Vγ1+ γδ T cell-derived IL-4 initiates CD8 T cell immunity

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Summary

Dendritic cells (DC) are pivotal for initiating adaptive immunity, a process triggered by the activation of DC via pathogen products or damage. Here, we describe an additional layer to this process, essential when pathogen-derived signals alone cannot directly achieve full DC activation. Immunisation with sporozoites from *Plasmodium* leads to CD8 T cell priming in a complex response that is initiated by conventional type 1 DC (cDC1). We unveil a pivotal initiating role for Vγ1[+] γδ T cells, as they directly supply IL-4 to DC and CD8 T cells. IL-4 synergises with a CD4 T cell-derived CD40L signal to induce IL-12 production by cDC1. Both IL-12 and IL-4 then directly signal CD8 T cells, with synergy between these cytokines then driving enhanced IL-12 receptor expression and expansion of responding CD8 T cells. This study reveals a key role for Vγl[+] γδ T cells in initiating CD8 T cell immunity to *Plasmodium*. More broadly, it shows that responses to some pathogens require help from innate-like T cells to pass the initiation threshold and further amplify the response in a process underscored by IL-4 production.

Introduction

Priming of CD8 T cell responses involves a complex, multi-step process that relies on antigen presentation by DC that themselves must be sufficiently activated to provide all the necessary costimulatory signals. Classically, DC activation involves pattern recognition receptor (PRR) based detection of the pathogen itself, which induces costimulatory molecule expression and enhances MHC-II expression for antigen presentation to CD4 T cells[1]. These CD4 T cells, in turn, provide CD40L to the DC, allowing for DC licensing[2-4] and the production of pro-inflammatory cytokines such as IL-12, that contribute to T cell differentiation and expansion[5]. DC that are mature but not completely activated (or 'immunogenic') fail to produce pro-inflammatory cytokines[1], resulting in impaired T cell-mediated immunity[6]. The immune response to pathogens that induce strong pattern recognition receptor (PRR) signalling in DC, such as influenza viruses, are less dependent upon help from CD4 T cells to provide CD40L signalling for full DC immunogenicity[7]. Conversely, the responses to some pathogens, including herpes simplex virus[7] and other poor immunogens, are more dependent upon CD4 T cell help for full DC activation and licensing[8].

CD8 T cell responses to radiation attenuated *Plasmodium* sporozoites (RAS), are completely dependent upon help from CD4 T cells[9,10], placing *Plasmodium* sporozoites in the category of

'weak' pathogens. This response also depends upon CD40L signals[11], presumably from the CD4 T cells, although this link has not been formally shown. RAS vaccination induces sterilising protection in mice and humans[12,13] and is a powerful system to study the correlates of protective immunity. Vaccination is most effective when the parasites are delivered intravenously[14], likely due to the presence of antigen in the spleen where most conventional $\alpha\beta$ T cells are primed and undergo proliferative expansion[15]. Antigen presentation by type 1 conventional DC (cDC1) is essential for this process[15-17]. Once expanded, a proportion of the CD8 T cells migrate to the liver and differentiate into liver resident memory T (T_{RM}) cells, which are long-lived and provide protection against re-challenge with live parasites[18]. Interestingly, $\gamma\delta$ T cells have been implicated in the development of this response[19], though just how these cells contribute is unclear.

$\gamma\delta$ T cells are innate sensors[20] and are often the first responders to infection, stress, or damage[20,21]. They are of particular interest in the field of immunotherapy as, unlike $\alpha\beta$ T cells, $\gamma\delta$ T cells are not restricted by human leukocyte antigen (HLA) haplotype[22]. The specific antigens or molecules that $\gamma\delta$ T cells recognise are still largely unknown but in addition to recognising a small number of pathogen antigens[23], $\gamma\delta$ T cells also recognise signs of altered self, induced via damage or stress[24], or altered metabolism driven by infection, autoimmunity or cancer[25]. Once activated, $\gamma\delta$ T cells exert diverse effector mechanisms including the rapid release of various cytokines including interleukin (IL-) 17[26], TNF, IFN-γ and IL-4[27,28]. In mice, there are 6 populations of $\gamma\delta$ T cells segregated via expression on $V\gamma1^+$, $V\gamma2^+$, $V\gamma4^+$, $V\gamma5^+$, $V\gamma6^+$ and $V\gamma7^+$ respectively (Heilig and Tonegewa nomenclature[29]). Of these, $V\gamma1^+$, and $V\gamma4^+$ populations are found in lymphoid tissues including the spleen. In humans, the predominant $\gamma\delta$ T cell subsets express either $V\delta1^+$, $V\delta2^+$ or $V\delta3^+$, with the majority of $V\delta2^+$ cells preferentially pairing with $V\gamma9$[30]. $V\delta2V\gamma9$ $\gamma\delta$ T cells are the most abundant $\gamma\delta$ T cell population in human peripheral blood and known to react to phosphoantigens[31]. Strong correlations between $\gamma\delta$ T cell functions and the generation of protective immunity following RAS vaccination[19,32,33] have been established. RAS vaccination in malaria-naïve adults leads to a dose-dependent expansion of $V\delta2^+$ T cells, and this is linked to the priming of *P. falciparum* sporozoite (Pf-SPZ)-specific T cells and disease protection[32,34]. $V\delta2^+$ T cells are more abundant in Pf-SPZ vaccinated adults that remain uninfected during follow-up[35]. However, the molecular pathways driving these

associations, the specific γδ T cell populations involved, and the molecular signals they

contribute to protective immunity remain unclear.

Here, we show that the Vγ1$^+$ subset of γδ T cells drives an activation program in cDC1 that

initiates the CD8 T cell response to liver stage malaria parasites via IL-4 production, which

enhances production of and sensitivity to IL-12. Our data have implications for our

understanding of how CD8 T cell responses to poor immunogens can be strengthened early in

the priming phase and reveal a role for Vγ1$^+$ γδ T cells and IL-4 in enhancing CD8 T cell

responses.

Results

γδ T cells are essential for RAS-induced liver T$_{RM}$ cell generation

Immunity to RAS vaccination is impaired in γδ T cell-deficient mice, due to impaired

generation of *Plasmodium*-specific memory T cells in the liver[19]. Liver T$_{RM}$ cells are the major

population that mediate protection against liver stage infection[18], but previous studies in γδ T

cell deficient mice only looked generally at the CD8 memory T cell response without

quantifying specific subsets of memory T cells. Therefore, we specifically assessed whether

induction of liver T$_{RM}$ cells was impaired in γδ T cell-deficient mice. We vaccinated C57BL/6

(B6) or γδ T cell deficient *Tcrd$^{-/-}$* (δ$^{-/-}$) mice with RAS and quantitated memory T cell responses

in the liver. Examination of the liver for memory T cells specific for the *P. berghei*-derived

RPL6 protein[36] with the peptide sequence NVFDFNNL (PbRPL6$_{120-127}$) (**Figure 1A, B and**

Supplementary Figure 1A and B) and TRAP[37] (**Figure 1C, D and Supplementary Figure**

1A and B), 35 days post-vaccination, revealed poor generation of memory T cells in the liver

in the absence of γδ T cells, with a preferential loss of liver T$_{RM}$ cells (**Figure 1B and D**).

Fewer RPL6- and TRAP-specific memory T cells were also seen in the spleen between WT

and δ$^{-/-}$ mice at this time point (**Supplementary Figure 1C-F**). These data expand upon

previous observations[19] to show a specific and major defect in *Plasmodium*-specific liver T$_{RM}$

cell generation in the absence of γδ T cells. Consistent with this observation, RAS-vaccinated

δ$^{-/-}$ mice challenged with *P. berghei* sporozoites (**Figure 1E**) were unable to control infection,

as indicated by patent parasitemia within 7 days (**Figure 1F**). γδ T cells are therefore crucial

for RAS vaccination-induced generation of protective liver T$_{RM}$ cells.

We next assessed whether γδ T cells were also required for other forms of sporozoite-based

vaccination, including genetically attenuated parasite (GAP) vaccination, which induces a

stronger response to a broader range of parasite antigens than RAS vaccination[38]. B6 or δ[-/-]

mice were vaccinated with a *P. berghei* gene deletion mutant lacking the *mei2* gene (PbΔ*mei2*).

These parasites do not differentiate into blood stage parasites but persist in the liver late into

the liver stage[39]. B6 mice vaccinated with a single dose of PbΔ*mei2* generated memory T cells

against RPL6[40] (**Figure 1G and H and Supplementary Figure 1A, B, G and H**) but these

responses were impaired in δ[-/-] mice. Thus, the γδ T cell-dependence of the liver CD8 memory

T_{RM} cell response extended to GAP.

To determine if these findings extend to TCR transgenic T cells, which are a useful tool to

dissect early events in priming, we utilized cells from the MHC-I restricted *P. berghei*-specific

TCR transgenic mouse line termed PbT-I[15][36]. PbT-I T cells were adoptively transferred into

B6 or δ[-/-] mice, the mice injected with RAS, and the PbT-I T cell number and phenotype

assessed 3 weeks later. Memory PbT-I cells were dramatically reduced in δ[-/-] mice compared

to B6 mice (**Figure 1I and Supplementary Figure 1I**) with a specific defect in the number of

T_{RM} cells (**Figure 1J and Supplementary Figure 1J**). These defects indicate PbT-I cells

behave much like the endogenous repertoire (**Figure 1A-D**).

γδ T cells affect early expansion of CD8 and CD4 T cells

The T cell response to RAS is initiated largely in the spleen with priming and expansion

occurring in this site, followed by recirculation and resultant rapid accumulation of activated

T cells in the liver 3 days later[15]. To ascertain whether the defect in δ[-/-] mice occurred early in

the splenic priming response, naïve PbT-I T cells were transferred into B6 and δ[-/-] mice and

their number assessed 6 days later in the spleen (**Figure 2A**) and the liver (**Figure 2B**). This

revealed a defect in the accumulation of PbT-I T cells in each site, likely due to an initial failure

to respond in the spleen, which would impair accumulation in this site and prevent their

migration and accumulation in the liver. These findings indicate that a defect in priming in the

spleen underlies lack of a memory response in the liver.

Of note, the poor initial response in δ[-/-] mice only extended to vaccination with the sporozoite

form of this parasite as responses to blood-stage parasites (irradiated infected red blood cells)

were unaffected (**Supplementary Figure 2A**), indicating that priming with this form of the

parasite is not dependent on help from γδ T cells.

RAS-induced expansion of CD8 T cells is CD4 T cell dependent[9,10]. Therefore, we assessed

whether CD4 T cell accumulation in the spleen in response to RAS immunisation was also γδ

T cell dependent. Here we utilized PbT-II cells[41] from the MHC-II restricted P. *berghei*-specific

TCR transgenic line[42]. These CD4 T cells were co-transferred with PbT-I cells into B6 or $\delta^{-/-}$

mice that were then vaccinated with RAS and responses assessed on day 6 (**Figure 2C**). The

accumulation of both PbT-I (**Figure 2D**) and PbT-II T cells (**Figure 2E**) was lower in the spleen

of $\delta^{-/-}$ mice, showing that γδ T cells are required for the accumulation of both CD4 and CD8 T

cells. This also indicated that the addition of large numbers of naïve antigen-specific CD4 T

cells could not rescue the response of CD8 PbT-I T cells when γδ T cells were absent.

Splenic Vγ1$^+$ γδ T cells are activated within 24 hours of RAS vaccination

To ascertain when γδ T cells affect CD4 and CD8 T cell responses, we utilised the pan-TCRδ

blocking antibody (clone GL3)[43] to block γδ T cell function at the time of, or 24 hr after RAS

vaccination (**Figure 2F**). PbT-I T cell accumulation was then examined in the spleen 6 days

later. Blocking γδ T cell function at the time of RAS vaccination resulted in a defect in PbT-I

cell accumulation comparable to that previously observed in $\delta^{-/-}$ mice (**Figure 2G**) (14.6 fold-

decrease in PbT-I cell numbers in GL3 treated mice compared to isotype controls). In contrast,

blocking γδ T cell function from 24 hr post-RAS injection had a much milder effect (**Figure

2G**) (5.16 fold-decrease of GL3 treated mice compared to isotype controls). These data suggest

that the first 24 hr is the crucial window of γδ T cell activation and that they act early in the T

cell priming phase.

Knowing that the first 24 hours were critical, we next examined early γδ T cell activation.

Splenic γδ T cells were split into the two major populations found in murine spleen, Vγ1$^+$ or

Vγ1$^-$ populations (**Supplementary Figure 2B**). Up-regulation of the canonical T cell activation

markers CD69, CD25 and CD11a was seen at 24 hours in the Vγ1$^+$ γδ T cell population,

indicating that these cells were activated at this timepoint (**Figure 2H and I and**

Supplementary Figure 2C). Attempts to detect cytokine secretion within this population of

cells were unsuccessful, likely due to the very small magnitude of the response.

To investigate if the activated Vγ1⁺ γδ T cells were having a functional effect on the CD8 T cell

response, we blocked Vγ1 function through the administration of a Vγ1 blocking antibody

(clone 2.11)[44] (**Figure 2J**) and examined PbT-I T cell accumulation in the spleen 6 days after

RAS vaccination. Blockade of the Vγ1⁺ population had the same effect as blockade of the entire

γδ T cell population (αGL3) (**Figure 2K**). Therefore, Vγ1⁺ γδ T cells are activated in response

to RAS vaccination and have a functional impact on the accumulation of CD8 T cells.

Antigen presentation of *Plasmodium*-derived peptides is intact in the absence of γδ T cells

Due to the very early timing of γδ T cell activation, and the effect of γδ T cells on CD8 T cell

accumulation in the spleen, we hypothesised that the Vγ1⁺ γδ T cells may impact the ability of

cDC1 to present antigen to CD8 T cells in response to RAS vaccination. To investigate this

possibility, we examined initial up-regulation of CD69 within the antigen-specific CD8 T cell

population. It was not possible to use PbT-I T cells for this assay, as T cell transfer induces

spontaneous up-regulation of CD69 on PbT-I T cells for reasons yet to be determined. We

therefore used OT-I T cells, which do not exhibit spontaneous CD69 upregulation upon

transfer, allowing for sensitive detection of antigen presentation to these cells. This system also

required the use of SIINFEKL expressing *Plasmodium* parasites, termed CS5M, which express

the cognate antigen for OT-I T cells[45].

OT-I T cells were labelled with cell trace violet (CTV) and adoptively transferred into B6 or δ⁻

⁻ mice that were subsequently injected with irradiated CS5M sporozoites (CS5M-RAS). At

various times between day 1 and 6, we examined CTV dilution and CD69 expression on OT-I

T cells isolated from several tissues (spleen, liver draining lymph nodes (LdLN), liver, and a

control LN). In the spleen, equal proportions (**Figure 3A and B**) and numbers (**Figure 3C**) of

OT-I T cells up-regulated cell surface expression of CD69 in B6 and δ⁻/⁻ mice on days 1 and 2

post-vaccination. Similar proportions and numbers of activated OT-I T cells were also observed

in the LdLN, liver, and control LN on days 1 and 2 (**Supplementary Figure 3**). However, by

day 6, significantly more OT-I T cells were present in B6 spleens (**Figure 3D**), liver and LdLN

(**Supplementary Figure 3**), recapitulating observations with endogenous RPL6-specific and

PbT-I T cells. The very early activation of OT-I cells on days 1 and 2 indicated access to antigen

even when γδ T cells were absent, showing that antigen presentation was intact in the absence

of γδ T cells, but that the responding T cells were not provided with signals required for

extended expansion and/or survival. As antigen presentation appeared to be intact, this

observation strongly suggested a lack of co-stimulation or cytokines in the T cell priming
process, raising the intriguing possibility that γδ T cells trigger upregulation of co-stimulation-
like signals on cDC1.

γδ T cells are not required to supply the CD40L signal to cDC1

As a deficiency in co-stimulation was implicated, we hypothesised that γδ T cells may provide
CD40L for signalling CD40 on cDC1, a signal known to be essential in the response to RAS[11].
To investigate this possibility, PbT-I T cells were transferred into control groups of WT and δ⁻
ᐟ⁻ mice as well as two groups of *Cd40l⁻ᐟ⁻* mice. CD8 T cell expansion is dependent on help from
CD4 T cells in the RAS model[9,10], and these CD4 T cells were previously presumed to provide
the CD40L signal. To test whether CD4 T cells can provide the essential CD40L signal, one
group of *Cd40l⁻ᐟ⁻* mice were also given CD40L sufficient PbT-II cells (**Figure 3E**). PbT-I T cell
accumulation in the spleen 6 days after RAS injection was severely diminished in *Cd40l⁻ᐟ⁻* mice
(**Figure 3F**), confirming that CD8 T cell accumulation in this model is dependent on CD40L
signalling. Addition of CD40L sufficient PbT-II T cells, however, rescued the PbT-I T cell
response, even though γδ T cells lacked expression of CD40L in these mice (**Figure 3F**). This
finding supports the view that CD4 T cells can provide the CD40L signalling required for the
response to RAS and suggests that γδ T cells are not required to provide this co-stimulatory
function. Furthermore, rescue by CD40L sufficient PbT-II cells shows that this signal is
normally provided by CD4 T cells but is insufficient to ensure an appropriate CD8 T cell
response if γδ T cells are absent (**Figure 3F and G**).

IL-4 is required for the CD8 T cell response to RAS vaccination

As γδ T cells were not the crucial source of CD40-CD40L signals, we rationalised that they
may be providing 'signal 3' for differentiation and expansion after initial T cell activation, i.e.
a cytokine signal. Previous studies suggested IL-4 is a crucial factor in the generation of
memory CD8 T cells in the liver following RAS vaccination[46,47]. Given that splenic Vγ1⁺ γδ T
cells have been reported to secrete IL-4[28], we next investigated the role of IL-4 in the PbT-I T
cell response either via transfer into *Il4⁻ᐟ⁻* hosts (**Figure 4A and B**) or antibody-mediated
blockade (**Supplementary Figure 4A and B**). These data showed that IL-4 was crucial for the
accumulation of PbT-I T cells in the spleen in response to RAS vaccination, mirroring the effect
of γδ T cell deficiency.

To further investigate if, as previously reported, CD4 T cells are the relevant source of IL-4[46],

we transferred IL-4 sufficient PbT-I T cells with, or without, IL-4 sufficient PbT-II T cells into

B6 or $Il4^{-/-}$ mice and measured T cell accumulation as the output. As demonstrated above, the

accumulation of PbT-I T cells was substantially lower in the $Il4^{-/-}$ mice when compared to the

B6 controls (**Figure 4C**), but this remained the case even in the presence of antigen-specific

CD4 T cells that could make IL-4. In contrast, antigen-specific CD4 PbT-II T cells expanded

in the spleen in both B6 and $Il4^{-/-}$ mice (**Figure 4D**) demonstrating two phenomena; 1) CD4 T

cell accumulation in the spleen in response to RAS vaccination is not IL-4 dependent, as equal

accumulation was seen in B6 and $Il4^{-/-}$ mice and 2) IL-4 sufficient CD4 T cells did not rescue

the antigen-specific CD8 T cell response. CD4 T cells, therefore, are not the crucial source of

IL-4 for CD8 T cell accumulation following RAS vaccination.

γδ T cells are the source of IL-4

To determine if γδ T cells provide IL-4 in response to RAS vaccination, we used a mixed bone

marrow (BM) chimera approach. As not all γδ T cells are reconstituted from the BM[48,49], we

first confirmed that the $V\gamma1^+$ γδ T cell population, important for T cell accumulation in response

to RAS, was replenished from the BM. Cohorts of lethally irradiated B6 or $\delta^{-/-}$ mice received

BM cells from congenic Ly5.1 or $\delta^{-/-}$ mice according to the scheme described in **Figure 4E**.

The endogenous γδ T cell populations, stratified into $V\gamma1^-$ and $V\gamma1^+$ subpopulations, were

reconstituted from the BM (**Figure 4F**), as was the accumulation of PbT-I T cells in Ly5.1→B6

but not in $\delta^{-/-}$→B6 chimeras in response to RAS vaccination, mirroring outcomes for non-

irradiated WT or $\delta^{-/-}$ mice, respectively (**Figure 4G**).

To investigate if γδ T cells are the crucial source of IL-4 in response to RAS vaccination, we

made six groups of mixed BM chimeras (**Figure 5H**). The groups were: 1. B6→B6, 2. $Il4^{-/-}$

→B6, 3. B6→$Il4^{-/-}$, 4. B6+$\delta^{-/-}$→B6, 5. $Il4^{-/-}$ +$\delta^{-/-}$→B6, and 6. $\delta^{-/-}$→B6. For the mixed BM

chimeras, a 50:50 ratio of BM was used. Eight weeks after reconstitution, the γδ T cell

compartment was reconstituted as expected (**Figure 5I**). PbT-I T cells were transferred into

chimeras before vaccination with RAS and subsequent assessment of CD8 T cell responses 6

days later (**Figure 4J**). Comparison of PbT-I accumulation in the spleen of B6→ B6 (group 1)

versus $Il4^{-/-}$ → B6 (group 2) chimeras showed impaired PbT-I T cell accumulation in the $Il4^{-/-}$

→ B6 BM chimeras, recapitulating findings observed in IL-4 knockout mice (**Figure 4J**).

Comparison of $Il4^{-/-} \rightarrow$ B6 (group 2) and B6 $\rightarrow Il4^{-/-}$ (group 3) chimeras confirmed that the IL-

4 producing population was of BM origin, as responses in the B6 $\rightarrow Il4^{-/-}$ chimers showed

improved accumulation, which was comparable to wild-type B6$\rightarrow$ B6 (group 1) chimeras.

Crucially, PbT-I accumulation in the spleen of $Il4^{-/-} +\delta^{-/-} \rightarrow$B6 chimeras (group 5) was

significantly lower than that observed in the B6+$\delta^{-/-} \rightarrow$B6 chimeras (group 4) (**Figure 4J**). The

difference between these groups was that the B6+$\delta^{-/-} \rightarrow$B6 chimeras contained $\gamma\delta$ T cells that

could produce IL-4, whereas the $Il4^{-/-}$+$\delta^{-/-} \rightarrow$B6 chimeras lacked these cells. These data strongly

suggest that $\gamma\delta$ T cells are the essential source of IL-4 for the development of an effective CD8

T cell response to RAS vaccination.

To further confirm that $\gamma\delta$ T cells are the crucial source of IL-4, we reconstituted $\delta^{-/-}$ mice with

splenic $\gamma\delta$ T cells from either WT *or Il4*$^{-/-}$ donors and tested whether these cells could rescue

the PbT-I T cell accumulation following RAS vaccination. TCRδ-deficient mice received either

splenic $\gamma\delta$ T cells or no $\gamma\delta$ T cell transfer (**Figure 4K**). Six days after RAS vaccination (8 days

after $\gamma\delta$ T cell transfer), $\gamma\delta$ T cells were recovered from the spleens of the groups that received

the $\gamma\delta$ T cell transfer (**Figure 4L**). As hypothesised, B6-derived but not $Il4^{-/-}$-derived $\gamma\delta$ T cells

supported PbT-I T cell accumulation in the spleen, confirming that these cells provide IL-4 in

this vaccination setting (**Figure 4M**).

CD8 T cells respond directly to IL-4

To investigate the target of IL-4 produced in response to RAS vaccination, we asked if IL-4

acts directly on the responding CD8 T cells. To address this question, we established a CRISPR-

Cas9 system to knock the IL-4Rα gene (*Il4ra*) out in T cells. Purified naïve PbT-I and/or PbT-

II T cells had *Il4ra* (or *Cd19* as a control) knocked out prior to transfer and immunisation with

RAS (**Figure 5A**). Six days after vaccination, we confirmed efficient deletion of IL-4Rα

expression on PbT-I (**Figure 5B**) and PbT-II T cells (**Figure 5C**) via flow cytometry.

Comparison of the number of PbT-I T cells 6 days after RAS vaccination showed that direct

IL-4Rα signalling in PbT-I T cells was important for PbT-I T cell accumulation in the spleen

with lower numbers of PbT-I T cells observed in the sg*Il4ra* PbT-I T cell group than in the

sg*Cd19* controls (**Figure 5D**). Deleting *Il4ra* in PbT-II T cells had no effect on the number of

PbT-II T cells recovered (**Figure 5D**), indicating that CD4 T cells do not need to receive IL-

4Rα signals to accumulate in the spleen following RAS vaccination. As expected, neither PbT-

I nor PbT-II cells responded in the α-GL3 treated groups (**Figure 5C and D**).

IL-4 signalling in cDC1 is also required for optimal CD8 priming

PbT-I T cells lacking the IL-4R still retained a modest capability to accumulate when compared

to a complete failure in the absence of γδ T cells (**Figure 5C**), or IL-4 itself (**Figure 4B**). This

suggested that IL-4 has an additional activity that contributes to CD8 T cell accumulation. To

investigate whether this involved effects on cDC1 responsible for priming[15], we developed an

in vivo model for cDC1 manipulation. To establish this model, donor cDC1 were expanded *in*

vivo in B6 mice[50] prior to enrichment and adoptive transfer into *Batf3*^{-/-} mice for replenishment

of the cDC1 pool (**Figure 5F**). The following day, mice were vaccinated with RAS and the

accumulation of PbT-I T cells assessed 6 days later. Accumulation of PbT-I T cells in the

reconstituted *Batf3*^{-/-} mice was significantly higher when compared to the group that were not

administered DC (**Figure 5G**), demonstrating functional reconstitution of the cDC1 pool. We

then used this system to determine if the direct signalling of cDC1 by IL-4 was important for

the CD8 T cell response to RAS by knocking out IL-4Rα expression in cDC1. cDC1 were

expanded and then isolated, purified and electroporated with either sg*Cd19* or sg*Il4ra* then

transferred into *Batf3*^{-/-} mice. Two days later, PbT-I T cells were transferred, and the mice

vaccinated with RAS for assessment of PbT-I T cell numbers 6 days later. Numbers of cDC1

recovered 6 days post-RAS vaccination were equivalent between the mice that received control

(*sgCd19*) or *Il4ra* knockout DC demonstrating equivalent reconstitution (**Figure 5H and**

Supplementary Figure 5A). However, the number of PbT-I cells that accumulated in the

spleens of mice that received control (sg*Cd19*) DC was significantly higher than the numbers

in mice that received IL-4Rα-deficient (sg*Il4ra*) DC (**Figure 5I**). Collectively, these

experiments demonstrate that IL-4 acts directly on DC and CD8 T cells for optimal CD8

expansion in the context of RAS vaccination (**Figure 5J**).

CD40 and IL-4 synergise to drive IL-12 production by DC

To identify the molecules induced by IL-4 in cDC1 that may contribute to the response to RAS

vaccination, cDC1 gene expression was assessed *in vitro* following stimulation with IL-4 and

αCD40. Expanded cDC1 were sort-purified and then cultured in each condition before

isolation of RNA at 4 hours, a timepoint previously shown to be optimal for assessment of gene

expression in cDC[51]. Sorted cDC1 were assessed after exposure to the following conditions:

media alone, αCD40, IL-4, and αCD40+IL-4 (**Figure 6A**).

Analysis of sequenced RNA revealed a marked transcriptomic shift in the presence of IL-4 that

was augmented by the addition of αCD40 (**Figure 6B**). Specifically, there were 841 up-

regulated and 762 down-regulated genes in response to CD40+IL-4 when compared to media

alone (**Figure 6B**). *Il12a*, was the most upregulated gene when comparing media with

CD40+IL-4 (LFC 11.17, FDR 1.5×10^{-59}) and the second most upregulated gene when

comparing CD40+IL-4 with CD40 alone (LFC 11.69, FDR 1.48×10^{-52}) (**Figure 6C and D**).

This gene encodes the p35 subunit of IL-12 and when combined with the p40 subunit (which

is constitutively expressed by cDC1), makes bioactive IL-12, a key stimulator of CD8 T cells.

As it was only weakly upregulated in cDC1 exposed to IL-4 alone, efficient upregulation of

Il12a also appeared dependent on the combination of both CD40 and IL-4 (**Figure 6D**).

To determine the contribution of bioactive IL-12 *in vivo* in the context of RAS vaccination,

PbT-I T cell accumulation was assessed after IL-12 blockade. Mice were given PbT-I T cells

and then the next day immunized with RAS and left untreated or given blocking antibody

against the IL-12p40 subunit (**Figure 6E**). Assessment of PbT-I accumulation on day 6 showed

significant impairment when IL-12 was blocked (**Figure 6F**). This supports a model where

CD40 signalling synergises with IL-4 in cDC1 to induce IL-12 that is crucial for the

accumulation of CD8 T cells in response to RAS vaccination (**Figure 6G**).

IL-4 and IL-12 synergise to enhance CD8 T cell expansion

IL-4 and IL-12 were both essential for the enhanced accumulation of CD8 T cells in response

to RAS vaccination. This led us to investigate whether these cytokines work synergistically to

promote CD8 T cell expansion. To isolate the effects of the cytokines, we first examined the

impact of IL-4 and IL-12 on CD8 T cell expansion *in vitro*.

PbT-I T cells were activated by peptide coated antigen presenting cells in the presence of; no

added cytokine, IL-4, IL-12, or IL-12 and IL-4, and the number of cells retrieved from the

cultures enumerated on day 4 and day 6. Limited cell growth was observed in the absence of

exogenous cytokine (**Figure 7A**) and addition of either IL-4 or IL-12 only modestly impacted

the number of cells recovered between day 4 and day 6 (**Figure 7B and C).** In contrast, addition

of both IL-4 and IL-12 resulted in significantly higher cell recovery from the culture on day 6 (**Figure 7D**). These data suggested that the combination of IL-4 and IL-12 act synergistically in increasing the T cell response *in vitro*.

To explore whether the synergy between IL-4 and IL-12 was mediated by changes in cytokine sensitivity resulting from alterations in receptor expression, we assessed IL-4R and IL-12R expression on T cells at day 4 of culture. Addition of both IL-4 and IL-12 induced a small but significant increase in the expression of IL-4R on the T cells when compared to addition of IL-4 alone (**Figure 7E**). In contrast, the addition of both IL-4 and IL-12 resulted in a substantial increase in the expression of IL-12R over either cytokine alone (**Figure 7F**). These data suggested that the combination of IL-4 and IL-12 amplifies the sensitivity of CD8 T cells to IL-12 signalling through increased expression of IL-12R, thereby enhancing the CD8 T cell response. Further, *in vitro* activated OT-I T cells stimulated with IL-4 and IL-12 were maintained in greater numbers when transferred into mice (**Figure 7G**).

Combined IL-4 and IL-12 signals control the development of liver T$_{RM}$ in response to RAS vaccination.

The phenotype originally observed in γδ T cell knockout mice was a deficiency of liver T$_{RM}$ cells after RAS vaccination, resulting in reduced protection against challenge infection. Our findings demonstrated that γδ T cells produced IL-4 in response to RAS vaccination, which enhanced CD40-mediated activation of cDC1 and boosted IL-12 production. Additionally, combined IL-4 and IL-12 signalling in activated T cells increased the expression of IL-12R and therefore sensitivity to IL-12, promoting their expansion. To confirm that removal of both IL-4 and IL-12 *in vivo* would recapitulate the lack of γδ T cells and therefore inhibit the formation of liver resident memory T cells, we blocked IL-4 or IL-12, or both, in the context of RAS vaccination, and then examined T$_{RM}$ numbers in the liver 35 days later (**Figure 7H-J**). PbT-I cells were transferred into WT mice and IL-4 and/or IL-12 blocking antibodies administered before and after RAS vaccination (**Figure 7H**). Enumeration of the number of liver T$_{RM}$ cells present showed that IL-4 had a dominant effect on liver T$_{RM}$ formation, but blockade of both cytokines phenocopied blockade of γδ T cells (with αGL3 Ab) in the liver (**Figure 7K and L**) and in the spleen (**Figure 7I and J**). These data showed that γδ T cells drive the response to RAS via delivery of IL-4 to DC, which in turn drives IL-12 production. The γδ T cell derived

IL-4 and DC-derived IL-12 then synergise to enhance the expansion of CD8 T cells (**Figure**

7M), a proportion of which will differentiate into protective liver T_{RM} cells.

Discussion

For full immunogenicity, DC must be effectively activated, either via strong PRR signalling or

through CD4 T cell help via CD40L[1]. Here, we showed that the priming of CD8 T cells to

Plasmodium sporozoite antigens depends on an additional layer of DC activation via IL-4,

which is produced by γδ T cells. Here, IL-4 has a dual role: 1) when synergised with CD40

signals in DC, it promotes enhanced production of bioactive IL-12 and 2) by directly signalling

CD8 T cells to increase IL-12R, it increases their sensitivity to IL-12 and thereby promotes

expansion. In this vaccination setting, IL-4 is produced by $V\gamma1^+$ γδ T cells in the spleen, which

become activated within the first 24 hours of injection of sporozoites.

The absolute requirement for γδ T cells in RAS vaccination in mice[19] and in humans[19,32,34,52]

suggests that although *Plasmodium* sporozoites are reported to trigger toll like receptor 2

signalling[53], this stimulation is not sufficient to push DC over a required activation threshold

and that an additional IL-4 signal in combination with CD40 is required. Our findings likely

extend beyond the context of RAS vaccination, applicable to other scenarios involving poor

immunogens. In such cases, the sensing of infection or cellular damage by innate or innate-like

cells may trigger IL-4 production, thereby enabling DC to effectively prime protective immune

responses. One such innate-like T cell population are invariant natural killer T (NKT) cells,

which are known to produce IL-4 in response to lipid ligands[54] but the need for NKT cell-

derived cytokines on top of CD4 T cell help in a four-cell paradigm, as we have shown here

for γδ T cells, has not been described.

In mice, γδ T cell-derived IL-17[55] and IFN-γ[56], induced by liver-stage parasites have been

shown to play important roles in the pathology of *Plasmodium* blood stage infection. Moreover,

we have shown that the initiation of the CD4 response to liver stage parasites is also dependent

on a factor provided by γδ T cells but have not yet identified what that factor is. These concepts

highlight that γδ T cells play a varied and substantial role in malaria disease.

Previous studies that described a role for γδ T cells in RAS vaccination proposed that a

population of CD8 DC that accumulated in the liver of RAS vaccinated mice when γδ T cells

were present also correlated with the generation of hepatic CD8 T cell memory[19]. Although we

have not directly investigated or ruled out a role for these hepatic DC in the memory component

of the response to RAS, our data show that splenic cDC1 collaborate with γδ T cells to drive

efficient priming of splenic CD8 T cells. It is possible that the inflammation induced by the

combination of IL-4 and IL-12 observed when γδ T cells are present also leads to inflammation

in the liver and the accumulation of CD8 cDC, commensurate with the accumulation of CD8

T cells in the liver. Given that the DC accumulation in the liver was observed late in the

response (>60 days post-immunisation), this effect is unlikely to contribute to the crucial γδ T

cell-dependent priming observed in the current study.

Prior to the discovery of T_{RM} cells, a role for IL-4 in RAS vaccination (for *P. yoelii* in BALB/c

mice[46,57]) was identified. CD4 T cells, rather than γδ T cells, were implicated as the source of

IL-4[46,57]. We speculate that a lack of CD40L signalling in the absence of CD4 T cells, rather

than a lack of CD4 T cell-derived IL-4, was likely responsible for the phenotype observed.

However, we currently cannot exclude the possibility that γδ T cell-derived IL-4 drives

production of IL-4 by CD4 T cells. Nevertheless, we have shown that the initial and most

important source of IL-4 is γδ T cell-derived.

Notably, we have shown that IL-4 and IL-12 are synergistic for CD8 T cell expansion due to

enhanced expression of IL-12R, likely making the T cells more sensitive to bioactive IL-12.

This is counterintuitive to published literature examining CD4 T cell responses, which states

that IL-4-induced GATA3 activation suppresses IL-12 signalling[58]. However, synergistic

effects of IL-4 and IL-12 have previously been reported for CD4 T cells[59] and human T cells[60],

although the precise molecular mechanisms driving this synergy are currently unknown and

require further investigation. Here, we show that IL-4 plays a key role in promoting the

expansion of antigen-specific T cells by not only stimulating IL-12 production in DC but also

enhancing $CD8^{+}$ T cell sensitivity to the IL-12 produced. In the absence of IL-4 the entire

response fails, making IL-4, and the triggers that induce its secretion by γδ T cells or other

innate or innate-like cells, of major relevance to weakly stimulating pathogens (or tumours)

that cannot intrinsically drive strong CD8 responses.

Importantly, a newly appreciated role for IL-4 in the context of immunotherapy has recently

been highlighted. IL-4 production by B cells was shown to be one mechanism for successful

PD-1 immunotherapy[61] and two recent studies demonstrated the importance of an IL-4 driven

type-2 response for effective and long-lived CAR T or anti-tumour responses[62,63]. These studies

demonstrate that IL-4 has therapeutic implications beyond infectious diseases and indicate that

γδ T cells should be investigated as a source of IL-4 in these models.

In conclusion, our study reveals that by providing IL-4, Vγ1+ γδ T cells drive the initiation of

the response to a poorly immunogenic pathogen, transforming it into a robust trigger for CD8$^+$

T cell immunity and tissue-tropic memory.

Methods

Mice, mosquitoes, and parasites

C57BL/6, B6.SJL-PtprcaPep3b/BoyJ (CD45.1), PbT-I GFP, PbT-II GFP, *Tcrd*$^{-/-64}$,

Trdc$^{tm1(EGFP/HBEGF/luc)Impr}$ (TCRδ-GDL)[65], *Il4*$^{-/-}$, *Batf3*$^{-/-}$, *Cd40l (Cd154)*$^{-/-}$, *Il17a*$^{-/-}$ mice were

bred and held at the Department of Microbiology and Immunology and the University of

Melbourne. All experimental work and animal handling was conducted in strict accordance

with the standards approved by the Animal Ethics Committee at the University of Melbourne

(ethic project ID: 2015168, 20088). Experimental mice were sex matched and used at 6-12 wks

of age. Both male and female mice were used. TCRδ-GDL[65] mice were kindly provided by I.

Prinz (University Medical Center Hamburg-Eppendorf). *Il4*$^{-/-}$ mice (JAX), were backcrossed to

B6 mice for >10 generations prior to acquisition for this study.

Generation of PbΔ*mei2* parasites

PbΔ*mei2* parasites were generated. The following was performed with the gene region for *mei2*

reversed so that the coding sequence reads left to right. 5' and 3' homology flanks were

amplified from Pb genomic DNA with the primers CJ472 + CJ473, and CJ474 + CJ475

(**Supplementary Table 1**), producing amplicons of 798bp and 832bp respectively. The 5' flank

reverse primer CJ473 and the 3' flank forward primer CJ474 both featured a 23 base multi-

cloning-site complementary tail (including a possible guide sequence), which was utilized in a

further PCR reaction to generate the 5', 3' flank fusion fragment. This was cloned into the

CRISPR/Cas9 plasmid pYC_L2 (a kind gift from Ashley Vaughan) with the restriction

enzymes *Kpn*I and *Eco*RI. Two guide sequences (Guide 3 and 28) were identified with

CHOPCHOP[66] and each sequence cloned into separate KO flank containing plasmids with the

enzyme Esp3I to generate the mei2KO plasmid pCJ133 and 134 respectively. 15ug of each

plasmid was co-tranfected into into magnet-purified Pb schizont stage parasites as previously

described[67,68] and injected intravenously into Swiss Webster mice. After 24 hours, mice were

put on water containing 70 μg/mL pyrimethamine. When mice reached >1% parasitemia they

were euthanized and cryostocks prepared. Genotyping was performed by PCR (primers in

Supplementary Table 1) and clonal parasites generated by limiting dilution as previously

described[69].

For the generation of fresh sporozoites, 4-5 wk old Swiss Webster mice were purchased from

the Monash Animal Services (Melbourne, Victoria, Australia) and maintained at the School of

Biosciences, The University of Melbourne, Australia. *Anopheles stephensi* mosquitoes (strain

STE2/MRA-128 from The Malaria Research and Reference Reagent Resource Center) were

reared and infected with WT (*P. berghei* ANKA) or PbΔ*mei2* at the School of Biosciences, The

University of Melbourne. Sporozoites were dissected from mosquito salivary glands and

resuspended in PBS. For RAS experiments, freshly collected WT sporozoites were irradiated

with 20,000 rad using a gamma ^{60}Co source. For vaccination, mice were injected intravenously

with $2.5\text{-}5\times10^4$ RAS or 2×10^4 PbΔ*mei2*.

Cell Enrichments

T cells

Naïve $CD8^+$ PbT-I or $CD4^+$ PbT-II cells were negatively enriched from the spleens and lymph

nodes of PbT-I-uGFP, OT-I/uGFP or PbT-II/uGFP transgenic mice. Briefly, cells were passed

through a 70 μM filter sieve to obtain a single-cell suspension and red blood cells (RBC) lysed.

Single-cell suspensions were labelled with rat monoclonal antibodies specific for MHC Class

II (M5-114), Mac-1 (M1/70, F4/80), Gr-1 (RB6-8C5) and either CD4 (GK1.4) (for PbT-I and

OT-I CD8 T cells) or CD8 (53-6.7) (for PbT-II CD4 T cells) prior to incubation with BioMag

goat anti-rat IgG coupled magnetic beads (Qiagen) and magnetic separation. Enriched T cells

were typically 80-90% pure. 1×10^6 purified T cells in 200 μL of sterile PBS were injected via

the tail vein into recipient mice. Where co-transfers were performed, a total number of 2×10^6

purified T cells were injected via the tail vein where cell types were transferred at a ratio of 1:1.

γδ T cells

Naïve γδ T cells were negatively enriched from spleens of B6 or $Il4^{-/-}$ mice. Single cell-

suspensions were achieved by finely mincing and digesting spleens in 1mg/mL Collagenase

Type 3, 20 µg/mL DNase I supplemented with a competitive antagonist of $P2X_7R$ (A-438079 hydrochloride; Santa Cruz Biotechnology) with intermittent agitation. Undigested fragments were removed by filtering through a 70 µM mesh followed by red blood cell lysis. Single cell suspensions were labelled with rat monoclonal antibodies specific for MHC Class II (M5-114), Mac-1 (M1/70, F4/80), CD4 (GK1.4), CD8 (53-6.7) and B220 (RA3-6B2) prior to incubation with BioMag goat anti-rat IgG coupled magnetic beads (Qiagen) and magnetic separation. $2x10^6$ enriched γδ T cells in 200 µL of sterile PBS were injected via the tail vein into recipient mice.

Dendritic cells

Dendritic cells were isolated from spleens of B16.Flt3L tumour-bearing mice. Briefly, spleens were finely minced in 1mg/ml Collagenase Type 3, 20 µg/ml DNase I and continuously agitated for 15 minutes. DC-T cell complexes were disrupted with the addition of 0.1M EDTA (pH7.2). Undigested fragments were removed by filtering through a 70 µM mesh before light-density separation with $1.077g/cm^3$ Nycodenz medium via centrifugation at 1700rpm at 4°C for 12min. To increase the purity of cDC1 precursors, the light density fraction was collected, and cDC1s/pre-cDC1s were negatively enriched for through incubation with rat mAb against CD3ε (KT3), Thy1.1 (T24/31.7), Gr-1 (RB6-8C5), B220 (RA3-6B2), Ter-119 and CD11b (M1/70) prior to incubation with BioMag goat anti-rat IgG coupled magnetic beads (Qiagen) and magnetic separation. Target cells were characterised as $CD11c^+$, $MHC-II^{int/+}$, $CD11b^-$, $CD24^{hi}$, $CD8\alpha^+$ with purities ranging between 60-80%. 2-5 x 10^6 purified cDC1s in 200 µL of sterile PBS were injected via the tail vein into recipient mice, 2 days prior to PbT-I cell transfer.

CRISPR/Cas9 gene-editing

T cells

Purified $CD8^+$ PbT-I or $CD4^+$ PbT-II cells were gene-edited via electroporation with single guide (sg) RNA ribonucleoproteins (RNPs) (sgRNA/Cas9 RNPs). Briefly, sgRNA/Cas9 RNPs were formed in Nuclease-free H_2O using 0.6 µl of Alt-R S.*pyogenes* Cas9 Nuclease V3 (10mg/mL, Integrated DNA Technologies) incubated with 0.3 nmol of sgRNA targeting either *Il4rα* (5'-AGUGGAGUCCUAGCAUCACG-3', 3'-AUCCAGGAACCACUCACACG-5') or *Cd19* (5'-AAUGUCUCAGACCAUAUGGG-3') purchased from Synthego (CRISPRevolution sgRNA EZ Kit) for 10 mins at room temperature. For each sgRNA/Cas9 electroporation reaction, 10 x 10^6 target cells were required. In each reaction, target cells were resuspended in

20 µl of reconstituted P3 buffer then mixed with the sgRNA/Cas9 RNP complex and electroporated using a Lonza 4D-Nucleofector (program code: DN100). Electroporated cells were then rested in a 96-well plate for at least 10 minutes at 37°C. For injection into mice, 10^6 cells were injected into mice via the tail vein in 200 µL of PBS, one day prior to RAS vaccination.

Dendritic Cells

Purified pre-cDC1s were gene-edited via electroporation with single guide (sg) RNA ribonucleoproteins (RNPs) (sgRNA/Cas9 RNPs) using an optimised protocol. sgRNA/Cas9 RNPs were formed as described for T cell gene-editing. For each sgRNA/Cas9 electroporation reaction, 10×10^6 target cells were required. In each reaction, target cells were resuspended in 20 µl of reconstituted P3 buffer then mixed with the sgRNA/Cas9 RNP complex and electroporated using a Lonza 4D-Nucleofector (program code: CM137). Electroporated cells were then rested in a 96-well plate for at least 20 minutes at 37°C then injected intravenously into $Batf3^{-/-}$ mice three days prior to immunisation. All mice received PbT-Is and/or PbT-IIs one day prior to RAS immunisation.

In vitro **cDC1 gene-expression assay**

Dendritic cells were isolated through the protocol outlined above. CD11c$^+$, MHC-II$^{int/+}$, CD11b$^-$, CD24^{hi}, B220$^-$, CD172α$^-$ cells were then sorted using a BD FACSAria^{TM} III Cell Sorter into filtered RPMI supplemented with 50% heat-inactivated FCS and pelleted. In a 24-well plate, 5×10^5 cells were plated in complete Kenneth D Shortman RPMI (KDS-RPMI 1640, 10% FCS, 2 mM L-glutamine, 100 U/ml penicillin, 100 mg/mL streptomycin and 50 mM 2-mercaptoethanol). To assess cDC1 gene expression in response to IL-4, cells were incubated in the presence of α-CD40 (10 µg/ml), recombinant mouse IL-4 (60 ng/mL), IFN-γ (20 ng/mL), or LPS (1 µg/ml). Plates were then incubated at 37°C and 5% CO_2 for 4 hours. For RNA isolation, cells were washed and resuspended using TRIzol (Life Technologies), snap frozen and stored at -80°C.

RNA Isolation and sequencing

To determine gene expression in cDC1s, mRNA was extracted using a Direct-zol RNA MicroPrep kit (Zymo Research) as per manufacturer's protocol. Libraries were prepared using Illumina stranded mRNA library kits and the outputs sequenced to a depth of 20M reads per

sample on a 150PE on Illumina NovaSeq X Plus 10B flow cell. Library preparation and sequencing was conducted at the Australian Genome Research Facility.

Bioinformatics Analyses

Sequencing reads were aligned to the GRCm39 reference genome and transcriptome (version 105) using the STAR aligner (version 2.7.8a)[70] and transcript counts established using featureCounts from the subread package (version 2.0.0)[71]. The data was then analysed using R (version 4.2.0), limma (version 4.54.1)[72] and plots generated with ggplot2[73]. We first merged technical replicates from separate sequencing lanes into their respective biological replicates by summing up the counts. To obtain differentially expressed genes between the experimental groups, the data were filtered for lowly or non-expressed genes (filterByExpr function) and normalised counts by Trimmed Mean of M-values (TMM). Mean-variance trends were estimated with the voom function and a linear model was fit using lmFit. The model parameters were moderated using eBayes, p values corrected for multiple testing using the Benjamini-Hochberg method and differential genes obtained for each of the pairwise contrasts between the experimental groups. The heatmap of expression values of top differential genes was generated with the pheatmap package (version 1.0.12) on log2 normalised CPM values.

Bone-marrow chimeras

Mice were irradiated with two doses of 550 rad 3 hours apart. Mice were reconstituted with 3-5 x 10^6 bone marrow (BM) cells from either B6.Ly5.1, $Il4^{-/-}$ or $Tcrd^{-/-}$ mice. In the case of mixed bone-marrow chimeras, mice were reconstituted with a 1:1 ratio of bone-marrow cells from B6.Ly5.1, $Il4^{-/-}$ and/or $Tcrd^{-/-}$ mice totalling to 3-5 x 10^6 BM cells per mouse. BM cells were prepared by removing the tibia and femur of donor mice. Bones were flushed with complete RPMI using a 23G needle and a 10 mL syringe to collect bone marrow. Large chunks were removed by passing cells through a 70 µM mesh filter. T cells were removed by resuspending the pellet with Abs against CD4 (RL172), CD8α (3.168), and Thy1.1 (Jlj) for 30 minutes at 4°C followed by incubation with rabbit complement for 20 minutes at 37°C to remove bound cells. All irradiated mice were injected via the tail vein with 3-5 x 10^6 bone marrow cells in 200 µL of PBS. The following day, all mice were injected intraperitoneally with 100 µL of T24 (α-Thy1.1). Irradiated mice received antibiotic water containing 2.5 g/L Neomycin Sulphate and 0.94 g/L Polymyxin B sulphate for the first 4 weeks after irradiation followed by normal water for at least another 4 weeks prior to experimental work.

In vivo antibody depletion/blockade

Mice were treated intraperitoneally with purified α-IL-4 (clone 11B11) for 6 days starting one day prior to RAS vaccination. For the first 3 days, mice were treated with 500 µg then 200 µg for the final 3 days. Control mice were treated with α-horseradish peroxidase (clone HRPN) using the same dose and regimen[46].

For IL-12p40 neutralisation, mice were treated intraperitoneally with 250 µg of purified α-IL-12p40 (clone C17.8) for 2 days beginning one day prior to RAS vaccination with an additional dose the day prior to the end point. Control mice were treated with of α-trinitrophenol (clone 2A3) at the same dose and schedule[74].

To block $\gamma\delta$ T cell function *in vivo*, mice received a single 200 µg dose of α-GL3 (clone GL3) or α-Vγ1 (clone 2.11)[75] intravenously on the day prior to immunisation with RAS. As a control, separate mice were treated with 200 µg of Purified Armenian Hamster IgG (clone HTK888)[19].

Organ processing and flow cytometry

Single cell suspensions were prepared from spleen or livers by passing through 70 µM mesh filters. For experiments in which splenic DCs were enumerated, spleens were finely minced in 1mg/ml Collagenase Type 3, 20 µg/ml DNase I and continuously agitated for 15 minutes. DC-T cell complexes were disrupted with the addition of 0.1M EDTA (pH7.2) prior to filtration through a 70 µM mesh. Liver preparation required an additional step to resuspend cells in 35% isotonic Percoll and centrifugation at 500 rpm for 20 minutes at room temperature. Red blood cells were removed from spleen and liver pellets and labelled with near-IR fixable dye to exclude dead cells. Fluorochrome-conjugated monoclonal antibodies specific for TCRδ, CD3ϵ, NK1.1, CD8α, CD4, B220, IL-4R, TCRβ, CD69, CD62L, CD44, CD27, Vγ1, Vγ4, CD11a, CXCR6, CD11c, CD11b, XCR1, CD24, CD172a and MHC-II were used for surface staining and performed for an hour at 4°C. H2-K^b-PbRPL6$_{120-127}$, H2-D^b-PbTRAP$_{130-138}$, H2-D^b-PbGAP50$_{40-48}$ tetramers were made by Stephanie Gras. Sphero Blank Calibration beads were used to generate cell counts. Cells were acquired on a Cytek Aurora using the SpectroFlo v3.0 system (Cytek) and further analysed on FlowJo (TreeStar, Inc).

In-vitro activation and culture of T cells

PbT-I T cells were activated in complete RPMI (RPMI 1640, 10% FCS, 2mM L-glutamine,

100 U/ml penicillin, 100 mg/ml streptomycin and 50 mM 2-mercaptoethanol) for up to 6 days

with PbRPL6$_{120\text{-}127}$ (NVFDFNNL) peptide-pulsed splenocytes and in the presence of LPS (1

µg/ml; Sigma-Aldrich) and either: no added cytokine, recombinant mouse IL-12 (10 ng/mL[76]),

recombinant mouse IL-4 (60 ng/mL[42]; BioLegend) or both IL-12 and IL-4. Activated cells were

fed with complete RPMI on day 3 and split on day 4. To assess phenotype, cells were washed

and labelled with near-IR fixable dye to exclude dead cells and fluorochrome-conjugated

monoclonal antibodies specific for TCRβ, IL-4R, IL-12R, CD44, Vα8.3, and CD8α.

Statistical Analyses

694 Statistical analyses of graphed data were performed using GraphPad Prism software. Data are

695 shown as mean values ± SD. The statistical tests used, and p values are indicated in each figure

696 legend. All statistical tests were performed on log-transformed data unless otherwise specified.

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Author Contributions

SL performed the experiments with help from DM, SLiu, ZG, RM and LB and wrote the draft

of the paper. AC provided RAS and CJ made the genetically attenuated parasites both under

supervision by GM. CX and TB contributed methodology supervised by FK or LM. SG and IP

provided resources. JS conducted bioinformatic analysis of the RNAseq data. AB, SB, IC and

DFR helped with conceptualization and methodology. WRH and LB conceptualized, funded

and supervised the study and wrote the paper.

Declaration of Interests

716 The authors declare no competing interests.

    Figure Legends

Figure 1 - γδ T cells are essential for liver T$_{RM}$ cell generation.

(**A and C**) Numbers of (**A**) RPL6 (**C**) TRAP tetramer positive CD8$^+$ T cells in the liver of B6

or *Tcrd$^{-/-}$* mice, 23 days after immunisation with 5 x10^4 RAS.

(**B and D**) Numbers of memory T cell (T$_{MEM}$) subsets; central memory T$_{CM}$ (CD62L$^+$, CD69$^-$),

effector memory T$_{EM}$ (CD62L$^-$, CD69$^-$) and resident memory T$_{RM}$ (CD62L$^-$, CD69$^+$) within the

(**B**) RPL6 or (**D**) TRAP tetramer positive CD44$^+$ CD8$^+$ T cell compartment in the liver of B6 or

Tcrd$^{-/-}$ mice.

(**E**) Experimental Design for (**F**). B6 or *Tcrd$^{-/-}$* mice were immunised with 2 x 2.5 x10^4 RAS

doses 2 weeks apart before challenge with 1 x10^3 live sporozoites on day 49. A parallel group

of unvaccinated (Nv) mice were also challenged.

(**F**) Parasitaemia in naïve (Nv) or RAS-vaccinated B6 or *Tcrd$^{-/-}$* mice, 7 days after challenge

with 1 x10^3 P.*berghei* sporozoites.

(**G**) Numbers of RPL6 tetramer positive CD8$^+$ T cells in the liver of B6 or *Tcrd$^{-/-}$* mice, 35 days

after vaccination with 2x10^4 P.*bΔmei2*.

(**H**) Numbers of T$_{CM}$, T$_{EM}$ and T$_{RM}$ within the RPL6 positive CD44$^+$ CD8$^+$ T cell compartment

in the liver of B6 or *Tcrd$^{-/-}$* mice, 35 days after vaccination with 2x10^4 P.*bΔmei2*.

(**I and J**) 5x10^4 RPL6-specific transgenic CD8$^+$ T cells (PbT-I) were transferred into mice one

day prior to vaccination with 3.5 x10^4 RAS. Mice were culled 23 days after immunisation.

(**I**) Absolute numbers and (**J**) numbers of T$_{CM}$, T$_{EM}$ and T$_{RM}$ within PbT-I cells in the liver of

B6 or *Tcrd$^{-/-}$* mice.

Data are pooled from (**A-D**) 3 independent experiments or (**F-J**) 2 independent experiments

with n = 6-14 mice per group. Error bars indicate mean + SEM. p values were calculated on

log-transformed data using an unpaired t test (A-D, G-J) or an ordinary one-way ANOVA (F).
****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$, ns=$p>0.05$.

Figure 2 - Splenic γδ T cells are activated within 24 hours of RAS vaccination.

(**A and B**) 10^6 RPL6-specific transgenic CD8$^+$ T cells (PbT-I) were transferred into mice one day prior to vaccination with 5 x10^4 RAS. Mice were culled and analysed 6 days later. Absolute numbers of PbT-I cells in the (**A**) spleen or (**B**) liver of B6 or *Tcrd*$^{-/-}$ mice six days after vaccination.

(**C**) Experimental design for (**D and E**). 10^6 transgenic CD8$^+$ T cells (PbT-I) and CD4$^+$ T cells (PbT-II) were adoptively transferred into mice one day prior to vaccination with 5x10^4 RAS. Mice were culled for analysis 6 days later.

(**D and E**) Numbers of (**D**) PbT-I or (**E**) PbT-II cells recovered from the spleen on day 6.

(**F**) Experimental design for (**G**). Mice received 10^6 PbT-I cells one day prior to vaccination with RAS. Mice were given α-GL3 or an isotype control Ab either (i) before RAS, or (ii) 24 hours after RAS.

(**G**) Numbers of PbT-I cells in the spleen on day 6 post-vaccination.

(**H**) Representative FACS plots of Vγ1$^+$ CD11a^{hi} γδ T cells in naïve or RAS-vaccinated TCRδ-GDL mice 24 hours after injection.

(**G**) Frequency of activated (CD69$^+$ CD11a^{hi} CD25$^+$) Vγ1$^+$ or Vγ1$^-$ γδ T cells in naïve or RAS vaccinated TCRδ-GDL mice 24 hours post-injection.

(**J**) Experimental design for (**K**)

(**K**) Normalised PbT-I cell numbers in the spleens 6 days post-vaccination in wild-type "CTRL", a-Vg1-treated (clone 2.11) or α-pan-γδ-TCR treated (clone GL3) mice. Numbers were normalised by expressing them as a fraction of the mean of the "CTRL" group.

782 Data is pooled from (**A, B**) 2 independent experiments, (**D-G**) 3 independent experiments, or
783 (**I, K**) 4 independent experiments with n= 9-20mice per group. Error bars indicate mean + SEM.
784 p values were calculated on log-transformed data using an unpaired t test (**A-E**), an ordinary
785 one-way (**G, K**) or two-way (**I**) ANOVA. ****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$,
786 ns=$p>0.05$.
787
Figure 3 - Antigen presentation and CD40-CD40L signalling is intact in the absence of γδ
T cells.
10^6 CTV-labelled OVA-specific CD8$^+$ T (OT-I) cells were transferred into B6 or $Tcrd^{-/-}$ mice
one day prior to vaccination with 50,000 CS5M-RAS. Mice were culled on day 1, day 2, day 3
and day 6 after transfer.
(**A**) Representative FACS plots of the CD44$^+$ OT-I cell compartment in the spleen at the
indicated time points.
795
796 (**B, C**) (**B**) Frequency and (**C**) number of CD69$^+$ CTV^{hi} OT-I cells in the spleen of either B6 or
797 $Tcrd^{-/-}$ mice across the indicated time points.
798
799 (**D**) Numbers of proliferated (CTV^{low}) OT-I cells in the spleen of either B6 or $Tcrd^{-/-}$ mice across
800 the indicated time points.
801
802 (**E**) Experimental design for (**F**). B6, $Tcrd^{-/-}$ and $Cd40l$ ($Cd154$)$^{-/-}$ mice received PbT-I cells with
803 or without PbT-II cells co-transferred one day prior to vaccination with $5x10^4$ RAS.
804
805 (**F**) Numbers of PbT-I cells in the spleen at day 6 post-vaccination.
806
807 (**G**) CD40 signalling to DC is intact when CD40L sufficient T cells are provided, showing that
808 CD4 T cells, not γδ T cells provide CD40L in this system.
809
810 Data is pooled from 2 independent experiments with (**A-D**) n = 8 or (**F**) n= 6 mice. Error bars
811 indicate mean + SD. p values were calculated on log-transformed data using an unpaired t test
812 (**D**) or an ordinary one-way ANOVA (**F**). ****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$,
813 ns=$p>0.05$.
814

Figure 4 - IL-4 is required for the CD8 T cell response to RAS vaccination.

(**A**) Experimental design for (**B-D**). (**B**) 10^6 RPL6-specific CD8$^+$ T (PbT-I) cells were transferred into B6, $Il4^{-/-}$ or $Tcrd^{-/-}$ mice one day prior to vaccination with 5×10^4 RAS. An additional cohort of $Il4^{-/-}$ received both 10^6 PbT-I cells and 10^6 PbT-II cells.

(**B**) Number of PbT-I cells in the spleen of B6, $Il4^{-/-}$ or $Tcrd^{-/-}$ mice at 6 days post-vaccination.

(**C and D**) Numbers of (**C**) PbT-I cells and (**D**) PbT-II cells in the spleen of B6, $Il4^{-/-}$ or $Tcrd^{-/-}$ mice that received both PbT-I and PbT-II cells.

(**E**) Experimental design for (**F and G**). Mice were irradiated twice with 550 rad and reconstituted with 5×10^6 bone-marrow (BM) cells. After an 8-week resting period, chimeric or untreated mice were given 10^6 PbT-I cells one day prior to RAS vaccination, then culled 6 days later. Chimeras were prepared with BM from either Ly5.1 (CD45.1) or $Tcrd^{-/-}$ donors.

(**F**) Numbers of γδ T cells in the spleens of wild-type mice (B6, $Tcrd^{-/-}$) and chimeras (Ly5.1→ B6, $Tcrd^{-/-}$ →Ly5.1) separated into Vγ1$^-$ or Vγ1$^+$ cells.

(**G**) Numbers of PbT-I cells in the spleens of non-chimeric (B6, $Tcrd^{-/-}$) or chimeric (Ly5.1→ B6, $Tcrd^{-/-}$ →Ly5.1) mice.

(**H**) Experimental design for (**I and J**). Mice were irradiated twice with 550 rad and reconstituted with 5×10^6 BM cells. After an 8-week resting period, chimeric mice were given 10^6 PbT-I cells one day prior to RAS vaccination then culled 6 days later. Chimeras were prepared using bone marrow from B6, $Tcrd^{-/-}$, $Il4^{-/-}$ donors as indicated. Mixed B6 + $Tcrd^{-/-}$ and $Il4^{-/-}$ + $Tcrd^{-/-}$ were prepared with a 50:50 mix of donor cells.

(**I**) Numbers of γδ T cells in the spleens of single and mixed chimeras separated into Vγ1$^-$ or Vγ1$^+$ cells.

(**J**) Numbers of PbT-I cells in the spleens of chimeras 6 days after RAS vaccination.

(**K**) Experimental design for (**L and M**). $Tcrd^{-/-}$ mice received γδ T cells enriched from the spleens of either B6 or $Il4^{-/-}$ donors one day prior to transfer of 10^6 PbT-I cells. The next day mice were vaccinated with 5×10^4 RAS and culled 6 days later.

(**L**) Absolute numbers of γδ T cells in the spleen 6 days after RAS vaccination in *Tcrd*^{-/-} mice

that received γδ T cells from B6 (+γδ B6), or *Il4*^{-/-} mice (+γδ *Il4*^{-}) or no γδ T cells (no transfer).

(**M**) Normalised PbT-I cell numbers in the spleen 6 days after RAS vaccination. Numbers were

normalised by expressing them as a fraction of the mean of the "+ γδ (B6)" group.

Data is pooled from (**B, I and J**) 4 independent experiments, (**C, D, L and M**) 3 independent

experiments, or (**F and G**) from 2 independent experiments where n=5-23 mice per group. Error

bars indicate mean + SEM. p values were calculated on log-transformed data using an ordinary

one-way ANOVA. ****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$, ns=$p>0.05$

Figure 5 - CD8 T cells and dendritic cells respond directly to IL-4.

(**A**) Experimental design for (**B-E**). 10^6 CD8$^+$ PbT-I and CD4$^+$ PbT-II CRISPR-Cas9 ablated

sg*Cd19* (control) or sg*Il4ra* cells were transferred into mice one day prior to vaccination with

5×10^4 RAS. All mice were culled on day 6 post-vaccination.

(**B**) Histogram of surface IL-4Ra expression on CRISPR-Cas9 ablated sg*Cd19* (control) or

sg*Il4ra* PbT-I cells, day 6 post-RAS.

(**C and D**) Numbers of (**C**) PbT-I and (**D**) PbT-II cells in the spleen on day 6 post-vaccination.

(**E**) Histogram of surface IL-4Ra expression on CRISPR-Cas9 ablated sg*Cd19* (control) or

sg*Il4ra* PbT-II cells, day 6 post-RAS vaccination.

(**F**) Experimental design for (**G and H**). *Batf3*^{-/-} mice received 2×10^6 B16.Flt3L-elicted pre-

cDC1s (CD24$^+$ MHC-II$^+$ CD11c$^+$). Two days later, mice received 10^6 CD8$^+$ PbT-I cells and

5×10^4 RAS one day later. Mice were culled on day 6 post-RAS. For (**H**), cDC1s were

CRISPR-Cas9 edited using sg*Cd19* (control) or sg*Il4ra*.

(**G**) Number of PbT-I cells in the spleens of *Batf3*^{-/-} mice that received pre-cDC1s (+ transfer)

or no pre-cDC1s (- transfer).

(**H**) Number of cDC1 recovered in the spleens of *Batf3*^{-/-} mice that received CRISPR-Cas9

edited cDC1s (+sg*Cd19* or +sg*Il4ra*), or no pre-cDC1s (- transfer).

(**I**) Number of PbT-I cells in the spleens of *Batf3*^{-/-} mice that received CRISPR-Cas9 edited

cDC1s, or no cDC1s (- transfer).

(**J**) IL-4 acts directly on CD8 T cells and cDC1s for CD8 T cell accumulation.

Data is pooled from (**B-E, H and I**) 2 independent experiments or (**G**) 4 independent

experiments where n=6-16 mice per group. Error bars indicate mean + SEM. p values were

calculated on log-transformed data using an ordinary one-way ANOVA. ****$p<0.0001$,

***$p<0.001$, **$p<0.01$, *$p<0.05$, ns=$p>0.05$

Figure 6 - CD40 and IL-4 drive a unique gene expression profile in cDC1.

(**A**) Experimental design for (**B-D**).

(**B**) Heatmap showing expression of the 841 up-regulated and 762 down-regulated

differentially expressed genes (DEG) between media alone and CD40+IL-4, across the

different stimulation conditions.

(**C**) Volcano plot showing DEGs between αCD40 only and aCD40+IL-4 stimuli.

(**D**) Gene expression of *Il12a* across indicated stimuli combinations shown as counts per

million (CPM).

(**E**) Experimental design for (**F**). Mice received 10^6 PbT-I cells one day prior to RAS

vaccination and were administered αIL-12p40 on the day of T cell transfer, the day of RAS

vaccination then 5 days post-RAS.

(**F**) Number of PbT-I cells in the spleen on day 6 post-RAS vaccination.

(G) γδ T cell-derived IL-4 act on cDC1s to promote IL-12 production which, along with IL-4,

is required for CD8$^+$ T cell accumulation.

Data (**A-D**) is pooled from 3-5 independent experiments. (**A-D**) n= 3-5 sequencing replicates

derived from individual cDC1 cultures or (**F**) n=10 mice from 2 independent experiments. Error

bars indicate mean + SEM. p values were calculated on log-transformed data using an ordinary

one-way ANOVA. ****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$, ns=$p>0.05$.

Figure 7 - IL-4 and IL-12 synergise to promote expansion of CD8 T cells.

PbT-I T cells were activated *in vitro* in (**A**) media alone or in the presence of (**B**) 60ng/mL rmIL-4, (**C**) 10ng/mL rmIL-12 or (**D**) both rmIL-4 and rmIL-12.

(**E**) IL-4R and (**F**) IL-12R surface expression on activated T cells 4 days after culture in the presence of different cytokines.

OT-I T cells were activated *in vitro* in the presence of 60 ng/mL rmIL-4, 10 ng/mL rmIL-12 or both rmIL-4 and rmIL-1 then transferred into mice at day 4 of culture. (**G**) Number of OT-I T cells in the spleen 3 days after transfer.

(**H**) Experimental design for (**I-L**). Mice received 10^6 PbT-I cells one day prior to RAS vaccination and were administered a-IL-12p40 or a-IL-4 according to the treatment regimen depicted.

(**I and K**) Number of absolute PbT-I T cells in the (**I**) spleen and (**K**) liver, 29 days after vaccination.

(**J and L**) Frequency of T_{CM}, T_{EM} and T_{RM} within the $CD44^+$ PbT-I T cell compartment in the (**J**) spleen or (**L**) liver 29 days after RAS vaccination.

(**M**) $\gamma\delta$ T cell-derived IL-4 act on cDC1s to promote IL-12 production which, along with IL-4, signals directly on $CD8^+$ T cells to drive proliferation and therefore enhance liver T_{RM} formation.

Data is pooled from (**A**) 5 independent experiments, (**E and F**) 4 independent experiments, (**G**) 3 independent experiments or (**I-K**) 2 independent experiments where (A-F) n = 4-5 individual cultures per group or (G-L) n = 6-9 mice per group. Error bars indicate mean + SEM. p values were calculated on log-transformed data using (**A-D**) a paired t test or (**E-L**) an ordinary one-way ANOVA. ****p<0.0001, ***p<0.001, **p<0.01, *p<0.05, ns=p>0.05

Figure S1 – Related to Figure 1; gd T cells are essential for liver T_{RM} cell generation.

Mice were vaccinated with 1 dose of 5 x10^4 RAS. 35 days later, mice were culled.

(**A and B**) Representative FACS plots showing (**A**) RPL6 and (**B**) TRAP tetramer staining in the liver in B6 or $Tcrd^{-/-}$ mice 35 days after RAS.

(**C and E**) Numbers of (**C**) RPL6 (**E**) TRAP tetramer positive $CD8^+$ T cells in the spleen of B6 or $Tcrd^{-/-}$ mice, 35 days after RAS vaccination.

(**D and F**) Frequency of memory T cell (T_{MEM}) subsets; central memory T_{CM} ($CD62L^+$, $CD69^-$), effector memory T_{EM} ($CD62L^-$, $CD69^-$) and resident memory T_{RM} ($CD62L^-$, $CD69^+$) within the (**D**) RPL6 and (**F**) TRAP tetramer positive $CD44^+$ $CD8^+$ T cell compartment in the spleen of B6 or $Tcrd^{-/-}$ mice.

(**G**) Numbers of RPL6 tetramer positive $CD8^+$ T cells in the spleen of B6 or $Tcrd^{-/-}$ mice, 35 days after vaccination with 2 x10^4 P.bD$mei2$.

(**H**) Frequency of T_{CM}, T_{EM} and T_{RM} within the RPL6 tetramer positive $CD44^+$ $CD8^+$ T cell compartment in the spleen of B6 or $Tcrd^{-/-}$ mice, 35 days after vaccination with 2 x10^4 PbDmei2.

(**M**) Numbers of PbT-I cells in the spleen of B6 or $Tcrd^{-/-}$ mice, 23 days after immunisation with 5 x10^4 RAS.

(**J**) Frequency of T_{CM}, T_{EM} and T_{RM} within the PbT-I T cell compartment in the spleen of B6 or $Tcrd^{-/-}$ mice, 23 days after vaccination with 5 x10^4 RAS.

Data is pooled from (**C-F**) 3 independent experiments or, (**G-J**) 2 independent experiments where n = 6-14 mice per group. Error bars indicate mean + SEM. p values were calculated on log-transformed data using an unpaired t test. ****$p<0.0001$, ***$p<0.001$, **$p<0.01$, *$p<0.05$, ns=$p>0.05$.

Figure S2 – Related to Figure 2; Splenic gd T cells are activated and mediate their effect within 24 hours of RAS vaccination.

(**A**) Numbers of PbT-I cells in the spleen of B6 or $Tcrd^{-/-}$ mice, 6 days after injection of irradiated *P. berghei* infected red blood cells.

TCRd-GDL mice were vaccinated with 10^5 RAS then culled 24 hours later.

(**B**) Representative FACS plots of gating strategy used to generate cell numbers in Figure S2B and frequencies in Figure 2I.

(**C**) Number of activated (CD11a^{hi}, CD69$^+$, CD25$^+$) Vg1$^+$ or Vg1$^-$ gd T cells.

Relating to Figure 2(**C-D**), mice received 10^6 PbT-I and II cells one day prior to 5 x10^4 RAS and were culled at day 6 post-immunisation. Numbers of (**D**) PbT-I or (**E**) PbT-II cells recovered in the liver of B6 or *Tcrd$^{-/-}$* mice.

Data is pooled from (**A**) 2 independent experiments, (**C**) 4 independent experiments or (**D-E**) 3 independent experiments where n = 5-13 mice per group. Error bars indicate mean + SEM. p values were calculated on log-transformed data using a two-way ANOVA (**C**) or an unpaired t test (**D-E**). ****p<0.0001, ***p<0.001, **p<0.01, *p<0.05, ns=p>0.05.

Figure S3 – Related to Figure 3; Antigen presentation and CD40-CD40L signalling is intact in the absence of gd T cells.

10^6 CTV-labelled OVA-specific CD8$^+$ T (OT-I) cells were transferred into B6 or *Tcrd$^{-/-}$* mice one day prior to vaccination with 5 x10^4 RAS. Mice were culled on day 1, day 2, day 3 and day 6 after transfer.

(**A-C**) Representative FACS plots of the CD44$^+$ OT-I T cell compartment in the (**A**) liver-draining lymph-nodes, (**B**) liver, (**C**) inguinal lymph-node at the indicated time points.

(**D-F**) Numbers of proliferated (CTV^{low}) OT-I T cells in the (**D**) liver-draining lymph-nodes, (**E**) liver, (**F**) inguinal lymph-node of either B6 or *Tcrd$^{-/-}$* mice across the indicated time points.

(**G-I**) Frequency of CD69$^+$ CTV^{hi} OT-I T cells in the (**G**) liver-draining lymph-nodes, (**H**) liver, (**I**) inguinal lymph-node of either B6 or *Tcrd$^{-/-}$* mice across the indicated time points.

Data is pooled from 2 independent experiments with n = 3-7 mice. Error bars indicate mean + SEM. p values were calculated on log-transformed data using an unpaired t test. **p<0.01, *p<0.05

Figure S4 – Related to Figure 4; IL-4 is required for the CD8 T cell response to RAS vaccination.

(**A**) Experimental design for (**B**). Wild-type mice received 10^6 PbT-I cells and were vaccinated one day later with 5 x10^4 RAS. To determine the effect of blocking IL-4, mice were immunised with a-IL-4 (or isotype control) across 6 days beginning one day prior to RAS immunisation. 500 µg was administered per day for the first 3 days and then 200 µg for the final 3 days. Mice were culled 6 days after RAS vaccination.

(**B**) Numbers of PbT-I cells in the spleen of isotype control and a-IL-4 treated mice 6 days after RAS vaccination.

Data is pooled from 4 independent experiments where n=8-14 mice per group. Error bars indicate mean + SEM. p values were calculated on log-transformed data using an ordinary one-way ANOVA (**B**) or an unpaired t test (**C**). ****p<0.0001, ***p<0.001, **p<0.01, *p<0.05, ns=p>0.05.

Figure S5 – Related to Figure 5; CD8$^+$ T cells and dendritic cells respond directly to IL-4.

(A) Representative FACS plots showing cDC1 gating on live, MHC-II$^+$ CD11c$^+$ in the spleen of *Batf3$^{-/-}$* mice that received CRISPR-Cas9 edited pre-cDC1s (+sg*Cd19*, +sg*Il4ra*), or no pre-cDC1s (- transfer)

1047 **Supplementary Table 1 – Primers used for the generation of PbΔ*mei2* parasites**

Name	Gene	F/R	Sequence	Purpose
CJ472	mei2	F	TATAGGTACCGTATGGGAACATGCATATTATGTGG	Forward to amplify the 5' flank of mei2 ko primer KpnI
CJ473	mei2	R	CCAACCTAGGTATAGGCGCGCCTACAAAAGGAATATGGGGAATACACC	Reverse for 5' Flank with linker including PAM site
CJ474	mei2	F	AGGCGCGCCTATACCTAGGTTGGGGATGTTTATAAATAAAATAGTGTAAAATTCG	3' Flank fwd with PAM linker
CJ475	mei2	R	atatGAATTCCCTGTTTAGGTTTATTTTGTCATTTCAC	3' flank rev with *Eco*RI
CJ562	mei2	F	GGCATGATGCCGAATGCC	Outside 5' flank for genotyping
CJ563	mei2	R	CATGTGTACACACGATCATATGG	Inside excised region downstream of 5' flank. Absent in KO
CJ564	mei2	F	GATGACCCGAGTTGTGAAGG	Inside excised region upstream of 3' flank. Absent in KO
CJ565	mei2	R	GAATTTTGAATATATGATCATATCGCACG	Outside 3' flank for genotyping
CJ566	mei2	R	CTAGGTATAGGCGCGCC	Inside linker to detect KO
CJ567	mei2	F	GCGCCTATACCTAGGTTGG	Inside linker to detect KO
CJ595	mei2	F	GCCTATACCTAGGTTGGGG	Alternative fwd in linker region of **PbΔ*mei2*** for KO genotyping
Mei2 KO guide 28	mei2	F	tattCATGTGTACACACGATCATA	Guide for mei2
Mei2 KO guide 28	mei2	R	aaacTATGATCGTGTGTACACATG	Guide for mei2
Mei2 KO Guide 3	mei2	F	tattAATGATGACCCGAGTTGTGA	Guide for mei2
Mei2 KO Guide 3	mei2	R	aaacTCACAACTCGGGTCATCATT	Guide for mei2

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Figure 1

Figure 2

Figure 3

A C57Bl/6 Tcrd⁻/⁻ (δ⁻/⁻)

Nv d1 d2 d3 d6

CD69

Proliferation (CTV dilution)

B % CD69⁺ OT-I T cells / spleen — B6, δ⁻/⁻ — Day 1, Day 2, Day 3, Day 6

C # CD69⁺ OT-I T cells / spleen (x10⁴) — B6, δ⁻/⁻ — Day 1, Day 2, Day 3, Day 6

D # of proliferated OT-I T cells / spleen (x10⁵) — B6, δ⁻/⁻ — Day 1, Day 2, Day 3, Day 6 *

E 10⁶ PbT-I 5 x10⁴ RAS Cull — B6 Cd40l⁻/⁻ Tcrd⁻/⁻ (δ⁻/⁻)
10⁶ PbT-I ±10⁶ PbT-II 5 x10⁴ RAS Cull — Cd40l⁻/⁻ — d-1 d0 d6

F # PbT-I T cells / spleen (x10⁶) — B6, Cd40l⁻/⁻, Cd40l⁻/⁻, δ⁻/⁻
PbT-I + + + +
PbT-II - - + -

G γδ ?? CD4 CD40L CD40 cDC1

Figure 4

Figure 5

Figure 6

Figure 7