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Chlamydia trachomatis restricts signaling through NOD2 until late in the pathogen's developmental cycle.

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ABSTRACT

Pathogenic chlamydial species restrict their peptidoglycan (PG) to the division septum

of their replicative forms. PG is a microbe-associated molecular pattern (MAMP) and

two of its major pattern recognition receptors in human cells are nucleotide-binding

oligomerization domain-containing proteins 1 and 2 (NOD1 and NOD2, respectively). It

has been proposed that this unique morphological feature is evidence of

pathoadaptation by the microbe, permitting PG-dependent cell division while also

reducing the bacterium's recognition by innate immune receptors. *Chlamydia*

trachomatis-infected cells activate NOD1 signaling within 8-12 hours of exposure to the

bacterium, roughly coinciding with the microbe's transition from its infectious to

replicative forms. Here we report that, unlike NOD1 signaling, *Chlamydia*-induced

NOD2 signaling does not occur until later in the pathogen's developmental cycle. Both

C. trachomatis and the related murine pathogen *Chlamydia muridarum* signal late in

infection in HEK293 reporter cell lines expressing either human or murine-derived

NOD2 receptors. NOD2 signaling can be modulated by disruption of the chlamydial

amidase enzyme, AmiA$_{CT}$, interrupting the microbe's developmental cycle, and

treatment with inhibitors of lipooligosaccharide or peptidoglycan biosynthesis /

assembly. These results mirror prior observations with Chlamydia-induced TLR9

signaling, leading us to hypothesize that Chlamydia-induced NOD2 signaling results

from lytic events that occur sporadically during the transition between the pathogen's

developmental forms. Given our finding that pre-treating cells with NOD2-stimulatory

ligands reduces chlamydial inclusion size and delays the developmental cycle, we

47   hypothesize that the microbe preferentially degrades its PG during development to

48   reduce the generation of NOD2 ligands.

INTRODUCTION

Chlamydia trachomatis is the leading cause of bacterial sexually transmitted disease and infectious blindness in the world, with over 100 million estimated cases of sexually transmitted infection[1] and ~100 million people still at risk of trachoma-induced blindness[2]. This obligate, intracellular microbe has evolved a number of pathoadaptive means of circumventing the human immune system at the cellular level. Though this pathogen is susceptible to many commercial antibiotics, the estimated burden within the global population remains high due to the large majority of infections being asymptomatic[3,4], enabling the organism to spread in the absence of effective screening and treatment.

One of the adaptations made by chlamydial species to life inside of host organisms is the utilization of a biphasic developmental cycle[5]. Infectious forms, termed Elementary bodies (EBs) have reduced metabolic rates[6] and utilize lipooligosaccharide and gDNA with significantly reduced immunostimulatory properties[7-11]. Upon entering into host cells, chlamydial EBs transition into Reticulate bodies (RBs), and begin replicating via a unique cell division process[12] that is dependent on the synthesis and turnover of peptidoglycan (PG)[13-15]. In most other bacterial species, to include some chlamydial-related organisms[16], PG is a major component of the bacterial cell wall (termed a sacculus) that confers strength and rigidity to bacterial cells, while also allowing microbes to maintain or alter their overall shape[17-19]. Pathogenic chlamydial species lack sacculi, but synthesize PG at their division planes[13,15,20]. Paradoxically, because they lack FtsZ[21], the major organizer of septal PG in almost all bacterial species[22], they utilize the PG synthesis machinery primarily associated with sacculus

construction in other bacterial species[15,23-29]. While encoding two PG synthase

complexes primarily associated with either side-wall[30] or septal[31] PG biosynthesis, *C.*

trachomatis utilizes both to modulate the dimensions of its 'PG ring' during the initial and

terminal stages of its division process[32,33].

It has been proposed that the absence of PG sacculi in chlamydial species is

evidence of pathoadaptation by these organisms[13,15,34,35], due to PG being a major

immunostimulatory molecule that is recognized by a wide range of host cellular

receptors[36]. As PG is only present in the organism's replicative forms and in relatively

low abundance when compared to the amount required to generate sacculi, it stands to

reason that reducing the abundance of PG-derived muropeptides would directly impact

Chlamydia-host cell interaction(s). This hypothesis is supported in part by the

characterization of a rudimentary PG-recycling pathway encoded by *C. trachomatis* that

enables the reabsorption of meso-diaminopimelic acid (mDAP)– containing

muropeptides[37,38], further reducing its immunostimulatory profile.

The two most well-studied immunoreceptors for bacterial PG recognition are the

NOD-like receptors (NLRs) NOD1 and NOD2[39]. NOD1 recognizes PG-derived peptides

containing mDAP[40] while NOD2 primarily recognizes peptides containing N-

acetylmuramic acid (MurNAc), the principle component of NOD2 / CARD15 stimulatory

ligands[41]. While it has been over a decade since PG was first demonstrated to be

present in these organisms[13], the degree to which these receptors play a role during

Chlamydia infections is still in question[42]. Correlative studies examining patient cohorts

have noted an association between NOD1 functionality and bacterial clearance /

disease pathology[43,44] while a less robust association has been observed between

reduced NOD2 functionality and an increased risk of tubal pathology subsequent to

chlamydial infection[45]. Both receptors are expressed throughout the female reproductive

tract[46,47], with some evidence that expression of NOD2 (but not NOD1) is impacted by

phases of the menstrual cycle[48]. NOD1 induction has been demonstrated to have a

significant role in inducing inflammation in vitro[49-51], and murine studies have linked both

receptors to Endoplasmic Reticulum Stress-Induced Inflammation during chlamydial

infection and NOD1/2-deficient mice exhibit a reduction in clearance rates[52,53], though it

is presently unclear if these phenotypes are associated with ligand-dependent or ligand-

independent NOD1/2 signaling[54].

We have previously reported that PG can be visualized in cells infected with *C.*

trachomatis as early as 8 hours post-infection (hpi)[13], coinciding with the transition of

EBs to RBs and transcriptome data demonstrating the expression of chlamydial genes

associated with PG biosynthesis and turnover[55]. NOD1 signaling can be observed

within 24 hpi in cells infected with *C. trachomatis*, and we have previously demonstrated

that treatment with various antibiotics, metal chelators, and host cell cytokines can

impact the intensity of chlamydia-induced NOD1 signaling[56]. Interestingly, while NOD2-

stimulatory ligands have been reported to be present in lysates generated from

Chlamydia-infected cells[57], no signaling was observed 24 hpi when reporter cells were

infected directly, as noted by Packiam (personal communication, April 2014). Given our

recent work demonstrating that TLR9 signaling is delayed in Chlamydia-infected cells

and appears to be dependent on either bacterial lysis or transitioning between

chlamydial forms[9], we reasoned that this could potentially explain the discrepancy under

these two conditions. We set out to establish the dynamics of Chlamydia-induced NOD2

signaling, and determine what factor(s) impact its amplitude and temporal kinetics.

RESULTS

***Chlamydia trachomatis* signals via NOD2 late in the pathogen's developmental cycle.** We utilized a secreted embryonic alkaline phosphatase (SEAP) reporter system to compare the relative signaling of human (h)NOD1 and hNOD2 in cells infected with *C. trachomatis*. HEK-Blue cells stably express hNOD1 and hNOD2 and an NFκB-inducible SEAP reporter gene. By comparing SEAP levels present in cell supernatants between hNOD-expressing cells and cells lacking hNOD expression (Null1 and Null2 cells), NOD-specific signaling can be assessed between controls and a variety of experimental conditions. SEAP was detected in the supernatants of *C. trachomatis* infected cells at elevated levels at 24 and 44 hours post infection (hpi) for NOD1 (**Fig. 1A**), however, NOD2 signaling appeared to be delayed as SEAP was only present at appreciable levels in cell supernatants at 44 hpi (**Fig. 1B**). In order to more closely follow the kinetics of *C. trachomatis*-induced NOD2 signaling, we conducted real-time monitoring of SEAP levels present in cell supernatants, beginning at 18hpi. Infected cells were incubated in HEK-Blue Detection cell culture medium, allowing hydrolysis of substrate by SEAP to be measured via microplate reader every 10 minutes for 28 hours. We found that SEAP begins to accumulate at detectable levels ~19-20 hpi and that activity began to accelerate in a MOI-dependent manner at ~24 hpi (MOI ~2) and ~30 hpi (MOI ~0.2) (**Fig. 1C**). As these observations roughly overlap with the pathogen's transition from its replicative to infectious form, we concluded that NOD2 ligand release may be the result of *C. trachomatis* undergoing developmental form conversion.

Chlamydia-specific NOD2 signaling in HEK293 cells occurs as a result of developmental form conversion. We have previously reported that recognition of chlamydial species by TLR9 also occurs late in infection, and we proposed that chlamydial DNA is likely released due to random lytic events that occur during the transition from RBs to EBs[9]. To test whether interrupting the developmental cycle could prevent / dampen NOD2-stimulatory muropeptide release, we infected hNOD2 cells with *C. trachomatis*, and added chloramphenicol at various time points post infection to interrupt protein synthesis and subsequently prevent developmental form conversion. When protein synthesis was inhibited at 18 hpi, a time point prior to developmental form conversion[58], NOD2 signaling decreased, and slowly increased when chloramphenicol was added at later and later time points (**Fig. 2A**). By contrast, when chlamydial LOS biosynthesis was inhibited with the use of a LpxC inhibitor (LPC-011[59,60]), NOD2 signaling was significantly increased when higher MOIs were used **(Fig. 2B)**. This enhancement did not appear to significantly impact the timing of NOD2-ligand release, as signaling was only observed at the 44hpi time point and only when higher MOIs were used. These observations, in addition to the kinetics of Chlamydia-specific NOD2 signaling **(Fig 1C)**, support the premise that NOD2 ligand release from *C. trachomatis* is likely a result of developmental form conversion.

Knock-down of *amiA_{Ct}* impacts NOD2 signaling. Assuming that bacterial lysis is the cause for the release of NOD2-stimulatory ligands in Chlamydia-infected cells, it is not readily apparent why the release of Chlamydia-specific, NOD1-stimulatory ligands is not similarly impacted. As mentioned previously, *C. trachomatis* encodes a rudimentary

peptidoglycan recycling pathway that enables it to limit the amount of meso-DAP-

containing peptidoglycan fragment release into the intracellular environment[37,38],

however, to date no pathway for the recycling of anhydroMurNAc has been

characterized in any Chlamydia species.

We questioned whether the molecular process(es) of PG degradation employed

by the pathogen potentially influence its NLR stimulatory potential. *C. trachomatis* and

other *Chlamydia spp*. and chlamydia-related organisms make use of two separate

degradation enzymes in order to remodel their septal PG during the initiation and

termination of their division process: an amidase (AmiA) that cleaves the stem peptide

from MurNAc[61] and a lytic transglycosylase (SpoIID) that cleaves denuded glycan

strands[62]. MurNAc alone is a poor stimulator of NOD2 receptors, and most stimulatory

ligands require at least two amino acids of the PG stem peptide to be present, in the

correct spatial isomerism, in order for MurNAc to bind sufficiently well to result in a

signaling cascade[63]. We reasoned that under normal conditions inherent to the PG

turnover found in *Chlamydia* species, sufficient amidase activity would effectively

eliminate any and all amino acids attached to MurNAc, thus fundamentally skewing NLR

signaling towards NOD1 (which is mDAP-specific[40]) and away from NOD2.

In order to assess the impact of the chlamydial amidase on NOD2 signaling, we

utilized a previously characterized CRISPRi-knockdown approach[64] in order to gauge

how reducing amidase activity would impact NOD signaling in *C. trachomatis*-infected

cells. *C. trachomatis* strain -pL2 was transformed with either an empty plasmid; pLCria

(NT), a knockdown construct; pLCria (*amiA*), or a knockdown construct with a HIS-

tagged complementation allele; pLCria-amiA_6xHIS (amiA) (Dannenberg *et al*., in prep).

Each strain was then titered and used to infect hNOD2-expressing HEK293 reporter

cells under either native or inducing conditions. Counter to our initial hypothesis, the

transformant containing the AmiA knockdown plasmid appeared to exhibit slightly

enhanced baseline NOD2 signaling when compared to control strains, a trend that

reached statistical significance when higher MOIs were used (**Fig. 3A, left column**).

When the three strains were compared using the lower MOI, the AmiA knockdown

strain exhibited a significant ($p \leq 0.0001$) decrease in NOD2 signaling (**Fig. 3B, right**

column), a result that did not reach significance in either empty vector or

complementation control strains.

Inducers of persistence enhance Chlamydia-specific NOD2 signaling. Under

stress-inducing conditions, chlamydial species are capable of entering a state of

persistence in which their replicative forms stop dividing, and the developmental cycle

will effective pause until the stress-inducing condition is lifted, after which the microbe

will resume dividing and transition into its infectious form[65]. There is considerable

debate as to whether this aberrant / persistent state is physiologically relevant in the

context of active infections[65-71]. We have previously proposed that one of the defining

characteristics of this state should be the degree to which it impacts host-microbial

interactions at the cellular level[56]. Numerous studies have demonstrated that inducing

chlamydial persistence can directly impact the recognition of the organism by various

TLRs and NLRs[9,56,72,73]. Given that chlamydia-induced NOD1-signaling has been

demonstrated to be impacted in persistently infected cells[56], we reasoned that NOD2

would be similarly impacted. Upon the addition of D-cycloserine and ampicillin, which

respectively inhibit peptidoglycan precursor synthesis[74,75] and assembly[76], we found that

NOD2 signaling in *C. trachomatis*-infected cells was significantly enhanced **(Fig. 4)**. D-

cycloserine was particularly impactful, as NOD2 signaling was observed in DCS-treated,

C. trachomatis-infected cells as early as 24 hpi and was enhanced as well at later time

points **(Fig. 4A)**. When NOD2 signaling was tracked over the span of the chlamydial

developmental cycle, signaling from DCS-treated cells began diverging from control and

other treatment groups ~23-24 hpi, while ampicillin-treated cells diverged at ~38 hpi

(Fig. 4B). We also observed enhanced NOD2 signaling in cells that were treated with

the iron chelator 2,2′-bipyridyl. Overall, these results demonstrate that induction of

aberrance / persistence with the use of PG-targeting antibiotics and iron chelators can

significantly impact the degree and kinetics of chlamydia-induced NOD2 signaling.

Pre-treatment of NOD-expressing cells impacts the development of *C.*

***trachomatis*.** Given the difference in signaling kinetics observed between NOD1 and

NOD2-expressing HEK293 cells infected with *C. trachomatis* and *C. muridarum*, we

wanted to examine whether the resulting signaling cascades adversely impact the

growth / development of *C. trachomatis* under native expression conditions. We pre-

treated HepG2 cells, which have been previously shown to express both NOD1[77] and

NOD2[78], with ligands that stimulate NOD1 (L-Ala-γ-D-Glu-mDAP; Tri-DAP) or NOD2

(muramyl dipeptide; MDP) and subsequently infected them with *C. trachomatis* at an

MOI of ~4. At 24 hpi, we then fixed cells and labeled them with antiserum raised against

the chlamydial Major Outer Membrane Protein (MOMP). Inclusion numbers were

roughly equivalent between all control and test groups examined (data not shown),

indicating that NOD-stimulation did not appear to adversely impact inclusion formation.

When all MOMP-labeling data was assessed we found cells that were pretreated with

MDP prior to infection exhibited smaller inclusion sizes when compared to untreated,

Tri-DAP, and MDP + Tri-DAP-treated conditions **(Fig. 5)**. We repeated this assay in two

additional cell lines originally derived from cervical (C-33A) and uterine (SiHa) tissue

and found that all treatment groups reduced the average inclusion size at 24 hpi.

We subsequently utilized an inclusion-forming unit (IFU) assay to assess the

impact of pre-treatment with NOD1 and NOD2 stimulatory ligands on the chlamydial

developmental cycle. We examined the development of *C. trachomatis* L2 strain 434 Bu

in HepG2, C-33A, and SiHa cells by assessing the number of viable EBs recoverable at

various time points in the pathogen's developmental cycle. In HepG2 cells, we

recovered significantly fewer EBs 48 hours post-infection in the MDP-pretreated group,

but these differences were absent when IFUs were recovered at 72 hpi (**Fig. 6A**). We

observed similar results in both MDP pretreated C-33A ($p \leq 0.002$) and SiHa ($p \leq 0.17$)

cells **(Fig. 6B,C)** indicating that pre-treatment with PG-derived muropeptides delays

chlamydial development in multiple tissue culture cell lines.

Both hNOD2 and mNOD2 recognize C. trachomatis and C. muridarum-specific

muropeptides. To conclude this study, we set out to determine whether NOD2

signaling kinetics in Chlamydia-infected cells was unique to i) the human pathogen

and/or ii) the human NOD2 receptor. Subsequent experiments were carried out in

tandem comparing the NOD2-stimulatory potential of *C. trachomatis* with the murine

pathogen *Chlamydia muridarum*. We found that, like *C. trachomatis*, *C. muridarum-*

induced hNOD2 expression also appeared to exhibit delayed signaling (**Fig. 7A**).

Interestingly, *C. muridarum* also appeared to induce hNOD2 to a greater extent than *C.*

trachomatis. We hypothesized that this heightened signaling from *C. muridarum* might

be due to one of two factors: differences in the rates of replication between the two

pathogens[79] and / or differences in how each pathogen's PG was recognized by

hNOD2. To test these two non-exclusive possibilities, we replicated our signaling study

in HEK 293 cells expressing the murine version of the NOD2 receptor (mNOD2). Both

pathogens exhibited similar kinetics in mNOD2 signaling, with SEAP activity only

observable at the 44 hpi time point (**Fig. 7B**). Surprisingly, *C. trachomatis* induced

higher signaling than *C. muridarum* in mNOD2-expressing cells, potentially indicating

that species-specific recognition, rather than differences in bacterial replication rates, is

the driving force behind observed differences in NOD2 signaling between these two

species.

DISCUSSION

We have presented data indicating that NOD1 and NOD2 signaling in Chlamydia-infected cells is temporally distinct, and that the kinetics of signaling appear to be impacted by the mechanism(s) the organism utilizes to degrade its PG-derived muropeptides. While these differences appear to be significant, their potential impact on chlamydial development *in vitro* and *in vivo* is less clear. One potential impact of altering NLR signaling might be modulating signaling cascades in such a manner as to be beneficial to the pathogen. While NLRs are associated with upregulation of various cytokine responses[80], many of which are prevalent during chlamydial infections[81], one notable difference between NOD1/2 signaling involves a process of direct relevance to most intracellular pathogens: autophagy. NOD2$^{-/-}$ mice exhibit hypersensitivity to viruses as a result of defects in autophagy, specifically mitophagy, resulting in NLRP3 inflammasome activation and the generation of enhanced levels of IL-18[82]. Conversely, chlamydia-infected cells demonstrate the promotion of autophagy[83-85] and the inhibition of apoptosis[86-89]. While autophagy has been demonstrated to occur in Chlamydia-infected cells in culture, significant levels are generally not observable until later in chlamydial development[83] and defects in autophagy have been demonstrated to enhance chlamydial growth[84,85]. Given our observation that pre-treatment with NOD2-stimulatory ligands slows chlamydial development in multiple cell lines, we hypothesize that the delayed release of NOD2-stimulatory ligands by *C. trachomatis* represents a pathoadaptation by the microbe, potentially limiting cellular autophagy early in its developmental cycle.

NOD2 is generally thought to enhance cellular autophagy through ATG16L1 in a

PI3K, ATG5, and ATG7-dependent manner[90]. ATG16L1 has been shown to restrict the

expansion of the chlamydial inclusion, but is re-directed by the secreted chlamydial

protein CT622/TaiP to enable vesicular traffic to the inclusion[91]. Given that we see a

reduction in inclusion size in MDP pre-treated cells (Fig. 5), it is tempting to speculate

that NOD2 signaling impacts chlamydial development by recruiting the majority of

cellular ATG16L1 towards autophagy, thus leaving less free to be utilized by TaiP to

recruit vesicular traffic to the growing chlamydial inclusion. The regulation of NOD2-

stimulatory ligands by chlamydial species may also exhibit tissue-specific effects, as

MDP has recently been shown to increase oxidative respiration and ATP production

while decreasing oxidative stress in human intestinal epithelial cells[92]. Experiments

investigating these interesting possibilities are currently ongoing.

Many of our observations in this study mirrored those previously reported regarding

Chlamydia-induced TLR9 signaling[9]. Both *Chlamydia*-induced NOD2 and TLR9

signaling occur late in infection, can be significantly reduced if protein synthesis is

inhibited prior to phase conversion, and are significantly enhanced when infected cells

are treated with inhibitors of either PG or LOS biosynthesis. Given that PG and LOS

inhibitors are known to interrupt phase conversion and impact the integrity of the

bacterial membrane, we hypothesize that their presence results in an increase in

chlamydial lytic events, resulting in PG and gDNA release. The observation that *C.*

muridarum and *C. trachomatis* appear to differ in the intensity of their signaling in a

host-specific manner is another notable finding. While both hNOD2 and mNOD2

recognize MDP and both have similar downstream signaling pathways, some

differences have been observed such as the degree to which mutant alleles are capable

of suppressing IL-10 expression[93]. Species-specific differences have been noted for

other TLRs and NLRs with regard to their regulation, ligand specificity and function[94],

and differences in ligand specificity and sensitivity have been previously demonstrated

for both hNOD1 and mNOD1[95].

As persistence in *Chlamydia* species often leads to a disruption in membrane

integrity[96], we were not surprised by the finding that NOD2 levels increased significantly

as a result of persistence induction. Our observation of enhanced NOD2 signaling in

cells that were treated with the iron chelator 2,2′-bipyridyl was unexpected, as this

condition has previously been demonstrated to significantly reduce chlamydia-specific

NOD1 signaling at early infection time points[56]. The finding that DCS substantially

impacts not only the degree but also the timing of Chlamydia-specific NOD2 signaling

was particularly interesting. This observation matches those previously made

investigating Chlamydia-derived, NOD2-stimulatory ligands present in HeLa cell

lysates[57], indicating that the enhancement is not simply a result of the sonication steps

involved in preparing the material for evaluation. DCS is a D-alanine analog, originally

isolated from *Streptomyces*[97,98], and historically its mechanism of action has been

understood to be the result of it competitively binding to D-alanine racemase; Alr[75] and

D-alanine-D-alanine ligase; Ddl[99]. Chlamydia species lack canonical Alr and DadX

homologs, but encode GlyA enzymes capable of D-Ala racemase activity, which is also

inhibited by DCS[100]. The inactivation of these two enzymes should inhibit PG

biosynthesis. As chlamydial species do not encode MpaA homologs that would normally

function to hydrolyze γ-D-glutamyl-diaminopimelic acid[101], the result of treatment should

be the accumulation of UDP-MurNAc-L-Ala-D-Glu-*meso*-DAP (UDP-MTP) in the

chlamydial cytoplasm. While muramyl tripeptide (MTP) is not well recognized by

NOD2[95], the presence of a Uridine Diphosphate (UDP) carrier group in the PG

precursor molecule (UDP-MTP) substantially enhances its recognition by NOD2

receptors[102]. This would support the hypothesis that NOD2 signaling from DCS-treated

Chlamydia-infected cells is likely due to the release of PG-precursors (namely UDP-

MTP) by aberrant RBs. Given that UDP-MTP is normally localized to the bacterial

cytoplasm, this would appear to indicate that chlamydial RBs under these conditions are

undergoing appreciable levels of cellular lysis. Alternatively, it has been recently

suggested that DCS is capable of being utilized as a substrate by both L,D- and D,D-

transpeptidases and is capable of being incorporated into the stem peptide of PG at the

4th and 5th position, respectively[103]. It is presently unclear whether these DCS-containing

peptide stems are capable of being crosslinked, or whether their presence significantly

impacts immunorecognition by NLRs.

The chlamydial amidase $AmiA_{CT}$ appears to meaningfully impact Chlamydia-

induced NOD2 signaling (**Fig 3**). During PG turnover, $AmiA_{CT}$ cleaves stem peptides

from MurNAc[61], and only once this has occurred can lytic transglycosylases (ie.

$SpoIID_{CT}$) bind to and subsequently degrade the newly denuded PG glycan stands.

However, we have also shown that disruptions in chlamydial membrane integrity,

alterations in PG biosynthesis, and chlamydial lytic events that can occur during phase

conversion can all influence chlamydial-derived NOD2 signaling. The enhanced

background signaling and slightly enlarged RBs present in our uninduced, $AmiA_{CT}$

knockdown strain would appear to indicate low levels of dCAS9 expression. When

baseline NOD2 levels are equivalent between all three strains when using a lower MOI,

we see a significant decrease in NOD2 signaling upon induction specific to our

knockdown strain **(Fig. 3B)**. Assuming that SpoIID$_{CT}$ is unable to process glycan

strands prior to amidase activity, it is somewhat puzzling that the knockdown of amidase

activity would impact NOD2 activity. As we observe elevated NOD2 signaling at higher

MOIS and lower activity under induction conditions at lower MOIs, we speculate that

this data may represent different origins of NOD2-stimulatory ligands and potentially

support the hypothesis that PG fragments are not the principle NOD2-stimulatory

ligands being released by *C. trachomatis*. Given our DCS-treatment data (**Fig. 4**), we

conclude that PG-precursors that still retain their UDP carrier motif likely make up a

substantial portion of the NOD2-stimulatory ligands present in Chlamydia-infected cells,

though subsequent experimentation will be needed to further validate this.

While this study effectively demonstrates potential differences in the temporal

kinetics of Chlamydia-induced NOD1 and NOD2 signaling, it is important to point out

that these phenotypes will almost certainly differ in hematopoietic vs. non-hematopoietic

cell types. While *C. trachomatis* may effectively delay NOD2 signaling until late in

development by cleaving stem peptides during the natural PG degradative processes

associated with its division cycle, this may not significantly impact the production of

NOD2-stimulatory PG fragments generated by cellular responses to infection, such as

the potential degradation of RBs within lysosomal compartments within hematopoietic

cells **(Fig. 7)**. However, as only chlamydial RBs synthesize and maintain PG[13,15], its

availability for NOD1/2 interactions in immune cells would largely depend on the kinetics

of the pathogen trafficking to lysosomes. Given that the EB-to-RB transition occurs

roughly 8 to 12 hpi, this is presumably plenty of time for EB-containing vesicles to traffic

to lysosomes[104,105]. It is tempting to speculate that the origins of EB-to-RB transition

kinetics may have arisen, in part, as a means of dampening potential immune

responses generated in hematopoietic cells that are incompatible with chlamydial

replication and development. Alternatively, as the major NOD2-stimulatory ligand (MDP)

is a known activator of NALP3/NLRP3[106], its release during RB degradation could

contribute to neutrophil killing via NLRP3 inflammasome[107]. Work investigating how the

timing of inclusion-lysosomal fusion impacts these downstream processes in a cell-type

specific manner is currently under active investigation.

CONCLUSIONS

In this study, we demonstrate that chlamydia infection can be detected by both

NOD1 and NOD2 receptors *in vitro*, but that the kinetics of that signaling differs

significantly with NOD2 signaling lagging behind that of NOD1. Additionally, we

effectively demonstrate that the timing and intensity of NOD2 signaling can be impacted

by a variety of factors: chlamydial / host species, incidence of chlamydial lysis, the

relative activity of the chlamydial amidase enzyme, and the induction of aberrance /

'persistence' phenotypes. Our results strongly suggest that chlamydial PG precursors,

rather than degraded PG fragments, are the primary stimulators of NOD2. Given our

observations that pre-stimulating host cells with MDP delays chlamydial development

and NOD2's unique association with cellular autophagy induction, we reason that the

delay in NOD2-induction by chlamydial species directly benefits the development of

these obligate, intracellular pathogens.

MATERIALS AND METHODS

Reagents:

Anti-MOMP antisera (LS-C123239) was purchased from LSBio. LpxC inhibitor LPC-011

was graciously provided by Dr. Pei Zhou (Duke University). Muramyl dipeptide (MDP)

and L-Ala-γ-D-Glu-mDAP (Tri-DAP) were purchased from InvivoGen.

Bacterial Strains and Cell Lines:

C. trachomatis serovar L2 strain 434/Bu, *C. muridarum* strain Nigg, and *E. coli* strain

MG1655 were provided by Anthony Maurelli (University of Florida). *C. trachomatis* and

C. muridarum stocks were generated utilizing HeLa-USU cells (also provided by

Anthony Maurelli) unless otherwise noted. *C. trachomatis* strains -pL2 transformed with

pLCria (NT), pLCria (*amiA*), and pLCria-amiA_6xHIS (amiA) vectors were provided by

Scot Ouellette (University of Nebraska Medical Center) and are characterized in

Dannenberg *et al*. (manuscript in prep). Whole cell lysate ('crude') freezer stocks of *C.*

trachomatis and *C. muridarum* EBs were generated from HeLa cells 40 hours post

infection and stored at -80° C in sucrose phosphate glutamic acid buffer (7.5% w/v

sucrose, 17 mM Na_2HPO_4, 3 mM NaH_2PO_4, 5 mM L-glutamic acid, pH 7.4) until

use. Stocks were titered via inclusion forming unit (IFU) assay (described below). HEK-

Blue-hNOD1, -hNOD2, -mNOD2, and -Null1 cells were purchased from InvivoGen and

propagated according to the manufacturer's instructions. Cell lines were passaged in

high-glucose Dulbecco's modified Eagle medium (DMEM; Gibco) and 10% fetal bovine

serum (FBS; HyClone). HepG2 cells were purchased from ATCC and propagated

according to their instructions. All cell lines were checked for mycoplasma

contamination 2 passages after the initial liquid nitrogen thaw, and every subsequent 10

passages.

HEK-Blue hNOD2, mNOD2, Null1 and Null2 NF-κB reporter assay: HEK-Blue cells

expressing human or murine NOD2 and carrying the NF-κB SEAP (secreted embryonic

alkaline phosphatase) reporter gene (InvivoGen) were used according to the

manufacturer's instructions and adapted to assess NLR-specific NF-κB activity induced

via live *C. trachomatis* and *C. muridarum*. Briefly, 3×10^5 cells/ml were plated in 96-well

plates (total reaction volume of 200 µl per well [~6.0×10^4 cells per well]) and allowed to

settle/adhere overnight at 37°C. Media was then removed and replaced with 200 µl of

medium containing either *C. trachomatis* or *C. muridarum* (at the MOIs indicated) or

known NOD-stimulatory ligands (triDAP and MDP). For experiments examining the

impact of conditionally enhancing the developmental cycle of *Chlamydia* spp. on NOD

signaling, multiple MOIs were used. Plates were then centrifuged for 1 h at 2,000 × *g*

and subsequently incubated in a CO_2 incubator at 37°C. Cell supernatants were

collected at indicated time points for subsequent analysis of SEAP activity. A

colorimetric reporter assay was then utilized to quantify the abundance of SEAP in cell

supernatants. Twenty microliters of supernatant collected from infected cells was added

to 180 µl of the SEAP detection solution (InvivoGen), followed by incubation at 37°C for

~6 h. SEAP enzymatic activity was then quantified using a plate reader set to 650 nm.

Infected cells were compared to uninfected cells (negative control) and cells treated with

triDAP / MDP (positive controls). To ensure that changes in alkaline phosphatase

activity were NLR-dependent under each of the experimental conditions tested, all

experiments were carried out in parallel in either HEK-Blue-Null1 or HEK-Blue-Null2 cell

lines, which contains empty expression vectors but lack NOD1/2. Each HEK-Blue SEAP

reporter assays was always carried out in three separate experiments, statistical

analysis was conducted by either 1- or 2-way ANOVA, and significance values were

analyzed by utilizing Sidak's multiple-comparison test. For real-time tracking of NOD2

signaling, hNOD2 reporter cells were plated, and infected as described above, but

instead of DMEM / 10% FBS, cells were incubated in HEK-Blue Detection cell culture

medium. Plates were placed in a Stratus microplate reader (Cerillo), which itself was

placed in a CO_2 incubator at 37°C. OD650 readouts were obtained beginning at 18hpi

every 10 minutes for the subsequent 28 hours.

***C. trachomatis* Infections of HepG2, C-33A, and SiHa cells:** ~2.5 x 10^5 cells / mL

were spun down and resuspended in infection medium containing ~1x10^6 IFU of *C.*

trachomatis (MOI ~4). A MOI of 4 was used in order to maximize the number of

inclusions visible per field of view. 2.5 x 10^5 cells were then added to each well of a 24

well plate and placed in the incubator for 24 or 44 hours. For pre-stimulation

experiments, ~2.5 x 10^5 cells / mL were spun down and resuspended in infection

medium + / - 20 µg/mL triDAP, 20 µg/mL muramyl dipeptide (MDP), or 10 ug/mL of

each and incubated overnight at 37° C. The next morning, cells were spun down and

resuspended in infection medium containing ~1x10^6 IFU of *C. trachomatis* (MOI ~4), 2.5

x 10^5 cells were then added to each well of a 24 well plate and placed in the incubator

(at 37° C). Cells were then either fixed for inclusion visualization or lysed for the

enumeration of viable EBs via IFU assay.

Fluorescence Microscopy / MOMP-labeling: Briefly, HeLa cells were infected with *C.*

trachomatis L2 434/Bu as described above. A MOI of 4 was used, in order to ensure a

higher number of visible MOMP-containing objects within a single imaging field. At

indicated time points infection medium was removed, and cells were washed three

times with 1× PBS. Cells were fixed and permeabilized with methanol for 5 min and

gently washed three times with 1× PBS. Cells were then further permeabilized and

blocked as described above. Cells were then incubated with anti-MOMP (1:500) for 1

hour at room temperature, followed by several washes in 3% BSA, and subsequent

incubation with anti-goat conjugated antibodies (1:1000 Alexa594). For visualizing cell

nuclei, cells were incubated with Hoechst stain for ~10 min and then washed with 3%

BSA and 1× PBS. Coverslips were mounted on slides with ProLong gold antifade

mounting medium and stored in the dark at 4°C prior to imaging via structured-

illumination (Elyra PS.1) microscopy. For inclusion size measurements, imaging was

conducted on a Zeiss 980 confocal microscope. zStacks were acquired at random for

~10 fields of view per condition, and inclusion volume dimensions were calculated

utilizing the 3D object counter addon (ImagJ / Fiji).

Inclusion-forming Unit (IFU) Assay: Viable EBs were assessed as previously

described[9]. Briefly, 96-well tissue culture-treated plates were seeded 24 hours prior to

infection with ~40,000 cells per well. On the day of infections, bacterial suspensions

from crude cell lysates were thawed on ice, and serially diluted in DMEM / 10% FBS +

0.5 ug/mL cycloheximide. Spent media was removed from each well and 200 µl of each

chlamydia dilution was added to each well. Plates were then centrifuged at 3000 x g at

35° C for 1 hour, then incubated at 37° C with 5% CO_2 for an additional 23 hours. Cells

were then fixed with ice cold methanol for 10 minutes, washed with 3 x PBS, blocked

with 3% BSA for 1 hour, incubated with goat anti-MOMP (LSBio) for 1 hour at RT,

washed 3 x with PBS, incubated with donkey anti-goat Alexa Fluor 488 (Invivogen) for 1

hour at RT, and washed 3 x with PBS. Plates were then examined under an

epifluorescence microscope (Olympus) within 24 hours. Total inclusion forming units

(IFU) were calculated by counting the number of visible inclusions for 10 different

imaging fields (per condition) using the 40x objective.

Data Availability: All data generated in this manuscript will be made available without

restriction upon request. This includes all super resolution imaging data, all reporter cell

line SEAP data, and chlamydial IFU calculations.

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AUTHOR CONTRIBUTIONS

Conceptualization and Design, IL, BH, GL; Data Curation and Formal analysis, GO, IL,

ZW, SD, AD, and GL; Investigation, Methodology, Validation, Visualization, IL, AD, GO,

ZW, JB, and GL, Writing – original draft, GL; Writing – review & editing, GO, IL, ZW, SD,

JB, BH, and GL; Funding acquisition, Project administration and Supervision, BH and

GL. All authors read and approved the final manuscript.

535 DECLARATION OF INTERESTS

536   The authors declare that no competing interests exist.

FIGURE LEGENDS

Figure 1. *Chlamydia trachomatis* signals via NOD2 late in the pathogen's developmental cycle. SEAP activity was measured from the supernatants of hNOD1 **(A)** and hNOD2 **(B)** and Null1/2 HEK 293 reporter cells infected with *C. trachomatis* serovar L2 (strain Bu/434) at 24 and 44 hpi. Data points represent separate, biological replicates, with lines delineating the mean and error bars representing the standard error of the mean. Groups were compared via one-way ANOVA with multiple comparisons. ****; $p \leq 0.0001$, ns; not significant. **(C)** SEAP activity was measured in the supernatants of infected NOD2-expressing HEK 293 reporter cells grown in HEK-Blue™ Detection media. OD_{650} values for each well were assessed every ten minutes beginning at 18 hpi, and values plotted are relative to mock infected control wells on the same plate. Data is representative of three wells per condition on the same plate (technical replicates). Positive control (muramyl dipeptide; MDP) was added to control wells at 18 hpi.

Figure 2. Chlamydia-specific NOD2 signaling in HEK293 cells occurs as a result of developmental form conversion. (A) *C. trachomatis*-infected hNOD2-HEK293 reporter cells were treated with chloramphenicol (25 ug/mL; Cam_{25}) at the time points indicated and SEAP activity was measured at 44hpi. **(B,C)** The effects of the LOS inhibitor LPC-011 on *C. trachomatis*-induced NOD2 signaling at 24 **(B)** and 44 **(C)** hpi. Data points represent three independent, biological replicates and error bars represent standard error of the mean. Groups were compared via two-way ANOVA with multiple comparisons. ****; $p \leq 0.0001$, **; $p \leq 0.01$, *; $p \leq 0.05$, ns, not significant.

Figure 3. Knockdown of *amiA*ct impacts NOD2 signaling at lower MOIs. hNOD2-expressing HEK293 SEAP reporter cells were infected with *C. trachomatis* strains at MOIs of 2 and 0.2 containing either pLCria (NT), pLCria (*aimA*), or pLCria-amiA_6xHIS (*amiA*). Infections were carried out in the presence / absence of 1nM aTc and supernatants were tested for the presence for SEAP activity 48 hpi. Data points represent three biological replicates, lines indicate the mean of those replicates, and error bars represent standard error of the mean. Groups were compared via two-way ANOVA with multiple comparisons. ****; $p \leq 0.0001$, ns, not significant. Data are presented as comparisons between strains **(A)** and between conditions **(B)**.

Figure 4. Inducers of persistence enhance Chlamydia-specific NOD2 signaling. **(A)** SEAP activity was measured from the supernatants of hNOD2 and Null2 HEK 293 reporter cells infected with *C. trachomatis* serovar L2 (strain Bu/434) in the presence / absence of antibiotics that target the assembly (ampicillin) and biosynthesis (D-cycloserine; DCS) of peptidoglycan at 24 and 44 hpi. Data points indicate individual biological replicates, lines delineate the mean of those replicates, and error bars represent standard error of the mean. Groups were compared via two-way ANOVA with multiple comparisons. ****; $p \leq 0.0001$, **; $p \leq 0.01$, *; $p \leq 0.05$, ns; not significant. **(B)** SEAP activity was measured in the supernatants of infected NOD2-expressing HEK 293 reporter cells grown in HEK-Blue™ Detection media in the presence / absence of peptidoglycan-targeting antibiotics (ampicillin, DCS), and the iron-chelator 2'2 bipyridyl. OD_{650} values for each well were assessed every ten minutes beginning at 18 hpi, and

values plotted are relative to mock infected control wells on the same plate. Data is

representative of three technical replicates per group.

Figure 5. Pre-treatment with NOD1- and NOD2-stimulatory ligands prior to

infection with *C. trachomatis* significantly impacts inclusion size in NLR-

expressing cell lines. HepG2, C-33A, and SiHa cells were pretreated with Tri-DAP,

muramyl dipeptide (MDP), or both, prior to infection with *C. trachomatis* L2 strain

Bu/434. At 24 hpi, cells were fixed, inclusions were labeled, counted, and measured.

zStacks of MOMP-labeled objects were obtained from a Zeiss 700 confocal microscope

and approximate volume measurements were calculated for all inclusions present within

10 imaging fields. Data presented represent all MOMP-labeled objects counted resulting

in inclusions > 20 μm^3; 3 μm across with red lines indicating the mean of each group

within a dataset. Significance was assessed via 1-way ANOVA with multiple

comparisons. ****; $p \leq 0.0001$, ***; $p \leq 0.001$, *; $p \leq 0.05$, ns; not significant.

Figure 6. Pre-treatment with NOD2-stimulatory ligands delays the development of

***C. trachomatis* in NLR-expressing cell lines.** HepG2 **(A)**, C-33A **(B)**, and SiHa **(C)**

cells were either left untreated or pre-treated with the NOD1-stimulatory ligand Tri-DAP,

the NOD2-stimulatory ligand MDP, or both Tri-DAP and MDP. After 24 hours, cells were

infected with *C. trachomatis* and the development of infectious EBs was assessed at the

indicated time points (30, 48, and 72 hpi). Lines delineate the mean of 3 separate

biological replicates with each replicate displayed as a colored dot. Significance was

assessed via 1-way ANOVA with multiple comparisons. **; $p \leq 0.01$, *; $p \leq 0.05$, ns; not

significant.

Figure 7. Both hNOD2 and mNOD2 recognize *C. trachomatis* and *C. muridarum*-

specific muropeptides. SEAP activity was measured from the supernatants of hNOD2

(A), mNOD2 **(B)**, and Null2 HEK 293 reporter cells infected with *C. trachomatis* serovar

L2 (strain Bu/434) at 24 and 44 hpi. Data points represent separate, biological

replicates, lines delineate the mean, and error bars represent standard error of the

mean. Groups were compared via one-way ANOVA with multiple comparisons. ****; $p \leq$

0.0001, ***; $p \leq 0.001$, **; $p \leq 0.01$, *; $p \leq 0.05$, ns, not significant.

Figure 8. NOD2 signaling as a function of chlamydial lysis during the

developmental cycle and 'persistence'. (A) During normal developmental conditions,

the chlamydial inclusion avoids fusing with lysosomal compartments in the host cell.

After RB conversion, the degradation of PG by $AmiA_{CT}$ during chlamydial replication

results in the release of NOD1-stimulatory peptides. Lytic events triggered by

developmental form conversion or 'persistence' inducers result in the release of partially

degraded PG as well as PG precursors, which activate NOD2 signaling. **(B)** In cases

were the chlamydial inclusion fuses with lysosomes (such as in phagocytic cells) at later

timepoints in the microbe's developmental cycle (> 8 hpi), we hypothesize that RBs are

degraded and NOD2-stimulatory ligands released at a higher abundance, potentially

leading to alterations in inflammasome activation.

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943

A

B

A

B

- ■ MDP (1ug/mL)
- ▲ *Ct* pLCria (NT)
- ▼ *Ct* pLCria (amiA)
- ◆ *Ct* pLCRia-amiA_6xH (amiA)

A

24 hpi

44 hpi

■ mock
▼ Ampicilin (1ug / mL)
◆ DCS (30ng / mL)

B

■ *Ct* (MOI ~2)
▼ *Ct* Ampicillin (1 μg/mL)
◆ *Ct* DCS (30 μg/mL)
● *Ct* 2' 2' bipyridyl (100 μg/mL)

A

B

A

Elementary body
Reticulate body
triDAP (NOD1)
MDP (NOD2)

Host cell lysis

Receptor

T3SS

Extrusion

RB conversion
(~8 hpi)
Initiation of
NOD1 signaling

EB conversion
(~24 hpi)
Initiation of
NOD2 signaling

Lysosome

AB formation
Early lytic
events lead to
NOD2 signaling

Autophagy ?
ATP synthase ?
ROS reduction ?

B

Lysosomal
fusion with RB-
containing
Inclusions

RB degradation
leading to MDP /
UDP-MD(T)P
release

Autophagy ?
Inflammasome
activation ?
Neutrophil killing?