1 Hif-1α stabilisation polarises macrophages via cyclooxygenase/prostaglandin E2 in

- 2 *vivo*
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29 Abstract

30 Macrophage subtypes are poorly characterised in disease systems in vivo. The initial 31 innate immune response to injury and infectious stimuli through M1 polarisation is important 32 for the outcome of disease. Appropriate macrophage polarisation requires complex 33 coordination of local microenvironmental cues and cytokine signalling to influence immune 34 cell phenotypes. If the molecular mechanisms behind macrophage polarisation were better 35 understood then macrophages could be pharmacologically tuned to better deal with bacterial 36 infections, for example tuberculosis. Here, using zebrafish tnfa:GFP transgenic lines as in 37 vivo readouts of M1 macrophages, we show that hypoxia and stabilisation of Hif-1 α 38 polarises macrophages to a *tnfa* expressing phenotype. We demonstrate a novel 39 mechanism of Hif-1 α mediated macrophage tnfa upregulation via а 40 cyclooxygenase/prostaglandin E2 axis, a mechanism that is conserved in human primary 41 macrophages. These findings uncover a novel macrophage HIF/COX/TNF axis that links 42 microenvironmental cues to macrophage phenotype that may have implications in 43 inflammation, infection and cancer, where hypoxia is a common microenvironmental feature 44 and where cyclooxygenase and Tnfa are major mechanistic players.

45

46 Introduction

47 The innate immune response to injury and pathogen invasion are complex and are 48 tightly regulated by coordination of microenvironmental cues and cytokine signalling. 49 Macrophages are important innate immune cells in disease and their activation states, 50 commonly termed polarisation states, are especially important during the early response to 51 injury and infection. Mammalian macrophages have been classified into two broad 52 polarisation/activation states; M1 (or classically activated) and M2 (alternatively activated) 53 (1). Pro-inflammatory, or M1, macrophages are highly antimicrobial and can phagocytose 54 and efficiently kill bacteria. Macrophages are also central players in tissue healing and 55 restoration of homeostasis post injury/infection, which requires a change in macrophage

56 phenotype to a wound healing, M2, state (2). A diverse variety in macrophage function has 57 been observed in many in vitro systems, yet control of macrophage subsets remains poorly 58 understood in vivo. Current classifications are based on in vitro mammalian datasets, using 59 monocytes that have been polarised to different macrophage phenotypes by addition of 60 cytokine-cocktails to the media (3). Specific subsets of macrophage polarisation are context 61 dependent in vivo and subtle changes in the microenvironment can lead to different 62 phenotypes of M1 and M2 macrophages, reflecting a spectrum rather than a binary 63 classification of behaviours (4). One important microenvironmental factor is hypoxia, which 64 has profound effects on macrophage phenotypes (5). To fully understand how 65 microenvironmental cues affect macrophage polarisation, in vivo systems are required to 66 study macrophage behaviour over time and space without disturbance from extrinsic factors. 67 Determining the molecular triggers and polarisation states of macrophages could open up 68 possibilities to manipulate macrophage phenotype during disease as novel therapeutic 69 avenues.

70 The tissue macrophage response to injury/bacterial infections is a rapid, pathogen 71 recognition receptor (PPR) mediated, switch to an M1 type phenotype, characterised by 72 production and release of pro-inflammatory mediators, including cytokines such as IL-1 β , IL-73 6, IL-12 and TNF (6, 7). This phenotypic switch is required for a successful response to the 74 invading pathogen and for clearance before infection can take hold (8, 9). However, in the 75 case of intracellular pathogens, such as Mycobacterium tuberculosis (Mtb), this macrophage 76 response is subverted, establishing a protective niche within innate immune cells (10–13). 77 This bacterial-mediated interference in macrophage polarisation highlights a gap for 78 potential therapeutic tuning of the macrophage response to allow for bacterial clearance (14, 79 15).

80 One potential macrophage tuning mechanism is via the Hypoxia Inducible Factor 81 (HIF) -1 α transcription factor (16). HIF-1 α is a master transcriptional regulator of the cellular 82 response to low levels of oxygen (hypoxia) (17). Leukocytes, including macrophages and

83 neutrophils, are exquisitely sensitive to tissue hypoxia, a signature of many disease 84 microenvironments (eg infections and cancer) due to lack of local blood supply and a high 85 turnover of local oxygen by pathogens (5, 18). Hypoxia and HIF-1 α stabilisation have been 86 shown to have activating effects on macrophages *in vitro*, increasing their M1 profile and 87 bactericidal capabilities, yet the pro-inflammatory mechanisms behind this are not well 88 understood *in vivo* (5).

89 Hypoxia is а microenvironmental signal that increases epithelial 90 cyclooxygenase/prostaglandin E2 production in cancer models (19-21). Eicosanoids are 91 lipid signalling molecules and important pro-inflammatory mediators which are produced. 92 and released, by macrophages during early microbial infection (22, 23). The best 93 characterised of these are prostaglandins, strong inflammatory mediators that are known to 94 affect macrophage polarisation states during infection (24). A key family of enzymes for 95 prostaglandin biosynthesis is the cyclooxygenases (COX). COX-1 and -2 enzymes are 96 responsible for the production of prostaglandins as breakdown products of arachidonic acid. 97 Prostaglandins, in turn, are highly immunomodulatory, synergising with cytokines to amplify 98 pro-inflammatory responses (25). The potential effects of hypoxia-induced prostaglandins on 99 macrophage polarisation have not been investigated in vivo. Recent evidence indicates that 100 a HIF/COX/TNF axis may exist, with hypoxia-induced TNF expression in osteoblasts (bone 101 producing cells) being mediated via cyclooxygenase enzymes by an, as yet, unknown 102 mechanism (26). If observed in macrophages, this HIF/COX/TNF axis could have important 103 pro-inflammatory outcomes in disease and represent a novel therapeutic avenue.

2ebrafish have emerged as a useful model to understand innate immune cells in their *in vivo* microenvironment (27). Development of multiple innate immune cell transgenic lines, combined with non-invasive fluorescence imaging, has enabled mechanistic investigation into macrophage biology (2, 28, 29). Well-characterised models of inflammation and infection biology have emerged using zebrafish larvae. Mechanistic insights into neutrophil and macrophage recruitment to an injury site have been gained through use of a tailfin transection model (30), while host-pathogen interactions have been studied using the

111 natural fish pathogen Mycobacterium marinum (Mm) as a model of tuberculosis (27). 112 Recently, it has been demonstrated that *tnfa* promoter driven fluorescent transgenic lines 113 display an M1 type phenotype upon sterile injury immune challenge (31, 32). This advance 114 has enabled us to investigate macrophage polarisation within the zebrafish system during a 115 host-pathogen immune challenge. We have previously demonstrated that Hif-1 α stabilisation 116 induces macrophage proinflammatory $il-1\beta$ transcription and that this is host-protective 117 against Mm infection in the zebrafish model (33). We therefore hypothesised that Hif-1 α 118 stabilisation would promote macrophage pro-inflammatory tnfa expression, via a 119 cyclooxygenase dependent mechanism, that could also be beneficial to the host during 120 infection.

121 Here, we investigated the regulation of expression of the important M1 pro-122 inflammatory cytokine that by Hif-1 α stabilisation in vivo. We demonstrate that genetic, 123 pharmacological and hypoxia-mediated Hif-1 α stabilisation upregulated macrophage *tnfa* in 124 zebrafish. We show that tnfa transcription is upregulated in macrophages after injury and 125 Mm infection (both at early- and granuloma- stage infection). We identify that Hif-1 α 126 activates macrophage tnfa via cyclooxygenase/prostaglandin E2, while injury/Mm driven tnfa 127 production does not require active cyclooxygenase. Importantly, this novel macrophage 128 HIF/COX/TNF axis is conserved in primary human macrophages. These findings have 129 important implications in inflammation, infection and cancer biology where macrophage 130 polarisation states are influenced by microenvironmental hypoxia.

131

132 Materials and Methods

133

134 Zebrafish

Zebrafish were raised and maintained on a 14:10-hour light/dark cycle at 28°C,
according to standard protocols (34), in UK Home Office approved facilities at The Bateson
Centre aquaria at the University of Sheffield. Strains used were Nacre (wildtype),

138 TgBAC(tnfa:GFP)pd1028, Tg(tnfa:eGFP-F)ump5Tg, Tg(mpeg1:mCherry-F)ump2Tg, 139 Tg(mpeg1:mCherryCAAX)sh378, Tg(lyz:Ds-RED2)nz50 $TgBAC(il-1\beta:eGFP)sh445$ and 140 Tg(phd3:EGFP)i144 (31, 32, 35–37).

141

142 **Tailfin injury**

Inflammation was induced in zebrafish embryos by tail transection as previously described (38). Embryos were anaesthetised at 2 days post fertilisation (dpf) by immersion in 0.168mg/ml Tricaine, and transection of the tail was performed using a scalpel blade. Larvae were imaged by confocal microscopy at 16 hour post wound (hpw) on a Leica TCS-SPE confocal on an inverted Leica DMi8 base and imaged using 20x or 40x objective lenses.

149

150 Mycobacterium marinum

151 Mm infection experiments were performed using M. marinum M (ATCC #BAA-535), 152 containing a psMT3-mCherry or psMT3 mCrimson vector (39). Injection inoculum was 153 prepared from an overnight liquid culture in the log-phase of growth resuspended in 2% 154 polyvinylpyrrolidone40 (PVP40) solution (CalBiochem) as previously described (40). 100 or 155 150 colony forming units (CFU) were injected into the caudal vein at 28-30hpf as previously 156 described (41).

157

158 Confocal microscopy of transgenic larvae

159 1dpi and 4dpi transgenic zebrafish larvae infected with fluorescent Mm strains were 160 mounted in 0.8-1% low melting point agarose (Sigma-Aldrich) and imaged on a Leica TCS-161 SPE confocal on an inverted Leica DMi8 base and imaged using 20x or 40x objective 162 lenses.

For quantification purposes acquisition settings and area of imaging were kept the same across groups. Corrected total cell fluorescence was calculated for each cell using Image J as previously described (42, 43).

166

167 **RNA injections**

168 Embryos were injected with dominant *hif-1* α *b* (ZFIN: *hif1ab*) variant RNA at the one 169 cell stage as previously described (44). *hif-1* α variants used were dominant active (DA) and 170 dominant negative (DN) *hif-1* α . Phenol red (PR) (Sigma Aldrich) was used as a vehicle 171 control.

172

173 Pathway inhibitors

174 Unless otherwise stated, embryos were treated from 4 hours pre-Mm infection to 24 175 hours post infection (hpi) by addition to the embryo water and DMSO was used as a 176 negative solvent control. The pan hydroxylase inhibitor, DMOG (dimethyloxaloylglycine, 177 Enzo Life Sciences), was used at a 100µM concentration by incubation in E3 embryo media 178 as previously described (44). The selective PHD inhibitors JNJ-402041935 (Cayman 179 Chemicals) and FG-4592 (Selleckchem) were used at 100µM and 5µM respectively (45, 46). 180 The selective inhibitor of COX-1, SC-560 (Cayman Chemicals), was used at 30µM and the 181 selective inhibitor of COX-2, NS-398 (Cayman Chemicals), was used at 15µM by incubation 182 in E3 embryo media as previously described (47). The 15-LOX inhibitor PD146176 (Tocris) 183 was microinjected (1nl of 40nM) at 1 hour post infection (hpi). The leukotriene B4 receptor 1 184 (BLTR1) inhibitor, U-75302 (Abcam), was used at 30mM by incubation in E3 embryo media 185 as previously described (48) together with the BLTR2 inhibitor, LY255283 (Abcam), which 186 was used at 1mM. Exogenous prostaglandin E2 (Cayman Chemicals) and 15-keto-187 prostaglandin E2 (Cayman Chemicals) were added by incubation in E3 at a concentration of 188 1µM (49).

189

190 Hypoxia

191	Embryos were incubated in 5% oxygen (with 5% carbon dioxide) in a hypoxia hood
192	(Baker-Ruskinn Sci-tive UM-027) from 32hpi for 6 hours and were imaged at 2dpf. Embryos
193	from the same clutch kept in incubated normoxic room air were used as controls (33).

194

195 Bacterial pixel count

196 Mm mCherry infected zebrafish larvae were imaged at 4dpi on an inverted Leica 197 DMi8 with a 2.5x objective lens. Brightfield and fluorescent images were captured using a 198 Hammamatsu OrcaV4 camera. Bacterial burden was assessed using dedicated pixel 199 counting software as previously described (50).

200

201 Human cells

202 Peripheral blood mononuclear cells (PBMC) were isolated by Ficoll-Paque PLUS 203 (GE Healthcare) density centrifugation of whole blood from healthy donors (National Research Ethics Service reference 07/Q2305/7). PBMC were seeded at 2x10⁶/ml in 24-well 204 205 tissue culture plates in RMPI 1640 media (Gibco) containing 2mmol/L L-glutamine (Lonza) 206 and 10% newborn calf serum (Gibco). Cells were cultured in 5% CO₂ at 37°C and non-207 adherent cells were removed after 24 hours. Remaining adherent cells were cultured for 14 208 days, with twice weekly media exchange, in RPMI 1640 supplemented with 2mmol/L L-209 glutamine and 10% heat-inactivated fetal bovine serum (FBS) (PAN Biotech) (51).

For experiments RPMI 1640 + 25mM HEPES (Gibco) containing 2mmol/L Lglutamine and 10% heat-inactivated FBS and drugs were pre-equilibrated in normoxia or hypoxia (0.8% O₂, 5% CO₂, 70% humidity at 37°C) for 24 hours prior to the experiment (52).

213 Cells were introduced to the hypoxic workstation (Baker-Ruskinn Sci-Tive UM-027) 214 where culture media was removed and replaced with hypoxia-equilibrated media as detailed 215 above. Cells were treated in duplicate or triplicate wells with 100µg/ml LPS (InvivoGen), 216 DMSO (Sigma-Aldrich), or 15mM COX-2 inhibitor (NS398) (Cayman Chemical) and 217 incubated for 18 hours. For normoxic controls, cells were treated identically within a class-2 218 tissue culture hood and transferred to a normoxic tissue-culture incubator.

219 Cell supernatants were collected following 18 hours incubation in normoxia or 220 hypoxia and were frozen for subsequent analysis. Culture supernatants were assayed in 221 duplicate or triplicate using a human TNF ELISA MAX (Biolegend). In samples where 222 undiluted supernatants fell outside the standard curve, samples were re-run following 1:10 223 dilution in assay buffer.

224

225 Statistical analysis

All data were analysed (Prism 7.0, GraphPad Software) using unpaired, two-tailed ttests for comparisons between two groups and one-way ANOVA (with Bonferonni post-test adjustment) for other data. P values shown are: *P < .05, **P < .01, and ***P < .001.

229

230 Results

231

232 *tnfa:GFP* expression is upregulated by injury, infection and Hif-1 α stabilisation

233 TNF is a central regulator of the M1 inflammatory response to inflammation and 234 pathogen challenge. Here, we use two transgenic zebrafish lines that express GFP via a tnfa 235 promoter region; TgBAC(tnfa:GFP)pd1028 and Tg(tnfa:eGFP-F)ump5Tg (31, 32). The 236 TgBAC(tnfa:GFP)pd1028 was made using BAC (bacterial artificial chromosome) 237 transgenesis and contains 50kb of promoter region (32). The Ta(tnfa:eGFP-F)ump5Ta line 238 has a smaller promoter region (3.8kb) than the BAC line (31) and has previously been 239 demonstrated to be upregulated in macrophages after tailfin injury in a zebrafish model (31). 240 Here, we demonstrate that this injury induced upregulation of macrophage *tnfa:GFP* is also 241 found in the BAC transgenic line (TgBAC(tnfa:GFP)pd1028 crossed to 242 Tg(mpeg1:mCherryCAAX)sh378) shown 16 hours post wound (hpw) (Figure 1A). TNF has 243 been implicated in all stages of TB infection, however the cell types involved in vivo have 244 been difficult to observe (53). We used the tnfa BAC promoter GFP line to establish the 245 transcriptional regulation of tnfa during pre- and early- larval Mm granuloma formation 246 stages. tnfa:GFP expression was induced in larvae following Mm infection before granuloma

onset (at 1 day post infection, dpi), and after granuloma formation (at 4dpi) (Figure 1B). *tnfa:GFP* expression was predominantly found in macrophages with internalised Mm, shown
by co-localisation of fluorescence with *mpeg-1:mCherry* expressing macrophages and
mCrimson expressing Mm (Figure 1C). Macrophage expression was confirmed using the
other *tnfa* promoter driven line, (*Tg(tnfa:eGFP-F)ump5Tg*, crossed to *Tg(mpeg1:mCherry- F)ump2Tg*) (Figure S1). Our data demonstrate that injury and Mm induced *tnfa* expression
occurs in macrophages as part of an early M1 response.

254 Hif-1 α can be stabilised in zebrafish both genetically and pharmacologically using 255 dominant active constructs and hydroxylase inhibitors respectively (29, 44). We tested 256 whether Hif-1 α promotes M1 polarisation using the *tnfa:GFP* BAC transgenic line as a 257 readout of M1 macrophages (31, 32). Hif-1 α was stabilised genetically in larvae using DA 258 Hif-1 α RNA (44), which resulted in upregulation of *tnfa:GFP* expression (Figure 1D-F) 259 indicating a shift of macrophage phenotype towards an activated M1 response. Dominant 260 negative (DN) Hif-1 α caused no upregulation of *tnfa:GFP* expression (Figure 1E-F). To 261 demonstrate that it was also possible to boost the Hif-1 α M1 pro-inflammatory response 262 pharmacologically, the hypoxia mimetic DMOG (dimethyloxaloylglycine, a pan-hydroxylase 263 inhibitor that stabilises Hif-1 α via inactivation of regulatory prolyl hydroxylase enzymes) was 264 used to stabilise endogenous levels of Hif-1 α (57). DMOG treatment upregulated expression 265 of the transformation of 266 (Figure 1G). Recently described hypoxia mimetics with reportedly greater prolyl hydroxylase 267 selectively, JNJ-42041935 and FG4592, had similar effects to DMOG (Figure 1H and I) (33, 268 45, 46). During both homeostasis and disease physiology, Hif-1 α stability is regulated by 269 microenvironmental hypoxia. To simulate this we subjected the *tnfa:GFP* line to 5% oxygen 270 for 6 hours at 32hpf and looked for GFP expression at 48hpf. This level of hypoxia was 271 sufficient to switch on GFP expression in the Tg(phd3:GFP)i144 hypoxia reporter zebrafish 272 (Figure S2) (33). Six hours of 5% oxygen increased tnfa:GFP expression at 48hpf, 273 compared to normoxic controls, to a similar level as that observed with genetic or

274 pharmacological Hif-1 α stabilisation (Figure 1J). Together, these data indicate that *tnfa* 275 expression is part of a pro-inflammatory M1 macrophage response to hypoxia and stabilised 276 Hif-1 α , a response that is targetable by pharmacological agents and has the potential to aid 277 the host response to bacterial challenge.

278

279 Hif-1α dependent *tnfa:GFP* transcription requires cyclooxygenase

280 Eicosanoids are lipid signalling molecules produced by macrophages during early 281 microbial infection as part of an M1 response (22, 23). We tested whether cyclooxygenase 282 inhibition affected Hif-1 α mediated *tnfa:GFP* production. At basal levels, *tnfa:GFP* was not 283 altered by the Cox-1 inhibitor SC560 or the Cox-2 inhibitor NS398 compared to DMSO 284 treated negative controls (Figure 2A-B). Strikingly, DA Hif-1α-induced *tnfa:GFP* expression 285 was significantly abrogated to basal levels by both SC560 and NS398 (Figure 2A-B). We 286 have previously shown that DA Hif-1 α induces the expression of another important pro-287 inflammatory cytokine, *il-1\beta*, shown by an *il-1\beta:GFP* transgenic line (Figure S3A) (33). Cox-1 288 inhibition by SC560 did not abrogate Hif-1 α induced *il-1\beta:GFP*, while Cox-2 inhibition with 289 NS398 caused a small decrease that did not reach basal levels (Figure S3B-C). These data 290 indicate that Hif-1 α -induced *tnfa* expression is caused by a product of the cyclooxygenase 291 arm of the arachidonic acid pathway via a novel macrophage HIF/COX/TNF axis (Figure 292 2C), while Hif-1 α induced *il-1\beta* does not fully act via this pathway suggestive of complex 293 regulation of M1 pro-inflammatory cytokines by Hif-1 α stabilisation.

We next tested whether injury- and infection-induced *tnfa* are cyclooxygenase dependent processes. Macrophage *tnfa:GFP* expression induced after injury was not abrogated by cyclooxygenase inhibition using NS398 (Figure 2D-E). Similarly, cyclooxygenase inhibition using either SC560 or NS398 did not alter the expression of Mminduced *tnfa:GFP* (Figure 2F-G). Our data indicate that macrophage *tnfa* expression can be driven by the presence of DAMPS (injury) or PAMPS (Mm) and that these are cyclooxygenase independent mechanisms (Figure 2H).

301 We have previously shown that Hif-1 α stabilisation is host-protective in the zebrafish 302 Mm model, an effect that is dependent on macrophage expression of proinflammatory *il-1* β 303 (33). We therefore hypothesised that priming macrophages with increased *tnfa* via Hif-1 α 304 stabilisation may be protective against subsequent Mm infection. Neither genetic nor 305 pharmacological Hif-1 α stabilisation were additive to the *tnfa:GFP* expression caused by 306 either injury or Mm infection (Figure 2C-F and S4A-D). To test whether DA Hif-1 α priming of 307 macrophage tnfa had an effect on the outcome of Mm infection, bacterial burden was 308 quantified in DA Hif-1 α -injected embryos with cyclooxygenase inhibition (having 309 demonstrated that Hif-1 α -induced *tnfa* requires cyclooxygenase activity in Figure 2A-C). 310 Neither SC560 nor NS398 mediated inhibition of Hif-1 α -induced *tnfa* expression diminished 311 the host-protective effect of DA Hif-1 α (Figure S5A-C) or DMOG treated larvae (Figure S5D-312 F). Taken together these data indicate that injury- and Mm- induced tnfa is not further 313 increased by Hif-1 α stabilisation and that cyclooxygenase mediated early priming of *tnfa* in 314 macrophages is not required for the Hif-1 α mediated reduction of bacterial burden.

315

Blocking cyclooxygenase independent arachidonic acid pathways does not abrogate

317 Hif-1α upregulation of *tnfa:GFP*

318 To investigate whether the effect of the cyclooxygenase inhibitors on that was 319 specific to the prostaglandin path of the arachidonic acid pathway, we targeted the lipoxin 320 and leukotriene producing arms using the 15-Lipoxygenase inhibitor PD146176 and 321 leukotriene B4 receptor antagonists. The 15-Lipoxygenase inhibitor PD146176 did not block 322 the *tnfa:GFP* induced by DA Hif-1 α (Figure 3A-B). Furthermore, PD147176 increased 323 tnfa:GFP expression on its own in the absence of infection, although not to the same extent 324 as DA Hif- α (Figure 3A-B). PD146176 also did not affect *tnfa:GFP* expression after Mm 325 infection (Figure 3A-B), nor did it block the protective effect of DA Hif-1 α . Treatment with 326 PD146176 was sufficient to decrease Mm burden, but not to the same extent as DA Hif-1 α 327 (Figure 3C). Leukotriene B4 inhibition, using the BLTR1/2 antagonists U75302 and

LY255283, did not increase *tnfa:GFP* levels and also did not block DA Hif-1 α induced *tnfa:GFP* (Figure 3D-E). These data indicate that blocking components of the lipoxygenase dependent arms of the arachidonic acid pathway do not block the Hif-1 α effect on *tnfa* expression and do not replicate the effects observed by blocking the cyclooxygenase dependent arm (Figure 3F).

333

Hif-1α-induced *tnfa:GFP* requires active prostaglandin E2

335 A key family of immune regulators downstream of arachidonic acid and cyclooxygenases are 336 prostaglandins. The best characterised of these as a regulator of macrophage function is 337 prostaglandin E2 (PGE2). We tested whether PGE2 was a mediator in the HIF/COX/TNF 338 pathway by addition of exogenous PGE2 to DA Hif-1 α larvae. Exogenous PGE2 had no 339 effect on tnfa:GFP expression in the absence or presence of Mm infection (Figure 4A-D). 340 However, PGE2 was able to rescue the decrease in *tnfa:GFP* expression after Cox-1 (Figure 341 4A and C) or Cox-2 (Figure 4B and D) inhibition in the DA Hif-1 α larvae. Furthermore, 342 addition of PGE2 alone led to a significant increase in the DA Hif-1 α -induced tnfa:GFP 343 expression (Figure 4A-D). These rescuing effects were not observed by addition of 344 exogenous 15-keto prostaglandin E2, an immunologically inactive degradation product of 345 PGE2 (Figure 4E-F) (49, 58, 59). These data indicate that Hif-1 α -induced *tnfa:GFP* requires 346 active prostaglandin E2 (Figure 4G).

347

348 The HIF-COX-TNF axis is conserved in human macrophages

To translate our findings from zebrafish to humans we tested whether HIF-1α stabilisation in human macrophages induces TNF expression. We found that human monocyte derived macrophages (hMDMs) produced higher levels of TNF protein in hypoxia (0.8% oxygen) than those in normoxia, measured by an anti-human TNF ELISA (Figure 5A). Furthermore, treatment with the COX-2 inhibitor, NS398, reduced this hypoxia-induced TNF back to the equivalent levels found in normoxia (Figure 5A). This was replicated when HIF-

 1α was stabilised in hHDMs using the hypoxia mimetic FG4592 (Figure 5B). These data indicate that the HIF/COX/TNF axis is a conserved mechanism in human macrophages and could be important in human disease.

358

359 Discussion

Control of macrophage function during homeostasis and infection are critical for healthy tissues and must integrate changes in the local microenvironment with cytokine signalling. Understanding of signalling pathways that link the microenvironment with macrophage phenotypic outcomes will identify potential novel therapeutic avenues for control of macrophages during disease. Currently, the mechanisms and molecular cues leading to different macrophage phenotypes are not well-defined *in vivo*.

366 Here we show that a disease relevant microenvironmental cue, hypoxia signalling via 367 Hif-1 α , upregulates macrophage *tnfa* expression in a cyclooxygenase dependent manner *in* 368 vivo. TNF regulation by hypoxia has been shown in a range of mammalian cells, and its 369 promoter region contains HIF responsive elements (HREs), resulting in some level of direct 370 regulation by HIF-1 α (60–63). We observed an M1 pro-inflammatory tnfa response with 371 stabilised Hif-1 α , demonstrating that hypoxia signalling alone can lead to a switch of 372 macrophage polarisation to an M1 phenotype, consistent with our previous observations 373 concerning *il-1* β activation (33). Not only could *tnfa* activation be achieved by genetic 374 stabilisation of Hif-1 α , but also using hypoxia mimetics and physiological hypoxia. These 375 findings indicate that the Hif-1 α pro-inflammatory switch is targetable by pharmaceuticals 376 and could be druggable during disease. Hypoxic regulation of TNF via COX has previously 377 been demonstrated in mammalian osteoblasts, however, little is known about this interaction 378 (26). Our data demonstrate that Hif-1 α upregulation of macrophage *tnfa* is dependent on 379 cyclooxygenase and further shows that the mechanism is likely to be via the production of 380 PGE2. The degradation metabolite 15-keto-PGE2 did not rescue the loss of tnfa expression 381 after cyclooxygenase inhibition, consistent with previous reports that 15-keto-PGE2 is

unable to bind the prostaglandin E2 EP receptors, demonstrating a requirement for activePGE2 (64).

384 Mycobacteria mediated macrophage polarisation is complex, with M1 and M2 385 phenotypes observed during pathogenesis, however, the mechanisms determining 386 macrophage phenotype are not fully characterised (56). The Mtb/Mm granuloma has been 387 widely studied in human, mice and zebrafish and is rich in pro-inflammatory cytokine 388 production (32, 33, 65–69). Here, we observed that an M1 pro-inflammatory tnfa response 389 was induced at pre-granuloma stages as well as during granuloma formation in vivo. A key 390 advantage of using fluorescent transgenic zebrafish lines, such as tnfa:GFP, is that they 391 enable identification of the cell type producing the transgene in an intact organism. This is 392 especially important when studying early innate immune cell interactions with pathogens, as 393 it eliminates the risk of activation during a sorting process. TNF is required for the control of 394 initial TB infection in mice and also of latent TB in humans (68, 70–73). Patients on anti-TNF 395 therapies for immune diseases such as Crohn's disease and rheumatoid arthritis, which 396 have proved effective treatments for these debilitating illnesses, have an associated 397 increased risk of TB reactivation and infectious disease (72, 74). In the zebrafish Mm model 398 it has been widely demonstrated that Tnfa is required for control of early infection, with 399 perturbation of Tnfa signalling leading to high infectious burdens (75). When Hif-1 α driven 400 the transfer that the text of 401 in bacterial burden resulting from stabilisation of Hif-1 α . Furthermore, none of the 402 arachidonic acid pathway inhibitors used in our study had any effect on Tnfa production after 403 Mm infection. These findings are consistent with Mm induced macrophage Tnfa production 404 being independent of arachidonic acid, and is most likely TLR mediated as has been 405 reported elsewhere (43, 56). Our data indicate that there is no additional protective effect of 406 priming macrophages with increased levels of Tnfa before infection onset. Interestingly, this 407 is not the case for another important M1 cytokine, II-1 β , where Hif-1 α stabilisation fails to 408 reduce bacterial burden if II-1 β is blocked early in infection, (33). Our findings indicate that

409 different M1 cytokines induced by Hif-1 α stabilisation can have differential effects on the 410 outcome of infection, and highlight that, although TNF and IL-1 β are often used as markers 411 of M1 polarisation, their roles in the pro-inflammatory macrophage are distinct.

Blocking cyclooxygenase independent arms of the arachidonic acid pathway did not inhibit Hif-1 α -induced macrophage *tnfa* transcription in the same way as blocking the cyclooxygenase/PGE2 arm. Inhibition of the 15-lipoxygenase arm was sufficient to induce macrophage *tnfa* transcription which was host protective and decreased Mm burden. These findings indicate a potential shift towards the COX/TNF dependent axis when 15lipoxygenase is blocked and are consistent with previous observations suggesting that inhibition of 15-Lipoxygenase can have immune activating effects (48).

419 Our data reveal a novel mechanism of TNF activation in macrophages via a Hif-1a/ 420 cyclooxygenase/PGE2 axis. Importantly, this pathway is conserved in human macrophages, 421 meaning that it could be targetable for pharmaceutical intervention to promote macrophage 422 M1-type polarisation in human disease. Although the effect of the HIF/COX/TNF axis in early 423 Mm infection was negligible, this pathway is likely to have important roles in numerous 424 disease situations. Multiple disease pathologies have hypoxia as a features of the tissue 425 microenvironment, concurrent with macrophage influx. Hif-1 α mediated M1 switching and 426 TNF activation may be pertinent in later TB infection situations where granulomas have 427 stabilised Hif-1 α due to necrotic and hypoxic centres (76, 77). It is not only bacterial 428 infections such as TB that might be influenced by a HIF-1 α mediated M1/TNF switch. 429 Hypoxia is a key hallmark of cancers with high levels of HIF-1 α widely found in those that 430 produce large tumours where the centre is hypoxic (78). This is also true of 431 cyclooxygenase/PGE2 production, where these important immunomodulatory signals are 432 required for cellular adaption to the tumour microenvironment (79). Certain types of cancer 433 induce inflammatory microenvironments, where cytokines and other immunomodulators can 434 contribute to the progression of cancers (80). Macrophages play central roles in cancer-435 inflammation that could be exploited utilising pharmaceutical control of this novel

HIF/COX/TNF mechanism. The zebrafish larvae is small enough to be fully oxygenated at
the 2-5dpf stages of this study (81). Further investigation of the HIF/COX/TNF axis in models
where hypoxia is a key hallmark of disease pathology is required to uncover the full
therapeutic relevance of this potentially important novel macrophage pathway.

440 In conclusion, we have identified a novel mechanism for macrophage tnfa 441 transcription via Hif-1 α and cyclooxygenase that is conserved from zebrafish to humans, 442 highlighting a druggable mechanism to induce an M1-macrophage response. Importantly, 443 this axis links a microenvironmental cue, hypoxia, to a macrophage pro-inflammatory M1 444 cytokine, the expression. We provide strong evidence to show that this response acts via 445 the cyclooxygenase/PGE2 arm of the arachidonic pathway. Due to the central roles of these 446 modulators in disease microenvironments we anticipate that this HIF/COX/TNF pathway 447 may have important implications in conditions such as inflammation, infection and cancer.

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673	
674	Figure Legends
675	
676	Figure 1. Macrophage <i>tnfa:GFP</i> is upregulated by injury, Mm infection and Hif-1 α
677	stabilisation
678	(A) Fluorescent confocal micrographs of 3 days post fertilisation larvae with or without tailfin
679	wound (induced 16 hours previously) with example macrophages at the tailfin site. tnfa
680	expression was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028
681	transgenic line. Macrophages are shown in red using a Tg(mpeg1:mCherryCAAX)sh378
682	line. The asterisk in the not wounded control indicates a neuromast that is fluorescent in all
683	channels as a marker of position.
684	(B) Fluorescent confocal micrographs of 1dpi Mm infected larvae, prior to granuloma
685	formation (left panels), and 4 dpi, early granuloma (right panels) stages of infection. tnfa

686 expression was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028

transgenic line. Mm mCrimson is shown in the far-red (cyan) channel. Increased levels of
 tnfa:GFP expression were detectable in cells associated with infection.

689 (C) Fluorescent confocal micrographs of 1 day post infection (dpi) caudal vein region of 690 infection. tnfa expression was detected by GFP levels, in green, using the 691 TgBAC(tnfa:GFP)pd1028 transgenic line. Macrophages are shown in red using a 692 Tg(mpeg1:mCherryCAAX)sh378 line. Mm Crimson is shown in the far-red channel (cyan, 693 right panels) with a PVP control (left panels). Without infection there is little detectable 694 tnfa:GFP expression, while infected and uninfected macrophages have higher levels of 695 tnfa:GFP in the Mm group. Dotted lines indicate the yolk extension of the larvae where there 696 is non-specific fluorescence.

697 (D) Fluorescent confocal micrographs of 2 days post fertilisation larvae in the caudal vein 698 by GFP tnfa expression was detected levels, in green, using region. the TgBAC(tnfa:GFP)pd1028 transgenic line. Macrophages are shown in red using a 699 700 Tq(mpeq1:mCherryCAAX)sh378 line. Larvae were injected at the 1 cell stage with dominant 701 active (DA) Hif-1 α or phenol red (PR) control.

702 (E) Fluorescent confocal micrographs of 2dpf zebrafish imaged around the caudal vein 703 detected by GFP region. tnfa expression was levels, in green, using the 704 TgBAC(tnfa:GFP)pd1028 transgenic line. Larvae were injected at the 1 cell stage with 705 dominant negative (DN) or dominant active (DA) Hif-1 α or phenol red (PR) control. Dotted 706 lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

(F) Graph shows corrected fluorescence intensity levels of *tnfa:GFP*. Dominant active Hif-1 α (DA1, filled bar) had significantly increased *tnfa:GFP* levels compared to phenol red (PR) and dominant negative Hif-1 α (DN1) injected controls (white bars). Data shown are mean ± SEM, n=66 cells from 12 embryos accumulated from 3 independent experiments and corresponds to images in (E).

(G) Fluorescent confocal micrographs of 2dpf *TgBAC(tnfa:GFP)pd1028* transgenic larvae
 treated with DMOG or DMSO control. Dotted lines indicate the yolk extension of the larvae

where there is non-specific fluorescence. Graph shows corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in larvae. DMOG treated larvae (filled bars) had significantly increased *tnfa:GFP* levels compared to DMSO controls (white bars). Data shown are mean \pm SEM, n=24 cells from 6 embryos representative of 2 independent experiments.

(G) Fluorescent confocal micrographs of 2dpf TgBAC(tnfa:GFP)pd1028 transgenic larvae treated with the PHD inhibitor JNJ-42041935 or a DMSO solvent control. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence. Graph shows corrected fluorescence intensity levels of *tnf-a:GFP* confocal *z*-stacks at 2dpf treated with JNJ-42041935 (filled bars) or DMSO controls (white bars). Data shown are mean \pm SEM, n=48 cells from 8 embryos accumulated from 2 independent experiments.

(H) Fluorescent confocal micrographs of 2dpf TgBAC(tnfa:GFP)pd1028 transgenic larvae treated with the PHD inhibitor FG4592 or a DMSO solvent control. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence. Graph shows corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in larvae at 2dpf treated with FG4592 (filled bars) or DMSO controls (white bars). Data shown are mean \pm SEM, n=54 cells from 9 embryos accumulated from 3 independent experiments.

(1) Fluorescent confocal micrographs of 2dpf TgBAC(tnfa:GFP)pd1028 transgenic larvae incubated in room normoxia or 5% oxygen (hypoxia) for 6 hours between 32-38hpf. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence. Graph shows corrected fluorescence intensity levels of *tnfa:GFP* confocal *z*-stacks in larvae at 2dpf incubated in 5% oxygen (filled bars) or normoxia controls (white bars). Data shown are mean \pm SEM, n=72 cells from 12 embryos accumulated from 3 independent experiments.

738

Figure 2. Hif-1α-activated *tnfa:GFP* is cyclooxygenase dependent while injury and
 infection induced *tnfa:GFP* is cyclooxygenase independent

741 (A) Fluorescent confocal micrographs of 2dpf caudal vein region of larvae. tnfa expression 742 was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028 transgenic line. 743 Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO, 744 SC560 (Cox-1 inhibitor) and NS398 (Cox-2 inhibitor). Dotted lines indicate the yolk extension 745 of the larvae where there is non-specific fluorescence. 746 (B) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PR (white bars) 747 and DA1 (filled bars) injected larvae at 2dpf treated with Cox inhibitors. Data shown are 748 mean \pm SEM, n=36 cells from 6 embryos representative of 3 independent experiments. 749 (C) Schematic of the arachidonic pathway indicating where stabilising Hif-1 α upregulates 750 that via cyclooxygenase, an effect that is blocked using the Cox1/2 inhibitors SC560/NS398. 751 (D) Fluorescent confocal micrographs of 3 days post fertilisation larvae with or without tailfin 752 wound (induced 16 hours previously) in phenol red (PR) or dominant active Hif-1 α embryos. 753 the transformation to the transformation of the transformation of the transformation the transformation that the transformation the transformation that the transformation of the transformation that the transformation the transformation the transformation the transformation the transformation that the transformation the transformatio 754 transgenic line. Embryos were treated with DMSO or NS398 (Cox-2 inhibitor). 755 (E) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PR (white bars) 756 and DA1 (filled bars) injected larvae at 2dpf treated with Cox inhibitors. Data shown are 757 mean ± SEM, n=24 (in not wounded) or n=36 (in wounded) cells from 6 embryos 758 accumulated from 2 independent experiments. Not-wounded fish had fewer macrophages at

the tailfin site, hence the lower cell number in these groups.

(F) Fluorescent confocal micrographs of 1dpi caudal vein region of Mm Crimson infected larvae. *tnfa* expression was detected by GFP levels, in green, using the *TgBAC(tnfa:GFP)pd1028* transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO, SC560 (Cox-1 inhibitor) and NS398 (Cox-2 inhibitor) and infected with Mm Crimson. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

(G) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PR (white bars)
 and DA1 (filled bars) Mm Crimson infected larvae at 1dpi treated with Cox inhibitors. NB,

768 DMSO NoMm is a no Mm control taken from figure 2B for comparison with Mm infected data

769 (data is from the same experiment). Data shown are mean ± SEM, n=36 cells from 6

embryos representative of 3 independent experiments.

(H) Schematic showing that injury and infection upregulate *tnfa* independently of
 cyclooxygenase, an effect that is not blocked by the Cox1/2 inhibitors SC560/NS398.

773

Figure 3. Blocking 15-lipoxygenase or leukotriene B4 receptors does not abrogate
 DA-Hif-1α-upregulation of *tnfa:GFP*

(A) Fluorescent confocal micrographs of 1dpi caudal vein region of Mm and PVP infected larvae. *tnfa* expression was detected by GFP levels, in green, using the *TgBAC(tnfa:GFP)pd1028* transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO or PD146176 (15-Lipoxygenase inhibitor). Noninfected larvae are in the left panels (PVP) and Mm Crimson infected larvae are in the right panels (Mm). Dotted lines indicate the yolk extension of the larvae where there is nonspecific fluorescence.

(B) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in uninfected
larvae (PVP, empty bars) and infected larvae (Mm, filled bars) at 1dpi of data shown in (A)
after treatment with DMSO or PD146176 (15-Lipoxygenase inhibitor). Data shown are mean
± SEM, n=42 cells from 7 embryos accumulated from 3 independent experiments.

(C) Bacterial burden at 4dpi after injection of DA Hif-1 α (DA1) and 24 hours of the 15lipoxygenase inhibitor PD146176, using DMSO as a negative solvent control. Data shown are mean ± SEM, n=48-50 as accumulated from 3 independent experiments.

(D) Fluorescent confocal micrographs of 1dpi caudal vein region of Mm and PVP infected larvae shown in A. *tnfa* expression was detected by GFP levels, in green, using the *TgBAC(tnfa:GFP)pd1028* transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO or U75302/LY255283 (BLTR1/2 inhibitors). Noninfected larvae are in the left panels (PVP) and Mm Crimson infected larvae are in the right

795 panels (Mm). Dotted lines indicate the yolk extension of the larvae where there is non-796 specific fluorescence.

(E) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in uninfected larvae (PVP, empty bars) and infected larvae (Mm, filled bars) at 1dpi of data shown in (D) after treatment with DMSO or U75302/LY255283 (BLTR1/2 inhibitors). Data shown are mean \pm SEM, n=30 cells from 5 embryos accumulated from 2 independent experiments. (F) Schematic of the arachidonic pathway indicating where stabilising Hif-1 α upregulates

- that is not blocked using the 15-lipoxygenase inhibitor
- 803 PD146176 or BLTR1/2 inhibitors U75302/LY255283.
- 804

805 Figure 4. Hif-1α-induced *tnfa:GFP* requires active prostaglandin E2

(A) Fluorescent confocal micrographs of 1dpi caudal vein region of Mm. *tnfa* expression was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028 transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO or SC560 (Cox-1 inhibitor) in the presence or absence of endogenous prostaglandin E2 (PGE2). All larvae are PVP injected. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

(B) Fluorescent confocal micrographs of 1dpi caudal vein region. *tnfa* expression was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028 transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO or NS398 (Cox-2 inhibitor) in the presence or absence of endogenous prostaglandin E2 (PGE2). All larvae are PVP injected. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

818 (C) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PVP injected 819 phenol red (PR, empty bars) and dominant active Hif-1 α (DA1, filled bars) larvae at 1dpi of 820 data shown in (B) after treatment with DMSO/NS398/PGE2. Data shown are mean \pm SEM, 821 n=54 cells from 9 embryos accumulated from 3 independent experiments.

(D) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PVP injected phenol red (PR, empty bars) and dominant active Hif-1 α (DA1, filled bars) larvae at 1dpi of data shown in (B) after treatment with DMSO/NS398/PGE2. Data shown are mean ± SEM, n=54 cells from 9 embryos accumulated from 3 independent experiments.

(E) Fluorescent confocal micrographs of 1dpi caudal vein region. *tnf-a* expression was detected by GFP levels, in green, using the TgBAC(tnfa:GFP)pd1028 transgenic line. Phenol red (PR) and dominant active Hif-1 α (DA1) injected larvae were treated with DMSO or NS398 (Cox-2 inhibitor) in the presence or absence of endogenous 15-keto prostaglandin E2 (15K). All larvae are PVP injected. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

832 (F) Corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in PVP injected

phenol red (PR, empty bars) and dominant active Hif-1 α (DA1, filled bars) larvae at 1dpi of

834 data shown in (E) after treatment with DMSO/NS398/15-keto PGE2. Data shown are mean ±

835 SEM, n=24 cells from 4 embryos accumulated from 2 independent experiments.

836 (G) Schematic of the arachidonic pathway indicating where blocking cyclooxygenase 837 prevents Hif-1 α upregulation of *tnfa*, an effect rescued by endogenous PGE2.

838

839 Figure 5. Hypoxia induces TNF in human MDMs in a COX-2 dependent manner

(A) TNF ELISA of human monocyte derived macrophages incubated in normoxia or 0.8%
hypoxia with or without treatment with NS398. Data shown are mean ± SEM, n=5-8
biological repeats from 3-4 donors.

(B) TNF ELISA of human monocyte derived macrophages incubated in normoxia treated
with FG4592 with or without treatment with NS398. Data shown are mean ± SEM, n=6
biological repeats from 3 donors.

846

Figure S1. Mm infection induced *tnfa:GFP* in macrophages in a second transgenic
line.

849 Fluorescent confocal micrographs of 1dpi caudal vein region of infection. tnfa expression 850 was detected by GFP levels, in green, using the Tg(tnfa:eGFP-F)ump5Tg transgenic line. 851 Macrophages are shown in red using a Tg(mpeg1:mCherry-F)ump2Tg line. Mm Crimson is 852 shown in the blue channel. Dotted lines indicate the yolk extension of the larvae where there 853 is non-specific fluorescence. 854 855 Figure S2. 5% oxygen induces expression of the *phd3:GFP* hypoxia transgene. 856 Fluorescent micrographs of 48hpf $T_g(phd3:eGFP)i144$ hypoxia reporter zebrafish after 857 incubated in 6 hours of 5% oxygen from 32-38hpf, or normoxic controls. 858 859 Figure S3. DA-Hif-1 α induced *il-1\beta:GFP* is not altered by Cox-1 inhibition and 860 decreased by Cox-2 inhibition. 861 (A) Fluorescent confocal micrographs of 2dpf caudal vein region. $il-1\beta$ expression was 862 detected by GFP levels, in green, using the $TqBAC(il-1\beta:GFP)SH445$ transgenic line. 863 Macrophages are shown in red using a Tg(mpeg1:mCherryCAAX)sh378 line. Without 864 infection there is little detectable *il-1\beta:GFP* expression in phenol red (PR) controls, while DA-865 Hif-1 α macrophages have higher levels of *il-1\beta:GFP* in the Mm group. 866 (B) Fluorescent confocal micrographs of 1dpi caudal vein region of PVP injected larvae. *il*-1 β 867 expression was detected by GFP levels. Phenol red (PR) and dominant active Hif-1 α (DA1) 868 injected larvae were treated with DMSO, SC560 (COX-1 inhibitor) and NS398 (COX-2 869 inhibitor). 870 (C) Corrected fluorescence intensity levels of $il-1\beta$:GFP confocal z-stacks in PVP injected 871 larvae at 1dpi from (B). Data shown are mean ± SEM, n=36 cells from 6 embryos 872 representative of 3 independent experiments. 873

Figure S4. Mm infection induced *tnfa:GFP* is not altered by Hif-1α stabilisation

(A) Fluorescent confocal micrographs of Mm Crimson infected 1dpi zebrafish imaged around the caudal vein region. *tnfa* expression was detected by GFP levels, in green, using the *TgBAC(tnfa:GFP)pd1028* transgenic line. Larvae were injected at the 1 cell stage with dominant negative (DN) or dominant active (DA) Hif-1 α or phenol red (PR) control. Dotted lines indicate the yolk extension of the larvae where there is non-specific fluorescence.

(B) Graph shows corrected fluorescence intensity levels of *tnfa:GFP*. Dominant active Hif-1 α (DA1, filled bar) showed no change in *tnfa:GFP* levels in the presence of Mm bacterial challenge compared to phenol red (PR) and dominant negative Hif-1 α (DN1) injected controls (white bars). NB, PR NoMm is a no Mm control taken from figure 1A for comparison with Mm infected data, the data for which is from the same experiment as this one. Data shown are mean ± SEM, n=66 cells from 12 embryos accumulated from 3 independent experiments.

(C) Fluorescent confocal micrographs of 2dpf Mm infected *TgBAC(tnfa:GFP)pd1028*transgenic larvae treated with DMOG or DMSO control. Dotted lines indicate the yolk
extension of the larvae where there is non-specific fluorescence.

(D) Graph shows corrected fluorescence intensity levels of *tnfa:GFP* confocal z-stacks in
larvae. DMOG treated larvae (filled bars) had significantly increased *tnfa:GFP* levels
compared to DMSO controls (white bars). Data shown are mean ± SEM, n=24 cells from 6
embryos representative of 2 independent experiments.

894

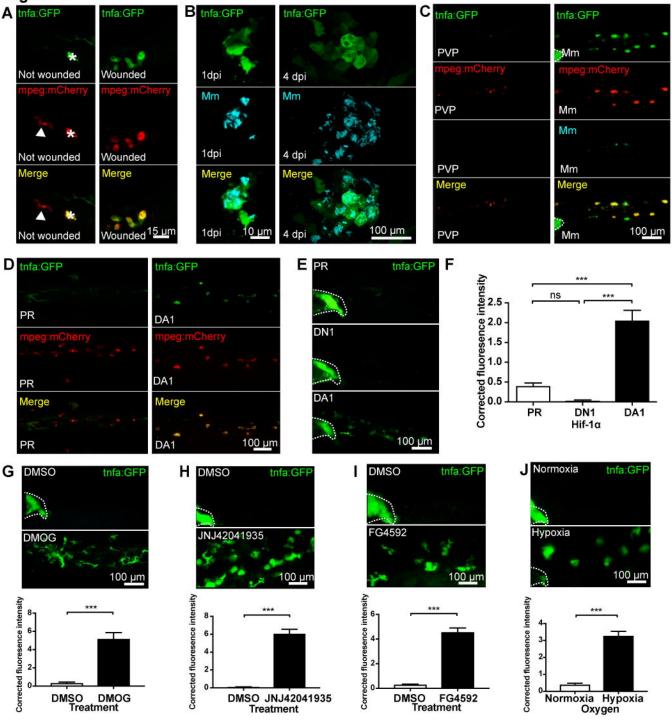
Figure S5. Cyclooxygenase inhibition does not block the protective effect of Hif-1α stabilisation in Mm infection.

(A) Bacterial burden of SC560 treated larvae at 4dpi after injection with phenol red (PR) or dominant active Hif-1 α (DA1). Data shown are mean ± SEM, n=35 as accumulated from 3 independent experiments.

900	(B) Bacterial burden of NS398 treated larvae at 4dpi after injection with phenol red (PR) or
901	dominant active Hif-1 α (DA1). Data shown are mean ± SEM, n=35 as accumulated from 3
902	independent experiments.
903	(C) Bacterial burden of DMSO treated larvae at 4dpi after co-treatment with DMSO or
904	DMOG. Data shown are mean ± SEM, n=33-36 as accumulated from 3 independent
905	experiments.
906	(D) Bacterial burden of SC560 treated larvae at 4dpi after co-treatment with DMSO or
907	DMOG. Data shown are mean \pm SEM, n=33 as accumulated from 3 independent
908	experiments.
909	(E) Bacterial burden of NS398 treated larvae at 4dpi after co-treatment with DMSO or
910	DMOG. Data shown are mean ± SEM, n=33 as accumulated from 3 independent

911 experiments.

Figure 1



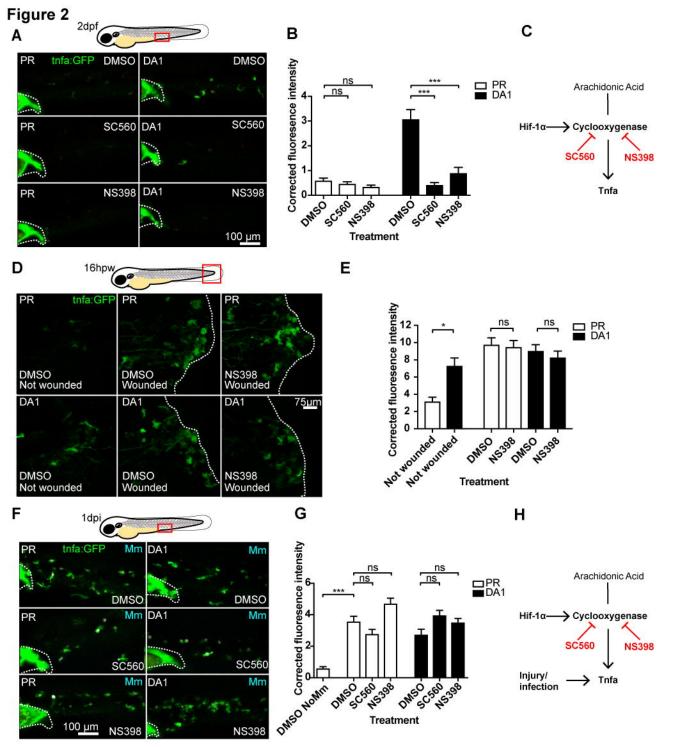
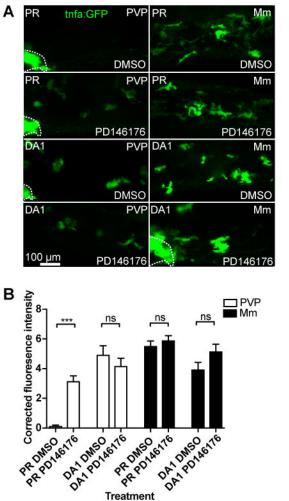
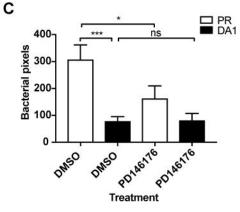
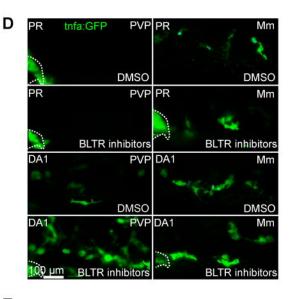


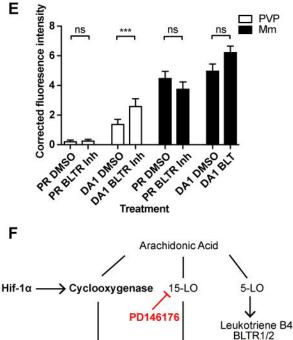
Figure 3











Lipoxins U75302 LY255283 Tnfa **Pro-inflammatory**

Figure 4

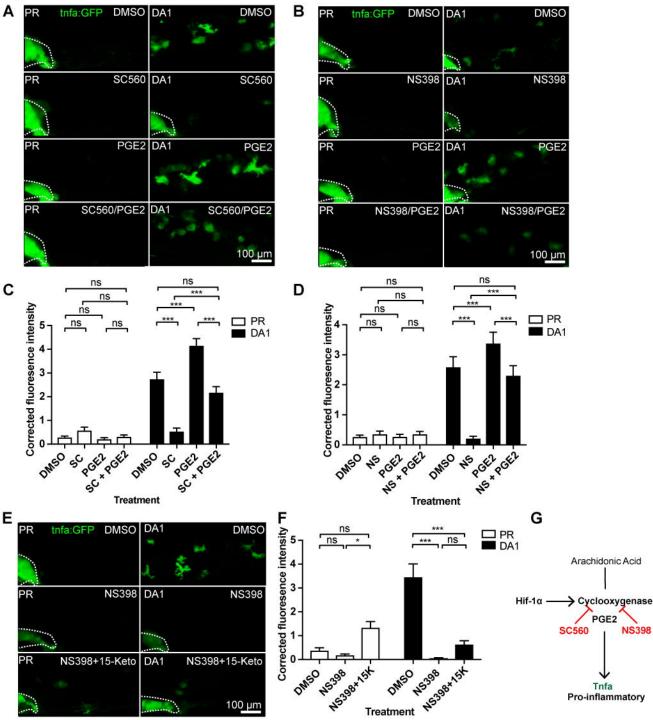


Figure 5 В А *** 250-600ns ** 500-200-HN 400 ML m 300 ML 200 pg/ml TNF 150-100-50 -100-0 0 Norn Cont Norn Hyp Cont Hyp NS FG4592 Cont FG4592 NS Treatment Treatment