1 **Gram-positive bacterial cell wall components inhibit herpes simplex virus**
2 **infection**
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Abstract

The role of the mucosal microbiome in viral infections remains unclear. Genital herpes, caused by herpes simplex virus 1 and 2 (HSV-1 and HSV-2), is among the most prevalent sexually transmitted infections worldwide. Despite evidence linking vaginal *Lactobacillus* to protection against sexually transmitted viruses, the specific microbial components and mechanisms that mediate this defense are not well understood. Here, we show that multiple cell wall components from diverse gram-positive bacteria, including lactobacilli, inhibit HSV-1 and HSV-2 infection in cells and in a mouse model of genital herpes infection. Peptidoglycan (PG) and lipoteichoic acid (LTA), both major components of the gram-positive bacterial cell wall, significantly reduced HSV infectivity *in vitro* and improved survival and disease outcomes in mice. We further showed that *Lactobacillus crispatus* surface layer proteins SlpA and SlpB bind HSV-1 and inhibit infection. Antiviral effects of cell wall components were dose-dependent, relied on intact PG structure, and, in the case of PG and LTA, were independent of TLR2-mediated host signaling. Collectively, our findings identify a species-independent antiviral function for gram-positive bacterial cell wall components against HSV and suggest that the composition of the mucosal microbiome may play an underappreciated role in suppressing mucosal herpes infection in humans.

Introduction

Genital herpes infection is a chronic, life-long, sexually-transmitted infection that can be caused by both herpes simplex viruses HSV-1 and HSV-2, affecting over 400 million people worldwide (Looker et al., 2015b, 2008). Infected individuals experience recurrent episodes of inflammation and ulceration. Nucleoside analogues like acyclovir that target the viral DNA polymerase are often used to reduce the severity of symptoms once they are detected, but not everyone responds to these medications, and some develop resistance (Schalkwijk et al., 2022). Additionally, symptom recurrence rates are highly heterogenous with some individuals experiencing inflammation and painful ulcers associated with an increased risk of disease transmission, while others display low-level, asymptomatic viral shedding (Casto et al., 2024; Dhankani et al., 2014; Tronstein et al., 2011; Roychoudhury et al., 2020). In addition to transmission between sexual partners, maternal transmission of HSV to neonates, which mostly occurs during birth, can result in 30% fatality rates, even with treatment (Corey and Wald, 2009; De Rose et al., 2023). Thus, there is an urgent need to develop better interventions to block HSV transmission and symptom development.

Mucosal viruses interact with the host microbiome before infecting and replicating within the host. These interactions can influence infectivity, replication, and transmission but have primarily been studied in the mammalian gut mucosa (Pfeiffer and Virgin, 2016). The role of these interactions in the vaginal mucosa remains unclear. The vaginal microbiome of people around the world primarily falls into two categories – a low diversity bacterial community where gram-positive *Lactobacillus* species, like *Lactobacillus crispatus*, dominate, or, a high diversity, gram-negative-dominant, community with low to undetectable *Lactobacillus* (France et al., 2022). Although sometimes found in healthy people (Ravel et al., 2011), the high diversity, *Lactobacillus*-low communities are correlated with an increased risk for bacterial vaginosis (BV), a condition characterized by inflammation, discharge, and pruritus (Abbe and Mitchell, 2023). Clinical studies have shown significant associations between BV and sexually transmitted viral infections including human immunodeficiency virus HIV (Atashili et al., 2008; Borgdorff et al., 2014) human papilloma virus (Qi et al., 2024), and HSV (Cherpes et al., 2003, 2005), suggesting that the presence of *Lactobacillus* decreases the risk of vaginal viral infections in humans.

The protective role of lactobacilli in HSV infection has been previously explored. Pretreatment of mammalian cell lines with vaginal *L. crispatus* reduced HSV-2 viral titers (Mousavi et al., 2018). Furthermore, mice orally colonized with *Lacticaesibacillus rhamnosus* were more protected against vaginal HSV-2 infection, indicating that both gut and vaginal lactobacilli may play a role in influencing HSV-2 risk (Wang et al., 2023). Lactobacilli have also been shown to exhibit antiviral properties via secretion of soluble products including lactic acid and hydrogen peroxide (Conti et al., 2009). Interestingly, the cell-wall of the oral probiotic lactobacillus *Levilactobacillus brevis* was shown to have anti-HSV-2 activity, but the specific antiviral components were not identified (Mastromarino et al., 2011). These studies suggest that while multiple lactobacilli strains have antiviral properties, the specific mechanisms by which they reduce HSV-2

90 infectivity remain unclear. It also remains unknown if this antiviral protection is specific
91 to probiotic commensals like lactobacilli.
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In this study, we sought to identify factors in vaginal bacterial communities that lower
HSV-2 risk. By studying health-promoting gut and vaginal lactobacilli, we identify
multiple lactobacilli cell wall components including peptidoglycan (PG), lipoteichoic acid
(LTA), and S-layer proteins that all inhibit HSV infection. We provide evidence that
treatment with these bacterial cell wall components results in little to no inflammation
and significantly prolongs survival of infected mice. This antiviral activity of bacterial cell
wall components is independent of TLR-2 signaling. Further, we find that this protection
extends to PG and LTA isolated from other gram-positive bacteria suggesting that
microbial communities rich in gram-positive bacteria play a conserved, protective role
against HSV in mucosal environments.
103
104 **Results**
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***Lactobacillus* cells and isolated peptidoglycan inhibit HSV-2 infection**
To determine the mechanisms by which vaginal lactobacilli impact HSV-2 risk, we used
L. crispatus as a model. To distinguish the impact of the bacterial cell body versus
secreted factors on HSV-2 infectivity, we incubated live and dead bacteria with HSV-2
(Figure 1A-C). OD-normalized bacterial cultures were pelleted, washed, and incubated
with HSV-2 virions at 37 °C. After incubation, the bacteria were removed by
centrifugation and the amount of infectious virus in the supernatant quantified via plaque
assay and compared against the control virus incubated without bacteria (Figure 1A-C).
We employed two methods of killing: UV exposure (Figure 1B) and phenol (Figure 1C).
In both cases, live and killed *L. crispatus* reduced the amount of infectious HSV-2 in the
supernatant. These data suggest that the cell body of vaginal *L. crispatus* plays a role in
reducing HSV-2 infection *in vitro*.
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Like most gram-positive bacteria, most lactobacilli have a thick layer of surface-facing
cell wall not enclosed by an outer membrane, consisting largely of PG and teichoic acid
(Chapot-Chartier and Kulakauskas, 2014). To identify the components of the *L.*
crispatus cell body that influence HSV-2 infectivity, we took a candidate approach and
isolated several compounds from the cell wall and determined their impact on HSV-2
infectivity *in vitro* and *in vivo*. We began by purifying PG from *L. crispatus.* Previously,
we observed that supernatant from *L. crispatus,* but not human gut-associated
Limosilactobacillus reuteri, dampened virus-driven inflammation in a mouse model of
genital herpes infection (Glick et al., 2024). This suggested that *L. reuteri* was not
antiviral against HSV-2 and would make a good negative control. Thus, we also isolated
PG from *L. reuteri* for comparison with *L. crispatus* PG in HSV-2 co-incubation assays.
Purified *L. crispatus* and *L. reuteri* PG were incubated with HSV-2 for 2 hours at 37 °C
before plating the HSV-2-PG mixture on Vero cells to quantify the impact of PG on
HSV-2 infectivity via plaque assays (Figure 1D). To our surprise, both *L. crispatus* and

L. reuteri PG significantly reduced HSV-2 plaques in a dose-dependent manner, with *L.*
reuteri PG reducing HSV-2 infectivity slightly better than *L. crispatus*.
135
Next, we tested if PG could reduce HSV-2 infection *in vivo* using a mouse model of
genital herpes infection (Gopinath et al., 2018; Glick et al., 2024; Lebratti et al., 2021;
Lee et al., 2020). Conventional C57BL/6 mice were first injected with depot
medroxyprogesterone acetate (DMPA) to synchronize estrus cycles and increase
sensitivity to HSV-2 infection (Linehan et al., 2004). At the time of infection, we
combined 200 µg of *L. crispatus* or *L. reuteri* PG with 10,000 PFU of HSV-2 before
infecting mice intravaginally. We also treated mice intravaginally with a second dose of
200 µg of PG on day 1 post-infection (Figure 1E). After vaginal infection in mice, HSV-2
undergoes multiple rounds of local replication in the vaginal mucosa before traveling to
the dorsal root ganglia where it continues to replicate before traveling to and infecting
fresh epithelial sites resulting in genital inflammation driven by innate immune cells
(Lebratti et al., 2021). The virus also spreads to the enteric nervous system and central
nervous system resulting in toxic megacolon, paralysis, and eventual death of the host
(Khoury-Hanold et al., 2016). To assess the impact of the PG treatment on HSV-2
infection, we tracked disease progression from local genital inflammation to neuronal
symptoms over 12 days. We found that mice treated with either *L. crispatus* or *L. reuteri*
PG had significantly improved survival (Figure 1F) and significantly lower disease
scores when compared to HSV-2 infected control mice (Figure 1G). Vaginal washes
were collected for two days after infection to quantify and track infectious virus in the
vaginal tract. In this mouse model, early vaginal viral titers are significantly correlated to
later stage disease (Shin and Iwasaki, 2012; Gopinath et al., 2018; Lebratti et al., 2021).
Two days after infection, the vaginal viral titers were significantly lower in *L. crispatus*
and *L. reuteri* PG treated mice than HSV-2 infected control mice (Figure 1H),
suggesting that PG blocks HSV-2 early in infection.
160
Composition analysis of *L. reuteri* and *L. crispatus* PG
PG structures of food and gut-associated lactobacilli have been previously described
(Zhao et al., 2021). However, PG structures of vaginal lactobacilli and *L. reuteri* strain
CF48-3A have not been defined. Despite slightly better reduction of HSV-2 infectivity in
Vero cells when treated with *L. reuteri* PG as compared to *L. crispatus* PG (Figure 1D),
L. reuteri and *L. crispatus* PG displayed equivalent protection from HSV-2 disease after
intravaginal infection (Figures F-H.) To better understand the differences between our *L.*
crispatus and *L. reuteri* PG preparations, we assessed the purity of the isolated PG and
further defined its structure using GC-MS of trimethylsilyl (TMS) methyl glycosides to
detect *N*-acetylglucosamine (GlcNAc) and *N*-acetylmuramic acid (MurNAc), and GC-MS
after acid hydrolysis and derivatization with heptafluorobutyric anhydride (HFBA) to
detect amino acids. The results (Table 1) indicate that the purified *L. crispatus* and *L.*
reuteri PG samples are enriched in amino acids that are commonly found in PG,
including alanine, glutamate, lysine, and glycine. Overall ratios of amino acids were
similar between *L. crispatus* and *L. reuteri*, indicating that the amino acid content of the
PG is similar between these two strains. Typical PG amino acids are lysine, glycine,
glutamate, and alanine (Rohde, 2019). The results also indicated the presence of other
amino acids that are not commonly found in PG, including proline, tyrosine and

phenylalanine which may be due to contaminating proteins. Glucosamine and muramic
acid were present in a 1:1 ratio for both PG samples as would be expected (Table 1).
Besides the two PG carbohydrates, both *L. crispatus* and *L. reuteri* PG isolates
contained glycerol that was greatly reduced upon hydrofluoric acid treatment
(Supplementary Figure 1), consistent with the presence of Wall Teichoic Acids (WTAs)
in the untreated PG. While LTAs are removed by SDS during the isolation, WTA can be
expected given its covalent attachment to PG. Composition analysis of the HF-treated
PG showed that the relative ratios of amino acids as well as GlcNAc and MurNAc were
very similar to the untreated PG (Table 1). Further analysis of the HF-treated PG by ^{1}H
NMR showed signals mainly due to PG carbohydrates and amino acids, without
apparent contaminants (Supplementary Figure 2). Taken together, these results
indicate that the PG preparations both likely contain an associated WTA and are low in
other co-purifying contaminants. Additionally, the PG amino acid and amino sugar
contents of *L. crispatus* and *L. reuteri* are nearly the same, in-line with our observation
that these PGs display similar levels of antiviral activity against HSV-2.
194
L. crispatus PG suppresses HSV-2 infection independently of the host
microbiome
Since the mouse vaginal mucosa is host to endogenous gram-positive bacterial species
(Vrbanac et al., 2018), we wanted to determine if the presence of the endogenous
vaginal microbiome was required for PG-mediated antiviral activity. We infected germ-
free C57BL/6 mice intravaginally with HSV-2 with and without 100 µg of *L. crispatus* PG
at the time of infection (Supplementary Figure 3). In this experiment, we did not include
a second treatment of *L. crispatus* PG on day 2 post-infection to minimize mouse
handling that could contaminate the experiment. However, despite only receiving a
single dose of PG, we found that *L. crispatus* PG significantly improved survival
(Supplementary Figure 3A-B) and symptom development (Supplementary Figure 3C).
This protection was accompanied by a reduction in vaginal viral titers (Supplementary
Figure 3D) like that observed in mice with a conventional microbiome, indicating that *L.*
crispatus PG protection from HSV-2 does not require the presence of an endogenous
microbiome. Our data also suggest that a reduced dose and reduced frequency of PG
treatment is still protective.
211
Robust *L. crispatus* PG inhibition of HSV-2 infection requires PG at time of
infection
Next, to assess whether PG is required only at the time of infection to protect from HSV-
2 disease, we first infected mice intravaginally without PG and then treated them with *L.*
crispatus PG 4 hours after infection and once daily for 7 days post-infection
(Supplementary Figure 4). Post-infection treatment did not ameliorate disease
progression. PG treated mice had equivalent survival outcomes (Supplementary Figure
4A-B) and similar disease progression (Supplementary Figure 4C) as control mice
despite a reduction in vaginal viral titers 2 days post-infection (Supplementary Figure
4D). This was in striking contrast to the significant inhibition of disease observed upon
addition of PG at the time of infection (Figure 1). This further suggests that *L. crispatus*
and *L. reuteri* PG presence is required during early viral infection to restrict HSV-2

inflammation and disease and that the second dose of PG on day 1 post-infection was
not required for protection.
226
Gram-positive PG reduces HSV-2 infection *in vitro* and *in vivo*
Since both *L. crispatus* and *L. reuteri* PG were equivalently protective of HSV-2 infection
in vivo, we asked whether this protection was broadly true of PG. We assessed the
impact of commercially available PG from *Bacillus subtilis,* a gut commensal, and
Staphylococcus aureus, a skin commensal, on HSV-2 infection in cells (Figure 2A-B)
and in mice (Figure 2C-I). Both *B. subtilis* and *S. aureus* PG significantly reduced HSV-
2 infections in Vero cells at doses lower than those seen with *L. reuteri* and *L. crispatus*
PG [0.2 mg/ml] (Figure 1D), with *B. subtilis* PG being more protective than *S. aureus*
PG (Figure 2A-B). Based on the increased antiviral efficacy observed in cells, we tested
if a smaller dose of 50 µg of PG could protect mice against genital HSV-2 infection. We
found 50 µg of *B. subtilis* PG completely rescued HSV-2 infected mice (Figure 2D-F)
with PG-treated mice showing no symptoms of infection (Figure 2E) and containing no
detectable virus in the vagina (Figure 2F). *S. aureus* PG was also highly protective and
rescued survival and disease (Figure 2G-H) with significantly lower viral titers than HSV-
2 infection alone two days post-infection (Figure 2I). To determine if this was unique to
gram-positive PG, we also treated mice with the same amount of gram-negative
Escherichia coli PG at the time of infection (Figure 2J-L). *E. coli* PG did not rescue
survival (Figure 2J) or disease symptoms (Figure 2K), and infected mice had equivalent
levels of vaginal virus with or without PG treatment (Figure 2L). Taken together, these
results demonstrate that gram-positive PG is protective against HSV-2 infection.
247
PG protection of HSV-2 infection is lysozyme sensitive
PG preparations from commercial sources can be complex mixtures with co-purifying
components that can impact viruses (Johnson et al., 2019). To assess whether
commercial PG protection from HSV infection was dependent on PG rather than co-
purifying compounds, we treated *B. subtilis* PG with lysozyme, a muramidase, which
preferentially cleaves the disaccharide MurNAc and GlcNAc backbone of PG.
Treatment of *B. subtilis* PG with lysozyme increased infectivity of HSV-2 in cells
compared to untreated PG (Figure 3A). However, the monosaccharides GlcNAc and
MurNAc alone did not reduce HSV-2 infection in cells (Figure 3B). Treatment of *B.*
subtilis PG with lysozyme also reduced *B. subtilis* PG protection of HSV-2 in mice, while
lysozyme did not have a significant impact on survival, disease, or vaginal viral titers as
compared to HSV-2 alone (Figure 3C-E). Lysozyme treatment of *B. subtilis* PG
increased the detectable virus in the vagina as compared to untreated *B. subtilis* PG
(Figure 3E). This demonstrates that PG protection from HSV-2 is lysozyme sensitive,
suggesting a possible role for longer PG linkages in protecting against HSV-2 infection.
263
***B. subtilis* PG inhibits HSV-1 infection in human fibroblasts**
Given the robust protection of gram-positive PG on HSV-2 infection, we asked whether
PG could also protect against HSV-1 infection. First, using HSV-1 K26GFP where GFP
is fused to viral protein VP26 (Desai and Person, 1998), we monitored virion entry and
replication of GFP-labelled capsid containing viral particles. In primary human foreskin
fibroblasts (HFFs), GFP expression was undetected in cells infected with HSV-1 and *B.*

subtilis PG 6 hours post-infection (Supplementary Figure 5A). We observed significantly
reduced frequencies of GFP+ infected cells at 24 hours post-infection across a range of
viral infectious doses (Supplementary Figure 5B). This protection was also maintained
in a second barrier cell type, normal human epidermal keratinocytes (NHEK) (Orzalli et
al., 2021) (Supplementary Figure 6). In the presence of [1 mg/ml] *S. aureus* PG, HSV-1
K26GFP infection of NHEK was blocked at multiple infectious doses (MOI 1 and 10)
(Supplementary Figure 6A-B and E-F). Lower levels of *S. aureus* PG [0.25 mg/ml] only
blocked infection at MOI of 1 (Supplementary Figure 6C-D) but not at MOI of 10
(Supplementary Figure 6G-H). These data show that gram-positive PG blocks both
HSV-1 and HSV-2 infection in barrier cells.
280
Lipoteichoic acid inhibits HSV-1 and HSV-2 infection
Since teichoic acids are another abundant hallmark of gram-positive bacterial cell walls
as compared to gram-negative bacteria, we wanted to test if LTA had an independent
impact on antiviral protection. Thus, we sought to purify LTA from *L. crispatus* and *L.*
reuteri to determine their impact on HSV infection. We were successfully able to isolate
L. reuteri LTA but were unable to isolate *L. crispatus* LTA using the same techniques
(see Materials and Methods and Supplementary Figure 7). We then tested *L. reuteri*
LTA impact on HSV-1 and HSV-2 infection (Figure 4). First, we tested LTA efficacy
against HSV-1 infection in human endocervical cells (End1) (Figure 4A-C). *L. reuteri*
LTA, as well as commercial *B. subtilis* and *S. aureus* LTA were mixed with HSV-1 and
added to cells at an MOI of 1. LTAs from all three bacterial species significantly inhibited
HSV-1 infection in End1 cells. Both *L. reuteri* and *B. subtilis* LTA reduced HSV-1
infection rates by 99.9% while *S. aureus* LTA was slightly less suppressive, inhibiting
infection by an average of 82.5% $\pm$ 1% SD. We also tested the impact of LTA from *B.*
subtilis, *S. aureus,* and the gram-positive throat and vaginal commensal *Streptococcus*
pyogenes on HSV-1 infection in HFFs (Figure 4D-E). When mixed with virus and added
at the time of infection, all three LTAs blocked HSV-1 infection to nearly undetectable
levels, with *Bs* LTA reducing the frequency of infected cells from 89% $\pm$ 1% SD to 2.3%
$\pm$ 0.3% SD (Figure 4D-E). We then evaluated the impact of *L. reuteri* LTA on genital
HSV-2 infection in mice by combining 50 µg of *L. reuteri* LTA alongside HSV-2 at the
time of infection. *L. reuteri* LTA completely blocked HSV-2 disease and we recovered no
vaginal viral titers from these mice two days post-infection (Figure 4F-H). Collectively,
these data show that, in addition to PG, LTA is a unique feature of gram-positive
bacteria that robustly reduces HSV-1 and HSV-2 infection.
305
***L. crispatus* surface layer proteins inhibit HSV infections**
In addition to the conserved PG and LTAs expected of all gram-positive bacteria,
multiple members of lactobacilli species have surface layer proteins that form a 2-
dimensional lattice-like layer covalently linked to cell wall components (Palomino et al.,
2023). Recent work has identified the presence of two surface layer proteins, Slp A and
SlpB, in vaginal *L. crispatus* species (Decout et al., 2024). To test if *L. crispatus* SLPs
could inhibit HSV-1 infection of HFFs, we combined SlpA or SlpB protein with HSV-1 at
the time of infection at an MOI of 1 (Figure 5A-B) and MOI of 10 (Figure 5C-E). We
found 8 µg [0.032 mg/ml] of SlpA or SlpB was sufficient to significantly inhibit HSV-1
infection, reducing infection rates from 83% $\pm$ 6% SD to fewer than 1% of all cells at an

MOI of 1 (Figure 5A-B). This inhibition was maintained but significantly reduced with a
higher infectious dose (Figure 5C-E). At an MOI of 10, higher concentrations of the
protein only reduced infection by an average of 15% (SlpA) and 17% (SlpB). We
observed a three-fold decrease in GFP mean fluorescence intensity indicating
significant restriction of viral replication (Figure 5D). While lower doses of 1 µg of SlpA
or SlpB proteins failed to protect cells at 22 hours post-infection (Figure 5C), we
observed significant reduction of the frequency of infected cells at 6 hours post-infection
(Figure 5E) suggesting that this inhibition can be overcome at lower doses of SlpA/SlpB
or higher viral infectious doses. These data suggest that in addition to PG and LTA, the
outermost protein layers of *L. crispatus* can significantly inhibit HSV-1 infection in cells.
326
***L. crispatus* surface layer proteins bind herpes simplex 1 virions**
SLPs have been reported to bind glycans (Tajadura-Ortega et al., 2025), proteins
(Decout et al., 2024), and collagen (Muscariello et al., 2020) with diverse effects on
bacterial and host cell signaling. Thus, we wanted to test if surface layer proteins could
directly bind HSV virions. We incubated *L. crispatus* SlpA or SlpB proteins tagged with
AF647 along with HSV-1 K26GFP for four hours and evaluated virions using flow
virometry (Fernandes et al., 2025) (Figure 6 and Supplementary Figure 8). Replication-
deficient HIV virions expressing iGFP were used as a control virus to test if binding was
unique to HSV-1. We found that both SlpA (Figure 6A and C) and SlpB (Figure 6B and
D) bound HSV-1 virions in a dose-dependent manner while no binding was observed
with HIV virions. At the higher concentration (1000 ng), SlpA bound 12.8% of HSV-1
virions in contrast to 1.5% of HIV virions (Figure 6C). SlpB bound HSV-1 virions at a
similar frequency with 17% of the virions fluorescing AF647+, a significantly higher
frequency when compared to HIV virions (Figure 6D). Together, with the
aforementioned infection inhibition data, these data indicate that *L. crispatus* SLPs
directly bind to HSV-1 virions in a virus-specific manner, and that this interaction may
drive inhibition of infection.
344
LTA and PG inhibition of HSV infection is independent of TLR2 signaling
Next, we wanted to test the role of cell-intrinsic immune signaling in PG and LTA
antiviral protection. Pattern recognition receptor Toll-Like Receptor 2 (TLR2) is known to
be activated by lipopeptides including LTA (Travassos et al., 2004; Morath et al., 2002;
Henneke et al., 2005). Commercially available PG is also known to activate TLR2
although studies have shown that highly purified PG does not activate TLR2 but rather
is sensed by intracellular sensors (Travassos et al., 2004). We first asked if activating
TLR2 signaling was sufficient to protect against HSV-1 infection (Figure 7A-B).
Treatment of End1 cells with 500 ng of TLR2-activating synthetic lipopeptide
Pam3CSK4 resulted in a small but significant decrease in the frequency of HSV-1
K26GFP infected cells, and this was obviated by pretreatment with TLR2 blocking
antibody (Figure 7A-B). Pretreatment with TLR2 blocking antibody did not change the
antiviral efficacy of *S. aureus* PG or LTA (Figure 7C-D), indicating that while TLR2
activation could confer minor reductions in HSV infection levels, TLR2 is not required for
S. aureus PG or LTA antiviral activity in End1 cells. TLR2 forms heterodimers with TLR1
and TLR6 recognizing diacylated and triacylated LTAs (Takeuchi et al., 2002, 2001).
Since we do not know the structure of *L. reuteri* LTA, we pretreated End1 cells with

antibodies against TLR1,2 and 6 and evaluated the antiviral efficacy of *B. subtilis* and *L.*
reuteri LTA (Figure 7E-F). We found that signaling from all three TLRs were
dispensable for LTA antiviral activity. We confirmed that signaling via TLR1/2 and
TLR2/6 heterodimers are also not required for *B. subtilis* LTA or LTA from another
gram-positive vaginal and throat commensal, *S. pyogenes* in HFFs (Figure 7G-H).
These data suggest that cell intrinsic immune signaling via relevant TLRs are not
required for PG or LTA suppression of HSV-1 infection in barrier cells.
369
370   **Discussion**
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Although bacterial interactions with multiple eukaryotic pathogenic RNA viruses including
influenza virus (Rowe et al., 2019), poliovirus (Kuss et al., 2011; Robinson et al., 2014),
coxsackie B3 virus (Robinson et al., 2019), reovirus (Kuss et al., 2011; Berger et al., 2017),
norovirus (Jones et al., 2014), aichi, and mengo picornaviruses (Aguilera et al., 2019) have
been previously described, all of these interactions enhanced, rather than suppressed viral
infectivity. Multiple mechanisms including increased receptor binding (poliovirus) (Robinson et
al., 2014) and enhanced thermostabilization of virions (reovirus, poliovirus, aichi and mengo
picornaviruses) (Aguilera et al., 2019; Waldman et al., 2017; Berger et al., 2017; Robinson et
al., 2014) have been described. To the best of our knowledge, these interactions have not been
explored in DNA viruses including herpesviruses (Robinson and Pfeiffer, 2014).
382

Our findings suggest that multiple gram-positive bacterial cell wall components interact with
HSV virions to inhibit infection in cells and in mice. In this paper we characterize the role of the
major cell wall components PG and LTA as well as *L. crispatus* surface layer proteins on HSV
infectivity across multiple human cell lines and in mice. *B. subtilis* PG and LTA have been
previously shown to enhance infectivity of reovirus by enhancing virion stability without affecting
host cell entry (Berger et al., 2017). In contrast, we found that *B. subtilis* PG and LTA both
significantly reduced HSV infection of host cells and the vaginal mucosa of mice. The
mechanisms underlying the differences in the outcomes of bacterial-viral interactions between
enteric RNA viruses and the vaginal DNA virus HSV remain unclear. One possible contributing
factor is that RNA viruses broadly experience increased rates of premature genome loss and
reduced virion stability compared to DNA viruses including HSV which express less genome
loss and are stable at much higher temperatures (Smith et al., 2009; Bauer et al., 2015;
Waldman et al., 2017; Robledo Gonzalez et al., 2023). A second factor may be the differences
in relative microbial loads between the gut and vaginal mucosal surfaces, with the vagina
containing both a lower diversity of bacterial species and a lower biomass that may result in
reduced rates of bacterial-viral interactions and reduced selection pressure for viral pathogen
interaction (Mitchell et al., 2015; Pacha-Herrera et al., 2020). Further work is needed to
determine how other DNA viruses interact with bacteria in the vagina and across mucosal
surfaces. While DNA viruses form the majority of the vaginal virome (Happel et al., 2020;
Jakobsen et al., 2019), future work is required to investigate if vaginal RNA viruses including
HIV and zika virus, interact with bacterial cell wall components and if these interactions alter
infection outcome.

In our experiments, treatment of *B. subtilis* PG with lysozyme reduced PG protection from HSV-
2 infection. This leads us to hypothesize that PG forms a barrier that prevents HSV from
effectively entering cells. Additionally, treatment with *E. coli* PG did not protect mice from HSV-2
infection, suggesting that PG protection from infection is unique to gram-positive bacteria.
Gram-negative bacteria have much thinner PG layers than gram-positive bacteria, suggesting

that the lack of protection by *E. coli* PG may be due to smaller chains of PG backbone.
However, it's also possible that the peptide linkages and other modifications that are unique to
gram-positive PG may be influencing HSV infection (Vollmer, 2008; Vollmer et al., 2008).
Additionally, it remains possible that there is a co-purifying contaminant in *B. subtilis* PG that is
lysozyme sensitive and anti-viral. Similarly, although our composition analyses of *L. crispatus*
and *L. reuteri* PG suggest that it is pure PG, there is a possibility that there are other co-
purifying components that may be impacting HSV infection. This is corroborated by our data
suggesting that WTA is present in our *L. crispatus* and *L. reuteri* PG. To our knowledge, the
impact of purified WTA on HSV infection has not been explored.
419
Our data show that between 15-20% of HSV-1 virions interacted with 1000 ng of SlpA and SlpB
proteins. While we did observe an increased tendency of these proteins to self-aggregate at
higher concentrations which may affect the frequency of bound virions observed, this
aggregation did not result in increased binding of HIV-1 virions supporting an HSV-specific
interaction. Furthermore, recent literature shows that SLPs may mask other surface structures
on vaginal *L. crispatus* (Decout et al., 2024). Thus, it remains possible that *in vivo*, cell wall
structures like PG and LTA are masked by SLPs in some lactobacilli, reducing their antiviral
effectiveness in the context of the whole bacterial cell. Given that our data demonstrate that
purified PG and LTA are very antiviral, this leads us to hypothesize that both the whole bacterial
cell and the cell wall components that are shed from the bacterium into the environment (Reith
and Mayer, 2011) play a role in restricting HSV infection at the mucosa.
431
The role that these interactions may play in humans needs to be further investigated as human
herpes simplex viruses do not reactivate or go into latency in infected mice. Our data indicate
that in our experimental animal and cell models, robust cell wall protection of primary HSV
infection requires cell wall protection at the time of infection. However, the ubiquity of genital
HSV infections suggests that the presence of lactobacilli is not sufficient to protect against acute
infections (Looker et al., 2015b; a). However, amongst seropositive individuals, a wide
heterogeneity of recurrence rates is observed with a subset of people subjected to multiple
recurrences annually (Agyemang et al., 2018; Tronstein et al., 2011). These recurrences can't
be predictively modeled by local immune responses (Dhankani et al., 2014) but can be
correlated to the presence of BV and the absence of lactobacilli (Cherpes et al., 2003, 2005).
Asymptomatic shedding in the absence of a genital ulcer has also been reported in people
(Casto et al., 2024; Johnston et al., 2022). Thus, we speculate that the local vaginal microbiome
may play a key role in HSV symptom recurrence rates. Based on the data shown here, we
propose a model in which individuals with a mucosal microbiome dominated by gram-negative
bacteria, like that seen in BV (Figure 8A), are more likely to see a conversion from
asymptomatic low-level viral shedding to ulcer formation, inflammation, and increased disease
transmission due to lack of gram positive bacterial cell wall components in the mucosal
environment. In contrast, increased PG, teichoic acid, and SLP at the vaginal mucosa in a
lactobacillus-dominant microbiome (Figure 8B) reduces genital ulcer formation and HSV
transmission by interacting with the virions to inhibit further viral infection. Both SlpA and SlpB
can be detected in vaginal swabs from people with *L. crispatus*-dominant vaginal communities
(Decout et al., 2024). However, like PG and LTAs, quantification of the amount of SLP in the
vaginal mucosa in HSV infected people experiencing asymptomatic shedding compared to
people with BV and genital lesions is required to determine if these compounds play a
physiological role in reducing HSV recurrence.
457
The presence of gram-positive bacteria in the skin microbiome, which can include *S. aureus*
(used in this study), and the efficacy of PG and LTA in inhibiting HSV infection of foreskin
fibroblasts and keratinocytes suggests that gram-positive bacterial cell wall-mediated antiviral

activity could be important to the oral and skin mucosal environments as well. Further studies
quantifying specific gram-positive cell wall components including free PG, LTA, and SLP in the
oral mucosa of asymptomatic seropositive individuals compared to seropositive individuals with
multiple recurrences is required to test our hypotheses. Collectively, our data suggest a
potential role for gram-positive bacterial cell wall components or killed gram-positive bacteria as
a topical application to inhibit herpetic ulcer formation and disease transmission (Gopinath and
Adams, 2025).
468
Materials and Methods
469
470
Bacterial cultivation
Bacterial strains: *Limosilactobacillus reuteri* CF48-3A (BEI Resources HM-102),
Lactobacillus crispatus MV-1A-US (BEI Resources HM-637), and *Lactobacillus*
crispatus 4M1 and 13M1 (both a kind gift from Julian Marchesi, Imperial College
London). Bacteria were cultivated at 37 °C in a standard vinyl anaerobic chamber (Coy
Laboratory Products) with input gas of 5% H_2, 20% CO_2, N_2 balance and a gas infuser
(Coy Laboratory Products) set to maintain H_2 concentration between 2.5%-3.0%.
Bacteria were grown in either De Man-Rogosa-Sharpe (MRS) medium (BD Difco cat #
288130 for broth and cat # 288210 for agar) or NYC III medium (5 mM HEPES, 42.8
mM NaCl, 0.5% w/v D-(+)-glucose, 1.5% w/v proteose peptone No. 3, 0.38% w/v yeast
extract, 10% v/v heat-inactivated horse serum (Gibco cat # 16050122).
482
HSV-2 Vero cell plaque assays
General plaque assay protocol: Wild-type HSV-2 186syn+ was used for all HSV-2
infections *in vitro* and Vero cell plaque assays conducted as follows. Six well tissue
culture plates were seeded with Vero cells (ATCC CCL-81) and grown to 100%
confluency in a monolayer in 1x DMEM + GlutaMAX (+ 4.5 g/L D-glucose + 25 mM
HEPES-sodium pyruvate, Gibco cat # 10564-011) supplemented with 10% v/v heat-
inactivated fetal bovine serum (HI-FBS) (Gibco cat # 10438-026) and 1% v/v pen/strep
(penicillin 10,000 units/ml, streptomycin 10,000 µg/ml, Gibco cat #15140-122). Plaque
assays were carried out by serial dilution of HSV-2 mixtures in ABC buffer (PBS
supplemented with 1% v/v FBS, 1% w/v glucose, 0.5 mM $MgCl_2$ and 0.9 mM $CaCl_2$) and
infecting the confluent Veros using 250 µl of each dilution per Vero well in the 6 well
plate. The viral mixture was pipetted onto the Veros, rocked to disperse, and then
allowed to infect the cells under standard tissue culture conditions (5% CO_2, 37 °C) with
rocking every 15 minutes to disperse virus. After one hour of incubation at 37 °C, the
ABC buffer was aspirated off the cells and 2 ml/well of 1x DMEM + GlutaMAX
supplemented with 1% HI-FBS, 1% pen/strep, and [0.002 mg/ml] human IgG (Sigma-
Aldrich cat # I2511) was added. Infections were allowed to continue at 37 °C for 36-42
hours to allow plaques to form before stopping the infection by aspirating the media and
staining for plaques with 1% crystal violet in 20% ethanol. Plaques were stained for 30
minutes before stain removal and plaque counting for PFU/ml.
503
Cell wall treatments: For testing the impact of cell wall components on HSV-2 infectivity
in vitro (Figures 1-3), the following compounds were used: *B. subtilis* PG (Sigma-Aldrich
cat # 69554), *S. aureus* PG (Sigma-Aldrich cat # 77140), MurNAc (Sigma-Aldrich cat #
A3007), GlcNAc (Beantown Chemical, cat # 13234), lysozyme (from chicken egg white,

Sigma-Aldrich cat # L6876), and *L. crispatus* and *L. reuteri* PG (see below for
purification details). Commercial cell wall component freezer stocks were diluted to [10
mg/ml] in either pyrogen free water or 1x PBS and stored at -20 °C, whereas *L.*
crispatus and *L. reuteri* PG were diluted to [10 mg/ml] in pyrogen free water and stored
at -80 °C. Lysozyme was prepared fresh for each assay from a powder stored at -20 °C
by dilution into 1x PBS and filter sterilized with a 0.22 μm filter. Cell wall treatments
were conducted by mixing the cell wall components and/or lysozyme with 40,000 PFU
HSV-2 in 1x PBS to a final experimental volume of 250 μl/well in a 96 well plate. The
cell wall component and lysozyme concentrations are listed in the appropriate figures as
the final [mg/ml] concentrations in the 250 μl experiment volume. The mixtures were
then incubated under standard tissue culture conditions (5% CO_2, 37 °C) for two hours
without additional agitation during incubation. The mixtures were then pipetted to mix
and serially diluted -1, -2, and -3 in a final volume of 300 μl in ABC buffer for plating 250
μl of each dilution per well in a 6-well Vero plaque assay using the infection protocol
above.
523

Bacterial live/dead HSV-2 interaction assays
Lactobacillus crispatus MV-1A-US was grown from single colonies at 37 °C in 3 ml of
NYC III media in a 15 ml vented snap cap round bottom plastic tube (VWR cat # 60818-
725) (n=3). 24 hours later, cultures were OD-normalized and then sub-cultured 1:1,000
for an additional 24 hours. Cultures were then pelleted at 3,000 *g* for 10 minutes at
room temperature, supernatant decanted and pellets suspended in 5 ml PBS and spun
down again for a total of 3 washes. Final pellets were suspended in 2 ml PBS and OD-
normalized by diluting each strain in PBS to an OD_{600} of 1.0 in 3 ml. For UV killing
experiments, 1 ml of normalized bacterial cells was then put into a single well of a 6 well
tissue culture treated plate and placed directly underneath a UV bulb in a class II A2
biosafety cabinet for 20 minutes at room temperature with the tissue culture plate lid off.
During the UV treatment, the remaining non-UV treated control bacteria were left in an
Eppendorf tube in normal room light. After UV treatment, 410 μl of both live and dead
bacteria were each mixed with 2 μl of HSV-2 virus [3.61×10^8 PFU/ml] in Eppendorf
tubes with an HSV-2 only control being 2 μl of HSV-2 virus [3.61×10^8 PFU/ml] mixed
with 410 μl of PBS. For phenol killing assays, bacteria were normalized to an OD_{600} of
1.0 in 1 ml of PBS as described for UV-killed bacteria. The 1 ml was split in half, with
500 μl sitting at room temperature (live cells) while the other 500 μl was phenol killed by
adding 4 μl phenol to 500 μl cells. Samples were incubated for 5 minutes at room
temperature and then pipetted to mix to ensure even distribution of phenol. Samples
were then incubated further at room temp to a final 10-minute incubation time. After
phenol killing, both the control phenol-free tubes and the phenol-killed tubes were
washed by adding 500 μl of PBS and pelleting at 4,000 *g* for 5 minutes at room
temperature. Supernatant was decanted and pellets washed a second time.
Supernatant was then pipetted off and 205 μl of PBS added to suspend the pellets.
Then, 205 μl of mix was moved to a new tube and mixed with 1 μl of HSV-2 virus [3.61
$\times 10^8$ PFU/ml] and flicked to mix. HSV-2 only control was 1 μl of HSV-2 virus [3.61×10^8
PFU/ml] in 205 μl PBS. For both UV-killed assays and phenol-killed assays, the
bacteria-HSV-2 mixtures were incubated under standard tissue culture conditions (37
°C, 5% CO2) with mixing by inversion every 15 minutes for one hour. All tubes,

including the HSV-2 only control, were then centrifuged at 4,000 *g* for 5 minutes at room
temperature. Then, 100 µl of supernatant was pipetted into a 96 well plate, and 30 µl
serially diluted in ABC buffer -1, -2, and -3 in a final volume of 300 µl for plating 250 µl
of each dilution per well in a 6-well Vero plaque assay. Veros were infected as
described above in "general plaque assay protocol."
559
HFF infections and flow cytometry
HFFs (ATCC SCRC-1041) were a kind gift from David Knipe (Harvard Medical school)
and cultured in DMEM with 10% FBS. For experiments, 3×10^4 cells per well were
plated, rested overnight, and infected at MOI 0.1, 1, and 10 with HSV-1 K26GFP. Virus
and cell wall components were mixed together before addition to cells. To promote
infection, virus and bacterial cell wall components were maintained on cells for the
duration of the infection. At 6 and 22-24 hours post-infection, cell supernatant and
trypsinized cells were pelleted, stained with live/dead stain (Thermo Fisher Scientific,
cat # L34973), and fixed (Cytofix, BD cat # 554655) for 20 minutes at 4°C. Cells were
washed, brought up in FACS buffer (1% FBS, PBS with 0.1% sodium azide), and run on
a FACSymphony A3 (BD Biosciences) flow cytometer. To account for experimental
variability, infection frequencies were normalized against HSV-1 infected controls,
allowing us to compare antiviral efficacy across experiments. Compounds included *S.*
aureus LTA (InvivoGen cat # tlrl-pslta), *S. aureus* PG (Sigma-Aldrich cat # 77140), *S.*
pyogenes LTA (Sigma-Aldrich cat # L3140), *B.subtilis* LTA (Sigma-Aldrich cat # L3265),
Pam3CSK4 (InvivoGen cat # tlrl-pms), and *B.subtilis* PG (Sigma-Aldrich cat # 69554).
576
577   For antibody blocking experiments, 0.5 µg of TLR blocking antibodies or control IgG
578   were added to each well of a 24 well plate for 2 hours before infection and maintained
579   during infection in a total volume of 300 µl per well. Antibodies were obtained from
580   InvivoGen (αTLR1, cat # mabg-htlr1-2; αTLR2, cat # mab2-mtlr2; αTLR6, cat # mabg-
581   htlr6-2 and mouse IgG control, cat # mabg1-ctrlm).
582
For SlpA/B protein experiments (see protein preparation information below in SLP
protein purification and flow virometry), indicated amounts of unlabeled SlpA or SlpB (1
µg [4 µg/ml] and 8 µg [32 µg/ml]) were incubated with HSV-1 at MOI of 1 for 10 minutes
at 37°C and then added to HFF cells in 150 µl per well of a 24-well plate. One hour post
adsorption, media was added to a volume of 250 µl per well and infection rates were
evaluated 22 hours post-infection using flow cytometry as described above.
589
Lactobacillus **PG purification**
Bacterial pellet preparation: For each strain, *L. crispatus* MV-1A-US and *L. reuteri*
CF48-3A, a single colony was grown for 24 hours at 37 °C in 7 ml of MRS media in a
snap cap round bottom plastic tube in an anerobic chamber. The culture was
suspended and diluted 1:1,000 into 4 x 500 ml polystyrene corning bottles of 500 ml
anaerobic MRS media. The 2 L was cultured for 24 hours, pelleted at 4,000 *g* for 15
minutes at 4 °C, re-suspended in equal volumes 1x PBS, and pelleted again at 4,000 *g*
for 15 minutes at 4 °C. Pellets were left in 4 °C for 0-2 days before being resuspended
in 30 ml of 20 mM sodium phosphate buffer pH 7.2 in a 50 ml conical tube. To kill the
bacteria, 600 µl of phenol was added to each conical tube and pipetted up and down to

mix. Suspensions were incubated for 5 minutes at room temperature and then pipetted
up and down to mix before incubating another 5 min. Suspensions were then pelleted at
4,000 *g* for 15 minutes at room temperature before pipetting off the supernatant. Pellets
were then suspended in 30 ml of 20 mM phosphate buffer pH 7.2 to wash. Suspensions
were pelleted at 4,000 *g* for 15 minutes at room temperature. Pellets remaining in the 50
ml conical tubes were put into the -80 °C.

PG extraction: Following established methods for PG purification (Wu et al., 2013) the
cells were suspended in cold PBS buffer and placed in a boiling water bath for 10
minutes. Following this, 4% SDS was added and incubated for 40 min. The suspension
was cooled to room temperature and centrifuged at 30,000 rpm and 20 °C for 20 min.
Next, the supernatant was removed, the pellet resuspended in water and centrifuged;
the pellet washing was repeated 4 times. The final pellet then was resuspended in 90%
EtOH, centrifuged, and frozen overnight. Next, enzymatic digestion with benzonase was
performed overnight, followed by digestion with proteinase K. The sample was then
washed with water 4 times, then 90% EtOH on final wash, and lyophilized. From this,
934 mg of *L. reuteri* and 674 mg *L. crispatus* PG material was obtained and used for
Vero and mouse experiments. Additionally, the presence of PG and depletion of LTA
was validated using GC-MS and NMR as described below.

Composition analysis of PG
Compositional analytical protocols were developed as previously described (Parimi et
al., 2015).

HF treatment: 5 mg of the PG samples obtained above were suspended in around 400
ul of 48% HF at 4 °C to remove WTAs, a phosphorylated polymer attached to the PG.
The samples in HF were then kept in cold room and stirred gently for 48 hours, then
centrifuged at 4 °C and pelleted. The pellets were then washed with water 5 times to
remove all traces of HF. The samples were then lyophilized overnight.

Mutanolysin digestion: The dry material was dissolved at 4 mg/ml in 50 mM Tris buffer
(pH 7.4), mutanolysin was added (500 U), and the suspension agitated at 37 °C
overnight. The following day, the same amount of mutanolysin was added and the
digestion repeated.

Trimethylsilylation (TMS) and GC-MS analysis: Approximately 300 µg of each sample
was mixed with 20 µl 1 mg/ml *myo*-inositol as internal standard and lyophilized. The dry
sample was suspended in 200 µl 6 M HCl and hydrolyzed for 18 hours at 105 °C. After
cooling to room temperature, the sample was dried with a stream of filtered air. Traces
of acid were removed by repeated addition and evaporation of water (3 times). The
dried sample was mixed with 300 µl 1 M methanolic HCl and heated to 80 °C for 2
hours. The methanol was evaporated with air, and residual acid was removed by
repeated addition and evaporation of methanol (3 times). Amino groups were re-N-
acetylated by incubating the samples with 400 µl of a 2:1:1 mixture of MeOH, pyridine,
and acetic anhydride at 100 °C for 1 hour. The volatiles were evaporated with air, and
the samples were treated with 150 µl Tri-Sil (Thermo Fisher Scientific) at 80 °C for 30

minutes. After filtration through glass wool, the samples were concentrated with a
stream of air and dissolved in 100 µl hexanes. GC-MS analysis of 1 µl of the TMS-
derivatized methyl glycosides was performed on an Agilent 7890A GC interfaced to a
5975C MSD, using an Supelco Equity-1 fused silica capillary column (30 m X 0.25 mm
ID). The temperature gradient was 80 °C for 2 minutes, raise temperature to 140 °C at
20 °/minute, hold for 2 minutes, raise temperature to 200 °C at 2 °/minute, raise
temperature to 250 °C at 30 °C/minute, and hold at 250 °C for 5 minutes.
653
Heptafluorobutyrate derivatization and GC-MS analysis of amino acids: Hydrolysis and
methanolysis were carried out as described under "Trimethylsilylation and GC-MS
analysis" using 2-aminoadipic acid instead of inositol as internal standard. The samples
were then HFB-derivatized by addition of 200 µl acetonitrile and 50 µl heptafluorobutyric
anhydride (HFBA) reagent (Sigma-Aldrich) and heating to 100 °C for 30 minutes. The
derivatized amino acids were dried and extracted in 200 µl fresh acetonitrile. GC-MS
analysis of 1 µl of the HFB-derivatized amino acids was performed on an Agilent 7890A
GC interfaced to a 5975C MSD, using an Agilent DB-5 fused silica capillary column (30
m X 0.25 mm ID), using the same temperature gradient as described under
"Trimethylsilylation and GC-MS analysis".
664
NMR Spectroscopy: ~ 1 mg of HF-treated and mutanolysin-treated PG sample was
suspended in 500 µl D_2O (99.9 % D) and lyophilized overnight. The samples were
dissolved in 500 µl of DMSO-d_6 and 200 µl of D_2O (99.96 % D). The sample was
transferred to a 5-mm NMR tube for NMR analysis. NMR data were acquired at 298 K
on a Bruker Avance III spectrometer (^1H, 600 MHz) equipped with a cryoprobe using
standard pulse sequences. The acquisition parameters were 64k complex data points,
20 ppm spectral width, 4.7 s total recycle delay and 16 scans. Chemical shifts were
referenced to DMSO-d_6 (δ_H = 2.50 ppm). The spectra were processed and analyzed
with *MestReNova* v14.2.1-27684.
674
Genital HSV infections
All animal experiments were performed under an IACUC-approved protocol
ISO0003145 in the Harvard. T. H. Chan School of Public Healthanimal facilities
accredited by the Association for Assessment and Accreditation of Laboratory Animal
Care (AAALAC) International. Mouse infections were carried out as previously
described in (Gopinath et al., 2018; Glick et al., 2024). C57BL/6 mice between 6-8
weeks old (Charles River Laboratories, MA, USA) were subcutaneously injected with 2
mg DMPA (Prasco Laboratories) 5 days prior to viral infection to synchronize estrous
cycles to enhance sensitivity to HSV infection (Linehan et al., 2004). Mice were
swabbed intravaginally with a PBS-soaked calcium alginate swab (Calgiswab, Puritan)
before intravaginal infection with 5,000-10,000 PFU wild-type HSV-2 186syn+ alone or
with indicated treatments (see below) in a total volume not exceeding 20 µl per mouse.
Vaginal lavage was collected on indicated days by swabbing with a PBS-soaked
Calgiswab, pipetting 50 µl of PBS into the vagina, pipetting up and down four times and
adding the exudate to 950 µl of ABC buffer. Vaginal viral titers were quantified via
plaque assay on Vero cells as described above in "general plaque assay protocol."
Disease progression was tracked for 12-14 days and survival up to 21 days. Disease

was scored as follows: 1) Vaginal erythema and inflammation without hair loss present,
2) perianal hair loss present, 3) signs of morbidity presenting including hunched
posture, ruffled fur due to a reduction in grooming, 4) hind-limb paralysis, 5) death by
disease or by euthanasia. Animals were euthanized if they were unable to access food
due to hind-limb paralysis, had lost 20% of their weight from the onset of the
experiment, or if they showed excessive morbidity.
698
Bacterial cell-wall vaginal treatments: For all cell-wall treatments, unless noted
otherwise, virus was mixed with the indicated cell wall component, enzyme, pyrogen-
free water, or PBS right before infection with appropriate vehicle controls used (either
water or PBS). All *L. crispatus* and *L. reuteri* PG and LTA treatments were suspended in
water. For *L. crispatus* and *L. reuteri* PG treatments at time of infection (Figure 1), mice
received 200 µg of either *L. crispatus* or *L. reuteri* PG mixed with 10,000 PFU HSV-2.
Control mice received HSV-2 mixed with PBS (first independent experiment, data
shown) or water (repeat independent experiment, data not shown). For *L. crispatus* and
L. reuteri PG treated mice, mice were re-swabbed and re-treated a second time 24
hours later with 200 µg of PG and control mice treated with equivalent volumes of PBS
or water. For mouse experiments in Figure 2, mice received 50 µg of the indicated PG
suspended in water or PBS mixed with 10,000 PFU HSV-2, and controls included HSV-
2 mixed with equivalent volumes of appropriate vehicle controls (either water or PBS.)
Treatment sources include *B. subtilis* PG (Sigma-Aldrich, cat # 69554), *S. aureus* PG
(InvivoGen, cat # tlrl-pgns2), and *E. coli* PG (InvivoGen, cat # tlrl-kipgn). For mouse
experiments in Figure 3, mice were infected with 10,000 PFU HSV-2 diluted in PBS with
or without 50 µg of *B. subtilis* PG (Sigma-Aldrich cat # 69554) and 10 mM lysozyme
(from chicken egg white, Sigma-Aldrich cat # L6876) diluted in PBS. For mouse
experiments in Figure 4, mice were infected with 10,000 PFU HSV-2 diluted in water
with or without 50 µg of *L. reuteri* LTA diluted in water. For mouse experiments in
Supplementary Figure 4, mice were infected with 5,000 PFU HSV-2 and 4 hours post-
infection, swabbed and treated intravaginally with 200 µg *L. crispatus* PG or water in a
20 µl final volume. For 5 days post-infection, mice received an additional 200 µg *L.*
crispatus PG/20 µl or water daily. On days 6 and 7, mice were treated with a smaller
volume due to virus-driven vaginal inflammation closing the vaginal canal. On days 6
and 7, mice received either 100 µg *L. crispatus* PG or water in 10 µl volume.
725
Germ-free mouse animal housing and maintenance
10-week-old C57BL/6 germ-free female mice were housed with autoclaved food, water,
and autoclaved bedding, which was changed on a weekly basis in a Biosafety Station
under germ-free conditions. Germ free conditions were maintained using a Tecniplast
isoCage System (Type: ISO36PFEUS) and isoCage Biosafety Station (Type:
9ISODTU4) which were used to house and work with germ-free mice, respectively.
Experiment materials and sealed isoCages were dunked in 3 µg/ml MB-10 sterilant for
at least 30 seconds before transferring to the prepared biosafety station. Fecal pellets
were collected from each cage every time the isocages were opened in the biosafety
cabinet. DNA was extracted from stool samples using the QIAamp Fast DNA Stool Mini
Kit (cat. no 51604). The presence of bacterial genetic material, or lack thereof, was

confirmed via qPCR using 16S primers. A cycle threshold value of 28 and above was
used to confirm germ-free status.
739
Germ-Free mouse infections
Germ-free mice, kindly provided by Wendy Garrett (Harvard T.H. Chan School of Public
Health), were injected subcutaneously with 2 mg DMPA to synchronize estrus cycles
and increase susceptibility to viral infection. Seven days post-injection, mice were
infected intravaginally with 10 µl containing 5,000 PFU HSV-2 and either 100 µg of *L.*
crispatus PG or additional volume of PBS. The stock solution of *L. crispatus* PG used in
this infection was [10 mg/ml] suspended in water. To reduce contamination risk, vaginal
lavage was collected only on day 2 post-infection. Vaginal viral titers were quantified
using plaque assays on Vero cells. Disease progression was tracked daily over the
course of 14 days and survival was tracked for 21 days as described above. Disease
scores were recorded starting on day 6 post-infection. Scores were not collected on day
10 or 12 post-infection to reduce the risk of contamination.
752
Primary human keratinocyte culture and infections
NHEK were isolated from discarded human foreskin tissue in accordance with the
University of Massachusetts Chan Medical School Institutional Review Board
#H00021295. Keratinocytes were isolated from the tissue as previously described
(Orzalli et al., 2021) and initially cultured on mitomycin-treated 3T3. Prior to
experimentation, NHEK were transferred to Keratinocyte Serum Free Media (KSFM)
supplemented with epidermal growth factor (EGF) and bovine pituitary extract (BPE)
(ThermoFisher).
761
Virus Infections: NHEK were plated in KSFM at 3 x 10^4 cells/well of a 96 well plate the
day prior to infection. HSV-1 K26GFP (Desai and Person, 1998) was propagated and
viral titers determined in Vero cells. For NHEK infections, virus was diluted in KSFM
with or without *S. aureus* PG (1, 0.25mg/ml diluted in sterile water) (InvivoGen cat # tlrl-
pgns2) in a round bottom 96 well plate and incubated at 37˚C for 2 hours, after which
time it was incubated with the cells for 1 hour at 37˚C with gentle shaking. Following the
adsorption period, virus containing media was removed and replaced with fresh KSFM
containing Hoechst 33342 (Invitrogen) diluted to a final concentration of 3 µg/ml. Cells
were imaged hourly for 24 hours using a Lionheart FX automated microscope (Biotek).
Image analysis was performed using Gen5 software and ratios of GFP+ to Hoechst+
cells were plotted as a measurement of the percentage of HSV-1 K26GFP infected
cells. The area under the curve was determined for each condition and statistical
analysis was performed in PRISM.
775
LTA isolation and detection
Extraction from cells: L. reuteri CF48-3A and *L. crispatus* MV-1A-US bacterial pellets
were generated as done for PG isolation (see above) and LTA isolation carried out (Han
et al., 2003). Pellets were then lyophilized and weighed. 1.46 g of *L. reuteri* cells and
1.32 g of *L. crispatus* were then suspended in 10 ml of 100 mM Na citrate, pH 4.7,
followed by addition of 10 ml 1-butanol, and the mixture was shaken vigorously (280
rpm) for 30 minutes at room temperature. The suspension was centrifuged for 20

minutes at 13,000 g, and the bottom yellow water-rich phase was removed and
centrifuged again (20 minutes at 13,000 g). The yellow phase was transferred to
another bottle and centrifuged again (20 minutes at 13,000 g). The yellow phase (~340
ml) was dialyzed in a 1 kDa molecular weight cut-off bag against 2 x 4 L 20 mM Na
citrate, pH 4.7 overnight at 4 °C. Finally, the retentate was lyophilized.
788
Hydrophobic interaction chromatography: Three buffers were used: Buffer L (25 mM Na
acetate, pH 4.5, 15 vol% 1-propanol), Buffer A (100 mM Na citrate, pH 4.7, 15 vol% 1-
propanol) and Buffer B (41 mM Na citrate, pH 4.7, 65 vol% 1-propanol). Octyl-
sepharose resin (25 ml) in a 16x200 mm gravity column was equilibrated with Buffer A.
All of the dry extract was dissolved in 5 ml of Buffer L and centrifuged at 4,200 *g* for 20
minutes to pellet insoluble material. The sample was loaded on the column by gravity at
~0.3 ml/minutes, the resin was washed with 100 ml Buffer A (~0.5 ml/minute) and
connected to an HPLC system (Agilent 1260 Infinity II). The material was eluted at 0.2
ml/minute with 200 ml linear gradient from 100% Buffer A to 100% Buffer B, and 5 ml
fractions were collected. Fractions containing LTA, as determined by phosphorus
assay, were pooled and dialyzed against 1% acetic acid (3 x 4 L) and then water (3 x 4
L), and the retentate was lyophilized.
801
Total phosphorus assay: Selected C_8-sepharose fractions, together with 0, 30, 60, 100,
150 and 200 nmol KH_2PO_4 standards, were analyzed for total phosphorus content. An
aliquot of 50 µl of each fraction or standard was mixed with 200 µl 10% H_2SO_4 in a 5 ml
glass tube and heated at 200 °C for 1 hour. After cooling, 50 µl 30 % H_2O_2 was added
and the content heated at 200 °C for 40 minutes. To each cooled sample, 980 µl
reagent consisting of 0.25% (w/v) $Na_2MoO_4.2H_2O$ and 0.5% (w/v) sodium ascorbate
was added and the solution incubated at 45 °C for 20 minutes. Absorbance at 490 nm
was determined for each sample using a microplate reader.
810
NMR spectroscopy to determine LTA purity: Several mg of the dry material was
dissolved in 500 µl D_2O (99.9% D), lyophilized, dissolved in 500 µl D_2O, and transferred
into a 5 mm NMR tube. NMR data were collected at 25 °C on a Bruker Avance III (1H,
600.13 MHz) equipped with a cryoprobe. 1H data were acquired with a spectral width of
12 ppm, 65k complex data points, and 16 transients. Prior to the Fourier transformation,
NMR data were apodized with an exponentially decaying function (lb = 0.3 Hz), and the
baseline of the spectra was corrected automatically using a 3rd-order polynomial. The
^1H was referenced to the respective water signals at 4.7 ppm. Based on these NMR
and total phosphorus results, fractions 17-23 (see Supplementary Figure 7) of *L. reuteri*
LTA were used for subsequent cell culture and mouse experiments.
821
Endocervical cell culture and infections
End1/E6E7 cells (ATCC CRL-2315) were a kind gift from Caroline Mitchell and cultured
in Keratinocyte Serum Free media supplemented with [0.1 ng/ml] recombinant
epidermal growth factor and [0.05 mg/ml] bovine pituitary extract. For experiments, 2
$\times 10^5$ cells per well were plated in a 12-well plate, rested overnight and infected at an
MOI of 1 with HSV-1 K26GFP. 50 µg of indicated LTA and PG were incubated with
HSV-1 for 37°C for 10 minutes before adding to End1 cells at a volume of 250 µl per
well. One hour after adsorption, media was added to a volume of 350 µl. To promote

infection, virus and bacterial cell wall components were maintained on cells for duration
of infection Between 20-22 hours post-infection, cell supernatant and trypsinized cells
were pelleted, stained with live/dead stain, fixed and run on the flow cytometer as
previously described above. To account for experimental variability, infection
frequencies were also normalized against HSV-1 infected controls allowing us to
compare antiviral efficacy across experiments. Antibody blocking experiments were
conducted as previously described in HFF infections.
837
S-layer protein purification
Extraction of S-layer proteins was performed as previously described (Decout *et al*.,
2024). Briefly, *L. crispatus* 4M1 and 13M1 bacterial pellets of 50 ml overnight cultures
were washed with PBS and resuspended in LiCl 5M at 4 °C for 15 minutes under
stirring. The supernatants were harvested by centrifugation for 10 minutes at 3,000 x *g*
and dialyzed against water overnight at 4 °C in Snakeskin dialysis tubing cut off 10 kDa
(68035, Thermo Fisher Scientific). Precipitated S-layer proteins were recovered by
centrifugation at 20,000 *x g* for 20 minutes. The proteins were solubilized in LiCl 5M and
further purified by size exclusion chromatography using Sephacryl S200R (S200HR-
250ML, Sigma-Aldrich). The S-layer proteins were run in SDS-PAGE and stained with
coomassie blue as shown in Decout et al, 2024 (see Figure 4A.) A single band for SlpA
(45 kDa band) was obtained from 13M1 and a single band of SlpB obtained from 4M1
(60 kDa band).
851
SLP labelling
The purified SLPs (1 mg/ml) were incubated with 10 equivalents of Alexa Fluor 647
NHS Ester (Succinimidyl Ester) (A20006, Thermo Fisher Scientific) in Lithium Chloride
5M for 1 hour at room temperature. Unreacted Alexa Fluor 647 NHS Ester was removed
by ultrafiltration using Vivaspin sample concentrators 10 kDa (Thermo Fisher Scientific
cat # 88517).
858
SLP-virus flow virometry
Prior to experimental use, Alexa Fluor 647-conjugated SLP samples were stored in LiCl
at room temperature. We performed buffer exchange to PBS using an Amicon Ultra
Centrifugal Filter, 3 kDA MWCO (MilliporeSigma, cat # UFC500324). Prior to buffer
exchange, the filter was pre-wet with 500 µl PBS and spun down at 14,000 *g* for 20
minutes. 50 µl of protein was then added to the filter unit and spun down at 14,000 *g* for
30 minutes. The filter was then inverted and spun down at 2,000 *g* for 2 minutes. The
flow-through was then stored at 4 °C. Buffer exchanged proteins were used for
experiments within 2 days. All sample preparations were done in 1.5 ml microcentrifuge
tubes (Westnet, cat # MCT-150-C-S). SLP was first diluted to 500 ng/µl, 50 ng/µl, 5
ng/µl, and 0.5 ng/µl with PBS. 2 µl of each dilution was then added to 16 µl of PBS in
triplicate. To each of these tubes, either 2 µl of 6.5×10^4 PFU/µl HSV-1 K26GFP were
added for a final concentration of 1.3×10^5 PFU per sample or 2 µl of $\sim 10^7$ particles/ml
of HIV-1 iGFP Env-deficient molecular clone (BEI Resources, cat # HRP-12455) were
added as a labeling control. Samples were then incubated at 37 °C for 3.5 hours.
Samples were then fixed with a 4% paraformaldehyde solution (Beantown Chemical,
cat # 140770-10X10ML, lot # 50077008) and put on ice for 20 minutes before additional

dilution with PBS for flow virometry. Flow virometry was performed using a Beckman
Coulter CytoFLEX S with a standard optical configuration. Samples were acquired for 1-
2 minutes at a sample flow rate of 10 µl/min using the tube loader. Experiments were
conducted with a threshold of 1,250 on the violet SSC-H, using the following gain
settings: violet SSC, 200; FITC, 2,500; and APC, 3,000.

Statistical analysis
Datasets were evaluated using GraphPad Prism version 10.6.1, GraphPad Software
Boston, MA, USA. P-values: **** (<0.0001), *** (<0.001), **(<0.01), *(<0.05). All *in vitro*
experiments were repeated a minimum of 2 times, with a minimum of 3 technical
replicates except for a subset of SLP inhibition experiments in Figure 5C-E which were
conducted once. All animal infection experiments were conducted a minimum of 2 times
with a minimum of 4 animals per condition except for experiments shown in
Supplementary Figure 3 and Supplementary Figure 4 which were experiments that were
conducted once but had n=7-10 animals per condition.

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According to the CRediT taxonomy, the authors made the following contributions:
A.N.D.A. contributed to conceptualization, data curation, formal analysis, investigation,
methodology, project administration, supervision, validation, visualization, writing–
original draft, and writing–review and editing. L.E.G. and J.B. contributed to data
curation, formal analysis, investigation, methodology, project administration, validation,
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data curation, formal analysis, investigation, validation, visualization, and writing–review
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Figure 1: ***Lactobacillus* cells and isolated PG inhibit HSV-2 infection.** (A)
Schematic for the assays shown in (B-C). (B-C) Bacterial cultures of *L. crispatus* MV-
1A-US (*Lc*) were grown in NYC III, washed with PBS, OD-normalized to OD$_{600}$ 1.0 and
then killed by either UV (B) or phenol (C). (B) A representative experiment is shown
n=3, and (C) n=4 across two experiments. Bacteria were then mixed with 40,000 PFU
HSV-2 and incubated for one hour before pelleting the bacteria by centrifugation.
Infectious HSV-2 in the supernatant was titered by plaque assay on Vero cells as shown
in the schematic (A). (B-D) Datapoints are normalized to the average of HSV-2. (D) *L.
crispatus* or *L. reuteri* PG (*Lr*) was mixed with 40,000 PFU HSV-2, incubated for two
hours, and then the mixture added to Vero cells to quantify the amount of infectious
virus using a plaque assay (n=3-6, a representative experiment is shown). (E)
Schematic of mouse treatment timeline for experiments shown in (F-H). Mice received 2
mg depot medroxyprogesterone acetate (DMPA) subcutaneously and then five days
later were infected intravaginally with 10,000 PFU HSV-2 and either 200 µg *Lc* or *Lr* PG
at the time of infection and an additional 200 µg of PG 24 hours later (n=8-9, a

representative experiment is shown). Survival was tracked over 12 days (F), and

disease severity tracked for 12 days (G). (H) Vaginal lavage was taken for 2 days after

the time of infection (starting 24 hours after infection) and lavage viral titers quantified

using plaque assays on Vero cells. (H) The dashed line represents the Limit Of

Detection (LOD). (B-H) Datasets were compared using one-way ANOVA with Dunnett's

correction (B-D), Log-rank (Mantel-Cox) test (F), and two-way ANOVA with Geisser-

Greenhouse correction (G) or Sidak's correction for multiple comparisons (H). Error

bars represent mean and the standard deviation (SD) (B-D) or mean and standard error

of the mean (SEM) (G-H).

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Figure 2: Gram-positive PG reduces HSV-2 infection *in vitro* and *in vivo*. (A-B) *B.*
subtilis (*Bs*) and *S. aureus* (*Sa*) PG (both from Sigma-Aldrich) were incubated with
40,000 PFU HSV-2 for two hours and then the amount of infectious virus in the mixture
quantified using plaque assays on Vero cells (n=3-6, a representative experiment is
shown). (C) Schematic of mouse treatment timeline for the experiments shown in (D-L).
Five days after DMPA treatment, mice were infected intravaginally with 10,000 PFU
HSV-2 and 50 µg *B. subtilis* PG (Sigma-Aldrich) (D-F), *S. aureus* PG (G-I) (InvivoGen),
or *E. coli* PG (*Ec*) (InvivoGen) (J-L). Survival was tracked over 21 days (D, G, and J)
and disease scores notes for 14 days (E, H, and J). Vaginal lavage was collected on
days 1 and 2 post-infection and infectious virus titered via plaque assay (F, I, and L). (D-

F, G-I, and J-K) n=10-12 across two independent experiments. (L) n=5 from a
representative experiment. The LOD for (F) on day 2 post-infection was 40 PFU/ml for
one experiment (5 mice) and 4 PFU/ml for the second experiment (5 mice). LOD for (I)
on day 1 was 4 PFU/ml for one experiment (12 mice) and 40 PFU/ml for the second
experiment (10 mice) and on day 2 40 PFU/ml for both experiments (22 mice). LOD for
(L) was 4 PFU/ml on day 1 and 40 PFU/ml on day 2. Data were compared using
Welch's t-test (A-B), Log-rank (Mantel-Cox) test (D, G, and J) and two-way ANOVA with
Geisser-Greenhouse correction (E, H, and K) or Sidak's correction (F, I, and K). Error
bars represent mean and SD (A-B) or mean and SEM (E, F, H, I, K, and L).
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Figure 3: PG protection of HSV-2 infection is lysozyme sensitive. (A) [0.05 mg/ml]
B. subtilis PG (Sigma-Aldrich) with or without 1 mM lysozyme (lyso) was mixed with
40,000 PFU HSV-2, incubated for 2 hours and then the mixture added to Vero cells to
quantify the amount of remaining infectious virus using a plaque assay (n=6, across two
independent experiments). (B) [0.2 mg/ml] GlcNAc or MurNAc was mixed with 40,000
PFU HSV-2, incubated for two hours, and then the mixture added to Vero cells to
quantify the amount of infectious virus using a plaque assay. (n=6, across two
independent experiments). (C-E) Five days post DMPA-treatment, mice (n=10, across
two independent experiments) were infected intravaginally with 10,000 PFU HSV-2 and
the following treatments at the time of infection: 50 µg of *B. subtilis* PG (Sigma-Aldrich)
with or without 10 mM lysozyme or 10 mM lysozyme alone. Survival was tracked over
20 days (C), and disease severity tracked for 14 days (D). (E) Vaginal lavage was
collected for two days and infectious virus quantified using plaque assays. Samples
were compared using one-way ANOVA with Tukey's (A) or Dunett's correction (B), Log-
rank (Mantel-Cox) test (C), and two-way ANOVA with Geisser-Greenhouse correction
(D) or Tukey's correction (E). Error bars represent mean and SD (A) or mean and SEM
(B, D, and E).
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Figure 4: LTA inhibits HSV-1 and HSV-2 infection. 50 µg LTA from *B. subtilis*
(InvivoGen)*, L. reuteri* and *S. aureus* (InvivoGen) was incubated with HSV-1 K26GFP
(MOI 1) and added to human End1 cells and frequency of live and dead GFP+ cells
quantified (A-B) and normalized against HSV-1 infection condition alone (C) 22 hours
post-infection (n=3 a representative experiment shown). 50 µg LTA from *B. subtilis, S.
pyogenes* (*Sp*) (Sigma-Aldrich)*,* and *S. aureus* was incubated with HSV-1 K26GFP
(MOI 1) and added to HFF cells and GFP expression from representative conditions
shown (D) and quantified (E) 22 hours post-infection (n=4, a representative experiment
is shown). (F-H) Five days after DMPA treatment, mice (n=10, across two independent
experiments) were infected with 10,000 PFU HSV-2 alone or with 50 µg *L. reuteri* LTA.
Survival was tracked over 20 days (F), and disease severity tracked for 14 days (G).
Vaginal lavage was collected and infectious virus quantified using plaque assays (n=5,
a representative experiment is shown) (H). P-values were calculated using one-way
ANOVA with Dunnett's correction (B-C, and E), Log-rank (Mantel-Cox) test (F), and two-
way ANOVA with Geisser-Greenhouse correction (G) or Sidak's correction (H). Error
bars represent mean and SD (B, C, and E) or mean and SEM (G-H).
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Figure 5: *L. crispatus* SLPs inhibit HSV infections. HFFs were infected with HSV-1
K26GFP (A-E) at an MOI of 1 (B) or MOI of 10 (C-E) alongside indicated concentrations
of *L. crispatus* SlpA and B, n=4. GFP fluorescence is shown from representative
conditions (A) and GFP+ live and dead cells were quantified as a frequency of total cells
(B, C, and E). GFP mean fluorescence intensity from (C) was quantified in (D). Data
were compared using a 1-way ANOVA with Dunnett's correction (B-E). Error bars
represent mean and SD.

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Figure 6: *L. crispatus* surface layer proteins bind herpes simplex virions. (A-D)
HSV-1 K26GFP and HIV iGFP virions were incubated with indicated amounts of surface
layer proteins SlpA and B for 3.5 hours at 37°C, fixed and run on a flow cytometer
optimized for small particle detection. SlpA and B were labeled with AF647 and HSV-1
K26GFP+/AF647+ events quantified. (C-D) AF647+ virions were quantified as a
frequency of total virions. Datasets were compared using Welch's t-test. Error bars
represent mean with SD.
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**Figure 7: LTA and PG inhibition of HSV infection is independent of TLR2
signaling.** (A-E) End1 cells were pre-treated with 0.5 µg each of anti-TLR1, 2, and 6
antibodies or control IgG for 2 hours then infected with HSV-1 K26GFP at an MOI of 1
in the presence of 500 ng Pam3CSK4 (A-B), 50 µg *S. aureus* LTA (InvivoGen) or PG
(InvivoGen) (C-D) or 10 µg *B. subtilis* (InvivoGen) or *L. reuteri* LTA (E-F). GFP+ live and
dead cells were quantified 22 hours post-infection (A, C, and E) and data normalized
against HSV-1 infected cells alone (B, D, and F). (G-H) HFFs were treated with anti-
TLR1, 2, and 6 or control IgG antibodies for 2 hours and then infected with HSV-1
K26GFP at an MOI of 1 in the presence of 50 µg LTA from *B. subtilis* (Sigma-Aldrich) or
S. pyogenes (Sigma-Aldrich), (n=4, a representative experiment is shown). GFP
fluorescence profiles from representative samples are shown (E) and quantified (F) 22-
hour post-infection. Data were compared using 1-way ANOVA with Tukey's correction
(A-B) or Dunnett's correction (C-F and H). Error bars represent mean and SD.

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1325 **Figure 8: Model of SLP, PG, and LTA inhibition of HSV infection**
1326 (A) Gram-negative-rich microbial communities, like that seen in BV, that are low in
1327 gram-positive PG, LTA, and SLP increase HSV symptom development risk. (B) Gram-
1328 positive-rich microbial communities decrease HSV infection through PG, LTA, and SLP.
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1330   **Table 1: *Composition Analysis of *L. reuteri* and *L. crispatus* PG**

Analysis	Before HF		After HF	
	L. reuteri	*L. crispatus*	*L. reuteri*	*L. crispatus*
Amino acids (HFBA)				
Alanine (Ala)	29.6	30.3	22.7	23.2
Glycine (Gly)	12.8	13.2	14.3	14.8
Valine (Val)	4.3	4.3	5.6	4.7
Threonine (Thr)	3.7	3.6	4.6	4.5
Serine (Ser)	3.7	3.5	4.6	4.9
Leucine (Leu)	8.3	8.2	10.9	10.8
Isoleucine (Ile)	2.6	2.6	3.4	3.3
Proline (Pro)	11.7	11.3	10.9	11.8
Aspartate (Asp)	4.6	4.6	6.5	6.6
Glutamate (Glu)	6.4	6.3	5.5	5.4
Phenylalanine (Phe)	2.1	2.1	2.8	3.8
Lysine (Lys)	8.8	8.6	5.9	5.0
Tyrosine (Tyr)	1.5	1.4	2.3	1.4
Total Amino Acids	100	100	100	100
Carbohydrate (TMS)**				
Glucosamine	45	47	46	43
Muramic acid	55	53	54	57
Total Sugars	100	100	100	100

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1332   * Composition is given as relative mole percent.
1333   ** Besides the two carbohydrate residues, glycerol and amino acids were detected
1334   but not quantified.
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Supplementary Figure 1: Partial GC-MS chromatograms of TMS derivatives of *L. crispatus* and *L. reuteri* PG before and after HF treatment. The peak of glycerol (8.4 min) was greatly reduced upon HF treatment in both (A) *L. crispatus* and (B) *L. reuteri*, suggesting removal of glycerol phosphate polymer, such as a WTA. Besides glycerol, this region contained peaks due to TMS derivatives of amino acids as indicated. The intensities of the two chromatograms for each bacterial PG were normalized to give approximately the same intensities of GlcNAc- and MurNAc-derived peaks in the pre- and post-HF chromatograms, as shown in the region 38–41.5 min on the right.

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Supplementary Figure 2: 1D Proton NMR spectra of HF-treated and mutanolysin
digested _L. crispatus_ and _L. reuteri_ PG. 1D ^{1}H NMR spectrum of **a**) _L. crispatus_ and
b) _L. reuteri_ PG (in 3:1 DMSO-d6/D2O). Peak identification is based on the previously
reported ^{1}H NMR chemical shifts for bacterial PG in DMSO-d6 (Klaić, et al 1990, Fehér
K et al. 2003). The peaks at 4.41-4.35 ppm are consistent with the β-anomeric forms of
GlcNAc and MurNAc, as well as lactyl H-α group of MurNAc (Lac-α). Both _L. crispatus_
and _L. reuteri_ PG showed distinct ^{1}H signal at 5.05 ppm, consistent with H1 of the
reducing-end α-MurNAc, which is a product of mutanolysin digestion. N-acetylation is
evident by the peaks at 1.7-1.8 ppm which are due to the methyl protons of N-acetyl
groups from β-GlcNAc and β/α-MurNAc residues. The intense peak at 1.2 ppm was
tentatively assigned to overlapping signals from lactyl-β and alanine-β methyl groups.
Other peaks between 0.5 and 4 ppm are likely due to amino acids. These observations
in ^{1}H NMR of the isolated material from _L. reuteri_ and _L. reuteri_ support the presence of
the partially digested PG.

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Supplementary Figure 3: *L. crispatus* PG suppresses HSV-2 infection
independently of the host microbiome. (A) Schematic of mouse treatment timeline
for the experiments shown in (B-D). Germ-free C57BL/6 mice were injected
subcutaneously with 2 mg DMPA to synchronize estrous cycles (n=9 for PBS and n=10
for *Lc* PG. Five days later, they were infected intravaginally with 5,000 PFU HSV-2 and
either 100 µg of *Lc* PG or equivalent volumes of PBS (HSV-2 only) at the time of
infection. Survival was tracked for 21 days (B) and disease progression was tracked for
14 days (C). (D) Vaginal lavage was taken on day 2 post-infection and viral titers were
quantified by plaque assays on Vero cells. (B-C) Datasets were compared using log-
rank (Mantel-Cox) test (B), two-way ANOVA with Geisser-Greenhouse correction (C),
and fisher's exact unpaired t-test (D). Error bars represent the mean with SEM.
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Supplementary Figure 4: Robust *L. crispatus* PG inhibition of HSV-2 requires PG
at time of infection. (A-C) C57Bl6 mice were injected with DMPA to synchronize
estrous cycles (n=7 for H_2O and n=8 for *Lc* PG) and then five days later were infected
intravaginally with 5,000 PFU HSV-2 and 200 µg *Lc* PG 4 hours after infection and daily
for days 1-5 post-infection. On days 6-7 post-infection, 100 µg of *Lc* PG was used for
treatment due to inflammation narrowing the vaginal canal and amount of treatment
volume that could be inserted. Survival was tracked over 15 days (B), and disease
severity tracked for 14 days (C). (D) Vaginal lavage was taken for 2 days after the time
of infection (starting 24 hours after infection) and lavage viral titers quantified using
plaque assays on Vero cells. (B and D) Datasets were compared using log-rank
(Mantel-Cox) test (B) and two-way ANOVA (C-D) with Geisser-Greenhouse's correction
(C) or Sidak's correction (D). Error bars represent the mean with SEM.
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A

6 hours post infection (MOI 10)

50 µg *Bs* PG

0 µg *Bs* PG

BB515-A :: GFP-HSV1

B   24 hours post infection

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Supplementary Figure 5: *B. subtilis* PG inhibits HSV-1 infection in HFFs. HFFs
were infected at indicated multiplicity of infections with HSV-1 K26GFP strain and
indicated amounts of *B. subtilis* PG (Sigma-Aldrich) (A-B). Flow cytometry histograms
are shown 6 hours post-infection (A) and frequency of live HSV-1 K26GFP+ infected
cells quantified at 24 hours post-infection (B) (n=3-4, a representative experiment is
shown). Datasets were compared using unpaired t-tests. Error bars represent the mean
with SD.
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Supplementary Figure 6: *S. aureus* PG inhibits HSV-1 infection in primary human
keratinocytes. Normal human epidermal keratinocytes (NHEK cells) were infected at
MOI of 1 (A-D) or MOI of 10 (E-H) with HSV-1 K26GFP and either [1 mg/ml] (A-B and
E-F) or [0.25 mg/ml] (C-D and G-H) of *S. aureus* PG (InvivoGen) (n=4 biological
replicates across 4 independent experiments). Cells were imaged hourly for 24 hours
and ratios of GFP+ to Hoechst+ cells plotted as a measurement of the percentage of
HSV-1 K26GFP-infected cells (A, C, E, and G). The area under the curve was
quantified (B, D, F, and H) and compared using Welch's t-tests. Error bars are mean
with SD.
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Supplementary Figure 7: Isolation and NMR purity testing of *L. crispatus and L.*
***reuteri* LTA.** (A-B) Absorbance readings of phosphorus assay for C8-sepharose
fractions for *L. crispatus* (A) and *L. reuteri* (B) LTA preparations. (C) 1D ^{1}H NMR on *L.*
crispatus fractions 3-6 and 19-21, and *L. reuteri* fractions 7-10 and 17-23, collected and
pooled from the C$_8$-sepharose column. The *L. crispatus* F19-21 fractions only contain
free glycerol, lactic acid, and contaminating citrate. Fraction F3-6 from *L. crispatus*
contains signals around 3.5-4.0 ppm that resemble those of glycerol phosphate (Gro*P*)
from LTA, consistent with the presence of a teichoic acid-like polymer. However, there
are no or negligible peaks characteristic for lipids around 0.8 and 1.3 ppm, suggesting
that this fraction does not contain LTAs. The two LTA fractions extracted from *L. reuteri*
differ from *L. crispatus*. *L. reuteri* fraction F7-10 does not show peaks resembling a
typical LTA; rather, the peaks are consistent with peptides and other impurities.
However, Fraction F17-23 has peaks characteristic for an LTA, as evident from the

signals of lipid, substituted glycerol phosphate (Gro*P*), glycosyl residue and alanine,

similar to ^{1}H signals reported for *S. aureus* LTA (Morath et al., 2001). ^{1}H NMR of the

material isolated from *L. reuteri* (F17-23) is thus consistent with a pure LTA that is

partially alanylated and glycosylated.

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Supplementary Figure 8: Titrating HSV-1 K26GFP for flow virometry.
Serial dilutions of HSV-1 were run to identify the optimal concentrations for acquisition
of virions in flow virometry experiments (related to Figure 6). For optimized flow
virometry experiments, viruses were diluted ~25,000 fold from the stock concentration to
minimize the chances of coincidental detection. GFP+ virions were gated as indicated
on the 1:25,000 plot to indicate the sample concentration used for subsequent flow
virometry analysis.
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