Title: Atlas of innate immune responses to experimental cholera and IL22 treatment demonstrates protection by mucus-secreting cells

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Abstract: The diarrheal disease cholera remains a global threat. However, knowledge of the innate immune defenses in the small intestine that protect against the causative agent, *Vibrio cholerae,* is limited. Here, single-cell RNA-sequencing of epithelial and immune cells mapped gene expression patterns in the infant mouse small intestine and revealed changes in response to *V. cholerae* infection and treatment with an IL22 Fc-fusion protein. Infection increased the abundance of an enterocyte subtype that highly expressed defense-associated functions and stimulated production of IL22, a cytokine linked to epithelial integrity, from group 3 innate lymphoid cells. Administration of IL22Fc increased production of vibriocidal Reg3β from enterocytes and the abundance of secretory lineage and Muc2-producing goblet cells, which secreted mucus into the intestinal crypts, impairing *V. cholerae* association with the epithelium. These IL22-mediated responses limited *V. cholerae* intestinal colonization and protected mice from diarrhea and death. These observations suggest enterocyte specialization in mucosal defense, identify mechanisms of IL22-mediated protection, and point to host-directed approaches for cholera therapeutics.

Main Text:

Introduction

      Vibrio cholerae, the cholera pathogen, infects several million people and causes tens of thousands of deaths annually, particularly in low- and middle-income countries in south Asia and Africa[1]. Cholera patients can lose many liters of diarrheal fluid within hours and die from dehydration without proper treatment[2]. *V. cholerae* is a curved, highly motile Gram-negative rod that associates with the epithelium of the human small intestine (SI), the site of colonization. Various *V. cholerae* genes and processes, including its Tcp pilus along with flagellar-based motility are important for intestinal colonization[3]. While replicating along the epithelium, the pathogen secretes cholera toxin, whose activities largely account for the secretory diarrhea characteristic of cholera.

      Knowledge of adaptive immune responses to natural and experimental *V. cholerae* infection in humans has expanded in recent years[4]. Infection leads to the generation of protective antibody responses that can limit intestinal colonization and diarrhea[5]. However, despite more than a century of studies of cholera pathogenesis[6–8], the comprehensive understanding of epithelial and innate immune responses to *V. cholerae* infection in the small intestine is fairly limited, though human biopsy studies have suggested roles for neutrophil infiltration, and elevated abundance of inflammation-associated and antimicrobial proteins including TNF, IL1β, IL23, lactoferrin, LPLUNC1 and defensin[6–11]. Epithelial cells represent a critical barrier preventing pathogens or commensal bacteria from entering host tissues, and these cells produce physical (e.g., mucus) and chemical (e.g., reactive oxygen species, antimicrobial peptides) obstacles that impede microbial invasion of deeper tissues[6]; epithelial cells also initiate immune responses when the epithelial barrier is compromised[12]. In cholera naïve individuals, such innate responses are likely to be critical determinants of survival given that severe cholera can kill infected individuals within a day of infection, before adaptive immune responses are generated[2].

      Modeling human pathogenesis, *V. cholerae* robustly colonizes the small intestine (SI) of infant mice without antibiotic pre-treatment. Furthermore, colonization of the infant mouse SI depends on the Tcp pathogenicity island, as is the case in humans[13]. Here, we characterized intestinal epithelial and immune cell responses to *V. cholerae* infection in infant mice using single-cell RNA sequencing (scRNA-seq). Our findings uncover patterns of mucosal innate defense and reveal that IL22 therapy shifts stem cell differentiation of intestinal stem cell daughters toward the secretory lineage, which protects against infection by impairing pathogen association with the epithelium. These findings could point to new approaches for cholera treatment.

Results

***V. cholerae* infection triggers antimicrobial responses in intestinal epithelial cells**

      scRNA-seq analysis of epithelial cells harvested from the SI of postnatal day 5 (P5) infant mice revealed 15 cell clusters, including various enterocyte subtypes, goblet cells, and enteroendocrine cells (Fig. 1ab, Extended Data Fig. 1ab, Supplementary Table 1). The expression profiles in the 11 enterocyte clusters and stem cells likely distinguish where they are located along the crypt-villus axis[13] (Extended Data Fig. 1c). However, Paneth and tuft cells

were not detected (Extended Data Fig. 1d), revealing the developmental immaturity of the
epithelial defense system in P5 mice[14].
V. cholerae infection altered the transcriptional profiles in nearly all clusters of SI
epithelial cells, particularly in the distal SI, where the pathogen burden is 10-100x greater than in
the proximal SI[15] (Extended Data Fig. 2a, Supplementary Table 2, 3). Pathway analyses showed
prominent upregulation of inflammatory signaling and hypoxia pathways across almost all
epithelial cell clusters (Fig. 1cd, Extended Data Fig. 2b). There were also cell type-specific
infection-induced perturbations, such as in metabolic pathways (Fig. 1d, Extended Data Fig. 2c),
suggesting that infection stimulates distinct regulatory networks across epithelial cell types; for
example, stem cells exhibited prominent increases in expression of genes linked to the MYC
pathway, suggesting that infection triggers stem cell proliferation (Extended Data Fig. 2d).
Highly induced genes in stem cells were generally different than those in most enterocyte
populations and goblet cells (Fig. 1c, Extended Data Fig. 2e).
There were minimal differences in the relative abundances of epithelial clusters in the
proximal SI in control vs infected animals (Extended Data Fig. 1b, 2f). In contrast, there was a
marked increase in the abundance (12.6-fold) of cluster 5 enterocytes in the distal SI of infected
animals (Fig. 1b, e). Cluster 5 enterocytes expressed the Reg3β and Reg3γ antimicrobial peptide
genes even in the absence of infection (Extended Data Fig 3a), suggesting that this epithelial
subset is specialized for defense against infection. With infection, cluster 5 enterocyte highly
expressed genes classed as defense responses, including *Il18*, as well as genes encoding
fibrinogen proteins, *Fga* and *Fgb*, which are traditionally associated with clotting[16] (Fig. 1f,
Extended Data Fig 3a). In contrast, infection was associated with reduced expression of several
metabolic pathways in this enterocyte subset (Extended Data Fig. 2c). Single molecule RNA
FISH using probes for cluster 5 marker genes confirmed that these cells were found in the
epithelium and that their abundance increased with infection; cluster 5 enterocytes were
primarily located toward the base of the villus (Fig 1g and Extended Data Fig 3b), the site where
V. cholerae primarily localizes as well[15].
We conducted lineage tracing to investigate whether the infection-associated increase in
abundance of cluster 5 enterocytes arose from Lgr5+ stem cells during the 20-hour infection
period or from enterocytes already present on villi. Lgr5$^{Cre(ER-T2)}$/ Rosa26R$^{LSL-TdTomato}$ animals,
which express a Lgr5-dependent tamoxifen-inducible tdTomato, were infected with *V. cholerae*.
After 20 hours of infection, only 0.2 % of cluster 5 (*Sult6b2*+) cells were tdTomato+ (Fig. 1h-j).
To test whether cluster 5 cells were derived from transient amplifying cells or had themselves
expanded, we administered the S-phase reagent EdU at the time of infection or 2 hours before
tissue harvest. When tissues were examined, only 5.2 % or 0.8 % of cluster 5 (*Sult6b2*+) cells
were EdU+ when this reagent was administered at the time of infection or 2 hours prior to tissue
sampling respectively (Extended Data Fig. 3c-e). Together these findings indicate that the
infection-associated expansion of cluster 5 enterocytes originates from another enterocyte
population and did not differentiate from stem cells, or self-amplify in response to the infection.
Moreover, RNA velocity analysis of our scRNA-seq data corroborated this idea, predicting that
cluster 5 cells originated from Lgr5⁻negative, MKi67-negative cells (Extended Data Fig. 3f), and
buttressing the conclusion that the majority of cluster 5 cells originate from another subset of
enterocytes.
Infection stimulated increased expression of *Reg3b* and *Reg3g* in all the epithelial cell
clusters in the distal SI (Extended Data Fig 3a). Immunostaining established that Reg3β is highly
expressed in epithelial cells towards the upper crypt and middle section of villi in infected

animals (Fig. 1k, Extended Data Fig 3g). Moreover, Reg3β staining was often colocalized with
V. cholerae microcolonies found on the epithelial surface (Fig.1k-m, Extended Data Fig 3g),
suggesting that this lectin is secreted and bound to the pathogen during infection. Together, these
analyses reveal that *V. cholerae* infection can shifts the functions of enterocytes towards defense
both by reprogramming gene expression in many enterocyte populations and by increasing the
abundance of a distinct, defense-associated subset (cluster 5).

V. cholerae infection stimulates IL22 expression in type 3 innate lymphoid cells

Crosstalk between epithelial and immune cells found in the SI lamina propria plays a key
role in host protection against enteric bacterial infection[12,17]. We also carried out scRNA-seq
analysis of CD45+ immune cells isolated from the SI lamina propria of control and *V. cholerae*-
infected P5 infant mice. Cell cluster analysis based on marker gene expression revealed 32
clusters in both the proximal and distal SI (Fig. 2a, Extended Data Fig. 4a-c, Supplementary
Table 1). The cell types previously observed in adult animals[18] were also detectable in the SI of
P5 neonates with the exception of plasma cells (Extended Data Fig. 4d). As observed for
epithelial cell responses, there were more differentially expressed genes in the CD45+ cells
isolated from the distal vs. proximal SI and considerable variability in infection-induced changes
in gene expression among cell clusters (Fig. 2b, Extended Data Fig. 5a, Supplementary Table 4,
5). Pathway analysis revealed that, in contrast to scRNA-seq studies in *V. cholerae*-infected
zebra fish, where the pathogen reduced interferon signaling in the intestine[19], interferon response
pathway genes were prominently induced in B and T cells, which express the receptors for Type
I (α and β) and II (γ) interferon, *Ifnar1/Ifnar2* and *Ifngr1/Ifngr2* respectively, while innate
lymphoid cells responded to pro-inflammatory IL17, IL23 signaling but not to interferons (Fig.
2b-d, Extended Data Fig. 5bc). NK cells may be the source of interferon gamma (Extended Data
Fig. 5c), but producer(s) of Type I and III (λ) interferon were not apparent.
Differential expressed gene (DEG) analyses uncovered that gene expression patterns in
Type 3 LTi-like innate lymphoid cell (LTi-like ILC3) are prominently altered by infection (Fig.
2b). Cell-cell communication inference[20] was used to identify potential signaling between lamina
propria LTi-like ILC3 and epithelial cells. Several pathways were inferred, including IL22-
IL22ra1/IL10rb signaling from LTi-like ILC3 to epithelial cells (Fig. 2e). We focused additional
analyses on IL22 signaling because this cytokine was highly up-regulated by *V. cholerae*
infection (> 16-fold increase, adjusted p-value 3.24×10^{-38}) (Supplementary Table. 5) and is
known to promote epithelial barrier integrity[21–25]. Flow cytometry analysis and whole mount
staining corroborated the increased number of IL22+ cells, which were primarily ILCs and not
γδT cells and found in the lamina propria and among intraepithelial lymphocytes (IEL) (Fig. 2fg,
Extended Data Fig. 5d). Quantitative PCR analysis with IL22 knockout animals confirmed that
V. cholerae infection-induced expression of *Reg3b* and *Reg3g* depends on IL22 signaling
(Extended Data Fig. 5e), as observed in studies with other enteric pathogens [22,26]. Furthermore,
cluster 5 enterocyte marker genes induced by *V. cholerae* infection (Fig. 1g, Extended Data Fig.
3a) were not induced in IL22 knockout mice (Fig. 2h), suggesting that IL22 signaling promotes
the generation of this defense-associated enterocyte subset.
Thus, similar to epithelial cell responses, transcriptional responses to *V. cholerae*
infection in lamina propria immune cells were cell type-specific and more pronounced in the
distal SI. Also, among lamina propria innate immune cells, increased ILC3 expression of
regulatory cytokines, including IL22, was notable.

Il22 protects infant mice from *V. cholerae* intestinal colonization and diarrhea

Since IL22 has been linked to intestinal defense[21–25] and transcriptional profiling suggested that *V. cholerae* infection stimulates an IL22-based signaling axis between lamina propria ILC3 cells and the epithelium, we investigated whether this cytokine could impact the course of *V. cholerae* infection in suckling mice. Because of the low expression of IL22 in very young animals[27], we speculated that the administration of exogenous IL22 could change the outcome of *V. cholerae* infection in P5 animals. Infant animals were given two doses of an IL22Fc protein[28] at 24 and 0 hours before challenge with *V. cholerae* (Fig. 3a). This prophylactic regimen of IL22Fc administration markedly decreased the *V. cholerae* burden in both the proximal and distal SI (Fig 3b, Extended Data Fig. 6ab). In contrast, administration of recombinant Il17a or Il17f, which were also activated in LTi-ILC3 by *V. cholerae* infection, or Ifnβ or Ifnγ, whose receptor downstream signaling was activated in T, B and myeloid cells (Fig. 2cd, Extended Data Fig. 5b), did not influence *V. cholerae* colonization (Extended Data Fig. 6a-d).

A bacterial-barcoding strategy was used to determine whether IL22-treatment strengthens the initial bottleneck that limits *V. cholerae* colonization and/or prevents subsequent replication. Amplicon sequencing and the STAMPR analytic pipeline monitor the diversity of otherwise isogenic barcoded bacteria to quantify the number of cells that survive colonization bottlenecks to initiate infection, referred to as the 'founding population'[29]. STAMPR revealed that both the founding population (Ns) and net replication (CFU/Ns) in the distal SI were reduced in treated animals (Fig. 3cd). These results suggest that IL22Fc both limits net replication and tightens the host bottleneck, restricting the number of niches in the distal SI that are permissive for *V. cholerae* replication or killing cells before they become founders.

When *V. cholerae*-infected animals are left with a dam and monitored for survival, they develop diarrhea, lose weight, and generally die within 60 hours (Fig. 3e-g). In marked contrast, in animals treated with IL22Fc, no weight loss, diarrhea, or death was observed (Fig. 3e-g). In fact, the treated mice gained weight and at 60 hours had either entirely cleared *V. cholerae* or had dramatically lower pathogen burdens than observed in the moribund control animals (Fig. 3h). Only a single dose of IL22Fc 24 or 48 hours before infection was sufficient to impair *V. cholerae* colonization (Extended Data Fig. 6ab), while IL22Fc treatment 5 days prior to infection had limited effect (Extended Data Fig. 6e). Administration of IL22Fc 5 hours post *V. cholerae* infection was sufficient to sustain the body weight of infant mice and prolong their survival, suggesting that this treatment could be beneficial even after infection (Extended Data Fig. 6fg). Together, these findings suggest that IL22 may have clinical value in preventing or even treating cholera.

We also tested whether prophylactic IL22Fc could reduce the colonization of other enteric pathogens in infant mice. IL22Fc markedly limited *Citrobacter rodentium* colonization in the SI and colon (Extended Data Fig.6h). However, IL22Fc administration only led to a modest reduction in *Salmonella enterica* serovar Typhimurium intestinal colonization and did not reduce the pathogen burden in the liver or spleen (Extended Data Fig.6i), suggesting that the treatment did not influence pathogen dissemination. These results suggest that IL22Fc treatment is potent at impairing the intestinal colonization of extracellular pathogens in infant animals.

Elevated requirement for *V. cholerae* motility in IL22 treated animals

To understand how IL22Fc-treatment alters the SI milieu, we compared *V. cholerae's* genetic requirements for intestinal colonization in IL22Fc-treated and control mice using a transposon insertion site sequencing (Tn-seq) screen (Fig. 4a). In this genome-scale bacterial loss of function screen, comparisons of the abundances of transposon insertions in genes in the inoculum (input) to plated intestinal homogenates (output) are used to infer the genetic requirements for growth *in vivo*; reductions in the abundance of insertions in a gene in the output sample relative to the input suggests the gene promotes growth in the intestine. As expected, transposon insertions in genes encoding essential colonization factors, such as genes required for the biogenesis of the toxin-coregulated pilus (Tcp), were similarly depleted (compared to the inoculum) in both IL22Fc-treated and vehicle (PBS)-treated animals (Fig. 4b and Supplementary Table 6). In contrast, insertions in genes depleted more in IL22Fc-treated vs control animals compared to the inoculum represent genes that are more important for intestinal colonization in the IL22Fc-treated host. Notably, the relative depletion of insertions in 22 genes related to motility were 4-32x greater in IL22Fc-treated vs control animals (Fig 4b,c and Extended Data Table. 1), suggesting that motility is more important for *V. cholerae* colonization in IL22Fc-treated animals. Non-motile strains with deletions in genes important for flagellar assembly (*fliI* and *flgD*) and flagellar-based motility (*motB*)[30] were created, and competition assays against wild-type strains corroborated the heightened importance of motility in IL22Fc-treated mice (Fig. 4d). We hypothesized that the increased importance of motility for colonization in the IL22Fc-treated mice reflects the role of motility in *in vivo* pathogen localization. Consistent with this idea, the fraction of luminal vs tissue-associated *V. cholerae* (Fig. 4e,f) was ~86x greater in the IL22Fc-treated mice, demonstrating that IL22Fc treatment alters the intestine in a manner that impedes the pathogen from reaching the epithelial surface. In fact, it was difficult to detect fluorescently tagged *V. cholerae* closely associated with the epithelium in the crypts of treated mice (Fig. 4g). Together, these observations suggest that at least in part, IL22Fc treatment restricts *V. cholerae* colonization by limiting the pathogen's access to the epithelial surface.

IL22 administration modifies the gene expression profiles and cellular composition of the SI epithelium

Treatment with IL22Fc significantly increased the length of the SI, but not the colon, without impacting the pups' body weight (Extended Data Fig. 7a-c), suggesting that this cytokine modifies the development of the SI. 36 hours after IL22Fc administration, scRNA-seq of the SI epithelium revealed a marked increase in the abundance of cluster 3 and 9 cells (Fig 5a,b, Supplementary Table 1). Moreover, IL22Fc treatment stimulated changes in the transcriptomes of all types of epithelial cells in the distal SI (Extended Data Fig. 7d). Unexpectedly, IL22Fc treatment reduced the expression of more genes than it increased in 13 of 14 clusters (Extended Data Fig. 7d, Supplementary Table 7). There was a trend toward reduced expression of genes linked to lipid and sugar metabolism pathways as well as cell cycle genes in enterocytes of IL22-treated mice (Extended Data Fig. 7e-g), consistent with previous studies that elucidated a role of IL22 signaling in metabolism[31]. For some genes, IL22Fc administration induced changes in all cell types (e.g. increased expression of antimicrobial peptides) and in other cell subsets gene expression changes were more specific. For example, this treatment only stimulated expression of pathways associated with cell cycle (Mitosis, E2F, and MYC Target) in stem cells (Extended Data Fig. 7e). We confirmed stem cell proliferation in IL22Fc-treated animals with EdU staining (Extended Data Fig. 7h-j), as reported[32]. Notably, in most enterocyte clusters, genes highly expressed in cluster 5 enterocytes from *V. cholerae* infected animals were

264 prominently upregulated by IL22Fc-treatment (Fig. 5c), suggesting that IL22 reprograms
265 enterocytes to promote epithelial defense.
266
IL22 induces expression of vibriocidal *Reg3b*
Among upregulated genes, pathway analysis revealed that IL22Fc increased expression
of genes linked to synthesis of antimicrobial peptides in all epithelial populations (Extended Data
Fig. 8a). *Reg3b* and *Reg3g* were among the most highly induced genes by Il22Fc treatment
(Extended Data Fig. 8a); IL22Fc-treatment markedly elevated expression of *Reg3b* and *Reg3g*
10,000-fold compared to untreated animals, and in treated mice there was no further increase in
expression of these antimicrobial proteins (Extended Data Fig. 8b). The elevated expression of
these antimicrobial proteins, which was also associated with IL22Fc treatment in a study of the
colonic pathogen *Citrobacter rodentium* in adult mice[22], along with *Defa24*, likely explains why
antimicrobial pathways were one of the enriched pathways associated with this treatment in all
clusters (Extended Data Fig. 8ab). However, proteomic analysis of mucosal washes from control
and IL22Fc-treated animals only identifed abundant Reg3β in treated animals, whereas Reg3γ,
Defa17 and Defa24 were not identified (Extended Data Fig. 8c). Immunohistochemical staining
confirmed that Reg3β is expressed all along the crypt-villus axis in IL22Fc treated animals
(Extended Data Fig. 8d). Reg3β has been reported to kill several species of both Gram-negative[33]
and Gram-positive bacteria[34] *in vitro,* but susceptibility of *V. cholerae* to this lectin has not been
reported. In laboratory culture, we found that recombinant Reg3β decreased *V. cholerae* survival
in a dose-dependent fashion, whereas heat-inactivated Reg3β failed to kill *V. cholerae* (Fig. 5d).
Furthermore, oral administration of recombinant Reg3β protein decreased the *V. cholerae* burden
as well as the size of the founding population and pathogen proliferation particularly in the distal
SI (Fig. 5e-g), further confirming the vibriocidal activity of Reg3β *in vivo*. P5 Reg3β^{-/-} mice
were as susceptible to *V. cholerae* intestinal colonization as heterozygous littermates (Fig. 5h).
However, IL22Fc administration to Reg3β^{-/-} animals did not reduce the *V. cholerae* burden, size
of the founding population, or amount of net proliferation as potently as in Reg3β^{+/-} littermates
(Fig. 5h-j), suggesting that the increased expression of Reg3β in IL22Fc treated animals
contributes to the protective effects of IL22 *in vivo*. Since Reg3β^{-/-} animals were still protected
from *V. cholerae* infection by IL22Fc treatment (Fig. 5h), other protective mechanisms beyond
Reg3β induction likely exist.
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IL22 treatment increases the abundance of secretory epithelial cells
IL22 signaling is thought to be important for Paneth cell maturation and maintenance[35,36].
In P5 animals, where Paneth cells are absent (Extended Data Fig. 1c), IL22Fc administration
increased the proportion of cells in the secretory lineage (cluster 3, 9, 13), especially cluster 3
(Extended Data Fig. 9a). Cells in clusters 3 and 9 express *Atoh1* and *Spdef*, key transcription
factors for secretory lineage differentiation into goblet, Paneth, enteroendocrine, or tuft cells[37].
Based on marker genes, including *Muc2* and absence of *Lyz1* (Fig. 6ab), cluster 3 resembles
adult goblet rather than Paneth cells[38]. However, cluster 9 has lower expression of goblet cell
markers and expressed stem cell markers *Lgr5* and *Olfm4* (Fig. 6ab), suggesting it represents
secretory progenitors[39]. Cells expressing *Atoh1* and *Spdef* reside primarily in crypts (Fig. 6c-e),
and histologic assessment confirmed increased abundance of Muc2+ mucus-containing (PAS+)
cells in the crypts of IL22Fc treated mice (Fig. 6f-h). Atoh1[Cre(ER-T2)];Rosa26R[LSL-tdTomato] mice,
which encode Atoh1-dependent tamoxifen-inducible tdTomato, confirmed that crypt-associated
mucous cells express *Atoh1* or derive from Atoh1+ cells (Extended Data Fig. 9b-d). To ask

whether IL22Fc induces proliferation of secretory progenitor and goblet cells, we administered
EdU and IL22Fc at the same time (Extended Data Fig. 9e). Compared with control animals, the
numbers of EdU+ *Atoh1*+ cells were increased (Extended Data Fig. 9fg), indicating that IL22Fc
triggers proliferation of Atoh1+ secretory progenitors or goblet cells. Together, these findings
reveal that IL22Fc promotes secretory lineage and goblet cell development *in vivo*.
Muc2 is the major gel-forming mucus protein expressed in goblet cells and secretory
lineage cells in the SI[40]. IL22Fc-treatment increased the abundance of mucus and Muc2 protein
in luminal contents (Fig. 6ij). Expression of glycosyltransferases, including *Mgat4c*, and *Fut2*
were also induced by IL22Fc-treatment, as well by *V. cholerae* infection (Extended Data Fig.
10ab). Furthermore, modification of secreted Muc2 with fucose and *N*-acetylglucosamine was
elevated in treated mice (Extended Data Fig. 10c). Thus, IL22Fc administration elevates the
abundance of the Muc2+ cell population, as well as Muc2 secretion and modification.
To investigate if Muc2 plays a role in IL22 treatment mediated resistance to *V. cholerae*
colonization, we compared the effects of IL22Fc administration on *V. cholerae* colonization in
Muc2$^{-/-}$ and control (Muc2$^{+/+}$ or Muc2$^{+/-}$) littermates. Without IL22Fc administration, *V. cholerae*
colonization in Muc2$^{-/-}$ mice was comparable to that in control, with a modestly greater burden
(2.4-fold) in the distal SI of Muc2$^{-/-}$ mice. However, administration of IL22Fc had a much more
potent effect limiting *V. cholerae* colonization in both the proximal and distal SI in control vs
Muc2$^{-/-}$ mice; the Muc2$^{-/-}$ animals had a 817-fold (geometric mean) greater *V. cholerae* burden in
the proximal SI and 146-fold greater *V. cholerae* burden in the distal SI than control littermates
(Fig. 6k), suggesting that Muc2 contributes to the therapeutic activity of IL22Fc. Interestingly,
the role of Muc2 in mediating the activity of IL22Fc appears to be primarily in limiting the
pathogen's capacity to establish a colonization niche in the intestine (i.e., its founding population
size) rather than its proliferation (CFU/Ns) (Fig. 6lm). Since the Tn-seq screen (Fig.4a-c)
suggested that *V. cholerae* motility becomes more important for colonization in IL22Fc-treated
animals, we tested whether Muc2 impedes motility-dependent colonization. For these
experiments, competition assays in IL22Fc-treated Muc2$^{-/-}$ mice were used to compare
colonization of WT and motility-deficient strains *(ΔfliI, ΔfliD,* and *ΔmotB*). In marked contrast to
observations in Muc2$^{+/-}$ littermate controls, where the motility-deficient strains had a
colonization defect, the motility-deficient strains colonized Muc2$^{-/-}$ as well as WT *V. cholerae*
(Fig. 6n). Thus, the increased importance of flagellar-based motility for *V. cholerae* colonization
in IL22Fc-treated animals (Fig. 4) is likely attributable to this cytokine's stimulation of Muc2
production, which impedes pathogen access to its preferred niche along the epithelium in the
crypts.
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Discussion
Given the extreme rapidity of cholera progression, innate defenses are particularly critical
for protecting humans against *V. cholerae*. Here, scRNA-seq profiling of epithelial and lamina
propria immune cell responses to experimental cholera in infant mice uncovered new facets of
mucosal defense in the small intestine and suggested that IL22-dependent mechanisms play a
role in cholera defense. IL22 therapy was highly protective against *V. cholerae* colonization and
diarrhea in infant mice. scRNA-seq profiling of IL22-treated animals offered new insights into
the mechanisms of this cytokine and uncovered an IL22-stimulated shift in the pattern of
intestinal epithelial cell differentiation toward the secretory cell lineage. The products of these
cells, including Muc2, appear to be critical for IL22-mediated protection from experimental

cholera, a mechanism that may generally contribute to the therapeutic effects of IL22 (Extended
Data Fig. 10d).
V. cholerae triggered changes in gene expression in most epithelial cell subsets but
unexpectedly increased the abundance of an enterocyte subset (cluster 5) whose signature gene
program was largely linked to defense. Since P5 mice lack Paneth cells, which are rich in
antimicrobial peptides and are thought to protect the crypt stem cells[14], cluster 5 enterocytes may
function in an analogous fashion during early life before Paneth cells arise around P15[14].
However, in contrast to Paneth cells, whose relative abundance undergoes a modest increase
during acute infection[41], the abundance of cluster 5 enterocytes cells increased >10-fold during
the 20 hours of exposure to *V. cholerae*. Because *V. cholerae* primarily localizes near the base of
villi[15], our findings raise the possibility that a consequence of the pathogen's presence in the
crypts is an alteration of the transcriptional program of adjacent enterocytes into this mucosal
defense-associated epithelial subset. *V. cholerae* preferentially colonizes in the distal SI[15,42] (Fig.
3bc). This localization may also explain why the epithelial and immune response is generally
more pronounced in this part of the SI.
Several studies have revealed that IL22 deficient mice have heightened susceptibility to
death from mucosal pathogens[21–23]. This work has led to the idea that IL22 promotes the integrity
of the epithelium through a variety of mechanisms, including increases in antimicrobial
proteins[22], epithelial cell surface modifications[27,43], and Paneth cell differentiation[35]. For enteric
pathogens, such as *C. rodentium* and *C. difficile*, experimental infections in IL22-/- mice have
not revealed marked increases in intestinal pathogen burdens[22,23,44], and heightened mortality has
been attributed to dissemination of intestinal bacteria, at least in part due to reduced activity of
complement C3[23]. Fewer studies have examined the consequences and the mechanisms of IL22
administration on pathogen burden. In adult mice *C. rodentium* infection, prophylactic
administration of IL22Fc only modestly reduces colonic colonization, but significantly reduces
disease by preventing epithelial damage[45].
In contrast, administration of IL22Fc almost entirely ablated the susceptibility of P5 mice
to *V. cholerae* colonization. Several IL22-dependent mechanisms likely account for the marked
reduction of *V. cholerae* colonization in IL22Fc-treated animals. Although there was a modest
benefit to administering IL22Fc after infection, the most dramatic therapeutic effects of IL22Fc
required that the cytokine be administered 24-48 hours before pathogen inoculation, indicating
that time is required for the beneficial effects of IL22Fc to accrue. IL22Fc stimulated alterations
in the transcriptional profile, cellular composition and even the length of the SI in P5 animals.
One of the striking changes elicited by IL22Fc administration was the augmentation in
expression of antimicrobial genes in most enterocyte subsets. For example, Reg3β became
detectable in epithelial cells throughout the crypt-villus axis. However, since we found that the
absence of Reg3β, in Reg3β^{-/-} animals, did not render mice more susceptible to *V. cholerae*
colonization, physiologic levels of Reg proteins may be insufficient to impede colonization.
Instead, the supraphysiologic levels of Reg3β proteins and potentially other antimicrobial
products induced by IL22Fc treatment likely are important for the beneficial effects of IL22.
Similarly, IL22Fc administration markedly diminished colonic colonization with *C. rodentium* in
infant mice (Extended Data Fig. 6h), even though Reg3β^{-/-} and Reg3γ^{-/-} mice do not exhibit
elevated pathogen burden or disease severity associated with this pathogen in an adult mouse
model[44,46].
Although elevated Reg3β contributes to IL22Fc-mediated protection, our data suggests
that the major mechanism underlying reduced *V. cholerae* colonization in IL22Fc-treated

animals is due to elevated Muc2 production. IL22Fc administration appears to drive the differentiation of stem cells towards production of secretory cells *in vivo*, as suggested in organoids[36]. Studies in suckling Muc2^{-/-} mice revealed that IL22Fc administration was not nearly as potent at impeding *V. cholerae* intestinal colonization as in littermate Muc2^{+/-} controls. Thus, mucin production appears to be required for robust IL22Fc activity. We propose that the increase in goblet cell number and Muc2 secretion in IL22Fc treated animals blocks the pathogen from reaching its preferred niche, where it establishes a founding population in close apposition to the epithelium of the crypt[42,47]. The IL22Fc-stimulated impedance of pathogen access to the epithelium and crypts were apparent in the results of our TnSeq screen (Fig. 4). Moreover, the competitive advantage of motility for colonization in IL22Fc-treated animals was not observed in Muc2^{-/-} mice (Fig. 6n), demonstrating the linkage between mucus-mediated protection and *V. cholerae* motility. Glycosylation of Muc2 may also modulate disease outcome by reducing cholera toxin expression[48]. Finally, since mucus is decorated with glycans and antimicrobial proteins, and their functions are entwined[49], the dramatic beneficial effects of IL22Fc on experimental cholera likely derive from synergistic interactions between these components of innate intestinal defense. Overall, the marked reduction in *V. cholerae* colonization likely explain the IL22Fc-mediated protection from cholera-like death in suckling mice.

Given the dramatic benefits of IL22Fc in the suckling mouse model of cholera and the emergence of highly antibiotic-resistant *V. cholerae*[50], studies of this fusion protein as a prophylactic agent for individuals susceptible to household contact infection[51] and/or as an adjunctive therapy along with fluid resuscitation for cholera should be considered. Moreover, IL22Fc administration may be an important therapeutic adjuvant for other extracellular enteric pathogens such as enterotoxigenic *E. coli,* another pathogen that like *V. cholerae*, does not damage the epithelium. However, several issues could complicate the translation of our findings to humans. First, although infant mice represent an outstanding model for studies of *V. cholerae* intestinal colonization[13] , these animals differ from humans in several important regards. For example, human Paneth cells develop during embryogenesis, whereas mouse Paneth cells develop around postnatal day 14[39,52,53]. Furthermore, the mechanisms by which IL22 protects the host from infection may differ according to age, since IL22Fc administration did not elevate goblet cell numbers in adult mice[35] unlike our findings in infant mice. Variations in epithelial maturation, including the expression levels of IL22RA1/IL10RB, the IL22 receptor, in small intestinal epithelial cells could impact on the efficacy of IL22Fc.

Despite these limitations, several clinical trials have already revealed the safety of IL22Fc in humans. The primary dose-limiting adverse events when IL22Fc was administered repeatedly were dermatologic[28,54,55]. Many additional studies, including whether IL22Fc administration would be beneficial in the epidemiologic conditions, such as undernutrition where cholera is prevalent, will be necessary to establish the safety of IL22Fc in relevant populations. Costs of this fusion protein could be prohibitive but alternative cheaper methods to promote endogenous IL22 production such as tryptophan metabolites that promote ILC3 differentiation and IL22 production[56] may be feasible.

Materials and Methods

Mice

C57BL/6NCrl (strain code: 027) dams with infant mice (P3-P4) were purchased from Charles River Laboratory or bred in the Bio Safety Level 1 (BSL1) animal facility in Brigham and Women's Hospital. ROSA26LSL-TdTomato (B6.Cg-Gt(ROSA)26Sortm9(CAG-tdTomato)Hze/J; RRID:IMSR_JAX:007909), Lgr5-EGFP-IRES-creERT2 (B6.129P2-Lgr5tm1(cre/ERT2)Cle/J; RRID:IMSR_JAX:008875), IL22 knockout (C57BL/6-Il22tm1.1(icre)Stck/J; RRID:IMSR_JAX:027524) mice were from Jackson Laboratory (Bar Harbor, ME), *Atoh1*[Cre(ER-T2)] mice were a kind gift from Mikio Hoshino[57], and Muc2 knockout mice are gift from Anna Velcich[58]. Reg3β knockout (C57BL/6NCrl-Reg3bem1(IMPC)Mbp/Mmucd, RRID:MMRRC_067360-UCD) was obtained from the Mutant Mouse Resource and Research Center (MMRRC) at University of California at Davis, an NIH-funded strain repository, and was donated to the MMRRC by Kent Lloyd, D.V.M., University of California, Davis.

Mice were maintained in a BSL1 animal facility at Harvard Medical School or Brigham and Women's Hospital and transferred to the BSL2 animal facility for the infection experiments. Animals were maintained in cages filled with pine wood bedding and paper nesting material with chow (LabDiet 5053) and water by the animal facility staff. All animal experiments were performed according to protocols reviewed and approved by the Brigham and Women's Hospital Institutional Animal Care and Use Committee (protocol 2016N000416) and in compliance with the Guide for the Care and Use of Laboratory Animals. Both male and female mice were mixed and randomly assigned to experimental groups.

Bacteria Strains and culture

A *Vibrio cholerae* O1 Ogawa clinical isolate from the 2010 Haiti outbreak (HaitiWT)[59] was used here. Motility deficient mutants *(ΔmotB, ΔflgD, ΔfliI)* were created using homologous recombination as described[60]. To create targeting vectors, 1000 bp of DNA flanking each side of the targeted genes were amplified with Phusion DNA polymerase (NEB) and these segments were cloned into pCVD442's SmaI site using NEBuilder HiFi DNA assembly kit (NEB). Barcoded WT or motility deficient mutants *V. cholerae* were generated as previously described[61]. Fluorescent protein tdTomato labeled HaitiWT was created previously[62]. Primers used for the plasmid construction are listed in supplementary data (Supplementary Table S8). A streptomycin resistant isolate of *Citrobacter rodentium* strain ICC168 and *Salmonella Enterica* Serovar Typhimurium SL1344 strain were also used.

In vivo infection and colony forming unit (CFU) counting

V. cholerae was cultured in lysogeny broth (LB) with streptomycin (Strep) 200 µg/mL at 37 °C overnight (~18 h) prior to animal experiments. Mice at postnatal day 5 (P5) (2.5-3.5 g of body weight) were infected with 1×10^5 Vc[STAMP] by oral gavage using PE-10 tubing. Weight and survival were monitored every 4-8 hours. and animals were euthanized when they lost 20% of body weight. 3 cm of proximal SI (samples were dissected after the gastro-duodenal junction) and distal SI (~3 cm from the end of the ileum) were homogenized with stainless beads in 33% glycerol LB. The homogenates were serially diluted and plated on LB Strep agar plates for CFU counting.

C. rodentium was cultured in LB media containing 200 µg/mL strep at 37 °C overnight (~24 h). P5 infant mice were infected with 1×10^8 cells of *C. rodentium* by oral gavage using PE-

10 tubing. Whole SI, and colon were dissected and homogenized in PBS and serial dilutions of
the tissue homogenates were plated on LB Strep agar plates for CFU counting.
S. Typhimurium was cultured in LB Strep 200 µg/mL at 37 °C overnight prior to animal
experiments. P5 infant mice were infected with 1×10^7 cells of *S.* Typhimurium by oral gavage
using PE-10 tubing. Infant mice were euthanized 1- or 3-days post infection. Whole SI, colon,
liver, and spleen were dissected and homogenized in PBS, and serial dilutions of the tissue
homogenates were plated on LB Strep agar plates for CFU counting.
495
CD45+ immune cell isolation from small intestine lamina propria
Infant mice were euthanized with isoflurane. Three centimeters of the proximal and distal
SI, as described above, were collected, cut open longitudinally, and stored separately in buffer
[2% Fetal Bovine Serum (FBS), 50 µg/mL Gentamicin (Gen), Penicillin-Streptomycin (PS)
PBS] on ice until all animals were dissected. Tissues were incubated in 10 mL of reducing buffer
[10 mM DTT 10 mM HEPES 2% FBS, 50 µg/mL Gen, PS, RPMI 1640], for 10 min on ice,
followed by incubation in 10 mL of epithelial dissociation buffer [5 mM EDTA, 10 mM HEPES,
2% FBS RPMI1640] at 37℃ for 25 min. The remained tissue was washed in PBS, cut into small
pieces using dissection scissors, and incubated in digestion buffer [0.5 mg/mL collagenase D, 0.3
mg/mL Dispase II, 0.05 mg/mL DNase I, 10 mM HEPES 5% FBS, RPMI 1640] at 37℃ for 30
min. After vortexing for 20 sec, dissociated tissue was passed through a 40 µm filter and
centrifuged at 300 xg for 5 min. The immune cells were further separated in a 40% /80% Percoll
gradient by centrifugation at 1900 xg for 30 min. The layer between 40% and 80% Percoll was
collected, mixed with 2% FBS 2mM EDTA PBS, and centrifuged at 300 xg for 5 min. Cells
were resuspended in 2% FBS 2mM EDTA PBS containing anti-CD16/32 antibody, and stained
with anti-CD45 FITC antibody. After being washed in 2% FBS 2mM EDTA PBS, cells were
stained with propidium iodide before sorting, and the CD45+ PI- population was isolated using a
cell sorter (SH800Z, Sony, Japan).
514
Single-cell isolation of Epcam+ epithelial cell
Infant mice were orally infected with 10^5 WT *V. cholerae* cells and euthanized 20 hpi.
For IL22Fc (Genentech)[28] treatment, P4 mice were administered 20 µg of IL22Fc
intraperitoneally and returned to their dam. After 36 hours, the mice were euthanized. Proximal
and distal SI were collected, cut open longitudinally, and washed in Gut wash media [2% FBS,
10 mM HEPES, 100 µg/mL Pen/Strep, 50 µg/mL gentamicin in RPMI1640] in 15 mL conical
tubes. Tissues were rinsed in ice-cold PBS, incubated in Epithelial dissociation solution [30 mM
EDTA in PBS] on-ice for 40 min, shaken gently 30 times every 5 min, and then vortexed for 20
seconds. Tissue pieces were removed with forceps. Dissociated cells in the supernatant were
centrifuged and resuspended in ice-cold PBS. This step was repeated twice to wash out EDTA.
The cell pellets were resuspended in Dispase solution [2% FBS, 0.1 mg/mL dispase in 4 mL
RPMI1640 per animal] at RT for 3-5 min, then cells were dissociated by pipetting with a wide-
bore tip, followed by pipetting 10 times with normal tips. 4 mL of ice-cold RPMI1640
containing 2% FBS was added to the cell suspension and filtered through a 70 µm cell strainer.
The strainer was washed with ice-cold RPMI1640 containing 2% FBS to collect the cells. Cells
were pelleted by centrifugation, stained with anti-Epcam FITC (1:100), and passed through a 100
mm cell strainer. After being stained with LIVE/DEAD Fixable Violet Dead cell staining kit
(ThermoFisher, L34964), live Epcam+ cells were sorted by a SONY SH800Z Cell sorter.
533

Single-cell RNA-Seq

Sorted CD45+ SI lamina propria (LP) immune cells or Epcam+ epithelial cells were collected into PBS containing 2% FBS, followed by centrifugation at 1000 xg for 5 min, resuspended in PBS, counted, and passed through a 40 μm cell strainer. Single-cell suspensions were applied to a 10X Chromium Controller for GEM generation using Chromium Next GEM Single Cell 3' Reagent Kits v3.1 (10x Genomics). After barcoded cDNA generation, samples were amplified with the index primers (Dual Index Kit TT Set A, 10x Genomics) for 12 cycles. The libraries were sequenced on a NovaSeq 6000 S1 or NextSeq500. Data analysis was performed using 10x Cloud Analysis, and the filtered feature H5 files were used for further analysis with the Seurat package in R. Seurat objects were generated using Seurat v5.0.0 (https://satijalab.org/seurat/). Low-quality droplets (nFeature_RNA > 200 & nCount_RNA > 1000 & percent.mt < 20) and potential multiplets detected by scDblFinder were removed. Data from uninfected and infected proximal and distal SI samples were normalized by SCTransform (method = "glmGamPoi", vst.flavor = "v2") and integrated by Seurat's functions. Clustering was performed with Seurat's FindCluster (dims = 1:30, resolution = 0.4 for epithelial, 1.0 for CD45+ cells). Marker genes and differential gene expression analysis on each cell cluster was performed using the FindMarkers function of Seurat, and we annotated clusters based on canonical marker genes. Single-cell pathway analysis (SCPA) was performed by SCPA package v1.6.1 with default settings (downsample = 500, min_genes = 15, max_genes = 500) for epithelial cells, and downsample = 300 for CD45+ immune cells. Pathway enrichment was obtained by multiplying -1 to the fold change in the SCPA output. Pathways containing the following words were selected for coloring in Fig.1d: "INTERFERON" for IFN; "TNFA", "INFLAMMATORY", "INFLAMMATION" for TNFα, Inflammatory; "M_PHASE", "S_PHASE", "PRO_PHASE", "ANAPHASE", "CHROMATIDS", "G2_M_CHECKPOINTS", "SYNTHESIS_OF_DNA", "MITOTIC", "DNA_REPLICATION", "MYC", "E2F" for Mitosis; "TRANSLATION", "RIBOSOME", "RIBOSOMAL" for Translation and Ribosome; "GOLGI", "MTORC", "UNFOLDED", "HYPOXIA" for Golgi, ER, mTOR; "AMINO_ACID", "AMINO_ACIDS", "FATTY_ACID", "OXIDATIVE_PHOSPHORYLATION", "TCA_CYCLE" for Metabolism. For Fig.2b: "INTERFERON" for IFN; "IL17", "IL23", "PROINFLAMMATORY" for Proinflammatory, IL17, IL23; "TRANSLATION", "RIBOSOME", "RIBOSOMAL" for Translation, Ribosome; "GOLGI", "UNFOLDED", "MTOR", "HYPOXIA" for Golgi, ER, and mTOR. For Extended Data Fig.7e: "ANTIMICRO" for Antimicrobial peptides; "M_PHASE", "S_PHASE", "PRO_PHASE", "ANAPHASE", "CHROMATIDS", "G2_M_CHECKPOINTS", "SYNTHESIS_OF_DNA", "MITOTIC", "DNA_REPLICATION" for Mitosis; "TRANSLATION", "RIBOSOME", "RIBOSOMAL" for Translation and Ribosome; "E2F" for E2F; "MYC_" for MYC Target; "AMINO_ACID", "AMINO_ACIDS", "LIPID", "GLUCOSE", "SUGAR", "FATTY" for Lipid, Sugar, Amino acid. HALLMARK and KEGG pathways containing the following words were plotted in Extended Data Fig. 2c: "AMINO_ACID", "AMINO_ACIDS", "FATTY_ACID", "OXIDATIVE_PHOSPHORYLATION", "TCA_CYCLE".

In RNA velocity analysis, *V. cholerae*-infected intestinal epithelial cells scRNA-seq data were processed using Cell Ranger, velocyto, Seurat and scVelo, according to the scVelo instruction (https://scvelo.readthedocs.io/en/stable/index.html). Briefly, spliced and unspliced transcript counts were quantified from Cell Ranger output using velocyto[63] (v0.17.17) with the mouse reference genome (mm10). To maintain consistency with our prior single-cell analysis, velocity data was integrated with the Seurat (v5)-processed dataset. Cell barcodes from velocyto

loom files were matched to the quality-controlled Seurat object (after doublet removal and QC
filtering). Pre-computed UMAP coordinates and cluster annotations from the Seurat
SCTransform/RPCA integration workflow were imported into the scVelo analysis framework,
ensuring identical cell embeddings between the two analyses. RNA velocity was estimated using
scVelo[64] (v0.3.0) in Python (v3.10) and velocity streamlines were projected onto the UMAP
embedding to visualize cellular state transitions.
Cell-cell communication analysis between epithelial and immune cells were performed
using the CellChat[20] (v2.2.0). First, epithelial and immune cell single cell RNA-seq data were
integrated according to condition (uninfected or infected). Cellchat objects were generated using
createCellChat function. Comparison of the communication probabilities mediated by ligand-
receptor pairs from LTi-like ILC3 to enterocytes were performed by netVisual_bubble function
and visualized by netVisual_chord_gene function with default settings.
592	
Flow cytometry
SI lamina propria cells were isolated according to the protocol above. For intraepithelial
lymphocyte (IEL) isolation, distal SI tissue were cut open longitudinally and incubated in 10 mL
of reducing buffer [10 mM DTT 10 mM HEPES 2% FBS, 50 μg/mL Gen, PS, RPMI 1640], for
10 min on ice, followed by incubation in 10 mL of epithelial dissociation buffer [5 mM EDTA,
10 mM HEPES, 2% FBS RPMI1640] at 37°C for 25 min. After removal of the remaining tissue
pieces by pipetting, supernatants were passed through a 70 μm cell strainer and spun down at
300 xg for 5 min. The pellets were resuspended in 2 mL FACS buffer and overlayed onto
40%/80% Percoll gradients. Cells accumulated between 40% and 80% Percoll were transferred
to new tubes, washed in 5 mL of FACS buffer, and centrifuged at 500 xg for 5 min. Cell pellets
were washed in 2% RPMI1640 media and used for cell culture.
Cells isolated from LP and IEL were cultured in 10 % FBS RPMI1640 supplemented with 1x
Brefeldin A (Biolegend) and Penicillin/Streptomycin (Gibco) for 3 h. Cells were mixed with
anti-CD16/32 antibody (Biolegend, 101302) to block Fc binding, and stained with the following
combination of antibodies in 2% FBS 2mM EDTA PBS; Live/Dead Aqua (ThermoFisher,
L34957), anti-CD45+ Alexa Fluor 700 (BD Biosciences, 560510), anti-CD3e Super Bright 600
(ThermoFisher, 63-0031-82), anti-B220 FITC (Biolegend, 103206), anti-CD11b FITC
(Biolegend, 101206), anti-CD11c FITC (BD Biosciences, 557400), anti-TCRγ/δ APC
(Biolegend, 118143). After 30 min incubation at room temperature, cells were washed in 2%
FBS 2mM EDTA PBS and fixed in Fixation/ Permeabilization solution (ThermoFisher, 88-8824-
00) at 4 °C overnight. After washing, cells were stained with anti-IL22-PerCP-eFluor710
(ThermoFisher, 46-7222-80) at room temperature for 30 min and analyzed using a Cytek
Northern Light (Cytek, MA).
616	
Immunohistochemistry
Distal small intestines were fixed in 4% paraformaldehyde (PFA) PBS for 4 hours and
dehydrated in 20% sucrose-PBS overnight. Tissue was embedded in OCT Compound: 20%
sucrose-PBS = 2.5:1 and frozen by liquid nitrogen. Tissue blocks were cut into 10 μm sections
with a cryostat at -18 °C (Leica) and the sections were dried at room temperature for 2h and
stored at -80 °C until use. Tissue sections were washed in PBS, blocked in blocking buffer [5%
goat serum 0.1% Triton X100 PBS] for 30 min, and stained with sheep anti-Reg3β antibody
(1:100, R&D Systems), rabbit anti-*V. cholerae* antisera Ogawa (1:100, BD Difco) at 4 °C
overnight. Tissue sections were washed in PBS twice and stained with anti-sheep IgG Alexa

Flour 555 (1:200, ThermoFisher), goat anti-rabbit IgG Alexa Flour 488 (1:200, ThermoFisher), or chicken anti-rabbit IgG Alexa Flour 647 (1:200, ThermoFisher) and DAPI (1:1000, ThermoFisher) at room temperature for 30 min. The sections were washed in PBS and covered with Prolong gold antifade reagent (ThermoFisher).

For PAS staining for paraffin sections, fixed tissue was processed, sectioned, and stained at the Harvard Rodent Histology core. For Muc2 staining, paraffin sections were deparaffinized with xylene for 10 min x2, rehydrated in 100%, 80%, 70%, 60% ethanol, and PBS for 5 min in each solution. Sections were incubated with antigen retrieval buffer (citrate buffer, pH 6.0) and microwaved for 10 min. Rehydrated tissue was blocked in blocking buffer for 30 min, stained with rabbit anti-Muc2 antibody (1:100, Proteintech) in blocking buffer overnight, washed in PBS, and stained with anti-rabbit IgG Alexa Flour 488 (1:200, ThermoFisher) at room temperature for 30 min. The tissue was stained with DAPI, washed in PBS, and mounted in Prolong gold antifade reagent (ThermoFisher, P36934).

Fluorescent and PAS stain images were imaged with a Nikon Eclipse microscope with a Nikon Microscope Objective Plan Apo l 20x/0.75 OFN25 DIC N2 lens, Plan Flour 40x/1.30 Oil lens, or Plan Apo VC 100x/1.40 Oil DIC lens (Nikon) and captured with a Andor iXon DU-897E-CS0-#BV-500 Camera (Oxford Instruments).

Single molecule RNA Fluorescence *in situ* hybridization (RNAScope)

For detection of *Fgb* and *Sult6b2*, the dissected distal SI tissue was fixed in 4% PFA-PBS overnight at 4°C and dehydrated in 20% Sucrose-PBS overnight. Tissue was embedded in OCT Compound: 20% sucrose-PBS = 2.5:1 and frozen by liquid nitrogen. Tissue blocks were cut into 10 μm sections with a cryostat at -20 °C (Leica). The sections were attached to MAS coated slide glass (Matsunami), dried at -20°C for 2h and were stored at -80 °C until use. Tissue sections were stained according to the manufacture's RNAScope protocol (ACDbio) with hybridization probes: Mm-Sult6b2-C3 (1789851-C3) and Mm-Fgb-C2 (578921-C2). For detection of *Atoh1* and *Spdef*, P4 infant animals were administered PBS or 20 μg of IL22 and were returned to their dam. After 36 h, mice were euthanized, and tissues were processed as described above. Tissue sections were stained with hybridization probes Mm-Atoh1 (408791) and Mm-Spdef-C2 (544421-C2). Stained sections were imaged using a Nikon Eclipse microscope as above.

Proliferating cell staining with 5-ethynyl 2´-deoxyuridine (EdU)

For the staining of *V. cholerae* infected animal tissues, P5 animals were randomly assigned to receive 40 μg of EdU at 0 hpi or 18 hpi. The mice were infected with 10^5 cells of *V. cholerae* and euthanized and dissected at 20 hpi. For the staining of IL22Fc-treated animal tissues, P4 infant littermate mice were randomly assigned to receive either PBS or IL22Fc. Mice were administered 40 μg of EdU and PBS or 20 μg of IL22Fc intraperitoneally and returned to their dam. After 36 hours, the mice were euthanized and dissected. For both experiments, the SI tissue was fixed, embedded, and cut into 10 μm cryosections as described above in methods for Immunohistochemistry or RNAScope. After the immunohistochemistry or RNAScope staining procedure, tissue sections were stained with Click-iT™ EdU Cell Proliferation Kit for Imaging, Alexa Fluor™ 647 dye (ThermoFisher), according to the manufacture's protocol. Figure images were captured with Nikon Eclipse microscope as above.

Lineage tracing

Lgr5$^{Cre(ER-T2)}$;Rosa26R$^{LSL-tdTomato}$ mice were given 200 μg of tamoxifen 9 hours before and
again at the same time as infection with 10^5 cells of *V. cholerae*. Mice were euthanized at 20 hpi.
The SI was fixed, embedded, and cut into 10 μm cryosections as described above (See
RNAScope). Tissue sections were stained with hybridization probes: Mm-Sult6b2-C3 (1789851-
C3) and Mm-Fgb-C2 (578921-C2) for RNAScope and further stained with anti-RFP antibody
(1:200, Rockland Immunochemicals, 600-401-379). After washing in PBS, tissue was stained
with chicken anti-rabbit IgG Alexa 647 (1:200, ThermoFisher, A-21443) for 30 min, stained with
DAPI (1:500) for 5 min, and mounted in Prolong Gold Antifade Reagent.
Atoh1$^{Cre(ER-T2)}$;Rosa26R$^{LSL-tdTomato}$ mice were given 200 μg of tamoxifen 9 hours before
and again at the same time as IL22Fc (20 μg), and euthanized 37 hours after IL22Fc
administration. The tissue was processed according to the protocol for immunohistochemistry
(See above). For Ki67 staining, rabbit anti-Ki67 antibody (1:100, Abcam, ab16667) and anti-
rabbit IgG Alexa 647 (1:200) were used. For mucus positive secretory lineage staining, tissue
section was stained with UEA-I FITC (1:100, vector), phalloidin Alexa 647 (1:200,
ThermoFisher), and DAPI (1:1000), for 10 min, washed in PBS, and mounted in Prolong Gold
Antifade Reagent. Figure images were captured with Nikon Eclipse microscope as above.
687
iDISCO clearing and 3D imaging
Two-centimeter pieces of distal small intestine were harvested from uninfected and
infected animals and fixed in 4% paraformaldehyde PBS at 4°C overnight. Tissues were washed
in PBS with 0.2% Tween-20 and 100 μg/mL Heparin for 1 hour twice and dehydrated gradually
in 20%, 50%, 80% methanol (in PBS) for 1h, and twice in 100% methanol for 1h. Samples were
then incubated overnight at room temperature on a shaker (50-60 rpm) in 66% Dichloromethane
(Sigma) /33% Methanol. Samples were then incubated with 5% H_2O_2 in 20% DMSO at 4'C
overnight, and then washed in 100% methanol, then 20% DMSO/methanol, and then rehydrated
with 80%, 60%, 50%, 40%, 20% methanol in PBS for 1h each, and PBS for 1h twice. Tissues
were then permeabilized in 0.2% Triton X-100 at RT for 1h, and 0.2% Triton X-100/20%
DMSO/0.3M Glycine for 1day at 37°C with gentle agitation. After being washed in PBS with
0.2% Tween-20 and Heparin (100 μg/ml) at RT for 1h twice, tissues were blocked in PBS with
0.2% TritonX-100/10% DMSO/6% Donkey Serum at 37°C with gentle agitation for 1 day,
stained with rat anti-IL22 (1;100. Thermofisher) in PBS with 0.2% TritonX-100/10% DMSO/3%
Donkey Serum at 4 °C for 2 days. The tissues were washed in wash buffer [PBS with
0.2%Tween-20, 100 μg/mL Heparin] for 30 min for 5 times, incubated with secondary antibody;
anti-rabbit IgG Alexa 647 (1:200, Invitrogen), anti-rat IgG Alexa 568 (1:200, Invitrogen), and
rabbit anti-Epcam Alexa 488 (1:100, Biolegend) in PBS with 0.2% TritonX-100/10% DMSO/6%
Donkey Serum at 37C for 1 day. Samples were washed in wash buffer for 5 times, stained with
2μg/mL DAPI in PBS, washed in wash buffer for 5 times. To clear the tissue, samples were
dehydrated with 20, 40, 50, 80, and 100% methanol and incubated in 66% DCM/33% methanol
at room temperature for 3 hours, subsequently incubated in 100% dichloromethane at room
temperature for 15 min twice, and incubated in 100% ethyl cinnamate. Tissues were placed on a
glass bottom dish, and covered with100% ethyl cinnamate. Three dimensional images were
captured using a confocal microscope (Stellaris 8 Falcon DIVA, Leica) with Fluotar 16x/0.6
multi-immersion lense, and LasX acquisition software, built with arivis Vision 4D software
version 4.1.2 (Zeiss).
715
Quantitative PCR

Distal SI tissue from animals uninfected or infected with WT *V. cholerae* was collected at
20 hpi and homogenized in Trizol (ThermoFisher) with a bead beater with 3.2 mm metal beads.
Total RNA was isolated according to the manufactures' protocol. Total RNA was used for One-
step cDNA synthesis and qPCR with the Luna Universal One-Step RT-qPCR Kit (NEB,
E3005L) according to the manufacture's protocol. The amplification signal was analyzed using a
StepOnePlus Real-Time PCR System (Applied Biosystems). qPCR primer pairs are listed in
Supplementary Table 8.
724
Sequence tag-based analysis of microbial population dynamics (STAMP)
Infant mice were orally infected with barcoded Vc[STAMP] and 16-20 hours later sacrificed
and tissue homogenates were plated for CFU counting as described above. The remaining SI
homogenates were plated on large (15cm diameter) LB-streptomycin plates and after overnight
culture at 37°C, cells were collected in 33% glycerol LB and stored at -20 °C. Two microliter of
each cell suspension was diluted with 100 μL milliQ water and boiled at 95 °C for 15 min. Each
sample was amplified with One Taq DNA polymerase, forward and reverse primers with unique
sequences that enable samples to be distinguished were used. The amplicons were purified using
the Genejet PCR purification kit and sequenced with NextSeq P1 100 cycle Reagent Kit
(Illumina). The barcode sequences were analyzed with STAMPR pipeline as described[29].
735
Transposon insertion sequence (Tn-seq)
A Tn-seq library in *V. cholerae* strain HaitiWT was used[65]. The library contained
~195,000 distinct transposon insertions. Animals were intraperitoneally administered PBS
(control; n = 3) or IL22Fc (n=4) 24 h prior to infection. The transposon library was cultured in
25 mL of LB liquid media containing 200 μg/mL streptomycin and 50 μg/mL Kanamycin
(Strep/Kan) for 3 h at 37 °C with shaking. A higher inoculum size (~10^8 CFU) and lower dose of
IL22Fc (5 μg/animal) was used in these experiments compared to experiments described in Fig.3
to ensure that there would be sufficient numbers of CFU in intestinal homogenates to allow
statistically robust comparisons of the abundances of insertions in the inoculum with the
outputs[66] . Distal SI tissue was homogenized in 1mL of 33% glycerol LB and plated on LB
Strep/Kan agar plate and cultured at 37°C overnight. All colonies on those plates were harvested
in 2 mL of 33% glycerol LB and stored at -20°C until further processing. Genomic DNA
(gDNA) was extracted using gDNA extraction kit (Qiagen), sheared into 400 base pair (bp)
using Covaris, and was purified using the DNA clean kit (Qiagen). gDNA fragments were
repaired with Blunting enzyme mix (NEB), A-tails were added using Taq polymerase and dATP,
and ligated with adaptor sequences. Adaptor-ligated gDNA was amplified using Phusion PCR
polymerase with adaptor primers for 30 cycles. After purification, the amplicon was further
amplified with var primers and index barcodes. The amplified library with sizes between 300-
500 bp were isolated using SPRIselect beads (Beckman-Coulter). Sequencing was performed
using a Nextseq1000 with P1 100 cycle cartridge (illumina). Tn-seq data was analyzed using the
RTISAn pipeline as previously described[67].
757
Competition assay with barcoded *V. cholerae*
Diluted WT or mutant *V. cholerae* STAMP libraries were cultured on 200 μg/mL
streptomycin LB (LB Strep) plates and 4-8 isolated colonies were picked. These single colonies
were then individually grown in LB Strep liquid media with shaking at 37 °C overnight; then

after adjusting OD600 to 1 with LB media, they were mixed in equal ratios. The barcoded strain
mix was stored as a glycerol stock at -80 °C until use.
P4 WT infant mice were used for Figure 4d. P4 Muc2$^{+/-}$ or Muc2 $^{-/-}$ littermate were used
for Figure 6n. The mice were intraperitoneally administered PBS or 5 μg IL22Fc 24 hours before
infection. The barcoded strain mix was cultured in LB Strep liquid media with shaking at 37 °C
overnight and infant mice were orally inoculated with $1x10^7$ cells of the strain mix and sacrificed
at 20 hpi. Homogenates of the distal SI tissue were plated on LB Strep plates, grown at 37 °C
overnight, and colonies were collected in 33% glycerol LB. Genomic DNA was extracted from
the collected bacteria and DNA barcodes were analyzed according to the protocol described
above. To calculate competitive indices, the frequency of each barcode in the output population
(from intestinal homogenates) was divided by the frequency in the inoculum. The geometric
mean of the resultant ratio of barcode frequencies (output/inoculum) in mutants were compared
to those of the WT strain in each individual mouse.
775

Reg3β bactericidal assay *in vitro* and *in vivo*
An overnight culture of wild type *V. cholerae* was inoculated in LB Strep and incubated
at 37°C for 3 hours. The cell density (OD600) was adjusted to 0.1 (~10^8 cells/mL) and cells were
washed in MES buffer (100mM MES pH5.8, 25mM NaCl) twice. 10^5 cells were mixed with
recombinant Reg3β protein (Sino Biological, 51153-M08H) in MES buffer and incubated at
37°C for 3 h. Cells were resuspended in LB media and either plated on LB Strep agar or growth
was monitored in a BioTek Epoc2 Microplate Spectrophotometer (Agilent, CA).
For *in vivo* assays, P5 infant animals were given 33.3ug of Reg3β protein orally 30 min
before and 1 hour after mice were orally gavaged with 10^5 cells of WT *V. cholerae*. Proximal
and distal SI tissues were harvested and homogenized in 33% glycerol LB at 16 hours post
infection. Serial dilutions of tissue homogenates were plated on LB Strep plates for CFU
counting.
788

Image analysis
All images were analyzed using Fiji Software version 2.14.0
(https://imagej.net/software/fiji/).
Pearson's correlation coefficient of colocalization between Reg3β and *V. cholerae* were analyzed
using Coloc2 plugin (https://github.com/fiji/Colocalisation_Analysis). Z-stack images (0.3μm
distance per image) of colocalization between Reg3β and *V. cholerae* were captured with Nikon
Microscope Objective Plan Apo VC 100x/1.40 Oil DIC lens and 3D images were built using 3D
viewer plugin (https://github.com/fiji/3D_Viewer). *Atoh1+*, *Spdef+*, and EdU+ cells were
counted using Find Maxima function with the same setting of Prominence across all compared
images.
799

Protein extraction, digestion, LC-MS/MS acquisition, and data analysis
The distal SI tissue was collected from control or IL22Fc-treated infant animals and cut
open longitudinally. The tissue was incubated in 4 mL of wash buffer [1mM DTT PBS with
protease inhibitor (Roche, 4693159001)] on ice for 10 min and vortexed for 20 seconds. After
the removal of tissue pieces, intestinal washes were centrifuged at 100 xg for 1 min to remove
the large pieces of intestinal contents. The supernatant was concentrated by centrifugation at
4000 xg with 3 kDa MWCO Amicon Ultra centrifugal filter unit for 1 hour. The volume of the
concentrate was adjusted to 400 μL with wash buffer. The supernatants were processed for LC-

MS/MS analysis using the ENRICH-iST kit (PreOmics, #P.O.00163). Assay details have been described previously[68], including protein enrichment, denaturation, reduction, alkylation, enzymatic digestion, and peptide cleanup within a single workflow. Briefly, mucus proteins were captured on paramagnetic enrichment beads in binding buffer, followed by multiple bead-based wash steps to remove salts, lipids, and low-molecular-weight contaminants. Bead-captured proteins were denatured, reduced, and alkylated using the supplied lysis buffer at elevated temperature and digested on-bead with a Trypsin/LysC protease mixture. Digestion was terminated by stop solution, and peptides were purified using the solid-phase extraction cartridge with sequential washes to remove impurities. Peptides were eluted in volatile buffer, dried completely by vacuum centrifugation (SpeedVac SPD120), and stored at −80 °C until LC-MS/MS analysis.

Peptides were reconstituted in 5-10 µL of solvent A (2.5% acetonitrile, 0.1% formic acid) and separated by nano-scale reverse-phase liquid chromatography using a custom-packed capillary column (100 µm inner diameter × ~30 cm length) containing 2.6 µm C18 spherical silica beads and terminated with a flame-drawn electrospray tip[69]. Subsequently, peptides were loaded via an autosampler and eluted using a linear gradient of increasing concentrations of solvent B (97.5% acetonitrile, 0.1% formic acid). Eluting peptides were ionized by electrospray and analyzed on an Orbitrap Velos Pro hybrid ion trap-Orbitrap mass spectrometer (Thermo Fisher Scientific).

MS raw files were searched against the UniProt FASTA databases using Sequest (Thermo Fisher Scientific)[70]. Databases included reversed (decoy) sequences to enable estimation of false discovery rates. Peptide-spectrum matches were filtered to achieve a peptide-level false discovery rate of 1–2%. Carbamidomethylation of cysteine residues was specified as a fixed modification during database searching. Enzyme specificity was defined as cleavage at the carboxyl terminus of arginine and lysine residues, consistent with digestion by trypsin and LysC. A maximum of ## missed cleavages was allowed. All bioinformatic analyses were performed using Perseus (version 2.0.7.0)[71,72] as well as standard analytical workflows implemented in R (version 4.5.2).

Immunoprecipitation and western blot for intestinal contents

The distal SI tissue was collected from control or IL22Fc-treated infant animals and cut open longitudinally. The tissue was incubated in 4 mL of wash buffer [1mM DTT PBS with protease inhibitor (Roche, 4693159001)] on ice for 10 min and vortexed for 20 seconds. After the removal of tissue pieces, intestinal washes were centrifuged at 100 xg for 1 min to remove the large pieces of intestinal contents. The supernatant was concentrated by centrifugation at 4000 xg with 3 kDa MWCO Amicon Ultra centrifugal filter unit for 1 hour. The volume of the concentrate was adjusted to 400 µL with wash buffer. Twenty microliter of intestinal wash was used for immunoprecipitation and western blot. An antibody against Muc2 (ProteinTech, 27675-1-AP) was mixed with Pierce Protein A/G Magnetic Beads (Pierce, 88802) in PBS for 1 hour and further mixed with intestinal wash in 500 µL of IP buffer [0.1% Tween 20 PBS with protease inhibitor] for 3 hours at 4 °C. Beads were washed in 1mL of IP buffer three times, mixed with SDS-PAGE loading buffer containing DTT (NEB, B7703S), and boiled at 95 °C for 5 min. SDS-PAGE (ThermoFisher, WG1403BOX) and transferring to nitrocellulose membrane (ThermoFisher. IB23001) were performed using iBlot 2 (ThermoFisher) according to manufactures' protocol. After blocking the membrane with 5% skimmilk TBST, the membrane was incubated with antibody against Muc2 (Abcam, EPR23479-47, 1:1000) in TBST at 4 °C

854　overnight. After wash in TBST, the membrane was incubated with IRDye 800CW goat anti-
855　rabbit IgG Secondary Antibody (LICORbio, 926-32211, 1:5000) and UEA-I Fluorescein (vector,
856　FL-1061, 1:5000) at room temperature for 1 hour. After wash in TBST, the fluorescent signal
857　was detected using ChemiDoc MP imaging system (Bio-rad).
858
859　**Statistical Analysis**
860　　　　Statistical analysis was performed using Prism10 software version 10.4.0. For the CFU,
861　founding population (Ns), and CFU/Ns comparison in animal infection studies, values were
862　transformed to logarithm 10 before statistical analysis. n represents the number of animals unless
863　otherwise noted in the figure legend.
864

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902
903 **Data and materials availability:**
904   The single-cell RNA sequence data have been deposited in the NCBI Gene Expression
905 Omnibus (GEO) database under accession number GSE288380. The proteomics data have been
906 deposited in Proteomics Identification database (PRIDE) under accession number XXX.
907
908 **Supplementary Materials**
909 Extended Data Fig.1 to 10

Figure 1. *V. cholerae* infection increases the abundance of cluster 5 enterocytes in the small intestine and elicits antimicrobial responses in intestinal epithelial cells in infant mice.
(a) Experimental scheme of scRNA-seq analysis of epithelial cells. Infant mice (P5) (n=3/group) were infected with *V. cholerae* and sacrificed 20 hours post-infection (hpi). The proximal and distal SI were collected, and epithelial cells were isolated. Single-cell RNA libraries were prepared from sorted Epcam+ cells. **(b)** UMAP of the distal small intestine epithelial single-cell RNA-seq data from uninfected and *V. cholerae* infected P5 infant mice (n=3 for each condition, cells were pooled); EEC, enteroendocrine cells. The arrow indicates cluster 5 enterocytes in infected animals in the distal SI. **(c)** Top-hit pathways from the Single Cell Pathway Analysis (Qval > 8.75 in any cluster). Dot plot represents enrichment in color and Qval in circle size. Stem, stem cells, EC, enterocytes, Gob, Goblet cells, EEC, enteroendocrine cells. **(d)** Volcano plot showing q-value (Qval) and pathway enrichment from Single Cell Pathway Analysis. Pathway enrichment indicates a mean pathway change comparing uninfected and *V. cholerae*-infected conditions. Colors represent the following pathways: Mitosis (green), Translation and Ribosome (light blue), Golgi, ER, and mTOR (pink), and Metabolism (dark blue). **(e)** Percentage of cells in each cluster vs the total cell number in the distal SI. **(f)** GO pathway analysis of cluster 5 representative genes. **(g)** *Fgb* and *Sult6b2* gene detection by single molecule RNA FISH co-stained with DAPI (blue) in the distal SI tissue at 20 hpi. White arrowheads in the higher magnification image indicate the expression of *Fgb* (green) and *Sult6b2* (magenta) mRNA in epithelial cells. Dotted line indicates the epithelial cell membrane. Signal intensity was adjusted to visualize single puncta in the high magnification image. Color-separated images are shown in Extended Data. Fig.3b. **(h)** Experimental protocol for use of lineage tracing to study the origins of cluster 5 cells. To trace the Lgr5 lineage with a pulse of tdTomato labeling, P5 infant mice were treated with 2 doses of tamoxifen (Tam) at -9 and 0 hpi and the small intestine was collected at 20 hpi. **(i)** Representative image of RNA FISH for cluster 5 marker genes *Sult6b2* (red) and *Fgb* (green), protein staining for tdTomato (magenta), and DAPI (blue). White arrowheads show tdTomato+ cells. **(j)** Fraction of tdTomato positive cells (pink) and tdTomato negative cells (white) among *Sult6b2+* cells. 160 images from 4 animals were analyzed. **(k)** Representative immunostaining of Reg3β (red), *V. cholerae* (magenta), and DAPI (blue) in the distal SI from an uninfected animal (left) or *V. cholerae*-infected animal (right). Scale bar: 100 μm. White arrows show the colocalization of Reg3β and *V. cholerae* on the epithelium. **(l)** Deconvoluted z-stack image of *V. cholerae* (green) and Reg3β (red) from a puncta of Reg3β/*V. cholerae* colocalization image. Overlay image was taken by confocal microscope using x100 lens and z-stack with 0.3 micron gaps per layer. **(m)** Pearson's correlation coefficient between Reg3β and *V. cholerae* co-localization using the images of (**k**) from infected animals. 55 images from 4 animals were analyzed and plotted in a violin plot. (Fig. 1a is partially created in https://BioRender.com.)

Figure 2. *V. cholerae* infection induces IL22 expression in Type 3 innate lymphoid cells.
(a) UMAP of CD45+ immune cells (23,836 cells including all conditions: proximal and distal SI,
mock and infected samples) in the lamina propria of the small intestine. **(b)** Heatmap of the
numbers of differentially expressed genes (absolute Fold Change > 1, adjusted p-value <
0.00001, genes on chromosome X and Y were excluded as both, male and female infant mice
were used for each condition, in each cluster). **(c)** Dot plots showing enrichment and Qval of the
Single Cell Pathway Analysis results in color and circle size, respectively. Clusters with more
than 500 cells (total cell number) isolated from distal SI are shown. **(d)** Volcano plots showing

enrichment and Qval of Single Cell Pathway Analysis results in the representative clusters for B
cells, T cells, and ILC3s. Colors represent pathways "Interferon" for IFN (red),
Proinflammatory, IL17, and IL23 (green), Translation and Ribosome (blue), Golgi, ER, and
mTOR (purple). **(e)** CellChat[20]-based analysis of up-regulated signaling pathways from LTi-like
ILC3 to enterocytes. IL22-IL22Ra1/IL10Rb signaling is highlighted. Color code represents the
types of enterocytes in the receiver. **(f)** IL22+ cell populations in Cd45+ cells in lamina propria
(LP, n = 3-4/group) and intraepithelial lymphocyte (IEL, n = 5-6/group). Data are represented as
mean ± SD for biological replicates. Unpaired t-test. Data are representative of two independent
experiments. **(g)** Whole mount staining of IL22 (yellow) and Epcam (green) in uninfected or
infected distal SI. Images are representative of three independent samples/group. (**h**) qPCR
analysis of cluster 5 enterocyte marker gene (*Fga*, *Fgb*, and *Sult6b2*) expression in the distal SI
from uninfected WT C57BL/6 (IL22$^{+/+}$) (n = 4), *V. cholerae* infected WT C57BL/6 (IL22$^{+/+}$) (n
= 5), infected IL22$^{+/-}$ (n = 10) and infected IL22$^{-/-}$ (n = 5) littermate animals. Expression levels
were normalized to β-Actin expression and shown as relative expression to uninfected IL22$^{+/+}$
group. Data are represented as mean ± SD. Brown-Forsythe and Welch ANOVA.

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Figure 3. IL22 treatment protects infant mice from experimental cholera.
(a) Schematic of IL22 prophylactic regime. A barcoded library of *V. cholerae* was used in these
experiments to enable measurement of the founding population (Ns), the number of cells from
the inoculum that establish infection, and CFU/Ns which represents the net replication of the
founders during infection. **(b-d)** CFU (b), founding population (Ns) (c), and replication
(CFU/Ns) (d) of *V. cholerae* in the proximal and distal SI. Vehicle: PBS-treated animals,
IL22Fc: IL22Fc-treated animals. Bars indicate the geometric mean for biological replicates (n =
5-6/group). Unpaired t-test. **(e)** Kaplan-Meyer plot of infant mice survival in *V. cholerae*
infection in IL22Fc-treated or control animals; vehicle control (black, n = 6), IL22Fc-treated
group (red, n = 8). Log-rank test. **(f)** Percent weight gain relative to the time of infection; vehicle
(black, n = 6), IL22Fc-treated group (red, n = 8). Data are represented as mean ± SD. Two-way
ANOVA. **(g)** Diarrhea in *V. cholerae*-infected infant mice at 48 hpi. White arrowheads in
vehicle-treated animals point to clear diarrheal fluid on the anus. **(h)** *V. cholerae* burden in the
proximal and distal SI at the time of death (vehicle-treated, black, n = 6) or 60 hpi (IL22Fc-
treated, red, n = 8). Bars indicate the geometric mean. Unpaired t-test. P-values are shown.

Figure 4. IL22Fc treatment modifies *V. cholerae* colonization requirements
(a) Experimental scheme of the transposon-insertion sequencing screen. Mice were given vehicle
(PBS, n = 3) or 5μg of IL22Fc (n = 4) at 24 hours before infection and were infected with 10^8
cells of a *V. cholerae* transposon library. SI tissues were harvested at 20 hpi. **(b)** XY plot of
transposon insertion frequency compared to inoculum (culture on LB plates); x-axis represents
the mean of $\log_2$ fold change (bacteria recovered from distal SI of PBS-treated mice vs.
inoculum) and y-axis represents the mean of $\log_2$ fold change (bacteria recovered from distal SI
of IL22Fc-treated mice vs. inoculum). Purple dots: Tcp-biogenesis mutants; green dots:
Flagellar-related mutants. The plot represents the mean value of biological replicates (Control: n
= 3, IL22Fc: n = 4). **(c)** Heatmap representing $\log_2$ fold change of transposon insertion frequency
in flagellar genes in samples recovered from mouse tissue compared to inoculum. Column and
row show individual mouse and *V. cholerae* genes, respectively. The magma color heatmap
indicates the difference in the average of $\log_2$ fold change between IL22Fc-treated mice vs.
control mice. **(d)** Competitive index (CI) using barcoded mutant vs. WT strains in vehicle (black,
n = 8) and IL22Fc-treated animals (red, n = 7). Multiple unpaired t-tests were performed between
control vs IL22Fc-treated animals. Bars indicate the geometric mean. **(e)** CFU of *V. cholerae*
detected in the luminal wash and attached to the tissue of the distal SI in vehicle-treated animals
(black, n = 3) and IL22Fc-treated animals (red, n = 4). **(f)** Ratio of bacterial CFU in luminal
washes compared with CFU of tissue-associated bacteria in vehicle-treated (black, n = 3) or
IL22Fc-treated animals (red, n = 4). Unpaired t-test. **(g)** Representative images of WT *V.*
cholerae colonization in the crypt in control animal (left image) and IL22Fc-treated animal (right
image), and a bar graph showing the percent of crypts occupied by *V. cholerae* in the distal SI.
Blue: DAPI, red: *V. cholerae LacZ::tdTomato*, magenta: phalloidin for actin staining. Scale bar:
25 μm. P-values are shown in individual figures.

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Figure 5. IL22Fc treatment alters intestinal epithelial cell transcriptional profiles.
(a) UMAP of epithelial single-cell RNA-seq data of the distal small intestine in P5 infant mice in
control and IL22Fc-treated animals. **(b)** Comparison of cluster abundance between IL22Fc-
treated and untreated control animals. **(c)** Dot plot representing control vs. IL22Fc-treated gene
expression changes of cluster 5 cell marker genes (Fig. S3a) in epithelial cell subsets. Color
represents average log$_2$ fold change of gene expression compared to untreated control. Dot size
represents negative log$_{10}$-scaled adjusted p-value. **(d)** *V. cholerae* growth curve measured by
OD600 after incubation with native or heat-inactivated Reg3β (left). Percent *V. cholerae* survival
after incubation with indicated concentration of Reg3β (right). Data represent mean ± SD for
experimental replicates; native Reg3β (n = 4/condition), heat-inactivated Reg3β (n =
2/condition). **(e-g)** CFU (e), founding population (Ns) (f), and CFU/Ns (g) of *V. cholerae* in the

proximal and distal SI at 16 hpi. Infant mice were orally administered 2 doses of vehicle (PBS, n

= 4) or Reg3β recombinant protein (33 µg/dose, n = 5) at -0.5 and +1 hpi. Bars represent the

geometric mean for biological replicates. One-way ANOVA. (**h-j**) CFU (h), Ns (i), and CFU/Ns

(j) of *V. cholerae* in the proximal and distal SI of P5 Reg3β-/- mice and heterozygous littermate

at 16 hpi. Bars represent the geometric mean for biological replicates. Open circles indicate no

CFU detected. One-way ANOVA. Sample groups were compared among the same tissue. P-

values are shown.

Figure 6. IL22Fc expands Goblet cells and Muc2 production is critical for IL22-mediated protection against *V. cholerae* colonization.

(a) Violin plot of traditional marker gene expression in stem cells, secretory progenitor cells, and goblet cells. *Lgr5* and *Olfm4*: stem cell marker, *Mki67*; proliferating cell marker, *Atoh1* and *Spdef*; secretory progenitor cell marker, *Muc2*: Goblet cell marker, *Lyz1*: Paneth cell marker. **(b)** Heatmap of goblet and Paneth cell marker expression in adult (Haber et al: GSE92332[73]) and

IL22Fc-treated P5 infant mice. (**c**) Representative RNAScope images of *Atoh1* (green) and *Spdef*
(magenta) expression in the epithelial cells in the crypts of the distal small intestine of vehicle-
and IL22Fc-treated infant mice. (**d, e**) The number of *Atoh1*+ (d), or *Spdef*+ (e) cells in the SI
epithelium. Vehicle: n = 122 images from 4 animals, IL22Fc: n = 141 images from 4 animals.
Unpaired t-test. (**f**) Representative images of immunohistochemistry of E-Cadherin (red), Muc2
(green), and DAPI (blue) in the distal small intestine of vehicle- and IL22Fc-treated animals.
White arrowheads point to the Muc2+ cells in the crypts. (**g**) PAS staining of the distal small
intestine of vehicle and IL22Fc treated animals. Arrowheads indicate PAS+ cells in the crypt.
Vehicle: n = 63 images from 3 animals, IL22Fc: n = 65 images from 3 animals. (**h**) Enumeration
of PAS+ cells in the crypts. Unpaired t-test with Welch's correction. (**i**) Western blot image of SI
luminal wash detected with anti-Muc2 antibody. n = 5/group. (**i**) Appearance of luminal washes
collected from control and IL22Fc-treated infant mice (left). Turbidity of luminal washes were
measured as OD600 in a spectrophotometer (right). (**j**) Immunoprecipitation-western blot for
Muc2 in luminal washes (right blot) and the signal intensity analyzed by densitometry (right bar
graph). Signal intensity was normalized by the average intensity in control samples. n =5/group.
(**k-m**) CFU (k), FP (l), and replication (CFU/FP) (m) of *V. cholerae* in the small intestine of P5
infant Muc2$^{-/-}$ vs littermate wild type or heterozygous controls (Muc2$^{+/+, +/-}$) animals treated with
(+) or without (-) IL22Fc. n = 6-28 animals/group. Bars represent the geometric mean for
biological replicates. One-way ANOVA. Sample groups were compared among the same tissue.
P-values are indicated in individual plots. Open circles indicate no CFU detected. (**n**)
Competitive index (CI) using barcoded mutant vs. WT *V. cholerae* strain in infant Muc2$^{-/-}$ (n = 4,
pink) or heterozygous littermate control (n = 6, Muc2$^{+/-}$, black) mice treated with a single dose of
5 µg of IL22Fc 24 hours before infection. Bars represent the geometric mean for biological
replicates. Multiple t-test with fold discovery rate. Corrected q-values are indicated in individual
comparison.

Extended Data Figures

Extended Data Fig. 1. scRNA-seq profile of the SI epithelial cells in P5 infant
(**a**) Representative genes for each epithelial cell cluster depicted in Fig.1b. Dot plot indicates the scaled expression levels in color and the percentage of the cells expressing genes in the size of each cluster; EEC, enteroendocrine cells. (**b**) UMAP of the small intestinal epithelial single-cell RNA-seq data of the proximal and distal SI from uninfected and *V. cholerae* infected P5 infant mice (n=3 for each condition, cells are pooled). The arrow points cluster 5 enterocytes in

infected animals in the distal SI. **(c)** Signature scores of top-villus landmark genes (left panels) and bottom-villus landmark genes (right panels) calculated by UCell[74] . Color scales indicate the UCell score. **(d)** Marker genes for tuft cell (green), goblet cell (blue), Paneth cell (red) and enteroendocrine cell (EEC, yellow) and their expression in epithelial cell clusters in adult (Haber et al[73] : GSE92332) and P5 infant mice. Heatmap represents the scaled expression level.

Extended Data Fig. 2 Epithelial cell-type specific responses to *V. cholerae* infection
(**a**) Heatmap of the numbers of differentially expressed genes (absolute Fold Change > 1, adjusted p-value < 0.00001, genes on chromosome X and Y were excluded as both, male and female infant mice were used for each condition) in each cluster. Stem, stem cells, EC, enterocytes, Gob, goblet cells, EEC, enteroendocrine cells. (**b**) Pathways of the Single Cell Pathway Analysis (Qval > 8.75 in any cluster) in the proximal SI epithelium. Pathways are matched to Fig.1c. Dot plot represents enrichment in color and Qval in circle size. Stem: stem cells; Gob: Goblet cells; EEC: enteroendocrine cells. (**c**) HALLMARK and KEGG metabolic pathways altered by *V. cholerae* infection. Dot plot represents enrichment in color and Qval in circle size. (**d**) Volcano plots showing gene expression changes between uninfected and *V. cholerae*-infected conditions. Genes in the HALLMARK_MYC_TARGETS_V1 pathway are highlighted as red. (**e**) Heatmap representing uninfected vs. *V. cholerae*-infected gene expression changes in color. Top: Top-hit DEGs (Log$_2$ fold change > 3 and adjusted p-value < 0.01) in 8_stem, Bottom: Top-hit DEGs in 0_Enterocyte. *Reg3b* and *Reg3g* are excluded. Note that log$_2$ fold change of the genes without any values of differential expression analysis (Seurat's

1093 FindMarkers function) are set to zero. (**f**) Percentage of cells in each cluster vs the total cell
1094 number in the proximal SI.

Extended Data Fig. 3. Identity of cluster 5 epithelial cells
(a) Representative genes for cluster 5 epithelial cells. Dot plots indicate the scaled expression levels in color and the percentage of the cells expressing genes in the size of each cluster of epithelial cells in distal SI in uninfected (left panel) and *V. cholerae* infected animals (right panel).(b) Separated images of RNA FISH detecting cluster 5 markers: *Fgb* (green) and *Sult6b2* (magenta). DAPI (blue). Merged images are also shown in Fig. 1g. (c) Experimental protocols for experiments with EdU labeling and imaging to investigate the origins of cluster 5 cells. In experiment 1 (Exp. 1), infant mice were given EdU at the same time of infection (0 hpi), and in experiment 2 (Exp 2), infant mice were given EdU at 18 hpi (2 hours before sampling). (d) Representative images of EdU (magenta), co-stained with cluster 5 enterocyte markers, *Sult6b2* (red) and *Fgb* (green), and DAPI. (e) The percentage of EdU+ cells in cluster 5 enterocytes (*Sult6b2*+ cells). 110 (from 4 mice, Exp.1) and 63 images (from 3 mice, Exp.2) were analyzed. (f) UMAP projection representing the RNA expression of marker genes in the epithelial cell scRNA-seq data from the distal SI in infected animals. RNA-velocity is overlaid on the UMAP. Top left UMAP shows the expression levels of *Lgr5* (stem cells) and the bottom left UMAP shows that of *MKi67* in purple. The right UMAP shows the expression level of cluster 5 enterocyte marker gene *Sult6b2* in purple. Colored arrows on the UMAPs point to *Lgr5*+ cells (blue), *MKi67*+ cells (green), and *Sult6b2*+ cells (red). (g) Immunohistochemistry of Reg3β (red), *V. cholerae* (magenta), and DAPI (blue) in the distal SI tissue at 20 hpi. Top row images depict tissues stained with only secondary antibody as a control. Middle and bottom rows are uninfected and *V. cholerae* infected distal SI tissues. White arrows in the images of infected samples show *V. cholerae* microcolonies on the SI villi. Right panels are high magnification images of the merged image. White arrowheads in the high magnification image indicate the expression of Reg3β in the uninfected SI. Dotted line indicates the epithelial cell membrane. Merged images are also shown in Fig. 1k. Scales are indicated.

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Extended Data Fig. 4. scRNA-seq profile of the SI lamina propria CD45+ cells in P5 infant
mice.

(a) UMAP of the CD45+ cells, split by tissue (proximal and distal) and conditions (infected and
uninfected). **(b, c)** Canonical marker gene (b) and representative gene expression (c) in each
cluster. Canonical marker genes were determined by database search with Tabula Muris[75],
PanglaoDB[76] , and literatures[77–79]. Dot plot indicates the scaled expression levels in color and the
percentage of the cells expressing genes in the size of each cluster of immune cells in combined
data (immune cells in proximal and distal SI from uninfected and infected animals).
(d) Integrated UMAP of the immune cells in adult (GSE124880)[18] and infant mice (our data).
GSE124880 cell annotations are based on the original data source.

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Extended Data Fig. 5 Cell-type specific transcriptional change
(a) Heatmap of the numbers of differentially expressed genes (absolute Fold Change > 1,
adjusted p-value < 0.00001, genes on chromosome X and Y were excluded as both, male and
female infant mice were used for each condition, in each cluster). **(b)** Top upregulated genes in
the distal small intestine (Fold Change > 3, adjusted p-value < 10^{-20}, on Autosomes, at least 20%
of the cells in cluster express the gene). The expression of the several top-upregulated genes in
the distal SI also changes in the proximal SI. *Il22*, *Il17a*, and *Il17f* are highlighted in red.
Interferon responsive genes are highlighted in green. Color shows the average $\log_2$ fold change.
Dot size represents negative $\log_{10}$ scaled value of adjusted p-value. **(c)** Dot plots showing
average expression and percent of expressing cells of interferons and their receptor gene
expression in immune cells. Clusters with more than 500 cells (total cell number) are shown.
Note that *Ifna* and *Ifnl* were not detected. Color shows the average expression. Dot size

represents percent of cells expressing genes in each cluster. **(d)** Representative flow cytometry plots for IL22+ ILCs (CD45+, CD11b-, CD11c-, B220-, CD3e-, IL22+) and $\gamma\delta$T cells (CD45+, CD11b-, CD11c-, B220-, CD3e+, TCR$\gamma\delta$+, IL22+) detection in SI lamina propria. FMO: Fluorescence minus one (anti-Il22 antibody) control. **(e)** qPCR analysis of *Reg3b* and *Reg3g* expression in the distal SI from *V. cholerae* infected/uninfected WT C57BL/6 (IL22$^{+/+}$), infected IL22$^{+/-}$ and IL22$^{-/-}$ littermate animals. Expression levels were normalized by β-Actin expression and shown as relative expression to uninfected IL22$^{+/+}$ group.

**Extended Data Fig. 6. Dosage regimen-dependent efficacy of IL22Fc on *V. cholerae*
colonization and effect of IL22Fc on colonization with other enteric pathogens**
(a, b) *V. cholerae* burden in the SI tissues in animals treated with vehicle (black), 5µg IL22Fc
(red), or 5 µg mouse recombinant IL17A (rm-IL17A) (green) 24 h (a) or 48 h (b) before
infection. **(c, d)** *V. cholerae* burden in the SI tissues in animals treated with vehicle (black) or
5µg mouse recombinant IL17F (rm-IL17F) (pink) (c), 5000 unit of recombinant mouse IFNβ
(rm-IFNβ, purple) or 2 µg of recombinant mouse IFNγ (rm-IFNγ, orange) (d) 24 h before

infection. **(e)** *V. cholerae* burden in the SI tissues in animals treated with vehicle (black) or 5μg IL22Fc (red) 5 days before infection. One-way ANOVA. **(f, g)** Percent of body weight compared to that at 0 hpi (f) and survival (g) after *V. cholerae* infection. Mice were infected with WT *V. cholerae* and administered vehicle or IL22Fc i.p. at 5 hpi. Data are represented as mean ± SD for biological replicate (n = 7-8/group), Two-way ANOVA (f). Log-rank test (g). **(h)** *C. rodentium* burden in the entire SI and colon in vehicle (black) or IL22Fc-treated (red) infant animals at 2-days post infection (dpi). Bars indicate the geometric mean for biological replicates (n = 5/group), Unpaired t-test. The dotted lines indicate the detection limit. **(i)** *S.* Typhimurium burden in the entire SI, colon, liver, and spleen in vehicle (black) or IL22Fc-treated (red) infant animals at 1- or 3 dpi. One-way ANOVA. (a, b, c, d, g, h) Bars indicate the geometric mean for biological replicates. P-values are shown.

Extended Data Fig. 7. IL22Fc administration alters the SI epithelium

(**a-c**) SI (a) and colon (b) length, and body weight (c) of animals 40 hours after vehicle (black) or IL22Fc (red) administration. Data are represented as mean ± SD for biological replicate (n = 7-8/group for the measurement of SI and colon length, n = 4-5/group for the measurement of body weight). Unpaired t-test. P-value is indicated in individual plots. (**d**) Heatmap of the numbers of differentially expressed genes (absolute Fold Change > 1, adjusted p-value < 0.00001, genes on chrX and Y were excluded as male and female infants were mixed) in each cluster. (**e**) Volcano

plots showing fold change and q-value of Single Cell Pathway Analysis results. Colors represent
pathways: Antimicrobial peptides (red), Mitosis (yellow green), Translation and Ribosome (light
blue), E2F (purple), MYC Target (yellow), and Lipid, Sugar, Amino acid (pink). (**f**) Dot plot
represents control vs. IL22Fc-treated gene expression changes in the
REACTOME_FATTY_ACID_METABOLISM pathway. Average of $\log_2$ fold change in
IL22Fc-treated compared to control is shown in color and negative $\log_{10}$-scaled adjusted p-value
is shown in the size of each cluster. (**g**) Volcano plots show differentially expressed genes
between IL22Fc- vs. control-treated animals in cluster 0 enterocytes. The x- and y-axis indicate
$\log_2$ fold change compared to control animals and negative $\log_{10}$ adjusted p-value, respectively.
Genes in REACTOME_FATTY_ACID_METABOLISM,
REACTOME_PHOSPHOLIPID_METABOLISM,
REACTOME_CELL_CYCLE_CHECKPOINTS, and
HALLMARK_OXIDATIVE_PHOSPHORYLATION pathways are highlighted in blue.
(**h**) Representative images of 5-ethynyl 2′-deoxyuridine (EdU) positive cells in the distal small
intestine. P4 infant mice were intraperitoneally treated with vehicle or IL22Fc, and EdU. Mice
were sacrificed at 36 h post administration. DNA-incorporated EdU was stained with Alexa 647
(magenta). White arrowheads point to the top EdU-positive cells along the crypt-villus axis. The
white bracket shows the distance from the bottom of the crypt to the top of the EdU-positive
cells. Scale bar: 100 μm. (**i**) Enumeration of EdU positive cells per crypt in the control vs.
IL22Fc-treated animals. Vehicle: n = 117 images from 4 animals, IL22Fc: n = 118 images from
4 animals. Unpaired t-test. (**j**) Measurement of the distance from the bottom of the crypt to the
top EdU-positive cells. The migration velocities are coupled to cell proliferation rates[80]. Vehicle:
n = 120 images from 4 animals, IL22Fc: n = 120 images from 4 animals. Unpaired t-test.

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Extended Data Fig. 8. IL22Fc administration increased the expression of Reg3β in the epithelial cells

(a) Relative expression of the DEGs in the Reactome antimicrobial peptide pathway. Color code and the scale of the dot size indicate average $\log_2$ fold change and negative $\log_{10}$ scaled adjusted p-value in IL22Fc-treated animals, respectively. (b) qPCR analysis of *Reg3b* and *Reg3g* in the distal SI tissue. Data is normalized by the expression of β-Actin and presented as relative to IL22Fc-untreated/uninfected control. n = 4-5/group. mean ± SD. (c) Mass-spectrometry signal intensity of Reg3β, Reg3γ, Defa17 and Defa24 peptides in intestinal wash proteomics analysis in control- (black) vs IL22Fc-treated animals (red). n.d.: not detected. (d) Representative images of immunohistochemistry of Reg3β protein (red) and DAPI (blue) in the small intestine from control or IL22Fc-treated animal. Scale bar: 50 μm.

1214

Extended Data Fig. 9 IL22Fc promotes secretory progenitor cells proliferation
(**a**) Ratio between indicated cell cluster vs stem cell clusters in scRNA-seq data in Figure 5a.
Cell counts per cluster was divided by the count of stem cells. (**b**) Experimental protocol for
testing if IL22Fc-induced crypt associated goblet cell arise from the Atoh1+ secretory lineage in
Atoh1Cre(ER-T2);Rosa26RLSL-TdTomato animals. Tamoxifen was administered -9 and 0 post
IL22Fc administration. Tissue was sampled 37 h post IL22Fc administration. (**c**) Tissue sections
were stained with UEA-I as a marker for mucus+ cells (green), and DAPI (blue). White
arrowheads and yellow arrows indicate tdTomato+ UEA-I- cells and tdTomato+ UEA-I+ cells,
respectively. (**d**) The percentage of UEA-I+ cells in tdTomato+ cells (top), and tdTomato+ cells
in UEA-I+ cells (bottom). (**e**) Experimental protocol for testing if IL22Fc treatment promotes
proliferation of crypt-associated *Atoh1*+ cells; EdU was administered at 0 hpi. (f) Tissue was
stained with RNA FISH probes for the secretory lineage markers *Atoh1* and *Spdef* and EdU was
detected with click chemistry. White arrowheads and yellow arrows indicate *Atoh1*+ EdU- cells
and *Atoh1*+ EdU+ cells, respectively. (**g**) Enumeration of *Atoh1*+ EdU+ cells per crypt. 140 and
100 images of the small intestine in control (n = 4) vs IL22Fc-treated animals (n = 4) were
analyzed. Welch's t-test. p-value is shown. p-value is shown.

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Extended Data Fig. 10. IL22Fc administration modifies mucus and protects against experimental cholerae

(**a**) Volcano plots represent differentially expressed genes associated with glycosylation (GO:0006486) in goblet cells in uninfected vs *V. cholerae* infected (left), or control vs IL22Fc-treated animals in the scRNA-seq data (right). (**b**) Expression of glycosylation genes in the distal

SI tissues in uninfected (n = 4) or *V. cholerae*-infected WT C57BL/6 (+/+) (n = 5), IL22
heterozygous (+/-) (n = 10), or IL22 knockout (-/-) (n = 5) animals (left), and control vs IL22Fc-
treated animals (n = 4-5/group) (right). mean ± SD. One-way ANOVA. (**c**) Western blot image
of immunoprecipitation of Muc2 and its modification with fucose (UEA-I) and *N*-
acetylglucosamine (DSL) in the SI luminal wash. Relative abundance of modification (UEA-
I/Muc2, DSL/Muc2) in Muc2 (250kDa band) is quantified using densitometry and shown as
relative to control (right graph). (**d**) The intestinal response to *V. cholerae* infection and the
mechanism of IL22Fc-mediated protection. Infant mice lack Paneth cells but almost all major
immune cell types are present except for plasma cells (left). *V. cholerae* infection recruits LTi-
like ILC3 to the lamina propria and epithelial layer, and activates IL22 secretion. *V. cholerae*
infection elevates the abundance of a subset of epithelial cells (cluster 5) specialized in defense
responses such as production of Reg3β, which binds *V. cholerae* microcolonies and kills *V.*
cholerae. Despite these defense responses, infant mice die from cholera-like diarrhea (middle).
IL22Fc administration induces nearly all enterocyte subsets to express defense associated
phenotypes and antimicrobial function is up-regulated and lipid metabolism is down-regulated.
IL22Fc also promotes differentiation of stem cells into the secretory lineage cell increasing
production of Muc2 mucin. Muc2 restricts *V. cholerae* motility and reduces pathogen association
with the epithelium. These mechanisms impair *V. cholerae* colonization, preventing diarrhea and
death. (Created in https://BioRender.com.)

Supplementary Table 1. Excel file containing marker genes for clustering in epithelial and immune cell scRNA-seq.

Supplementary Table 2. An Excel file containing differentially expressed genes in epithelial cells in the proximal SI comparing uninfected vs *V. cholerae* infected animals.

Supplementary Table 3. An Excel file containing differentially expressed genes in epithelial cells in the distal SI comparing uninfected vs *V. cholerae* infected animals.

Supplementary Table 4. An Excel file containing differentially expressed genes in immune cells in the proximal SI lamina propria comparing uninfected vs *V. cholerae* infected animals.

Supplementary Table 5. An Excel file containing differentially expressed genes in immune cells in the distal SI lamina propria comparing uninfected vs *V. cholerae* infected animals.

Supplementary Table 6. An Excel file containing the in vivo Tn-seq analysis result.

Supplementary Table 7. An Excel file containing differentially expressed genes in epithelial cells in the distal SI lamina propria comparing IL22Fc-treated vs vehicle-treated animals.

Supplementary Table 8. An Excel file containing oligonucleotide sequences for the construction of deletion mutant strains of *V. cholerae* and primer sequences for qPCR

References

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1. WHO. External Situation Report n. 22. *Multi-country outbreak of cholera* (2025).

2. Kanungo, S., Azman, A. S., Ramamurthy, T., Deen, J. & Dutta, S. Cholera. *The Lancet*
(2022).

3. Taylor, R. K., Miller, V. L., Furlong, D. B. & Mekalanos, J. J. Use of phoA gene fusions to
identify a pilus colonization factor coordinately regulated with cholera toxin. *Proc. Natl. Acad.*
Sci. **84**, 2833–2837 (1987).

4. Ryan, E. T. *et al.* Systemic, Mucosal, and Memory Immune Responses following Cholera.
Tropical Medicine Infect Dis **6**, 192 (2021).

5. Levine, M. M. *et al.* Duration of Infection-Derived Immunity to Cholera. *J. Infect. Dis.* **143**,
818–820 (1981).

6. Flach, C.-F. *et al.* Broad Up-Regulation of Innate Defense Factors during Acute Cholera.
Infect. Immun. **75**, 2343–2350 (2007).

7. Weil, A. A. *et al.* Posttranslational Regulation of IL-23 Production Distinguishes the Innate
Immune Responses to Live Toxigenic versus Heat-Inactivated Vibrio cholerae. *mSphere* **4**,
e00206-19 (2019).

8. Bourque, D. L. *et al.* Analysis of the Human Mucosal Response to Cholera Reveals Sustained
Activation of Innate Immune Signaling Pathways. *Infect. Immun.* **86**, 10.1128/iai.00594-17
(2018).

9. Qadri, F. *et al.* Acute dehydrating disease caused by Vibrio cholerae serogroups O1 and O139
induce increases in innate cells and inflammatory mediators at the mucosal surface of the gut.
Gut **53**, 62 (2004).

10. Qadri, F. *et al.* Increased Levels of Inflammatory Mediators in Children and Adults Infected
with Vibrio cholerae O1 and O139. *Clin. Vaccine Immunol.* **9**, 221–229 (2002).

11. Ellis, C. N. *et al.* Comparative Proteomic Analysis Reveals Activation of Mucosal Innate
Immune Signaling Pathways during Cholera. *Infect. Immun.* **83**, 1089–1103 (2015).

12. Kayama, H., Okumura, R. & Takeda, K. Interaction Between the Microbiota, Epithelia, and
Immune Cells in the Intestine. *The Annual Review of Immunology* (2020) doi:10.1146/annurev-
immunol-070119-115104.

13. Herrington, D. A. *et al.* Toxin, toxin-coregulated pili, and the toxR regulon are essential for
Vibrio cholerae pathogenesis in humans. *J. Exp. Med.* **168**, 1487–1492 (1988).

14. Lueschow, S. R. & McElroy, S. J. The Paneth Cell: The Curator and Defender of the
Immature Small Intestine. *Front Immunol* **11**, 587 (2020).

15. Millet, Y. A. *et al.* Insights into Vibrio cholerae Intestinal Colonization from Monitoring
Fluorescently Labeled Bacteria. *PLoS Pathog.* **10**, e1004405 (2014).

16. Luyendyk, J. P., Schoenecker, J. G. & Flick, M. J. The multifaceted role of fibrinogen in
tissue injury and inflammation. *Blood* **133**, 511–520 (2019).

17. Rogers, A. P., Mileto, S. J. & Lyras, D. Impact of enteric bacterial infections at and beyond
the epithelial barrier. *Nat. Rev. Microbiol.* **21**, 260–274 (2023).

18. Xu, H. *et al.* Transcriptional Atlas of Intestinal Immune Cells Reveals that Neuropeptide α-
CGRP Modulates Group 2 Innate Lymphoid Cell Responses. *Immunity* **51**, 696-708.e9 (2019).

19. Jones, L. O. *et al.* Single-cell resolution of the adult zebrafish intestine under conventional
conditions and in response to an acute Vibrio cholerae infection. *Cell Rep.* **42**, 113407 (2023).

20. Jin, S. *et al.* Inference and analysis of cell-cell communication using CellChat. *Nat Commun*
12, 1088 (2021).

21. Aujla, S. J. *et al.* IL-22 mediates mucosal host defense against Gram-negative bacterial
pneumonia. *Nat. Med.* **14**, 275–281 (2008).

22. Zheng, Y. *et al.* Interleukin-22 mediates early host defense against attaching and effacing
bacterial pathogens. *Nat. Med.* **14**, 282–289 (2008).

23. Hasegawa, M. *et al.* Interleukin-22 Regulates the Complement System to Promote Resistance
against Pathobionts after Pathogen-Induced Intestinal Damage. *Immunity* **41**, 620–632 (2014).

24. Nagao-Kitamoto, H. *et al.* Interleukin-22-mediated host glycosylation prevents Clostridioides
difficile infection by modulating the metabolic activity of the gut microbiota. *Nat. Med.* **26**, 608–
617 (2020).

25. Horn, V. & Sonnenberg, G. F. Group 3 innate lymphoid cells in intestinal health and disease.
Nat. Rev. Gastroenterol. Hepatol. **21**, 428–443 (2024).

26. Behnsen, J. *et al.* The Cytokine IL-22 Promotes Pathogen Colonization by Suppressing
Related Commensal Bacteria. *Immunity* **40**, 262–273 (2014).

27. Layunta, E., Jäverfelt, S., Dolan, B., Arike, L. & Pelaseyed, T. IL-22 promotes the formation
of a MUC17 glycocalyx barrier in the postnatal small intestine during weaning. *Cell Rep.* **34**,
108757 (2021).

28. Stefanich, E. G. *et al.* Pre-clinical and translational pharmacology of a human interleukin-22
IgG fusion protein for potential treatment of infectious or inflammatory diseases. *Biochem.*
Pharmacol. **152**, 224–235 (2018).

29. Hullahalli, K., Pritchard, J. R. & Waldor, M. K. Refined Quantification of Infection
Bottlenecks and Pathogen Dissemination with STAMPR. *mSystems* **6**, e00887-21 (2021).

30. Gardel, C. L. & Mekalanos, J. J. Alterations in Vibrio cholerae motility phenotypes correlate
with changes in virulence factor expression. *Infect. Immun.* **64**, 2246–2255 (1996).

31. Wang, X. *et al.* Interleukin-22 alleviates metabolic disorders and restores mucosal immunity
in diabetes. *Nature* **514**, 237–241 (2014).

32. Lindemans, C. A. *et al.* Interleukin-22 promotes intestinal-stem-cell-mediated epithelial
regeneration. *Nature* **528**, 560–564 (2015).

33. Miki, T., Holst, O. & Hardt, W.-D. The Bactericidal Activity of the C-type Lectin RegIIIβ
against Gram-negative Bacteria involves Binding to Lipid A*. *J. Biol. Chem.* **287**, 34844–34855
(2012).

34. Stelter, C. *et al.* Salmonella-Induced Mucosal Lectin RegIIIβ Kills Competing Gut
Microbiota. *PLoS ONE* **6**, e20749 (2011).

35. Gaudino, S. J. *et al.* IL-22 receptor signaling in Paneth cells is critical for their maturation,
microbiota colonization, Th17-related immune responses, and anti-Salmonella immunity.
Mucosal Immunol. **14**, 389–401 (2021).

36. He, G.-W. *et al.* Optimized human intestinal organoid model reveals interleukin-22-
dependency of paneth cell formation. *Cell Stem Cell* **29**, 1333-1345.e6 (2022).

37. Yang, Q., Bermingham, N. A., Finegold, M. J. & Zoghbi, H. Y. Requirement of Math1 for
Secretory Cell Lineage Commitment in the Mouse Intestine. *Science* **294**, 2155–2158 (2001).

38. Peeters, T. & Vantrappen, G. The Paneth cell: a source of intestinal lysozyme. *Gut* **16**, 553
(1975).

39. Kolev, H. M. & Kaestner, K. H. Mammalian Intestinal Development and Differentiation—
The State of the Art. *Cell. Mol. Gastroenterol. Hepatol.* **16**, 809–821 (2023).

40. Johansson, M. E. V. & Hansson, G. C. Immunological aspects of intestinal mucus and
mucins. *Nat. Rev. Immunol.* **16**, 639–649 (2016).

41. Rodriguez, N. R. M. *et al.* Expansion of Paneth Cell Population in Response to Enteric
Salmonella enterica Serovar Typhimurium Infection. *Infect. Immun.* **80**, 266–275 (2011).

42. Campbell, I. W. *et al.* Vibrio cholerae motility is associated with inter-animal transmission.
Nat. Commun. **16**, 7989 (2025).

43. Goto, Y. *et al.* Innate lymphoid cells regulate intestinal epithelial cell glycosylation. *Science*
345, 1254009 (2014).

44. Melchior, K. *et al.* IL-22-dependent responses and their role during Citrobacter rodentium
infection. *Infect. Immun.* **92**, e00099-24 (2024).

45. Zhu, Q. *et al.* Epithelial dysfunction is prevented by IL-22 treatment in a Citrobacter
rodentium-induced colitis model that shares similarities with inflammatory bowel disease.
Mucosal Immunol. **15**, 1338–1349 (2022).

46. Pham, T. A. N. *et al.* Epithelial IL-22RA1-Mediated Fucosylation Promotes Intestinal
Colonization Resistance to an Opportunistic Pathogen. *Cell Host Microbe* **16**, 504–516 (2014).

47. Bergstrom, K. S. B. *et al.* Muc2 Protects against Lethal Infectious Colitis by Disassociating
Pathogenic and Commensal Bacteria from the Colonic Mucosa. *PLoS Pathog.* **6**, e1000902
(2010).

48. Wang, B. X. *et al.* Host-derived O-glycans inhibit toxigenic conversion by a virulence-
encoding phage in Vibrio cholerae. *Embo J* **42**, e111562 (2023).

49. Dupont, A., Heinbockel, L., Brandenburg, K. & Hornef, M. W. Antimicrobial peptides and
the enteric mucus layer act in concert to protect the intestinal mucosa. *Gut Microbes* **5**, 761–765
(2014).

50. Rouard, C. *et al.* Long-Distance Spread of a Highly Drug-Resistant Epidemic Cholera Strain.
N. Engl. J. Med. **391**, 2271–2273 (2024).

51. Richterman, A., Sainvilien, D. R., Eberly, L. & Ivers, L. C. Individual and Household Risk
Factors for Symptomatic Cholera Infection: A Systematic Review and Meta-analysis. *J. Infect.*
Dis. **218**, S154–S164 (2018).

52. Heida, F. H. *et al.* Paneth cells in the developing gut: when do they arise and when are they
immune competent? *Pediatr. Res.* **80**, 306–310 (2016).

53. Cui, C., Wang, F., Zheng, Y., Wei, H. & Peng, J. From birth to death: The hardworking life
of Paneth cell in the small intestine. *Front. Immunol.* **14**, 1122258 (2023).

54. Wagner, F. *et al.* Dose escalation randomised study of efmarodocokin alfa in healthy
volunteers and patients with ulcerative colitis. *Gut* **72**, 1451–1461 (2023).

55. Waters, M. *et al.* Astegolimab or Efmarodocokin Alfa in Patients With Severe COVID-19
Pneumonia: A Randomized, Phase 2 Trial*. *Crit. Care Med.* **51**, 103–116 (2023).

56. Shi, Z., Ohno, H. & Satoh-Takayama, N. Dietary Derived Micronutrients Modulate Immune
Responses Through Innate Lymphoid Cells. *Front. Immunol.* **12**, 670632 (2021).

57. Fujiyama, T. *et al.* Inhibitory and excitatory subtypes of cochlear nucleus neurons are defined
by distinct bHLH transcription factors, Ptf1a and Atoh1. *Development* **136**, 2049–2058 (2009).

58. Velcich, A. *et al.* Colorectal Cancer in Mice Genetically Deficient in the Mucin Muc2.
Science **295**, 1726–1729 (2002).

59. Chen-Shan, C. *et al.* The Origin of the Haitian Cholera Outbreak Strain. *New Engl J Med*
364, 33–42 (2011).

60. Chao, M. C. *et al.* A Cytosine Methytransferase Modulates the Cell Envelope Stress
Response in the Cholera Pathogen. *PLoS Genet.* **11**, e1005666 (2015).

61. Fakoya, B. *et al.* Nontoxigenic Vibrio cholerae Challenge Strains for Evaluating Vaccine
Efficacy and Inferring Mechanisms of Protection. *mBio* **13**, e00539-22 (2022).

62. Leitner, D. R., Zingl, F. G., Morano, A. A., Zhang, H. & Waldor, M. K. The Mla pathway
promotes Vibrio cholerae re-expansion from stationary phase. *mBio* **16**, e03433-24 (2024).

63. Manno, G. L. *et al.* RNA velocity of single cells. *Nature* **560**, 494–498 (2018).

64. Bergen, V., Lange, M., Peidli, S., Wolf, F. A. & Theis, F. J. Generalizing RNA velocity to
transient cell states through dynamical modeling. *Nat. Biotechnol.* **38**, 1408–1414 (2020).

65. Hubbard, T. P. *et al.* A live vaccine rapidly protects against cholera in an infant rabbit model.
Sci Transl Med **10**, (2018).

66. Chao, M. C., Abel, S., Davis, B. M. & Waldor, M. K. The design and analysis of transposon
insertion sequencing experiments. *Nat. Rev. Microbiol.* **14**, 119–128 (2016).

67. Hullahalli, K. & Waldor, M. K. Pathogen clonal expansion underlies multiorgan
dissemination and organ-specific outcomes during murine systemic infection. *eLife* **10**, e70910
(2021).

68. Liang, Z. *et al.* Protocol to profile spatially resolved NLRP3 inflammasome complexes using
APEX2-based proximity labeling. *STAR Protoc.* **5**, 103417 (2024).

69. Peng, J. & Gygi, S. P. Proteomics: the move to mixtures. *J. Mass Spectrom.* **36**, 1083–1091
(2001).

70. Eng, J. K., McCormack, A. L. & Yates, J. R. An approach to correlate tandem mass spectral
data of peptides with amino acid sequences in a protein database. *J. Am. Soc. Mass Spectrom.* **5**,
976–989 (1994).

71. Tyanova, S., Temu, T. & Cox, J. The MaxQuant computational platform for mass
spectrometry-based shotgun proteomics. *Nat. Protoc.* **11**, 2301–2319 (2016).

72. Tyanova, S. *et al.* The Perseus computational platform for comprehensive analysis of
(prote)omics data. *Nat. Methods* **13**, 731–740 (2016).

73. Haber, A. L. *et al.* A single-cell survey of the small intestinal epithelium. *Nature* **551**, 333–
339 (2017).

74. Andreatta, M. & Carmona, S. J. UCell: Robust and scalable single-cell gene signature
scoring. *Comput. Struct. Biotechnol. J.* **19**, 3796–3798 (2021).

75. Schaum, N. *et al.* Single-cell transcriptomics of 20 mouse organs creates a Tabula Muris.
Nature **562**, 367–372 (2018).

76. Franzén, O., Gan, L.-M. & Björkegren, J. L. M. PanglaoDB: a web server for exploration of
mouse and human single-cell RNA sequencing data. *Database* **2019**, baz046 (2019).

77. Koprivica, I. *et al.* ILC3: a case of conflicted identity. *Front. Immunol.* **14**, 1271699 (2023).

78. Scott, C. L., Bain, C. C. & Mowat, A. M. Inflammation, Methods and Protocols. *Methods*
Mol. Biol. **1559**, 223–239 (2017).

79. Vivier, E. *et al.* Innate Lymphoid Cells: 10 Years On. *Cell* **174**, 1054–1066 (2018).

80. Parker, A. *et al.* Cell proliferation within small intestinal crypts is the principal driving force
for cell migration on villi. *FASEB J.* **31**, 636–649 (2017).

1454