ2BSS2, but higher than that of

the isolates from the blood (Fig. 4A). This indicates that 05ZYH33 downregulates CPS

synthesis when it colonizes the nasopharyngeal mucosa or enters the CNS and upregulates

CPS synthesis upon entering the blood. Transmission electron microscopy (TEM) was

performed directly on 05ZYH33 isolated from mice without *in vitro* culture to confirm the

BATH assay results. For cultured strains without mouse infection (Fig. 4Ba, b, and c),

similar to Δ2BSS2 (Fig. 4Ba), in the log phase (Fig. 4Bb) there was no CPS observed on

the dividing 05ZYH33 cell (left and larger cell) and only a thin and partial layer of CPS on

the smaller dividing cell (right, smaller cell) was observed. Whereas, a thicker layer of CPS

was observed on the surface of the bacteria in the stationary phase (Fig. 4Bc). For

05ZYH33 isolated directly from infected mice (Fig. 4Bd, e, and f), the CPS was much

thicker, denser, and uniformly distributed in the blood isolates (Fig. 4Bf) compared with

that of the NALT isolates where it was thinner and much sparser (Fig. 4Bd). In contrast,

the outermost layer of the isolates from the CSF was highly dense without an apparent CPS

layer (Fig. 4Be). These findings support that CPS downregulation is associated with

efficient colonization and upregulation with increased resistance to bacterial killing in the

blood.

Fig. 4. The CPS of 05ZYH33 isolated from various bodily compartment following infection. 05ZYH33 was intranasally inoculated in mice. Twelve hour after inoculation, CFUs in NALT, the CSF, and the blood were assessed for (A) hydrophobicity of bacterial cells by BATH assay and (B) CPS by TEM. Arrows indicate the CPS layers. Scale bar, 100 nm. Data in (A) are from two independent experiments and present as means ± SEM (*n* = 4 to 6). NC, 05ZYH33 suspension without hydrocarbon. ****P <0.0001.

An antiserum against non-CPS virulence factors of *S. suis* reduced 05ZYH33 colonization in NALT, CSF, and lungs.

We have previously demonstrated that immunization with multiple non-CPS virulence

factors of *S. suis* (named V5) prevents 05ZYH33 colonization of the nasal mucosa and

neuropathological symptoms in mice [15]. We hypothesized that the serum against V5

would inhibit the nasal–CNS transmigration of 05ZYH33. Mice were i.n. infused with anti-

V5 or anti-CPS serum, inoculated i.n. with 05ZYH33 6 h later, then euthanized 12 h post-

inoculation (Fig. 5A) to detect the bacteria in different body compartments of the infected

mice. In mice that received antisera through the i.n. route, CFUs reduced in all examined

compartments of anti-V5 recipients but only reduced in the lungs and blood of anti-CPS

recipients (Fig. 5B). These results indicated that 05ZYH33 survival in the blood depends

on CPS and nasopharyngeal colonization and nasal–CNS transmigration are more

dependent on non-CPS molecules of 05ZYH33. In addition, when mice received either

anti-V5 or anti-CPS through the intravenous (i.v.) route, CFUs were reduced in the lungs

and blood but not in NALT and the CSF (Fig. 5C), compared with mice received naïve

serum through the i.v. route. These observations suggest that systemic immunity could

efficiently protect against infection in the lungs and blood but not against colonization in

the nasal mucosal and CNS, at least at the early infection time.

The simultaneous 05ZYH33 colonization in NALT and CNS support a nasal–CSF

transmigration. To exclude the possibility that CFUs in the CNS at 12 h post-infection is

disseminated from the circulation, mice received antisera via the i.n. route and were

inoculated with 05ZYH33 as before, then CFUs were determined 1 h post-inoculation

before the bacteria entered the blood (Fig. 5A). As shown in Fig. 5D, CFUs in NALT and

the CSF of anti-CPS recipients were similar to those in naïve-serum recipients; however,

those in NALT and the CSF of anti-V5 recipients were 10-fold lower compared with those

of the naïve-serum recipients. To confirm that the nasal–CNS transmigration is independent

of CPS, mice received naïve serum or anti-V5 via the i.n. route, then were inoculated with

Δ2BSS2. One hour later, we found 4.5 x 10^5 CFUs in NALT and 2.1×10^5 CFUs in the

CFS of naïve-serum recipients. However, CFUs were 10-fold and 100-fold lower in NALT

and the CSF, respectively, of anti-V5 recipients compared with those in naïve-serum

recipients (Fig. 5E). These results demonstrate that 05ZYH33 in the CNS in the early

infection is from the nasal cavity independent of CPS.

Fig. 5. The role of anti-CPS or anti-V5 serum in 05ZYH33 infection. (A) Schematic illustration of passive transfer of antisera and infection in mice. (B) and (C) Anti-V5 or ant-CPS antiserum was transferred through the i.n. or i.v. route. Six hours later, mice were i.n. challenged with 05ZYH33, then euthanized 12 h post-challenge. CFUs of 05ZYH33 in NALT, the lungs, the blood, and the CSF were determined. (D) and (E) Mice were infused with anti-V5 or anti-CPS serum through the i.n. route, and inoculated i.n. with 05ZYH33 or Δ2BSS2 6 h later. One hour later, mice were euthanized, and CFUs in NALT, the blood, and the CSF were determined. Data are the mean ± SEM of three independent experiments (n = 9 - 10). *P <0.05, **P <0.01, ***P <0.001.

The olfactory nerve is the invasion route of 05ZYH33 for nasal–CNS transmigration.

The olfactory nerve is a port of entry to the meninges for some human meningeal pathogens and is the likely the route of the early CNS dissemination by 05ZYH33. One hour after infection, the mice were sacrificed, and their heads were sectioned and stained for histological analysis. Figure 6A presents a histological overview of the anatomical structures the distal NC and OB regions, while Figure 6B illustrates the locations of the anatomical compartments in the area. The tissue section showed that compared with uninfected mice (Fig. 6A, *a*, *c,* and *e*), Scattered and grouped bacteria were observed on the surface of and in the olfactory epithelium (OE) (Fig. 6A*, b,* and *d*, orange signal, arrowheads), accompanied by severely destroyed tissue (indicated by the loss of immunofluorescence signal in the area) (Fig. 6A*, d*). Large groups of bacteria were observed within the olfactory bulb (OB) (Fig. 6A, *f*). These observations suggest that 05ZYH33 in the nasal cavity could invade the olfactory epithelium through the sensory neurons protruding into the NC and subsequently enter the brain along the sensory neurons

320 at the cribriform plate. Histological analysis of the brain in 05ZYH33-infected mice

321 revealed that inflammatory cells were infiltrated in the distal part of the brain tissue with

322 surrounding edema at 1 h post-inoculation (Fig. 6C, *c* and *d*). The pathological changes

323 were more severe 9 days after 05ZYH33 inoculation (Fig. 6C, *e* and *f*). Since CSF flows

324 into the subarachnoid space of the spinal cord and around the brain [16, 17] the distal

325 inflammation is consistent with the brain's anatomical structure. Thus, nasal–CNS

326 transmigration is an efficient route of *S. suis*-mediated CNS infection.

327  Mice were pretreated with acetic acid to increase the sensitivity to 05ZYH33 infection

328 [15]. To exclude that nasal-CNS transmigration results from irritation of the

329 nasopharyngeal mucosa by acetic acid, mice were infected without acid treatment

330 (pretreated with PBS). One hour post-inoculation CFUs were found in the CSF of the mice

331 even though the numbers were lower than those of acidic acid-treated mice (Fig. 6D). CFUs

332 were also detected in the CSF when mice were infected with Δ2BSS2 without acid

333 treatment (Fig. 6E). These results indicated that nasal-CSF transmission takes place

334 without acidic acid and independent of CPS and that irritation of the nasopharyngeal

335 mucosa facilitates nasal-CNS transmission.

Fig. 6. Detection of the presence of 05ZYH33 in the tissue of olfactory nerve area.

Mice were inoculated with acetic acid through the nostril and one hour later infected i.n.

with 05ZYH33. (A) Sagittal views of the olfactory system. Sections of the distal nasal

cavity and olfactory epithelium from uninfected (*a*, *c*, and *e*) and 05ZYH33-infected (*b*, *d*,

and *f*) mice. Red or orange, 05ZYH33; green, the neuronal marker β-tubulin III; blue, DNA.

NC, Nasal cavity; OE, olfactory epithelium; LP, lamina propria; CP, cribriform plate; OB,

olfactory bulb. (B) A draw of the sagittal plane of the rodent nose elucidates the compartments of the olfactory bulb (OB), olfactory epithelium (OE), nasal cavity (NC), and the braian. (C) One hour or nine days after 05ZYH33 infection, the brain of mice were sectioned for H&E staining. Arrows indicate infiltrated inflammatory cells. (D) and (E) Mice were inoculated with acetic acid or PBS and one hour later infected i.n. with 05ZYH33 or Δ2BSS2. (D) CFUs of 05ZYH33 or (E) Δ2BSS2 in NALT, the CSF, and blood were determined one h after infection.

Discussion

CPS is an important virulence factor of *S. suis*, but its role in *S. suis* pathogenesis is controversial. Most animal models in studies of *S. suis* employ the intraperitoneal (i.p.) or i.v. route for infection, which bypass the nasopharynx, the natural infection route of *S. suis*. In this study, CPS thickness of *S. suis* SS2 strain 05ZYH33 was monitored in an i.n. infection mouse model. The results indicate that that *S. suis* CPS can be dynamically synthesized during the development of the bacterial infection. We showed that the downregulation of CPS synthesis by 05ZYH33 is associated with increased nasopharyngeal colonization and early nasal–CNS transmigration before bacteremia. This is consistent with previous studies that showed the upregulation of CPS is related to increased resistance to bacterial killing later in the blood. The study also indicates that CPS-independent immunity can prevent nasal–CNS transmigration and the progression of 05ZYH33 infection.

Clinical CNS symptoms in pigs are often preceded by a phase of bacteremia [16, 17], indicating that *S. suis* meningitis results from the dissemination of bacteria from the blood through the BBB or the blood–CSF barrier. Our study revealed that, like some human

meningeal pathogens, the olfactory nerve epithelium provides an alternative route for 05ZYH33 invasion to the CNS. Swine influenza virus (SIV) infection was reported to promote *S. suis* invasion of deeper tissues by damaging epithelial cells [18-20]. Nasopharyngeal inflammation by co-infected *S. suis* and SIV could cause tissue damage to the olfactory epithelium, which may exacerbate nasal–CNS entry. As the mouse is not a natural host of *S. suis* and is insensitive to the infection, a relatively high dosage is needed for optimal bacterial retention in NALT, which can lead bacteria into the lungs. Thus, early 05ZYH33 colonization in the lungs of this model may not reflect the state of *S. suis* infections in pigs. The early 05ZYH33 colonization in NALT and the CSF with similar dynamics suggests that meningitis could be early manifestations of *S. suis* disease before multi-organ dissemination through the blood. The findings in the study indicate that restriction of *S. suis* proliferation in NALT is critical to prevent the severity and lethality of *S. suis* disease.

We noticed that the outermost layer of the isolates from the CSF was highly dense without an apparent CPS layer (Fig. 4Be), suggesting that other membrane components of the CSF isolates are also changed besides CPS. It is unclear whether this change is related to CSF colonization and what molecules have changed. Although CPS plays an important role in *S. suis* survival in the blood, it is not the only component required for the event [21, 22]. Similar to that observed with anti-CPS, infusion of anti-V5 through the i.v. route reduced 05ZYH33 in the blood and lungs, indicating that blocking CPS-independent mechanisms can restrain the progression of 05ZYH33 infection and suggests that non-CPS virulence factors, such as those in V5, are required for 05ZYH33 survival in the blood and lungs. Furthermore, although anti-CPS promoted 05ZYH33 clearance in the blood, it did

not prevent 05ZYH33 colonization of the nasal cavity and invasion of the CNS. However, anti-V5 reduced 05ZYH33 in all examined compartments when administered via the i.n. route, supporting that inhibition of nasal colonization by CPS-independent immunity is critical to prevent the progression of the disease. Moreover, the nasal-CNS route may not be the main pathway for clinical meningitis compared to the blood-CNS route. However, mucosal blockage of nasal colonization reduces CFU in the CSF more effectively than systemic antibody, indicating reduction of nasal colonization at early time would significantly prevent the bacteria from entering the CNS through the early nasal and later blood route.

In summary, this study supports an updated *S. suis* infection model. Briefly, 05ZYH33 downregulates CPS to colonize the URT mucosa, where it can transmigrate to the CNS through the olfactory epithelium early in the infection process. 05ZYH33 upregulates CPS to avoid bacterial killing when it enters the blood, leading to multi-organ dissemination. The regulation of CPS at different stages of 05ZYH33 pathogenesis and the protection offered by CPS-independent immunity provide valuable information for clinical treatment and development of vaccines across serotypes of *S. suis*.

Materials and methods

Ethics statement

This study was performed in strict accordance with the recommendations in the Guide for the Care and Use of Laboratory Animals of the IMCAS (Institute of Microbiology, Chinese Academy of Sciences) Ethics Committee. The protocol was approved by the Committee on the Ethics of Animal Experiments of IMCAS (permit no. APIMCAS2019004). Mice were bred under specific pathogen-free (SPF) conditions in the

435 laboratory animal facility at IMCAS. All animal experiments were conducted under

436 isoflurane anesthesia, and all efforts were made to minimize suffering.

Bacterial strains and growth conditions

S. suis strain SS2 05ZYH33 (GenBank no. for complete genome sequence:

CP000407.1) was isolated from a fatal human case of streptococcal toxic shock-like

syndrome (STSLS) in 2005 in Sichuan province, China. A capsular mutant of *S. suis*

05ZYH33 (Δ2BSS2) was obtained from Prof. Jia-Qi Tang (General Hospital of the Eastern

Theater of the People's Liberation Army, China) [23]. *S. suis* serotypes SS3, SS7, SS9, and

SS1/2 were gifts from Dr. Shengbo Cao (National Key Laboratory of Agricultural

Microbiology, Huazhong Agricultural University, Wuhan, China). The information of these

strains is listed in Supplementary Table 1. All *S. suis* strains were cultured in tryptic soy

broth (TSB) containing 5% newborn bovine serum (FBS) or on tryptic soy agar (TSA)

supplemented with 5% FBS at 37°C and 5% CO_2. The cultured strains were washed and

resuspended in phosphate-buffered saline (PBS). CFUs were verified by plating on blood

agar.

Growth curve of 05ZYH33

451 05ZYH33 was grown in TSB-FBS medium to an OD_{600} of approximately 0.4 and then

452 diluted 1000 times with fresh medium. Next, 200 μL of the bacterial suspension was added

453 in quadruplicate to a 100-well honeycomb plate and cultured at 37°C and 5% CO_2 for 16

454 h. The OD_{600} of each well was measured at different times using a CMax Plus plate reader

455 (Molecular Devices, San Jose, CA, USA).

Determination of CFUs in various bodily compartments

Mice were infected i.n. with 05ZYH33 (stationary phase). Then at different time

points, the lung, spleen, heart, and NALT were taken from mice, and the blood and CSF

were collected. A single-cell suspension of each organ was prepared in 1-5 mL PBS. CFUs

in the single cell suspension, the blood, and the CSF were determined by plating serially

diluted samples on blood agar plates and expressed as total CFUs in each organ or in the

blood and CFS by following formula: CFUs on the plate x dilution factor x total volume

of a sample.

Bacterial adhesion to hydrocarbon (BATH) assay

The hydrophobicity of *S. suis* was assessed by a modified BATH assay [24]. Briefly,

05ZYH33 cells in cultures were collected, washed, and resuspended in PBS, adjusting the

OD_{600} of the suspensions to 2.0 ($\pm$0.2) with PBS. Four milliliters of each suspension were

added to a tube containing 300 μL xylene and 300 μL hexadecane. A negative control

comprised a 4 mL bacterial suspension without hydrocarbon. After vortexing for 20 s, the

tubes were maintained at 37°C for 30 min. The OD_{600} of the resulting lower aqueous layer

and the tube contents before vortexing were measured. The ratio of the absorbance of the

bacteria assay tubes (Ab) to the absorbance of the bacteria control (Ac) was calculated as

adhesion to hydrocarbon (%) = (Ac − Ab) / Ac × 100.

Bacterial adherence assay

The human laryngeal epithelial cells (HEp- 2, CL-0104) were purchased from Procell

Life Science &Technology Co., Ltd. Wuhan, Hubei Province and cultured according to the

manufacturer's instruction. The human brain microvascular endothelial cells (hBMEC)

were kindly provided by Prof. Xiang-Ru Wang in Huazhong Agricultural University,

Wuhan, Hubei, China and cultured as described by Yang [25]. Adherence of 05ZYH33 or

△2BSS2 in log and stationary phases was performed as described previously with slight

modifications [26]. Cells were cultured in 24-well plates to 80–90% confluence (~1.2 ×

10^5 cells/well), then starved overnight in DMEM without serum and antibiotics. Cell

monolayers were washed with PBS and overlaid with DMEM medium with 10% FBS (500

μL/well) containing 05ZYH33 or Δ 2BSS2 (MOI = 10). After incubation for 2 h at 37℃

and 5% CO_2, unbound bacteria were removed, and the cells were lysed with 0.025% Triton

X-100. CFUs in samples of diluted cell lysate were determined on blood agar plates and

expressed as the percentage of adherence: (CFUs in wells with cells / CFUs in wells

without cells) × 100.

Bactericidal assay

Bactericidal assays were performed as described by Pian et al. [27] with slight

modifications. Briefly, $1 × 10^5$ 05ZYH33 or Δ2BSS2 in log and stationary phases were

added to whole blood from naïve mice. The mixtures were rotated for 3 h at 37°C and 5%

CO_2. A set of the same bacterial samples was added to naive serum to determine bacterial

numbers in the 3 h incubation without killing. Viable bacterial counts were determined by

plating diluted samples on blood agar. The anti-killing capacity was calculated as (CFU in

blood / CFU in serum) × 100%.

Mouse infection

C57BL/6JCnc wild-type mice (aged 6 to 7 weeks) were purchased from Vital River

Laboratory Animal Center (Beijing, China) and randomly assigned to groups. Mice were

pretreated with 5 μL of 1% acetic acid (pH 4.0) or PBS per nostril 1 h before intranasal

infection [15]. After further anesthesia, mice were inoculated intranasally with 05ZYH33

(stationary phase, $2 × 10^8$ CFU / 10 μL). 5 μL of the inoculum was delivered intranasally

to each nostril (total 10 μL). This volume allows optional bacterial retention in NALT.

Specimen collection and preparation

Mice were euthanized, then blood samples were collected from the heart, and the lungs, heart, spleen, and NALT were removed and washed with PBS to eradicate blood contamination. Single-cell suspensions of the tissues were prepared by mechanical dissociation of tissue through a 100-μm nylon mesh in 1 mL PBS. For CSF collection, the nose part was removed from the head along the line of the eyeballs after the collection of NALT tissue. The brain tissue was taken from the remaining part of the head and soaked in 1 mL PBS for 1 h after sufficient laceration to expose the subarachnoid space without mincing. This operation avoided damaging the integrity of brain tissue as much as possible. Supernatants of the single-cell suspension and the blood and CSF samples were used to detect CFU and examine the CPS.

Transmission electron microscopy (TEM)

S. suis cells were enriched by gradient centrifugation of homogenized NALT and samples of the blood and CSF of infected mice. After washing, the bacteria were fixed in 2% paraformaldehyde supplemented with 0.05% ruthenium red in 0.1 M phosphate buffer (pH 7.0) for 30 min at room temperature. The bacterial samples were further prepared and embedded in epoxy resin (Epon 812, Merck) as described by Bojarska et al. [28]. Ultrathin (70−80 nm) sections were cut, stained with 1.2 % uranyl acetate and 2.5 % lead citrate, and then examined with a JEM-1400 (120 kV) transmission electron microscope (JEOL, Tokyo, Japan). Images were taken with a Morada digital camera (Olympus SIS, Münster, Germany) at 10 M pix resolution.

Cloning and expression of recombinant V5 proteins

V5 contains five conserved virulence factors of *S. suis*. They are SrtA (amino acids 50

to 249), ScpCL (amino acids 36 to 535), MRP (amino acids 283 to 721), SLY (amino acids 28 to 497), and SspA (amino acids 41 to 852) and prepared as described by Xing X. et al. (15). Briefly, the genes of V5 were cloned from the genome of *S. suis* strain A7 (serotype 2) (GenBank accession number: NC_017622.1). The recombinant proteins of V5 were expressed in E. coli BL21 (DE3) and purified by immobilized metal ion affinity chromatography (IMAC) to reach 95% purity. Bacterial lipopolysaccharide was removed following purification ($\leq$ 0.1 EU/µg). Protein concentrations were determined using the BCA Protein Assay Kit according to the manufacturer's instructions (TIANGEN, catalog number: PA115-02).

Preparation and purification of anti-CPS and anti-V5 antibodies

A female New Zealand white rabbit (SPF, 2.0–2.5 kg) was purchased from JinMuYang Laboratory Animal Center (Beijing, China) and kept in the SPF animal facility for 1 week. V5 (1 mg) was mixed with 1 mL incomplete Freund's adjuvant (Becton Dickinson, Franklin Lakes, NJ, USA) and subcutaneously injected into the rabbit 4 times at 1-week intervals. Blood samples were harvested 10 days after the last immunization, and the serum was isolated. Anti-CPS (anti-*S. suis* serotype 2) serum was purchased from SSI Diagnostica (Hillerød, Denmark) and purified by absorption with V5 by Ni-NTA agarose (Qiagen, catalog no. 30210) according to the manufacturer's instructions. Briefly, 200 µL of V5 (His-tagged, 1 µg/µL) were loaded on the 5 mL Ni-NTA agarose column. The collected antiserum was further purified by incubation with formalin-inactivated Δ2BSS2 (5×10^{10} CFU) overnight at 4°C. The purified anti-CPS recognized 05ZYH33 but not Δ2BSS2 as determined by enzyme-linked immunosorbent assay (ELISA) against 05ZYH33 and Δ2BSS2, respectively. Titers of the purified antisera against V5 and CPS were evaluated

550   by ELISA and stored at −80°C until use.

Passive antiserum transfer

Female C57BL/6JCnc mice (6–8 weeks) were transferred with anti-CPS or anti-V5

serum through the i.n. or i.v. route. Optimal amounts of antisera were predetermined in

mouse infection assays (the minimum amount of anti-V5 to inhibit 05ZYH33 colonization

in NALT and the minimum amount of anti-CPS to prevent bacteremia). For anti-CPS serum,

20 µg/200 µL (100 µg/mL) was used for tail vein injection or 5 µg/30 µL (170 µg/mL) for

nasal drip. For anti-V5 serum, 100 µg/200 µL (500 µg/mL) and 50 µg/30 µL (170 µg/mL)

were used through the i.v. and i.n. routes, respectively. Six hours after antiserum transfer,

mice were inoculated via the i.n. route with 2×10^8 CFU of 05ZYH33, and CFUs in

different compartments of the infected mice were determined.

Immunofluorescence staining and confocal microscopy

Immunofluorescence staining and confocal microscopy of the nasal cavity were

performed as described by Pagelow et al. [29]. Briefly, whole heads of the mice were fixed

with 4% PFA for at least 24 h before embedding in paraffin wax. Sections of longitudinally

bisected heads were deparaffinized followed by antigen retrieval. Immunostaining was

conducted using a primary rabbit anti-*S. suis* antibody (1:100) and a mouse anti-tubulin

beta III antibody (Merck Millipore, Darmstadt, Germany catalog no. mab5564, 1:300) to

detect neuronal structures, and then appropriate fluorophore-conjugated secondary

antibodies: donkey anti-rabbit Cy3 (Jackson Immuno-Research Laboratories, Ely, United

Kingdom, catalog no. 711-166-152, 1:1000), donkey anti-mouse FITC (Jackson

ImmunoResearch Laboratories, Ely, United Kingdom, catalog no. 715-096-150, 1:500).

Tissues were mounted with Vectashield Mounting Medium with DAPI (Vector

Laboratories, Burlingame, CA, USA. catalog no. H-1200). Images were captured using a Leica Aperio Versa 200 scanning microscope and color-balanced uniformly across the field of view using the Image Processing Leica Confocal and ImageJ Software (Wayne Rasband, National Institutes of Health, Bethesda, MD, USA).

Histological analysis of brain tissue

Mice were treated with 5 μL of 1% acetic acid (pH 4.0) per nostril. One hour later, one group of mice was inoculated i.n. with 05ZYH33 (2×10^8 CFU). A control group of mice was given PBS via the i.n. route. Infected mice were euthanized 1 h and 9 days after infection, respectively. The brain was removed and quickly fixed with 4% paraformaldehyde. After paraffin embedding, tissue sections were stained with hematoxylin and eosin (H&E) according to a standard protocol and examined using a Leica SCN400 slide scanner (Leica Microsystems, Germany).

Statistical analysis

Statistical analyses were performed in GraphPad Prism software, version 7.0. CFUs were analyzed by two-tailed unpaired Mann–Whitney U nonparametric t-tests. An unpaired, two-tailed Student's t-test was used to analyze the statistical significance between two groups. One-way analysis of variance (ANOVA) with Tukey's post-hoc test was used to analyze the statistical significance of differences among more than two groups. A P-value of <0.05 was considered significant.

Acknowledgments

The authors acknowledge Prof. Jiaqi Tang of General Hospital of the Eastern Theater of the People's Liberation Army of China for providing the capsular mutant of *S. suis* 05ZYH33 (Δ2BSS2), Dr. Shengbo Cao (National Key Laboratory of Agricultural

Microbiology, Huazhong Agricultural University, Wuhan, China) for sharing *S. suis*

serotype strains, Prof. Xiang-Ru Wang in Huazhong Agricultural University, Wuhan,

Hubei, China for the human brain microvascular endothelial cells (hBMEC), and Dr.

Junfeng Hao in Pathological Laboratory of Institute of Biophysics, CAS, for performing

the immunofluorescence microscopy. This research was supported by the National Natural

Science Foundation of China grant 31872743 (to B.W.) and the China Postdoctoral Science

Foundation Grant 2019M650875 (to X. W.).

Author contributions

Competing interests

The authors declare no competing interests.

References

1. Lun ZR, Wang QP, Chen XG, Li AX, Zhu XQ. Streptococcus suis: an emerging

zoonotic pathogen. Lancet Infect Dis. 2007;7(3):201-209. doi: 10.1016/S1473-

3099(07)70001-4.

2. Smith HE, Damman M, van der Velde J, Wagenaar F, Wisselink HJ, Stockhofe-

Zurwieden N, et al. Identification and characterization of the CPS locus of

Streptococcus suis serotype 2: the capsule protects against phagocytosis and is an

important virulence factor. InfectImmun. 1999;67(4):1750-1756. doi:

10.1128/IAI.67.4.1750-1756.1999.

3. Fittipaldi N, Segura M, Grenier D, Gottschalk M. Virulence factors involved in the

pathogenesis of the infection caused by the swine pathogen and zoonotic agent Streptococcus suis. Future Microbiol. 2012;7(2):259-279. doi: 10.2217/fmb.11.149.

4. Charland N, Jacques M, Lacouture S, Gottschalk M. Characterization and protective activity of a monoclonal antibody against a capsular epitope shared by Streptococcus suis serotypes 1, 2 and 1/2. Microbiology (Reading). 1997; 143(Pt11):3607-3614. doi: 10.1099/00221287-143-11-3607.

5. Goyette-Desjardins G, Lacouture S, Auger JP, Roy R, Gottschalk M, Segura M. Characterization and Protective Activity of Monoclonal Antibodies Directed against Streptococcus suis Serotype 2 Capsular Polysaccharide Obtained Using a Glycoconjugate. Pathogens. 2019; 8(3):139. doi: 10.3390/pathogens8030139.

6. Wu Z, Wu C, Shao J, Zhu Z, Wang W, Zhang W. The Streptococcus suis transcriptional landscape reveals adaptation mechanisms in pig blood and cerebrospinal fluid. RNA. 2014;20(6):882-898. doi: 10.1261/rna.041822.113.

7. Willenborg J, Fulde M, de Greeff A, Rohde M, Smith HE, Valentin-Weigand P, et al. Role of glucose and CcpA in capsule expression and virulence of Streptococcus suis. Microbiology (Reading). 2011;157(Pt 6):1823-1833. doi: 10.1099/mic.0.046417-0.

8. Schwerk C, Papandreou T, Schuhmann D, Nickol L, Borkowski J, Steinmann U, et al. Polar invasion and translocation of Neisseria meningitidis and Streptococcus suis in a novel human model of the blood-cerebrospinal fluid barrier. PLoS One. 2012;7(1):e30069. doi: 10.1371/journal.pone.0030069.

9. Tenenbaum T, Papandreou T, Gellrich D, Friedrichs U, Seibt A, Adam R, et al. Polar bacterial invasion and translocation of Streptococcus suis across the blood-cerebrospinal fluid barrier in vitro. Cell Microbiol. 2009;11(2):323-336. doi:

10.1111/j.1462-5822.2008.01255.x.

10. Benga L, Goethe R, Rohde M, Valentin-Weigand P. Non-encapsulated strains reveal

novel insights in invasion and survival of Streptococcus suis in epithelial cells. Cell

Microbiol. 2004;6(9):867-881. doi: 10.1111/j.1462-5822.2004.00409.x.

11. Gottschalk M, Segura M. The pathogenesis of the meningitis caused by Streptococcus

suis: the unresolved questions. Vet Microbiol. 2000;76(3):259-272. doi:

10.1016/s0378-1135(00)00250-9.

12. Dando SJ, Mackay-Sim A, Norton R, Currie BJ, St John JA. Pathogens penetrating the

central nervous system: infection pathways and the cellular and molecular mechanisms

of invasion. Clin Microbiol Rev. 2014;27(4):691-726. doi: 10.1128/CMR.00118-13.

13. van Ginkel FW, McGhee JR, Watt JM, Campos-Torres A, Parish LA, Briles DE.

Pneumococcal carriage results in ganglioside-mediated olfactory tissue infection. Proc

Natl Acad Sci USA. 2003;100(24):14363-14367. doi: 10.1073/pnas.2235844100.

14. Sjölinder H, Jonsson AB. Olfactory nerve--a novel invasion route of Neisseria

meningitidis to reach the meninges. PLoS One. 2010;5(11):e14034. doi:

10.1371/journal.pone.0014034.

15. Xing X, Bi S, Fan X, Jin M, Liu W, Wang B. Intranasal Vaccination With Multiple

Virulence Factors Promotes Mucosal Clearance of Streptococcus suis Across

Serotypes and Protects Against Meningitis in Mice. J Infect Dis 2019;220(10):1679-

1687. doi: 10.1093/infdis/jiz352.

16. Yoon JH, Jin H, Kim HJ, Hong SP, Yang MJ, Ahn JH, et al. Nasopharyngeal lymphatic

plexus is a hub for cerebrospinal fluid drainage. Nature. 2024;625:768-777. doi:

10.1038/s41586-023-06899-4.

17. Spera I, Cousin N, Ries M, Kedracka A, Castillo A, Aleandri S, et al. Open pathways

for cerebrospinal fluid outflow at the cribriform plate along the olfactory nerves.

EBioMedicine. 2023;91:104558. doi: 10.1016/j.ebiom.2023.104558.

18. Arends JP, Zanen HC. Meningitis caused by Streptococcus suis in humans. Rev Infect

Dis. 1988;10(1):131-137. doi: 10.1093/clinids/10.1.131.

19. Meng F, Wu NH, Nerlich A, Herrler G, Valentin-Weigand P, Seitz M. Dynamic Virus-

Bacterium Interactions in a Porcine Precision-Cut Lung Slice Coinfection Model:

Swine Influenza Virus Paves the Way for Streptococcus suis Infection in a Two-Step

Process. Infect Immun. 2015;83(7):2806-2815. doi: 10.1128/IAI.00171-15.

20. Meng F, Wu NH, Nerlich A, Herrler G, Valentin-Weigand P, Seitz M, et al. Dynamic

Virus-Bacterium Interactions in a Porcine Precision-Cut Lung Slice Coinfection Model:

Swine Influenza Virus Paves the Way for Streptococcus suis Infection in a Two-Step

Process. Infect Immun. 2015;83(7): 2806-15. doi: 10.1128/IAI.00171-15.

21. Meng F, Tong J, Vötsch D, Peng JY, Cai X, Willenborg M, et al. Viral Coinfection

Replaces Effects of Suilysin on Streptococcus suis Adherence to and Invasion of

Respiratory Epithelial Cells Grown under Air-Liquid Interface Conditions. Infect

Immun. 2019;87(8):e00350-19. doi: 10.1128/IAI.00350-19.

22. Wu NH, Meng F, Seitz M, Valentin-Weigand P, Herrler G. Sialic acid-

dependent interactions between influenza viruses and Streptococcus suis affect the

infection of porcine tracheal cells. J Gen Virol. 2015;96(9):2557-2568. doi:

10.1099/jgv.0.000223.

23. Berthelot-Hérault F, Cariolet R, Labbé A, Gottschalk M, Cardinal JY, Kobisch M.

Experimental infection of specific pathogen free piglets with French strains of

Streptococcus suis capsular type 2. Can J Vet Res. 2001; 65:196-200.

24. Berthelot-Hérault F, Gottschalk M, Morvan H, Kobisch M. Dilemma of virulence of

Streptococcus suis: Canadian isolate 89-1591 characterized as a virulent strain using a

standardized experimental model in pigs. Can J Vet Res. 2005;69:236-240.

25. Cao M, Feng Y, Wang C, Zheng F, Li M, Liao H, et al. Functional definition of LuxS,

an autoinducer-2 (AI-2) synthase and its role in full virulence of Streptococcus suis

serotype 2. J Microbiol. 2011;49(6):1000-11. doi: 10.1007/s12275-011-1523-1.

26. Shuster B, Khemmani M, Nakaya Y, Holland G, Iwamoto K, Abe K, et al.

Expansion of the Spore Surface Polysaccharide Layer in Bacillus subtilis by Deletion

of Genes Encoding Glycosyltransferases and Glucose Modification Enzymes. J

Bacteriol. 2019;201(19):e00321-19. doi: 10.1128/JB.00321-19.

27. Yang XP, Fu JY, Yang RC, Liu WT, Zhang T, Yang B, et al.

EGFR transactivation contributes to neuroinflammation in Streptococcus suis

meningitis. J Neuroinflammation. 2016;13(1):274. doi: 10.1186/s12974-016-0734-0.

28. Li N, Ren A, Wang X, Fan X, Zhao Y, Gao GF, et al. Influenza viral neuraminidase

primes bacterial coinfection through TGF-β-mediated expression of host cell receptors.

Proc Natl Acad Sci U S A. 2015;112(1):238-43. doi: 10.1073/pnas.1414422112.

29. Pian Y, Gan S, Wang S, Guo J, Wang P, Zheng Y, Cai X, Jiang Y, Yuan Y.

Fhb, a novel factor H-binding surface protein, contributes to the antiphagocytic ability

and virulence of Streptococcus suis. Infect Immun. 2012;80(7):2402-13. doi:

10.1128/IAI.06294-11.

30. Bojarska A, Janas K, Pejsak Z, Otulak-Kozieł K, Garbaczewska G, Hryniewicz W, et

al. Diversity of serotypes and new cps loci variants among Streptococcus suis isolates

from pigs in Poland and Belarus. Vet Microbiol. 2020;240:108534. doi:

10.1016/j.vetmic.2019.108534.

31. Pägelow D, Chhatbar C, Beineke A, Liu X, Nerlich A, van Vorst K, et al. The olfactory

epithelium as a port of entry in neonatal neurolisteriosis. Nat Commun. 2018;9:4269.

doi: 10.1038/s41467-018-06668-2.