Secretory leukocyte protease inhibitor influences periarticular joint

inflammation in *B. burgdorferi*-infected mice

Qian Yu[1*], Xiaotian Tang[1,7], Thomas Hart[1], Robert Homer[2], Alexia A. Belperron[3],

Linda K. Bockenstedt[3], Aaron Ring[4,5], Akira Nakamura[6], Erol Fikrig[1]

[1]Section of Infectious Diseases, Department of Internal Medicine, School of Medicine,

Yale University, New Haven, Connecticut, USA. [2]Department of Pathology, School of

Medicine, Yale University, New Haven, Connecticut, USA. [3] Section of Rheumatology,

Allergy and Immunology, Department of Internal Medicine, School of Medicine, Yale

University, New Haven, Connecticut, USA. [4]Department of Immunobiology, Yale School

of Medicine, New Haven, CT, USA. [5]Department of Pharmacology, Yale School of

Medicine, New Haven, CT, USA. [6]Divisions of Immunology, Faculty of Medicine, Tohoku

Medical and Pharmaceutical University, Sendai, Japan.[7]Institute of Insect Sciences,

College of Agriculture and Biotechnology, Zhejiang University, Hangzhou, China.

Corresponding authors:

Qian Yu, The Anlyan Center, 300 Cedar St. Rm 410, New Haven, CT, 06519, USA,

(203)-843-8578, qian.yu@yale.edu

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Abstract

Lyme disease, caused by *Borrelia burgdorferi*, is the most common tick-borne infection in the United States. Arthritis is a major clinical manifestation of infection, and synovial tissue damage has been attributed to the excessive pro-inflammatory responses. The secretory leukocyte protease inhibitor (SLPI) promotes tissue repair and exerts anti-inflammatory effects. The role of SLPI in the development of Lyme arthritis in C57BL/6 mice, which can be infected with *B. burgdorferi*, but only develop mild joint inflammation, was therefore examined. *SLPI*-deficient C57BL/6 mice challenged with *B. burgdorferi* had a higher infection load in the tibiotarsal joints and marked periarticular swelling, compared to infected wild type control mice. The ankle joint tissues of *B. burgdorferi*-infected *SLPI*-deficient mice contained significantly higher percentages of infiltrating neutrophils and macrophages. *B. burgdorferi*-infected *SLPI*-deficient mice also exhibited elevated serum levels of IL-6, neutrophil elastase, and MMP-8. Moreover, using a recently developed BASEHIT (**BA**cterial **S**election to **E**lucidate **H**ost-microbe **I**nteractions in high **T**hroughput) library, we found that SLPI directly interacts with *B. burgdorferi*. These data demonstrate the importance of SLPI in suppressing periarticular joint inflammation in Lyme disease.

Introduction

Lyme disease is the most common tick-borne illness in the United States, affecting an estimated 500,000 people each year[1]. The spirochete *Borrelia burgdorferi* is the causative agent of Lyme disease and is primarily transmitted by *Ixodes scapularis* ticks in North America[2]. Early administration of antibiotics is usually successful in the treatment of Lyme disease. However, between 2008-2015, arthritis was the major manifestation in a third of Lyme disease cases reported to CDC[3,4]. Musculoskeletal symptoms occur at all stages of Lyme disease, with migratory arthralgias in the early stages and frank arthritis occurring months later. Lyme arthritis can present as acute or intermittent self-resolving episodes or persistent joint swelling and pain, which if left untreated, can lead to irreversible joint dysfunction and debilitation[3,5,6]. Although Lyme arthritis resolves completely with antibiotic therapy in most patients, a small percentage of individuals experience persistent joint inflammation for months or several years, termed post-infectious Lyme arthritis[3,5,7].

Studies of synovial fluid from Lyme arthritis patients found infiltrating polymorphonuclear cells (PMNs), IFN-γ-producing mononuclear cells, and large amounts of NF-κB-induced pro-inflammatory cytokines and chemokines, such as IL-6, CXCL10, and TNF-α[6,8-10]. An inverse correlation between the robust IFN-γ signature and tissue repair has been demonstrated in the synovial tissue and fluid from patients with post-infectious Lyme arthritis[11]. This suggests that the dysregulated excessive pro-inflammatory responses inhibit tissue repair and lead to extensive tissue damage.

B. burgdorferi infection of laboratory mice causes an acute arthritis, the severity

of which is mouse strain dependent[12]. *B. burgdorferi* infected-C3H/HeN mice develop

pronounced neutrophilic infiltration of periarticular structures and the synovial lining

which peaks in severity several weeks after infection[13]. In contrast, infection of *B.*

burgdorferi C57BL/6 mice causes mild, if any, arthritis[14]. On a C57BL/6 background, the

immune-deficient RAG-/- and SCID mice are also resistant to *B. burgdorferi*-induced

arthritis, indicating that responses independent of humoral and cellular immunity

contribute to the milder phenotype of disease in these animals[15]. Similar to Lyme

arthritis in humans, neutrophils, macrophages, and signaling involving IFN-γ and NF-κB

contribute to the severity of murine joint inflammation[16-19].

The secretory leukocyte protease inhibitor (SLPI) is a 12 kDa, secreted, non-

glycosylated, cysteine-rich protein[20]. It strongly inhibits serine proteases, especially

neutrophil-derived serine proteases (NSPs) including cathepsin G (CTSG) and elastase

(NE)[21,22]. It is secreted by epithelial cells at various mucosal surfaces and is also

produced by neutrophils, macrophages, mast cells, and fibroblasts[23,24]. The major

function of SLPI is to inhibit excessive protease activity at sites of inflammation, thus

promoting tissue repair and wound healing[25,26]. SLPI also exerts anti-inflammatory

function by inhibiting NF-κB activation in macrophages[27-29]. The roles of neutrophils and

NSPs have been extensively studied in rheumatoid arthritis, a condition sharing some

similarities with Lyme arthritis[30,31]. NE and CTSG induce potent destruction of cartilage

proteoglycan *in vitro* and *in vivo*, which contributes to rheumatoid arthritis progression[32].

Some studies also demonstrated that SLPI inhibits joint inflammation and bone

destruction[33,34]. However, the importance of SLPI and NSPs have not been studied in

the context of Lyme disease.

Thus, in this study, we examined the role of SLPI in the development of murine

Lyme arthritis caused by *B. burgdorferi*. Using the *SLPI*-deficient C57BL/6 mice, we

observed a significant increase in the infection burden and marked periarticular swelling

in the ankle joints compared to WT mice following *B. burgdorferi* infection. Significant

increase in infiltrating neutrophils and macrophages were observed in the ankle joints of

infected *SLPI*-deficient mice. Elevated serum levels of IL-6, neutrophil elastase, and

MMP-8 in the infected *SLPI*-deficient mice were also observed, which can lead to the

recruitment of neutrophils and macrophages exacerbating the periarticular swelling. We

further demonstrated the direct interaction between SLPI and *B. burgdorferi*. This is the

first study showing the importance of anti-protease-protease balance in the

development of murine Lyme arthritis.

Results

Secretory leukocyte protease inhibitor (SLPI) influences periarticular joint inflammation in B. burgdorferi-infected mice.

To assess the importance of SLPI during murine Lyme arthritis, we compared the outcomes of *B. burgdorfe*ri infection of C57BL/6 WT and *SLPI*-/- mice. The C57BL/6 WT and *SLPI*-/- mice were infected with 10^5 spirochetes subcutaneously. Infection burdens in the skin were assessed by qPCR of *B. burgdorferi* DNA in ear punch biopsies at 7, 14, and between 21 to 24 dpi (Figure 1, A-C). Infection burdens in the heart (Figure 1D) and tibiotarsal joint (Figure 1E) tissues were assessed between 21 to 24 dpi. We did not observe any significant difference in infection burden in the skin between WT and *SLPI*-/- mice (n=24) at 7, 14, 21 to 24 dpi, or in the heart between 21 to 24 dpi (Figure 1, A-D).

Strikingly, we observed a significantly higher spirochete burden in the ankle joints of infected *SLPI*-/- mice (n=24) between 21 to 24 dpi (Figure 1E). Furthermore, at around 24 dpi, significant swelling was also observed solely in the infected *SLPI*-/- mice (Figure 2A, red arrow). The level of swelling was first scored visually. While 14 out of 20 infected *SLPI*-/- mice displayed visible swelling (score ≥ 1), only 1 in 14 infected WT mice displayed mild swelling (score 1) at the ankle (Figure 2B). The tibiotarsal joints were then dissected, fixed, and stained with H&E for histopathological evaluation of the level of inflammation (Figure 2, C and D). Inflammation of bursa and soft tissue adjacent

to the tibiotarsal joint, but not in the tibiotarsal synovium, was consistently observed in

the infected *SLPI-/-* mice (Figure 2C, black rectangle). In contrast, only 1 out of 14

infected WT mice displayed modest inflammation (score = 2) in these sites (Figure 2D).

The above data indicate the importance of SLPI in modulating the development of

periarticular inflammation associated with murine Lyme arthritis.

SLPI influences immune responses in B. burgdorferi-infected mice.

It has been established that SLPI exerts its anti-inflammatory effect by inhibiting

neutrophil serine protease and by dampening NF-κB activation in macrophages[22]. Thus,

to investigate the mechanism underlying the effect of SLPI on murine joint inflammation,

we sought to identify the population of infiltrating cells in the periarticular tissues of

infected WT and *SLPI-/-* mice. Between 21 to 24 dpi, the ankle joints were dissected. To

obtain single cell suspensions of infiltrating cells, bone marrow cells were removed and

discarded and the joint and periarticular tissues were digested[35]. The cells were stained

for flow cytometry with CD45, CD11b, and LY6G to label neutrophils (Figure 3A), and

CX3CR1, CD64, and LY6C to label macrophages (Figure 3B)[36]. After gating, we

observed significantly higher percentages of infiltrating neutrophils and macrophages in

the dissected tissues from infected *SLPI-/-* than WT mice (Figure 3, A and B). To further

eliminate the possibility of neutrophilic contamination within the macrophage population,

we also implemented a Ly6G-negative gating strategy. The result showed a consistently

higher percentage of macrophages in the infected *SLPI-/-* mice (Supplemental Figure

1). Using RT-qPCR on the tibiotarsal tissues extracted from *B. burgdorferi*-infected

SLPI-/- mice, we detected increased gene expression of neutrophil chemoattractant

receptor C-X-C motif chemokine receptor 2 (*CXCR2)*, monocyte chemoattractant

protein 1 (*MCP-1*), and its receptor C-C motif chemokine receptor 2 (*CCR2)* (Figure 3,

C-E).

Furthermore, the serum cytokine/chemokine profile was assessed from

uninfected and *B. burgdorferi*-infected WT and *SLPI-/-* mice between 21 to 24 dpi. We

observed a significant increase in IL-6 in infected *SLPI-/-* mice (Figure 3F). IL-6 recruits

and stimulates neutrophils, leading to secretion of neutrophil-derived serine proteases

including neutrophil elastase (NE) and cathepsin G (CTSG)[37]. The lack of serine

protease inhibitors, such as SLPI, can cause excessive protease activity and

subsequent tissue damage and inflammation[31]. Indeed, using ELISA, we observed a

significantly higher level of NE solely in the serum of infected *SLPI-/-* mice (Figure 3G).

An increased serum level of NE was also observed in the *B. burgdorferi*-infected,

arthritis-susceptible C3H/HeN mice at 21 dpi (Figure 3H). These data suggest that, in

the absence of SLPI, excessive serine protease activity can exacerbate murine Lyme

arthritis.

A correlation between IL-6, macrophages, metalloproteinases (MMPs), and

articular cartilage destruction has been observed in the synovial tissue of RA patients[38].

Elevated levels of host matrix metalloproteinases (MMPs) have also been found in the

synovial fluid of Lyme arthritis patients and can cause excessive tissue damage[39]. Thus,

a mouse MMP 5-Plex Discovery Assay was used to explore the serum levels of different

MMPs. We observed a significant increase in the levels of MMP-8 solely in the infected

SLPI-/- mice (Figure 3I). Taken together, our data suggest that SLPI suppresses

inflammation in *B. burgdorferi*-infected mouse joint tissues by potentially inhibiting

neutrophil and macrophage infiltration and subsequent protease-mediated tissue

destruction.

Decreased serum level of SLPI in Lyme disease patients.

Despite numerous studies of serum, synovial fluid and tissue from Lyme arthritis

patients, the importance of anti-protease-protease balance in Lyme arthritis has not

been investigated[7]. Based on our data obtained from the *SLPI*-deficient mice, we

assessed the serum SLPI level in Lyme disease patients (Figure 4). Due to the limited

samples available from Lyme arthritis patients, we included samples from Lyme disease

patients who presented with earlier manifestations of Lyme disease. The serum level of

human SLPI assessed by ELISA showed a significant decrease in the SLPI level in

Lyme disease patients comparing to healthy adult controls (Figure 4). Similar to our data

from *B. burgdorferi*-infected mice, this result suggests a correlation between the lack of

SLPI and humans exhibiting clinical manifestations of Lyme disease, including arthritis.

SLPI interacts with B. burgdorferi.

It has been demonstrated that *B. burgdorferi* interacts with various mammalian

proteins to establish infection in the mammalian host[40-43]. Thus, we postulated that *B.*

burgdorferi could interact with SLPI to influence the progression of joint inflammation. To

test this hypothesis, we probed a recently developed BASEHIT (**BA**cterial **S**election to

Elucidate **H**ost-microbe **I**nteractions in high **T**hroughput) library with *B. burgdorferi*[40,44-

46]. BASEHIT utilizes a genetically barcoded yeast display library expressing 3,324

human exoproteins, thus enabling a comprehensive screen of host-microbe interactions

in a high-throughput fashion. Human SLPI is one of the exoproteins that passed the

significance threshold, indicating *B. burgdorferi*-SLPI binding. To further establish that

hSLPI directly binds to *B. burgdorferi*, we performed ELISA with whole cell *B.*

burgdorferi lysates. We observed strong binding between whole cell *B. burgdorferi*

lysates and hSLPI at a level as low as 10 nM (Figure 5A).

To extend these studies, flow cytometry was performed using intact *B.*

burgdorferi and both human and murine SLPI. A significant increase in fluorescence

intensity was observed when *B. burgdorferi*, cultivated at 33°C, was incubated with

human SLPI at 10 nM and 1 µM level (Figure 5B). Though the binding to 10 nM rmSLPI

was at background level, we observed a significant increase in fluorescence intensity

when *B. burgdorferi* were incubated with 1 µM rmSLPI (Figure 5C). Flow cytometry also

demonstrated increased binding of *B. burgdorferi* cultured at 37 °C to 1 µM hSLPI or

rmSLPI (Figure 5, B and C). This indicates that the binding was more robust when

performed at temperatures that *B. burgdorferi* encounter in the mammalian host.

Immuno-fluorescent microscopy was an additional method that also demonstrated direct

binding of *B. burgdorferi* with human or murine SLPI (Figure 5D).

In contrast to *B. burgdorferi* B31-A3, an infectious strain used throughout this

study, we did not observe any binding between hSLPI and *B. burgdorferi* B31A, a high-

passage non-infectious strain (Supplemental Figure 2A)[47,48]. The above observation

further suggests that the direct interaction between SLPI and *B. burgdorferi* could

impact the pathogenesis of murine Lyme arthritis. To further investigate the potential *B.*

burgdorferi ligand that interacts with SLPI, we probed protease-treated *B. burgdorferi*

lysates with hSLPI using ELISA. After treatment with proteinase K, we observed a

marked decrease in binding of hSLPI to *B. burgdorferi* lysates (Supplemental Figure

2B). This result suggests that hSLPI can directly interact with a *B. burgdorferi* protein.

It has been showed that SLPI has antimicrobial effects against multiple gram-

negative and positive bacteria[49-51]. However, using the BacTiter-Glow microbial cell

viability assay, we did not observe any significant changes in *B. burgdorferi* viability in

the presence of hSLPI (Supplemental Figure 3A). A previous study also demonstrated

that the tick salivary protein, Salp15, specifically interacted with *B. burgdorferi* outer

surface protein C (OspC)[52]. The binding of Salp15 protected spirochetes from killing by

polyclonal mouse or rabbit antisera *in vitro*[52,53]. However, again, using the BacTiter-

Glow microbial cell viability assay, the pre-incubation of hSLPI did not protect

spirochetes from killing by mouse *B. burgdorferi* antisera (Supplemental Figure 3B).

Thus, the importance of the SLPI-*B. burgdorferi* interaction and the direct effect of such

an interaction on *B. burgdorferi* biology is likely independent of direct borreliacidal

activity or any interference with the antibody-mediated *B. burgdorferi* killing.

Discussion

Lyme arthritis has been extensively documented and studied in patients and *B. burgdorferi*-infected mice. The pathogenesis of Lyme arthritis is characterized by synovial tissue damage caused by infiltration of immune cells and excessive pro-inflammatory responses[7]. Transcriptomic studies also revealed the suppression of tissue repair genes in the synovial tissue of Lyme arthritis patients and tibiotarsal joint tissues of *B. burgdorferi*-infected mice[11,54]. However, the roles of the genes involved in tissue repair have not been studied.

SLPI strongly inhibits serine proteases, especially cathepsin G and elastase secreted by neutrophils[20]. The major function of SLPI is to prevent unnecessary tissue damage caused by excessive protease activity, thus promoting tissue repair and homeostasis[55]. The lack of SLPI impairs wound healing and tissue repair [25] and SLPI also inhibits NF-κB activation and downstream pro-inflammatory cytokine release from macrophages[27,29]. Thus, we hypothesized that SLPI plays an important role in Lyme arthritis. To test this hypothesis, we employed *SLPI*-/- C57BL/6 mice. As C57BL/6 mice only develop mild arthritis, if any, after challenge with *B. burgdorferi*, this mouse provided an ideal example to study whether the lack of SLPI could cause an arthritis-resistant mouse to become arthritis-susceptible. Compared to WT C57BL/6 mice, *B. burgdorferi* infection in the *SLPI*-/- mice consistently showed a significantly higher infection burden in tissues extracted from the ankle joint, which included periarticular structures (Figure 1E). Severe swelling and inflammation in the bursal and soft tissue

around tibiotarsal joints were observed solely in the infected *SLPI-/-* mice (Figure 2).

The significant increase in the infection burden in *SLPI-/-* mice can contribute to the

enhanced periarticular inflammation following *B. burgdorferi* infection. However, these

data also emphasize the importance of SLPI in controlling the development of

inflammation in periarticular tissues of *B. burgdorferi*-infected mice. Indeed, in a

Streptococcal cell wall (SCW)-induced arthritis model in rats, the intraperitoneal

injection of SLPI significantly decreased the severity of joint swelling[34]. Targeting the

SLPI-associated anti-protease pathways could also potentially be a strategy for

ameliorating periarticular inflammation that occurs in some rheumatic diseases.

Analysis of *B. burgdorferi* infection in the *SLPI-/-* and WT mice revealed a

significant increase in infiltrating neutrophils and macrophages in the periarticular

tissues of *SLPI-/-* mice (Figure 3, A and B). This observation is consistent with clinical

studies that showed a high percentage of neutrophils in the synovial fluid during active

infection[56,57]. In post-treatment Lyme arthritis, fewer neutrophils and more macrophages

are present in patients' synovial fluid[7]. In arthritis-susceptible C3H/He mice, *B.*

burgdorferi infection also leads to neutrophil infiltration in the periarticular tissues as well

as in the synovium of ankle joints[13]. The neutrophil chemoattractant KC (CXCL1) and

receptor CXCR2 mediates neutrophil recruitment and is critical for the development of

murine Lyme arthritis. Both *KC-/-* and *CXCR2-/-* C3H mice developed significantly less

ankle swelling when infected with *B. burgdorferi*[16,18]. Consistently, we observed a

significant increase in CXCR2 gene expression in the tibiotarsal joint tissues (Figure

3C), which can recruit neutrophils and cause more severe inflammatory soft tissue

infiltrates in the *SLPI*-/- mice. Monocyte chemoattractant protein-1 (MCP-1/CCL2) and

receptor CCR2 contribute to macrophage infiltration[58]. Though little to no difference in

arthritis was observed in the CCR2-/- mice, a high level of MCP-1 was detected in the

tibiotarsal tissues of *B. burgdorferi*-infected, arthritis-susceptible C3H/He mice,

suggesting a function for macrophages[18]. In the infected *SLPI*-/- mice, a significant

increase in both MCP-1 and CCR2 gene expression was observed in the tibiotarsal

tissues (Figure 3, D and E). Our data suggest that both neutrophils and macrophages

contribute to the severe periarticular inflammation in the infected *B. burgdorferi*-infected

SLPI-/- mice.

To investigate the underlying mechanism whereby SLPI deficiency enhanced

periarticular joint inflammation, we examined the serum cytokine/chemokine profile of *B.*

burgdorferi-infected *SLPI*-/- and WT mice. There was a significant increase in IL-6 solely

in the infected *SLPI*-/- mice (Figure 3F). An elevated IL-6 level has been demonstrated

in the serum, synovial fluid, and synovial tissue from Lyme arthritis patients[9,56]. IL-6 is

also pivotal in the pathogenesis of rheumatoid arthritis and correlates with the disease

severity and joint destruction[37]. It has been shown that IL-6 recruited neutrophils in an *in*

vitro co-culture rheumatoid arthritis model[59]. Neutrophils can be activated by IL-6

through binding of IL-6 receptor (IL-6R)[37]. Activated neutrophils release several

neutrophil serine proteases (NSPs) including neutrophil elastase (NE), cathepsin G

(CTSG), and proteinase-3 (PR3), which can lead to potent cartilage destruction[31].

Indeed, we observed a significant increase in the NE level in the serum of *B.*

burgdorferi-infected *SLPI*-/- but not WT mice (Figure 3G). In the arthritis susceptible

C3H/HeN mice, *B. burgdorferi* infection also induced a significant increase in the serum

NE level (Figure 3H). Interestingly, despite the known function of TNF-α in inflammatory

responses, we did not observe any significant changes in either TNF-α serum protein

levels or TNF-α gene expression levels in the *B. burgdorferi*-infected *SLPI-/-* and WT

mice (Supplemental Figure 4). The result is consistent with previous microarray data

that did not show significant changes in TNF-α levels in the C57BL/6 mice following *B.*

burgdorferi infection[54]. The above data indicate that the excessive serum neutrophil

elastase contributed to the periarticular inflammation in the *B. burgdorferi*-infected *SLPI-*

/- mice.

Matrix metalloproteinases (MMPs) target extracellular matrix and cause articular

cartilage destruction[60]. A correlation between IL-6 and MMPs expression has been

reported in the context of rheumatoid arthritis[38,61]. Elevated levels of several MMPs

have also been found in the synovial fluid of Lyme arthritis patients[39]. Thus, we also

investigated the MMPs profile in the *B. burgdorferi*-infected *SLPI-/-* and WT mice. We

observed a significant increase in the serum level of MMP-8 in the infected *SLPI-/-* mice

(Figure 3I). MMP-8 is known as neutrophil collagenase[62]. Using synovial fluid samples,

it has been reported that the level of MMP-8 was significantly higher in the patients with

post infectious Lyme arthritis than patients with active infection[63]. A comprehensive

examination of the MMP profile in the synovial fluid of patients with Lyme arthritis

revealed elevated levels of MMP-1, -3, -13, and -19[64]. *B. burgdorferi* infection induced

MMP-3 and MMP-19 in the C3H/HeN mice but not in the Lyme arthritis-resistant

C57BL/6 mice[64]. The differences in the MMP profiles provide an explanation for the

differences between human and murine Lyme arthritis. This finding further emphasizes

that excessive protease activity can contribute to the severity of periarticular

inflammation in *B. burgdorferi*-infected mice.

Previous research using serum, synovial fluid and tissue from Lyme arthritis

patients has been heavily focusing on innate and adaptive immune responses[7]. As a

result, limited data can be found regarding anti-protease and protease responses during

Lyme arthritis in human patients. In this study, we tested serum SLPI level in 5 healthy

subjects, 8 Lyme disease patients, 3 of whom had overt arthritis. Though the number of

healthy subjects is small, the median level of SLPI tested here (38.92 ng/ml, Figure 4) is

comparable with previous studies showing in average about 40 ng/ml SLPI in the serum

from healthy volunteers [65,66]. While the clinical manifestation of 5 of the patients with

Lyme disease was an EM skin lesion (Supplemental Table 1), some symptom persisted

several months after diagnosis, a timeframe when acute arthritis often develops. We

observed decreased SLPI in the serum of these patients (Figure 4), suggesting an

inverse relationship between the SLPI level and *B. burgdorferi*-infection. However, a

large number of sera and synovial fluid samples from patients with Lyme arthritis and

other clinical manifestations of Lyme disease are needed to establish a definitive

association.

B. burgdorferi first infects the skin of a vertebrate host following a tick bite, then

disseminates throughout the body, colonizes various tissue, evades immune responses,

and persists for a significant period of time. To survive the above processes, *B.*

burgdorferi interacts with various mammalian proteins, including decorin[41], fibronectin[42],

and plasminogen[43], among others. To comprehensively study the potential interaction

between *B. burgdorferi* and the host, our lab employed the BASEHIT (**BA**cterial

Selection to **E**lucidate **H**ost-microbe **I**nteractions in high **T**hroughput) to assess the

interactions between *B. burgdorferi* and 3,336 human extracellular and secreted

proteins[44,46]. Using BASEHIT, our lab previously identified a strong interaction between

B. burgdorferi and Peptidoglycan Recognition Protein 1 (PGYRP1)[40]. Increased

infection burden in the heart and joint was observed in the mice lacking PGYRP1,

suggesting a role of PGYRP1 in the host response to *B. burgdorferi* infection.

Expanding the use of BASEHIT, CD55 was identified to bind *Borrelia crocidurae* and

Borrelia persica, two pathogens causing relapsing fever[45]. CD55-deficient mice infected

with *B. crocidurae* displayed lower pathogen load and elevated pro-inflammatory

cytokines. The above data demonstrate BASEHIT as an effective method to identify

host factors important in *B. burgdorferi* pathogenesis *in vivo*. In this study, we identified

an interaction between SLPI and *B. burgdorferi* using BASEHIT library screening and

subsequent flow cytometric analysis (Figure 5). The antimicrobial activity of SLPI has

been demonstrated against both gram-negative and positive bacteria including

Escherichia coli, *Pseudomonas aeruginosa*[49], *Mycobacteria tuberculosis*[50],

Staphylococcus aureus[51], and *Staphylococcus epidermidis*[49]. Interaction between the

positive charges of SLPI and the negative charges of bacteria surface, including

lipopolysaccharide (LPS), can destabilize bacteria cell wall leading to the bactericidal

effect[67]. *B. burgdorferi* do not have LPS[68] and this may account for the absence of the

bactericidal effect of SLPI against *B. burgdorferi* (Supplemental Figure 3A). Future

research is needed to understand the significance of the SLPI-*B. burgdorferi* binding in

the development of periarticular inflammation. The potential *B. burgdorferi* protein that

interact with SLPI remains unknown. It is our hypothesis that SLPI may bind and inhibit

an unknown *B. burgdorferi* virulence factor that could contribute to the development of

murine Lyme arthritis.

In conclusion, our data demonstrated the importance of SLPI in suppressing *B.*

burgdorferi-induced periarticular inflammation in mice by inhibiting recruitment of

neutrophils and macrophages and subsequent protease levels. We propose that, during

the active infection of the murine joint structures, the binding of *B. burgdorferi* with SLPI

depletes the local environment of SLPI. Such binding is specific to the infectious strain

of *B. burgdorferi.* As a potent anti-protease, the decrease in SLPI results in excessive

protease activity, including neutrophil elastase and MMP-8. These unchecked proteases

can lead to extensive tissue inflammation. Our study is the first to emphasize the

importance of an anti-protease-protease balance in the development of the periarticular

inflammation seen in *B. burgdorferi*-infected mice.

Materials and methods

Sex as a biological variable

Females *SLPI*-/- and WT C57BL/6 mice were used for the *in vivo B. burgdorferi* infection. We have examined *B. burgdorferi* infection in both male and female C57BL/6 mice and no differences in the development of infection or disease have been noted. Both male and female Lyme disease patients were included in the study. Sex was not considered as a biological variable.

Study approval

This study used archived serum samples from adult Lyme disease subjects and healthy controls that were previously collected under NIH U19AI089992 with approval of the Yale University Institutional Review Board for human subjects research (IRB protocol# 1112009475). All the animal experiments in this study were performed in accordance with the Guidelines for the Care and Use of Laboratory Animals of the National Institutes of Health. The animal protocols were approved by the Institutional Animal Care and Use Committee at the Yale University School of Medicine.

Measurement of serum SLPI levels in Lyme disease subjects and controls

SLPI levels were measured in a total of 23 serum samples from 7 subjects at the time of Lyme disease diagnosis (4 with a single erythema migrans lesion and 3 with the late manifestation of Lyme arthritis) and from 5 healthy controls. Serum samples from Lyme disease subjects were available at up to 3 times points: 1) study entry, range 0-9

days after onset of symptoms, 2) 30 days post diagnosis, and 3) up to 3 months after

completion of antibiotic therapy (range 4.5 – 6 months after dx). Additional details can

be found in Supplemental Table 1. The level of SLPI in the serum was measured using

the Human SLPI DuoSet ELISA kit (R&D Systems, #DY1274-05).

***B. burgdorferi* culture**

B. burgdorferi B31-A3, an infectious clonal derivative of the sequenced strain

B31, was a generous gift from Dr. Utpal Pal at the Department of Veterinary Medicine,

University of Maryland, College Park[69]. *B. burgdorferi* B31-A3 and *B. burgdorferi* B31A

was grown in Barbour-Stoenner-Kelly H (BSK-H) complete medium (Sigma-Aldrich,

#B8291) in a 33°C setting incubator. The live cell density was determined by dark field

microscopy and using a hemocytometer (INCYTO, #DHC-N01). Low passage (P<3) *B.*

burgdorferi B31-A3 was used throughout this study.

***In vivo* infection of mice**

The *SLPI-/-* C57BL/6 mice have been described previously[70,71]. The wild-type

(WT) C57BL/6 mice were purchased from the Jackson Laboratory and used as the

controls. 5 to 7 weeks of age female WT and *SLPI-/-* C57BL/6 mice were used for

infection. 4 to 6 weeks of age female C3H/HeN mice were purchased from Charles

River Laboratories and used for infection. Both C57BL/6 and C3H/HeN mice were

infected with low passage 10^5 *B. burgdorferi* subcutaneously (5–9 mice/group). PBS

sham-infected mice were used as controls. Mice were euthanized approximately 3-week

post infection within a 3-day window (between 21 to 24 dpi) based on the feasibility and

logistics of the laboratory. Ear punch biopsies were taken at 7-, 14- and between 21 to

24-day post-infection (dpi) to determine the infection burden in the skin. Between 21 to

24 dpi, mice were euthanized, and heart and joint tissues were collected to quantify the

spirochete burden. The protocol for the use of mice was reviewed and approved by the

Yale Animal Care and Use Committee.

Quantification of *Borrelia* burden

DNA was extracted from heart, tibiotarsal joint, and ear punch samples using

Qiagen DNeasy Blood & Tissue Kit, Qiagen. Quantitative PCR was performed using iQ-

SYBR Green Supermix (Bio-Rad). For quantitative detection of *B. burgdorferi* burden

within mouse tissue samples, q-PCR was performed with DNA using flagellin (*flaB*), a

marker gene for *Borrelia* detection. The mouse *β-actin* gene was used to normalize the

amount of DNA in each sample. The nucleotides sequences of primers used in specific

PCR applications are described previously[40].

Joint histopathology analysis

Mice were euthanized by CO_2 asphyxiation and one rear leg from each mouse

were dissected, immersion-fixed in Bouin's solution (Sigma-Aldrich, #HT10132). Fixed

tissues were embedded, sectioned, and stained with hematoxylin and eosin (HE) by

routine methods (Comparative Pathology Research Core in the Department of

Comparative Medicine, Yale School of Medicine). Periarticular and joint inflammation

was scored in a blinded fashion in a graded manner from 0 (negative), 1 (minimal), 2

(moderate), to 3 (severe).

Flow cytometry to quantify infiltrating cells in joint tissues in mice

The WT and *SLPI-/-* C57BL/6 mice were infected with *B. burgdorferi* as described

above. The mice were euthanized between 21 to 24 dpi. The ankle joints were cut out at

around 0.7 cm proximal to the ankle joint. The portion distal to the midfoot was

discarded, and the skin removed. The bone marrow cells were flushed out with RPMI

1640 (Gibco, #11875-093) using a 27-gauge needle. The bone marrow-depleted ankles

were cut into 3-4 mm sized tissue pieces and incubated with digestion media containing

2.4 mg/ml hyaluronidase (Sigma-Aldrich, #H3506), 1 mg/ml collagenase (Sigma-Aldrich,

#C2139) in RPMI 1640 (Gibco, #11875-093) supplemented with 10% fetal bovine serum

(FBS) for 1 h at 37 °C with 5%CO_2. The digestion media containing the tissue pieces

were passed through a 70 μm cell strainer (Thermo Scientific, #352350). The remaining

tissue pieces were mashed using a 10 ml syringe plunger. The digestion media

containing the isolated cells were neutralized with RPMI 1640 with 10% FBS[35]. The red

blood cells were lysed by ACK Lysing buffer (Gibco, #A1049201). The cells were rinsed

and resuspended in FACS buffer and ready for staining for flow cytometry.

The cells were incubated with Fc receptor antibody (TruStain FcXTM anti-mouse

CD16/32) (BioLegend, #101320), and antibodies including PerCP anti-mouse CD45

(BioLegend, #103130), BV711 anti-mouse Ly6G (BioLegend, #127643), PE anti-mouse

CD11b (BioLegend, #101208), APC/CY7 anti-mouse CX3CR21 (BioLegend, #149047),

FITC anti-mouse Ly6C (BioLegend, #128005), APC anti-mouse CD64 (BioLegend,

#139305) and LIVE/DEADTM fixable violet stain kit (Invitrogen, #L34955) on ice for 30

min. The samples were rinsed twice with FACS buffer and run through BD LSRII (BD

bioscience). The data was then analyzed by FlowJo[36].

Gene expression evaluation by quantitative real-time PCR

Mice were euthanized between 21 to 24 dpi. The ankle joints were excised as

described above, snap-frozen in liquid nitrogen, and stored at −80°C. The frozen tissue

was pulverized in liquid nitrogen using a mortar and pestle[72]. The RNA was purified

using Trizol (Invitrogen, #15596-018) following a published protocol[73]. cDNA was

synthesized using the iScript cDNA Synthesis Kits (Bio-Rad, #1708891). qPCR was

performed using iQ SYBR Green Supermix (Bio-Rad, #1725124). The relative

expression of each target gene was normalized to the mouse *β-actin* gene. The target

genes and corresponding primer sequences are shown in the Key Resource Table.

Murine neutrophil elastase, cytokine, chemokine, and MMP profile

Blood samples from each group of mice was collected by cardiac puncture

between 21 to 24 dpi and sera were collected. The murine neutrophil elastase level was

measured using the Mouse Neutrophil Elastase/ELA2 DuoSet ELISA (RnD Systems,

#DY4517-05). Serum was sent for cytokine analysis by the Mouse Cytokine/Chemokine

32-Plex Discovery Assay Array (MD32), and the Mouse MMP 5-Plex Discovery Assay

Array (MDMMP-S, P) performed by Eve Technologies. The cytokines and chemokines

represented by MD32 are Eotaxin, G-CSF, GM-CSF, IFN-γ, IL-1α, IL-1β, IL-2, IL-3, IL-4,

IL-5,IL-6, IL-7, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17A, IP-10, KC, LIF,

LIX, MCP-1, M-CSF, MIG, MIP-1α, MIP-1β, MIP-2, RANTES, TNFα, and VEGF. The

MMPs represented by MDMMP-S, P are MMP-2, MMP-3, MMP-8, proMMP-9, and

MMP-12.

Purification of recombinant murine SLPI

The murine *SLPI* cDNA ORF clone was purchased from GenScript (OMu22721).

The coding sequence was subsequently cloned into pET22b(+) expression vector

(Novagen) in frame with the pelB signal peptide using Gibson Assembly[74]. *E. coli* strain

Rosetta-gami 2 (DE3) (Novagen, #71351) was transformed with the SLPI-pET22b+ and

grown at 37°C with ampicillin (100 µg/ml), tetracycline (12.5 µg/ml), streptomycin (50

µg/ml) and chloramphenicol (34 µg/ml). Cells were induced with 1 mM IPTG (18°C,

overnight), harvested, and lysed with BugBuster Protein Extraction Reagent (Novagen,

#70921-3). Recombinant mSLPI was purified with a Ni-NTA resin column as described

by the manufacturer (Qiagen). To evaluate the activity of the purified rmSLPI, the trypsin

inhibitory activity was assayed with the fluorescent substrate Mca-RPKPVE-Nval-

WRK(Dnp)-NH2 Fluorogenic MMP Substrate (R&D Systems, #ES002) and the

absorbance was monitored at 405 nm using a fluorescent plate reader (Tecan).

Flow cytometry to validate *B. burgdorferi*-SLPI binding

Actively growing low passage *B. burgdorferi* was cultured to a density of 10^6–10^7

cells/ml and harvested at 10,000 g for 10 min. Cells were rinsed twice with PBS and

blocked in 1%BSA for 1 h at 4°C. The cells were pelleted, rinsed, resuspended, and

incubated with 10 nM and 1 µM human SLPI (R&D Systems, #1274-PI-100) and murine

SLPI (produced in lab as described above) at 4°C for 2 h. The binding was detected

with goat anti human or murine SLPI (R&D Systems, #AF1274 and AF1735) and Alexa

Fluor 488 or Alexa Fluor 647 donkey anti goat IgG (H+L) (Invitrogen, #A32814, A-

21447). The samples were fixed with 2% PFA before running through BD LSRII Green

(BD bioscience). The data was then analyzed by FlowJo. Permeabilization was not

performed during this protocol. Thus, the binding detected was on the bacterial outer

surface.

ELISA to validate *B. burgdorferi*-SLPI binding

B. burgdorferi was cultured to a density of 10^6–10^7 cells/ml and harvested at

10,000 g for 10 min. To make the *B. burgdorferi* lysate, cells were rinsed twice with PBS,

pelleted, and lysed using BugBuster Protein Extraction Reagent (Novagen, #70921-3).

Protein concentration in the lysate was measured by absorbance at 280 nm using the

nanodrop (Fisher Scientific). For the protease assay, the *B. burgdorferi* lysate was

incubated in the presence or absence of proteinase K (0.2 mg/ml, Thermo Scientific,

#EO0491) for 10 min. In an immuno 96-well plate (MaxiSorp), wells were coated with

200 ng of *B. burgdorferi* lysate. Samples were blocked with 1% BSA followed by

incubation with human SLPI at varying concentrations (1–1000 ng) for 1 h at room

temperature. The binding was probed with goat anti human SLPI (R&D Systems,

#AF1274) and rabbit anti goat IgG (whole molecule)-Peroxidases antibody (Sigma-

Aldrich, #A8919-2ML). KPL Sureblue TMB Microwell Peroxidase substrate, 1-

component (Seracare, #5120-0077) was used. The reaction was stopped with KPL TMB

stop solution (Seracare, #5150-0021), and absorbance was read at 450 nm.

Immunofluorescence assay

Actively growing low passage *B. burgdorferi* was cultured to a density of 10^6–10^7 cells/ml, rinsed twice with PBS and blocked with 1% BSA for 1 h at 4°C. *B. burgdorferi* was incubated with human or murine SLPI at 4°C for 2 h. The spirochetes were probed with goat anti human or murine SLPI (R&D Systems, #AF1274 and AF1735) and Alexa Fluor 488 donkey anti goat IgG (H+L) (Invitrogen, #A32814). *B. burgdorferi* were then stained with Hoechst 33342 (Invitrogen, #H1399). The samples were fixed with in 2% PFA before imaged with Leica SP8. Permeabilization was not performed during this protocol. Thus, the binding detected was on the bacterial outer surface.

The BacTiter Glo microbial cell viability assay to quantify *B. burgdorferi* viability

The BacTiter Glo microbial cell viability assay quantifies the ATP present in the microbial culture by measuring luminescence. The amount of ATP is proportional to the number of viable cells in culture[40,45,75]. To test the borreliacidal activity of human SLPI, 1×10^5 spirochetes were treated with 0–10 µM hSLPI (R&D Systems, #1274-PI-100) at 33°C for 48 h. The luminescence was measured using a fluorescence plate reader (Tecan). The percent viability was normalized to the control spirochetes culture without hSLPI treatment. To test the effect of hSLPI on the antibody-mediated *B. burgdorferi* killing, 1×10^5 spirochetes were pretreated with 0–5 µM hSLPI (R&D Systems, #1274-PI-100) at 33°C for 2 h. 20% mouse *B. burgdorferi* antisera were then added and incubated for 2 and 4 h. The mouse antisera were collected from *B. burgdorferi* infected mice between 21 to 24 dpi. The luminescence was measured as described above. The percent viability was normalized to the control spirochetes culture without any treatment.

Statistical analysis

584   The analysis of all data was performed using the non-parametric Mann-Whitney,

585 or ANOVA using Prism 10 software (GraphPad Software, Inc., San Diego, CA). A *p*-

586 value of <0.05 was considered statistically significant.

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AUTHOR CONTRIBUTIONS

QY and EF designed, performed, and analyzed experiments and draft the

manuscript. XT designed and performed experiments. TH performed the BASEHIT

library screen. RH scored the severity of murine ankle inflammation. AB and LB

provided sera from Lyme disease patients and edited the manuscript. AN provided the

SLPI-/- mice. AR developed the BASEHIT screen. EF scored the visual swelling level of

murine tibiotarsal joints and supervised the research.

Figure Legends

Figure 1. *B. burgdorferi* burden in C57BL/6 WT and *SLPI-/-* mice. WT and *SLPI-/-*

mice were infected with 10^5 spirochetes by subcutaneous injection. (A-C) Spirochete

burden in skin was assessed by ear punch biopsies at 7d (A) 14 d (B), and between 21

to 24 d (C) post infection. (D and E) Spirochete burden in tibiotarsal joint and heart

tissues was assessed between 21 to 24 d (D, heart, E, joint) post infection. At least n =

6 mice were infected in each group. The spirochete burden was measured by qPCR

detecting *flaB* and normalized to mouse *β-actin*. Each data point represents an

individual animal. Representative data were shown from three separate experiments.

The error bars represent mean ± SEM and *p*-values are calculated using the non-

parametric Mann-Whitney test.

Figure 2. Assessment of ankle inflammation in WT and *SLPI-/-* mice infected with

***B. burgdorferi* between 21 to 24 dpi.** (A) Representative images are shown of the

tibiotarsal joints of WT and *SLPI-/-* mice with/without *B. burgdorferi* infection between 21

to 24 dpi. The swelling is indicated by the red arrow. (B) Swelling of the tibiotarsal joints

of individual mice was scored visually by an observer blinded to the experimental

groups (scale of 0 (negative) to 3 (severe)). (C) The tibiotarsal joint of each mouse was

dissected, fixed, sectioned, and stained with H&E. Representative images from *B.*

burgdorferi-infected C57BL/6 WT and *SLPI-/-* mice are shown. Lower magnification (left

panels, Scale bar: 100 μm) and higher magnification (right panels, Scale bar: 50 μm) of

selected areas (black rectangle) are shown. (D) The severity of periarticular

inflammation was scored blindly by the pathologist on a scale of 0 (negative) to 3

(severe). black, PBS-sham infection; red, *B. burgdorferi* infection. Results from two

independent experiments were pooled and shown here. The error bars represent mean

± SEM and *p*-values are calculated using the non-parametric Mann-Whitney test.

Figure 3. Immune profile analysis of infected WT and *SLPI-/-* mice. (A, B) Infiltrating

cell population analysis of tibiotarsal joint tissues of infected WT and *SLPI-/-* mice. (A)

The neutrophil population was gated on the CD11bLY6G double positive cells among

the CD45 positive cells. (B) The macrophage population was gated on the CD64

positive cells among the CX3CR1 positive myeloid cells. Results from two independent

experiments were pooled and shown here. (C-E) Expression levels of C-X-C motif

chemokine receptor 2 (*CXCR2*, C), monocyte chemoattractant protein 1 (*MCP-1*, D),

and C-C motif chemokine receptor 2 (*CCR2*, E) were assessed in the tibiotarsal tissue

using RT-qPCR. (F) The serum cytokine profile was assessed using mouse

cytokine/chemokine 32-plex array. An increase in IL-6 was observed in the infected

SLPI-/- mice. (G, H) The serum level of neutrophil elastase (NE) was measured using

an ELISA kit. (I) Serum levels of MMPs were assessed using a mouse MMP 5-Plex

Discovery Assay. An increase in MMP-8 was observed in the infected *SLPI-/-* mice.

Serum was obtained by cardiac puncture of WT and *SLPI-/-* C57BL/6 mice with/without

infection between 21 to 24 dpi (F, G, and I) and of infected C3H/HeN mice at 21 dpi (H).

black, PBS-sham infection; red, *B. burgdorferi* infection. Each data point represents an

individual animal. The error bar represents mean ± SEM and *p*-values are calculated

using the non-parametric Mann-Whitney test.

Figure 4. Serum SLPI levels in Lyme disease subjects versus healthy controls.

The serum level of SLPI was measured by ELISA. Sera samples were from 5 adult

healthy controls (HC). 18 samples were from people with Lyme disease (LD) including 5

samples from 3 subjects presenting with Lyme arthritis (red) and 13 samples from 4

subjects with erythema migrans (black). The error bar represents mean ± SEM and *p*-

values are calculated using the non-parametric Mann-Whitney test.

Figure 5. *B. burgdorferi* interaction with human and murine SLPI. (A) Sandwich

ELISA results show the interaction of *B. burgdorferi* whole cell lysates with human SLPI.

ELISA plates were coated with *B. burgdorferi* whole cell lysates and probed with

increasing amount of human SLPI (blue) or human Fc proteins (black) as the negative

control. The values plotted represent the mean ± SEM of duplicates from two

experiments. *P*-value is displayed in the graph and determined using the non-

parametric Mann-Whitney test. (B and C) Flow cytometry histograms show binding of

human (B) and murine (C) SLPI to *B. burgdorferi* cultured at 33°C (solid line) and 37°C

(dash line). *B. burgdorferi* was cultured to a density of 10^6/ml. The same volume of

cultures was incubated at 33°C or 37°C for 24 hrs before adding 10 nM (green) or 1 µM

(red) human or murine SLPI. The binding was detected with goat anti human or murine

SLPI and donkey anti goat AF647 or AF488. *B. burgdorferi* alone (grey) and antibody

control (without SLPI, blue) were used as negative controls. (D) Immuno-fluorescent

microscopy was used to directly observe the binding of *B. burgdorferi* with human and

murine SLPI. Merged and single-color images are shown. Representative histograms

and fluorescent images were shown from three independent experiments. Scale bar: 10

μm.

Supplemental Figure 1. The macrophages population analyzed using Ly6G-

negative gating strategy. The macrophage population was first gated on the Ly6G-

negative population, then gated on the CD64 positive cells among the CX3CR1 positive

myeloid cells. Results from two independent experiments were pooled and shown here.

Supplemental Figure 2. The binding of human SLPI to non-infectious *B.*

***burgdorferi B31A* and proteinase K-treated *B. burgdorferi B31A3*.** (A) Flow

cytometry histogram shows the lack of binding of human SLPI (1 μM, red) to non-

infectious *B. burgdorferi B31A*. *B. burgdorferi* alone (grey) and antibody control (without

SLPI, blue) were used as negative controls. A representative histogram from two

independent experiments was shown. (B) ELISA result shows the interaction between

human SLPI and *B. burgdorferi B31A3* whole cell lysates in the presence (blue) or

absence (black) of proteinase K. ELISA plates were coated with *B. burgdorferi B31A3*

whole cell lysates and probed with increasing amount of human SLPI. The values

plotted represent the mean ± SEM of triplicates from one experiment.

Supplemental Figure 3. The effect of human SLPI binding on *B. burgdorferi*

viability and antibody-mediated killing. (A) Human SLPI (hSLPI, 0-10 μM) was

incubated with 10^5 *B. burgdorferi* at 33°C for 48 hours. The viability was assessed by

BacTiter Glo microbial cell viability assay. The percent viability was normalized to the

control spirochetes culture without hSLPI treatment. Results from one independent

experiment performed in triplicate samples are shown here. (B) Human SLPI (hSLPI, 0-

5 µM) was incubated with 10^5 *B. burgdorferi* at 33°C for 2 hours. 20% mouse *B.*

burgdorferi antisera were then added for 2 and 4 h. The viability was measured as

described above. The percent viability was normalized to the control spirochetes culture

without any treatment. Results from two independent experiments performed in

duplicate samples are shown here.

Supplemental Figure 4. Serum and gene expression levels of TNF-α. (A) The serum

level of TNF-α was assessed using a mouse cytokine/chemokine 32-plex array. (B) The

gene expression level of TNF-α was assessed in the tibiotarsal tissue using RT-qPCR.

Serum was obtained by cardiac puncture and the tibiotarsal tissue was collected from

WT and *SLPI*-/- C57BL/6 mice with/without *B. burgdorferi* infection between 21 to 24

dpi. black, PBS-sham infection; red, *B. burgdorferi* infection. Each data point represents

an individual animal. The error bar represents mean ± SEM and *p*-values, and were

calculated using the non-parametric Mann-Whitney test.

Supplemental Table 1. Subject Characterization

Supplemental Table 2. The primers used in this study.

 Key resources table

Reagent type (species) or resource	Designation	Source or reference	IDENTIFIER
Antibodies	TruStain FcXTM anti-mouse CD16/32	BioLegend	Cat#101320
Antibodies	PerCP anti-mouse CD45	BioLegend	Cat#103130
Antibodies	BV711 anti-mouse Ly6G	BioLegend	Cat#127643
Antibodies	PE anti-mouse CD11b	BioLegend	Cat#101208
Antibodies	APC/CY7 anti-mouse CX3CR21	BioLegend	Cat#149047
Antibodies	FITC anti-mouse Ly6C	BioLegend	Cat#128005
Antibodies	APC anti-mouse CD64	BioLegend	Cat#139305
Antibodies	goat anti human SLPI	R&D Systems	Cat#AF1274
Antibodies	goat anti murine SLPI	R&D Systems	Cat#AF1735
Antibodies	Alexa Fluor 488 donkey anti goat IgG (H+L)	Invitrogen	Cat#A32814
Antibodies	Alexa Fluor 647 donkey anti goat IgG (H+L)	Invitrogen	Cat#A-21447
Bacterial strains	*Borrelia. burgdorferi* B31-A3	Dr. Utpal Pal's laboratory	N/A
Bacterial strains	*Borrelia. burgdorferi* B31-A	This manuscript	N/A
Bacterial strains	*E. coli* Rosetta-gami 2 (DE3) competent cell	Novagen	Cat#71351
Biological samples	Mouse tibiotarsal tissue	This manuscript	N/A
Recombinant proteins	human SLPI	R&D Systems	Cat#1274-PI-100
Chemical	iQ SYBR Green Supermix	Bio-Rad	Cat#1725124
Chemical	Barbour-Stoenner-Kelly H (BSK-H) complete medium	Sigma-Aldrich	Cat#B8291
Chemical	Bouin's solution	Sigma-Aldrich	Cat#HT10132
Chemical	Hyaluronidase	Sigma-Aldrich	Cat#H3506
Chemical	Collagenase	Sigma-Aldrich	Cat#C2139
Chemical	ACK Lysing buffer	Gibco	Cat#A1049201
Chemical	Trizol	Invitrogen,	Cat#15596-018
peptide	Mca-RPKPVE-Nval-WRK(Dnp)-NH2 Fluorogenic MMP Substrate	R&D Systems	Cat#ES002
Chemical	BugBuster Protein Extraction Reagent	Novagen	Cat#70921-3
Chemical	Proteinase K	Thermo Scientific	Cat#EO0491
Chemical	Ni-NTA agarose	QIAGEN	Cat#30230
Chemical	KPL Sureblue TMB Microwell Peroxidase substrate, 1-component	Seracare	Cat#5120-0077

Chemical	KPL TMB stop solution	Seracare	Cat#5150-0021
Chemical	Hoechst 33342	Invitrogen	Cat#H1399
Chemical	RPMI 1640	Gibco	Cat#11875-093
Critical commercial assays	LIVE/DEADTM fixable violet stain kit	Invitrogen	Cat#L34955
Critical commercial assays	iScript cDNA Synthesis Kit	Bio-Rad	Cat#1708891
Critical commercial assays	DNeasy Blood & Tissue Kit	Qiagen	
Critical commercial assays	Gibson Assembly Kit	NEB	
Critical commercial assays	Mouse Neutrophil Elastase/ELA2 DuoSet ELISA	RnD Systems	Cat#DY4517-05
Critical commercial assays	Human SLPI DuoSet ELISA	RnD Systems	Cat#DY1274-05
Critical commercial assays	BacTiter-Glo Microbial Cell Viability Assay kit	Promega	Cat#G8230
Critical commercial assays	Mouse MMP 5-Plex Discovery Assay Array (MDMMP-S, P)	Eve Technologies	N/A
Critical commercial assays	Mouse Cytokine/Chemokine 32-Plex Discovery Assay Array (MD32)	Eve Technologies	N/A
Experimental models: Organisms/strains	*SLPI-/-* mice	Dr. Akira Nakamura's laboratory[68, 69]	https://doi.org/10.3389/fimmu.2017.01538 https://doi.org/10.1084/jem.20021824
Experimental models: Organisms/strains	C3H/HeN mice	Charles River Laboratories	N/A
Experimental models: Organisms/strains	C57BL/6 mice	Jackson Laboratory	Stock #: 000664; RRID: IMSR_JAX:000664
Recombinant DNA	Plasmid: Murine *SLPI* cDNA ORF clone	GenScript	OMu22721
Recombinant DNA	Plasmid: pET-22b (+)	Novagen	Cat#69744-3
Software and algorithms	Prism	GraphPad	RRID:SCR_002798
Software and algorithms	FlowJo	BD Biosciences	https://www.flowjo.com/

References

References

1. Kugeler, K.J., Schwartz, A.M., Delorey, M.J., Mead, P.S., and Hinckley, A.F. (2021).
Estimating the frequency of Lyme disease diagnoses, United States, 2010–2018.
Emerging Infectious Diseases *27*, 616.
2. Mead, P. (2022). Epidemiology of Lyme Disease. Infect Dis Clin North Am *36*, 495-521.
10.1016/j.idc.2022.03.004.
3. Arvikar, S.L., and Steere, A.C. (2022). Lyme arthritis. Infectious Disease Clinics *36*, 563-
577.
4. Schwartz, A.M., Hinckley, A.F., Mead, P.S., Hook, S.A., and Kugeler, K.J. (2017).
Surveillance for Lyme Disease - United States, 2008-2015. MMWR Surveill Summ *66*, 1-
12. 10.15585/mmwr.ss6622a1.
5. Steere, A.C., Schoen, R.T., and Taylor, E. (1987). The clinical evolution of Lyme arthritis.
Ann Intern Med *107*, 725-731. 10.7326/0003-4819-107-5-725.
6. Miller, J.B., and Aucott, J.N. (2021). Stages of Lyme Arthritis. J Clin Rheumatol *27*, e540-
e546. 10.1097/RHU.0000000000001513.
7. Lochhead, R.B., Strle, K., Arvikar, S.L., Weis, J.J., and Steere, A.C. (2021). Lyme arthritis:
linking infection, inflammation and autoimmunity. Nature Reviews Rheumatology *17*,
449-461.
8. Shin, J.J., Glickstein, L.J., and Steere, A.C. (2007). High levels of inflammatory chemokines
and cytokines in joint fluid and synovial tissue throughout the course of antibiotic-
refractory lyme arthritis. Arthritis Rheum *56*, 1325-1335. 10.1002/art.22441.
9. Lochhead, R.B., Ordoñez, D., Arvikar, S.L., Aversa, J.M., Oh, L.S., Heyworth, B., Sadreyev,
R., Steere, A.C., and Strle, K. (2019). Interferon-gamma production in Lyme arthritis
synovial tissue promotes differentiation of fibroblast-like synoviocytes into immune
effector cells. Cell Microbiol *21*, e12992. 10.1111/cmi.12992.
10. Gross, D.M., Steere, A.C., and Huber, B.T. (1998). T helper 1 response is dominant and
localized to the synovial fluid in patients with Lyme arthritis. J Immunol *160*, 1022-1028.
11. Lochhead, R.B., Arvikar, S.L., Aversa, J.M., Sadreyev, R.I., Strle, K., and Steere, A.C. (2019).
Robust interferon signature and suppressed tissue repair gene expression in synovial
tissue from patients with postinfectious, Borrelia burgdorferi-induced Lyme arthritis. Cell
Microbiol *21*, e12954. 10.1111/cmi.12954.
12. Barthold, S.W., Beck, D.S., Hansen, G.M., Terwilliger, G.A., and Moody, K.D. (1990). Lyme
borreliosis in selected strains and ages of laboratory mice. J Infect Dis *162*, 133-138.
10.1093/infdis/162.1.133.
13. Barthold, S.W. (1996). Lyme borreliosis in the laboratory mouse.
14. Ma, Y., Seiler, K.P., Eichwald, E.J., Weis, J.H., Teuscher, C., and Weis, J.J. (1998). Distinct
characteristics of resistance to Borrelia burgdorferi-induced arthritis in C57BL/6N mice.
Infect Immun *66*, 161-168. 10.1128/IAI.66.1.161-168.1998.
15. Brown, C.R., and Reiner, S.L. (1999). Genetic control of experimental Lyme arthritis in the
absence of specific immunity. Infection and immunity *67*, 1967-1973.

16.   Ritzman, A.M., Hughes-Hanks, J.M., Blaho, V.A., Wax, L.E., Mitchell, W.J., and Brown, C.R.
765   (2010). The chemokine receptor CXCR2 ligand KC (CXCL1) mediates neutrophil
766   recruitment and is critical for development of experimental Lyme arthritis and carditis.
767   Infect Immun *78*, 4593-4600. 10.1128/IAI.00798-10.
768   17.   Miller, J.C., Ma, Y., Bian, J., Sheehan, K.C., Zachary, J.F., Weis, J.H., Schreiber, R.D., and
769   Weis, J.J. (2008). A critical role for type I IFN in arthritis development following Borrelia
770   burgdorferi infection of mice. J Immunol *181*, 8492-8503.
771   10.4049/jimmunol.181.12.8492.
772   18.   Brown, C.R., Blaho, V.A., and Loiacono, C.M. (2003). Susceptibility to experimental Lyme
773   arthritis correlates with KC and monocyte chemoattractant protein-1 production in joints
774   and requires neutrophil recruitment via CXCR2. J Immunol *171*, 893-901.
775   10.4049/jimmunol.171.2.893.
776   19.   Anguita, J., Barthold, S.W., Persinski, R., Hedrick, M.N., Huy, C.A., Davis, R.J., Flavell, R.A.,
777   and Fikrig, E. (2002). Murine Lyme arthritis development mediated by p38 mitogen-
778   activated protein kinase activity. J Immunol *168*, 6352-6357.
779   10.4049/jimmunol.168.12.6352.
780   20.   Doumas, S., Kolokotronis, A., and Stefanopoulos, P. (2005). Anti-inflammatory and
781   antimicrobial roles of secretory leukocyte protease inhibitor. Infect Immun *73*, 1271-
782   1274. 10.1128/IAI.73.3.1271-1274.2005.
783   21.   Thompson, R.C., and Ohlsson, K. (1986). Isolation, properties, and complete amino acid
784   sequence of human secretory leukocyte protease inhibitor, a potent inhibitor of
785   leukocyte elastase. Proc Natl Acad Sci U S A *83*, 6692-6696. 10.1073/pnas.83.18.6692.
786   22.   Moreau, T., Baranger, K., Dadé, S., Dallet-Choisy, S., Guyot, N., and Zani, M.L. (2008).
787   Multifaceted roles of human elafin and secretory leukocyte proteinase inhibitor (SLPI),
788   two serine protease inhibitors of the chelonianin family. Biochimie *90*, 284-295.
789   10.1016/j.biochi.2007.09.007.
790   23.   Maruyama, M., Hay, J.G., Yoshimura, K., Chu, C.S., and Crystal, R.G. (1994). Modulation
791   of secretory leukoprotease inhibitor gene expression in human bronchial epithelial cells
792   by phorbol ester. J Clin Invest *94*, 368-375. 10.1172/JCI117331.
793   24.   Sallenave, J.M., Shulmann, J., Crossley, J., Jordana, M., and Gauldie, J. (1994). Regulation
794   of secretory leukocyte proteinase inhibitor (SLPI) and elastase-specific inhibitor
795   (ESI/elafin) in human airway epithelial cells by cytokines and neutrophilic enzymes. Am J
796   Respir Cell Mol Biol *11*, 733-741. 10.1165/ajrcmb.11.6.7946401.
797   25.   Ashcroft, G.S., Lei, K., Jin, W., Longenecker, G., Kulkarni, A.B., Greenwell-Wild, T., Hale-
798   Donze, H., McGrady, G., Song, X.Y., and Wahl, S.M. (2000). Secretory leukocyte protease
799   inhibitor mediates non-redundant functions necessary for normal wound healing. Nat
800   Med *6*, 1147-1153. 10.1038/80489.
801   26.   Zhu, J., Nathan, C., Jin, W., Sim, D., Ashcroft, G.S., Wahl, S.M., Lacomis, L., Erdjument-
802   Bromage, H., Tempst, P., Wright, C.D., and Ding, A. (2002). Conversion of proepithelin to
803   epithelins: roles of SLPI and elastase in host defense and wound repair. Cell *111*, 867-
804   878. 10.1016/s0092-8674(02)01141-8.
805   27.   Taggart, C.C., Cryan, S.A., Weldon, S., Gibbons, A., Greene, C.M., Kelly, E., Low, T.B.,
806   O'neill, S.J., and McElvaney, N.G. (2005). Secretory leucoprotease inhibitor binds to NF-

kappaB binding sites in monocytes and inhibits p65 binding. J Exp Med *202*, 1659-1668.
10.1084/jem.20050768.

28. Taggart, C.C., Greene, C.M., McElvaney, N.G., and O'Neill, S. (2002). Secretory
leucoprotease inhibitor prevents lipopolysaccharide-induced IkappaBalpha degradation
without affecting phosphorylation or ubiquitination. J Biol Chem *277*, 33648-33653.
10.1074/jbc.M203710200.

29. Jin, F.Y., Nathan, C., Radzioch, D., and Ding, A. (1997). Secretory leukocyte protease
inhibitor: a macrophage product induced by and antagonistic to bacterial
lipopolysaccharide. Cell *88*, 417-426. 10.1016/s0092-8674(00)81880-2.

30. Huet, G., Flipo, R.M., Richet, C., Thiebaut, C., Demeyer, D., Balduyck, M., Duquesnoy, B.,
and Degand, P. (1992). Measurement of elastase and cysteine proteinases in synovial
fluid of patients with rheumatoid arthritis, sero-negative spondylarthropathies, and
osteoarthritis. Clin Chem *38*, 1694-1697.

31. Wilkinson, D.J., Arques, M.D.C., Huesa, C., and Rowan, A.D. (2019). Serine proteinases in
the turnover of the cartilage extracellular matrix in the joint: implications for
therapeutics. Br J Pharmacol *176*, 38-51. 10.1111/bph.14173.

32. McDonnell, J., Lobner, J.M., Knight, W.B., Lark, M.W., Green, B., Poe, M., and Moore, V.L.
(1993). Comparison of the proteoglycanolytic activities of human leukocyte elastase and
human cathepsin G in vitro and in vivo. Connect Tissue Res *30*, 1-9.
10.3109/03008209309032926.

33. Lee, S.-Y., Nho, T.-H., Choi, B.-D., Jeong, S.-J., Lim, D.-S., and Jeong, M.-J. (2016).
Secretory leukocyte protease inhibitor reduces inflammation and alveolar bone
resorption in LPS-induced periodontitis in rats and in MC3T3-E1 preosteoblasts. Animal
Cells and Systems *20*, 344-352. 10.1080/19768354.2016.1250817.

34. Song, X., Zeng, L., Jin, W., Thompson, J., Mizel, D.E., Lei, K., Billinghurst, R.C., Poole, A.R.,
and Wahl, S.M. (1999). Secretory leukocyte protease inhibitor suppresses the
inflammation and joint damage of bacterial cell wall-induced arthritis. J Exp Med *190*,
535-542. 10.1084/jem.190.4.535.

35. Akitsu, A., and Iwakura, Y. (2016). Isolation of Joint-infiltrating Cells. Bio-protocol *6*,
e1911-e1911.

36. Feng, G., Zhu, C., Lin, C.Y., Bredemeyer, A., Förster, I., Kreisel, D., and Lavine, K.J. (2023).
CCL17 Protects Against Viral Myocarditis by Suppressing the Recruitment of Regulatory T
Cells. J Am Heart Assoc *12*, e028442. 10.1161/JAHA.122.028442.

37. Srirangan, S., and Choy, E.H. (2010). The role of interleukin 6 in the pathophysiology of
rheumatoid arthritis. Ther Adv Musculoskelet Dis *2*, 247-256.
10.1177/1759720X10378372.

38. Murphy, G., and Nagase, H. (2008). Reappraising metalloproteinases in rheumatoid
arthritis and osteoarthritis: destruction or repair? Nat Clin Pract Rheumatol *4*, 128-135.
10.1038/ncprheum0727.

39. Hu, L.T., Eskildsen, M.A., Masgala, C., Steere, A.C., Arner, E.C., Pratta, M.A., Grodzinsky,
A.J., Loening, A., and Perides, G. (2001). Host metalloproteinases in Lyme arthritis.
Arthritis Rheum *44*, 1401-1410. 10.1002/1529-0131(200106)44:6<1401::AID-
ART234>3.0.CO;2-S.

40.   Gupta, A., Arora, G., Rosen, C.E., Kloos, Z., Cao, Y., Cerny, J., Sajid, A., Hoornstra, D.,
851   Golovchenko, M., Rudenko, N., et al. (2020). A human secretome library screen reveals a
852   role for Peptidoglycan Recognition Protein 1 in Lyme borreliosis. PLoS Pathog *16*,
853   e1009030. 10.1371/journal.ppat.1009030.

854   41.   Shi, Y., Xu, Q., McShan, K., and Liang, F.T. (2008). Both decorin-binding proteins A and B
855   are critical for the overall virulence of Borrelia burgdorferi. Infect Immun *76*, 1239-1246.
856   10.1128/IAI.00897-07.

857   42.   Li, X., Liu, X., Beck, D.S., Kantor, F.S., and Fikrig, E. (2006). Borrelia burgdorferi lacking
858   BBK32, a fibronectin-binding protein, retains full pathogenicity. Infect Immun *74*, 3305-
859   3313. 10.1128/IAI.02035-05.

860   43.   Koenigs, A., Hammerschmidt, C., Jutras, B.L., Pogoryelov, D., Barthel, D., Skerka, C.,
861   Kugelstadt, D., Wallich, R., Stevenson, B., Zipfel, P.F., and Kraiczy, P. (2013). BBA70 of
862   Borrelia burgdorferi is a novel plasminogen-binding protein. J Biol Chem *288*, 25229-
863   25243. 10.1074/jbc.M112.413872.

864   44.   Sonnert, N.D., Rosen, C.E., Ghazi, A.R., Franzosa, E.A., Duncan-Lowey, B., González-
865   Hernández, J.A., Huck, J.D., Yang, Y., Dai, Y., Rice, T.A., et al. (2024). A host-microbiota
866   interactome reveals extensive transkingdom connectivity. Nature *628*, 171-179.
867   10.1038/s41586-024-07162-0.

868   45.   Arora, G., Lynn, G.E., Tang, X., Rosen, C.E., Hoornstra, D., Sajid, A., Hovius, J.W., Palm,
869   N.W., Ring, A.M., and Fikrig, E. (2022). CD55 Facilitates Immune Evasion by Borrelia
870   crocidurae, an Agent of Relapsing Fever. mBio *13*, e0116122. 10.1128/mbio.01161-22.

871   46.   Hart, T.M., Sonnert, N.D., Tang, X., Chaurasia, R., Allen, P.E., Hunt, J.R., Read, C.B.,
872   Johnson, E.E., Arora, G., Dai, Y., et al. (2024). An atlas of human vector-borne microbe
873   interactions reveals pathogenicity mechanisms. Cell. 10.1016/j.cell.2024.05.023.

874   47.   Caine, J.A., and Coburn, J. (2015). A short-term Borrelia burgdorferi infection model
875   identifies tissue tropisms and bloodstream survival conferred by adhesion proteins.
876   Infect Immun *83*, 3184-3194. 10.1128/IAI.00349-15.

877   48.   Elias, A.F., Stewart, P.E., Grimm, D., Caimano, M.J., Eggers, C.H., Tilly, K., Bono, J.L., Akins,
878   D.R., Radolf, J.D., Schwan, T.G., and Rosa, P. (2002). Clonal polymorphism of Borrelia
879   burgdorferi strain B31 MI: implications for mutagenesis in an infectious strain
880   background. Infect Immun *70*, 2139-2150. 10.1128/IAI.70.4.2139-2150.2002.

881   49.   Wiedow, O., Harder, J., Bartels, J., Streit, V., and Christophers, E. (1998).
882   Antileukoprotease in human skin: an antibiotic peptide constitutively produced by
883   keratinocytes. Biochem Biophys Res Commun *248*, 904-909. 10.1006/bbrc.1998.9069.

884   50.   Nishimura, J., Saiga, H., Sato, S., Okuyama, M., Kayama, H., Kuwata, H., Matsumoto, S.,
885   Nishida, T., Sawa, Y., and Akira, S. (2008). Potent antimycobacterial activity of mouse
886   secretory leukocyte protease inhibitor. The Journal of Immunology *180*, 4032-4039.

887   51.   Hiemstra, P.S., Maassen, R.J., Stolk, J., Heinzel-Wieland, R., Steffens, G.J., and Dijkman,
888   J.H. (1996). Antibacterial activity of antileukoprotease. Infect Immun *64*, 4520-4524.
889   10.1128/iai.64.11.4520-4524.1996.

890   52.   Ramamoorthi, N., Narasimhan, S., Pal, U., Bao, F., Yang, X.F., Fish, D., Anguita, J., Norgard,
891   M.V., Kantor, F.S., Anderson, J.F., et al. (2005). The Lyme disease agent exploits a tick
892   protein to infect the mammalian host. Nature *436*, 573-577. 10.1038/nature03812.

53.   Schuijt, T.J., Hovius, J.W., van Burgel, N.D., Ramamoorthi, N., Fikrig, E., and van Dam, A.P.
(2008). The tick salivary protein Salp15 inhibits the killing of serum-sensitive Borrelia
burgdorferi sensu lato isolates. Infect Immun *76*, 2888-2894. 10.1128/IAI.00232-08.

54.   Crandall, H., Dunn, D.M., Ma, Y., Wooten, R.M., Zachary, J.F., Weis, J.H., Weiss, R.B., and
Weis, J.J. (2006). Gene expression profiling reveals unique pathways associated with
differential severity of lyme arthritis. J Immunol *177*, 7930-7942.
10.4049/jimmunol.177.11.7930.

55.   Nugteren, S., and Samsom, J.N. (2021). Secretory Leukocyte Protease Inhibitor (SLPI) in
mucosal tissues: Protects against inflammation, but promotes cancer. Cytokine &
Growth Factor Reviews *59*, 22-35.

56.   Lochhead, R.B., Strle, K., Kim, N.D., Kohler, M.J., Arvikar, S.L., Aversa, J.M., and Steere,
A.C. (2017). MicroRNA Expression Shows Inflammatory Dysregulation and Tumor-Like
Proliferative Responses in Joints of Patients With Postinfectious Lyme Arthritis. Arthritis
Rheumatol *69*, 1100-1110. 10.1002/art.40039.

57.   Grillon, A., Scherlinger, M., Boyer, P.H., De Martino, S., Perdriger, A., Blasquez, A., Wipff,
J., Korganow, A.S., Bonnard, C., Cantagrel, A., et al. (2019). Characteristics and clinical
outcomes after treatment of a national cohort of PCR-positive Lyme arthritis. Semin
Arthritis Rheum *48*, 1105-1112. 10.1016/j.semarthrit.2018.09.007.

58.   Deshmane, S.L., Kremlev, S., Amini, S., and Sawaya, B.E. (2009). Monocyte
chemoattractant protein-1 (MCP-1): an overview. J Interferon Cytokine Res *29*, 313-326.
10.1089/jir.2008.0027.

59.   Lally, F., Smith, E., Filer, A., Stone, M.A., Shaw, J.S., Nash, G.B., Buckley, C.D., and Rainger,
G.E. (2005). A novel mechanism of neutrophil recruitment in a coculture model of the
rheumatoid synovium. Arthritis Rheum *52*, 3460-3469. 10.1002/art.21394.

60.   Grillet, B., Pereira, R.V.S., Van Damme, J., Abu El-Asrar, A., Proost, P., and Opdenakker, G.
(2023). Matrix metalloproteinases in arthritis: towards precision medicine. Nat Rev
Rheumatol *19*, 363-377. 10.1038/s41584-023-00966-w.

61.   Chang, Y.H., Lin, I.L., Tsay, G.J., Yang, S.C., Yang, T.P., Ho, K.T., Hsu, T.C., and Shiau, M.Y.
(2008). Elevated circulatory MMP-2 and MMP-9 levels and activities in patients with
rheumatoid arthritis and systemic lupus erythematosus. Clin Biochem *41*, 955-959.
10.1016/j.clinbiochem.2008.04.012.

62.   Wen, G., Zhang, C., Chen, Q., Luong, l.A., Mustafa, A., Ye, S., and Xiao, Q. (2015). A Novel
Role of Matrix Metalloproteinase-8 in Macrophage Differentiation and Polarization. J Biol
Chem *290*, 19158-19172. 10.1074/jbc.M114.634022.

63.   Lin, B., Kidder, J.M., Noring, R., Steere, A.C., Klempner, M.S., and Hu, L.T. (2001).
Differences in synovial fluid levels of matrix metalloproteinases suggest separate
mechanisms of pathogenesis in Lyme arthritis before and after antibiotic treatment. J
Infect Dis *184*, 174-180. 10.1086/322000.

64.   Behera, A.K., Hildebrand, E., Scagliotti, J., Steere, A.C., and Hu, L.T. (2005). Induction of
host matrix metalloproteinases by Borrelia burgdorferi differs in human and murine
lyme arthritis. Infect Immun *73*, 126-134. 10.1128/IAI.73.1.126-134.2005.

65.   Zakrzewicz, A., Richter, K., Zakrzewicz, D., Siebers, K., Damm, J., Agné, A., Hecker, A.,
McIntosh, J.M., Chamulitrat, W., Krasteva-Christ, G., et al. (2019). SLPI Inhibits ATP-

Mediated Maturation of IL-1β in Human Monocytic Leukocytes: A Novel Function of an
Old Player. Front Immunol *10*, 664. 10.3389/fimmu.2019.00664.

66.   Grobmyer, S.R., Barie, P.S., Nathan, C.F., Fuortes, M., Lin, E., Lowry, S.F., Wright, C.D.,
Weyant, M.J., Hydo, L., Reeves, F., et al. (2000). Secretory leukocyte protease inhibitor,
an inhibitor of neutrophil activation, is elevated in serum in human sepsis and
experimental endotoxemia. Crit Care Med *28*, 1276-1282. 10.1097/00003246-
200005000-00003.

67.   Tarhini, M.F.H., Bentaher, A., Greige-Gerges, H., and Elaissari, A. (2018). A potential new
strategy for using elastase and its inhibitor as therapeutic agents. J. Transl. Sci *5*, 1-8.

68.   Takayama, K., Rothenberg, R.J., and Barbour, A.G. (1987). Absence of lipopolysaccharide
in the Lyme disease spirochete, Borrelia burgdorferi. Infect Immun *55*, 2311-2313.
10.1128/iai.55.9.2311-2313.1987.

69.   Bernard, Q., Smith, A.A., Yang, X., Koci, J., Foor, S.D., Cramer, S.D., Zhuang, X., Dwyer, J.E.,
Lin, Y.P., Mongodin, E.F., et al. (2018). Plasticity in early immune evasion strategies of a
bacterial pathogen. Proc Natl Acad Sci U S A *115*, E3788-E3797.
10.1073/pnas.1718595115.

70.   Matsuba, S., Yabe-Wada, T., Takeda, K., Sato, T., Suyama, M., Takai, T., Kikuchi, T., Nukiwa,
T., and Nakamura, A. (2017). Identification of Secretory Leukoprotease Inhibitor As an
Endogenous Negative Regulator in Allergic Effector Cells. Front Immunol *8*, 1538.
10.3389/fimmu.2017.01538.

71.   Nakamura, A., Mori, Y., Hagiwara, K., Suzuki, T., Sakakibara, T., Kikuchi, T., Igarashi, T.,
Ebina, M., Abe, T., and Miyazaki, J. (2003). Increased susceptibility to LPS-induced
endotoxin shock in secretory leukoprotease inhibitor (SLPI)-deficient mice. The Journal
of experimental medicine *197*, 669-674.

72.   Wilson, T., Kaur, N., Davis, J., and Ali, S.A. (2021). Tissue Collection and RNA Extraction
from the Human Osteoarthritic Knee Joint. J Vis Exp. 10.3791/62718.

73.   Zheng, H., and McAlinden, A. (2021). RNA Isolation from Articular Cartilage Tissue.
Methods Mol Biol *2245*, 121-133. 10.1007/978-1-0716-1119-7_9.

74.   Maffia, P.C., Zittermann, S.E., Scimone, M.L., Tateosian, N., Amiano, N., Guerrieri, D.,
Lutzky, V., Rosso, D., Romeo, H.E., Garcia, V.E., et al. (2007). Neutrophil elastase converts
human immature dendritic cells into transforming growth factor-beta1-secreting cells
and reduces allostimulatory ability. Am J Pathol *171*, 928-937.
10.2353/ajpath.2007.061043.

75.   Schwendinger, M.G., O'Rourke, M., Traweger, A., Savidis-Dacho, H., Pilz, A., Portsmouth,
D., Livey, I., Barrett, P.N., and Crowe, B.A. (2013). Evaluation of OspA vaccination-induced
serological correlates of protection against Lyme borreliosis in a mouse model. PLoS One
8, e79022. 10.1371/journal.pone.0079022.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5