Modern clinical Mtb strains leverage the type I IFN pathway for a pro-inflammatory

response in the host

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ABSTRACT:

Host phagocytes are adept at responding to infections by innate immune mechanisms and

metabolic alterations designed to restrict the invading pathogen. However, this very plasticity of

the response provides an ideal platform for pathogen mediated manipulation. Clinical lineages of

Mycobacterium tuberculosis have evolved distinct and numerous ways of achieving optimal

infection. We demonstrate an early, active and prominent induction of the macrophage type I IFN

response by the modern lineages (L3 and L4) in contrast to the protracted and diminished capacity

of the ancient Mtb lineage L1. We reveal a strong correlation between the localization of modern

Mtb to acidified phagosomes and their ability to induce strong type I IFN in macrophages. Further

we provide evidence for a positive regulatory loop between this augmented IFN response and

increased expression of CH25H resulting in early and enhanced IL6 expression in macrophages

infected with modern Mtb strains highlighting yet another unique ability of Mtb to manipulate host

cell physiology to foster a proinflammatory response.

Abbreviations: IFN- Interferon, BAF A- bafilomycin A, MDM- monocyte derived macrophages,

Mtb- *Mycobacterium tuberculosis*, BCG- *Bacille Calmette Guerin*, CH25H- cholesterol 25-

hydroxylase, lyso[+]- lysotracker positive, L1, L3- Lineage 1,3.

Significance Statement:

Co-evolution with humans has enabled development of novel adaptive mechanisms for survival

in host specific environments in the human TB pathogen-Mtb. We present one such mechanism

of modern Mtb strains harnessing the type I IFN immune axis to regulate the host pro-

inflammatory response. Our results definitively demonstrate the use of host intracellular

endosomal transit as a mechanism by these strains specifically to ensure a strong type I IFN

response in macrophages. We also demonstrate the ability of Mtb to regulate macrophage

cholesterol metabolism in order to fine tune the host innate responses. These findings lay the

foundation of the future development of a host axis directed intervention strategy against this

pathogen.

Introduction:

A long-standing association with the human population has been critical to the

development of specific immune modulatory mechanisms by *Mycobacterium tuberculosis* (Mtb)

for efficient survival within the host. With the advent of high throughput genome analysis, Mtb

strains have been differentiated into 7 distinct groups that can be classified into phylogenetically

ancient (restricted geographic penetration) and modern (widespread) lineages with substantial

differences in their virulence and disease manifestation (1-3).

The initial contact of Mtb with macrophages activates the cGAS-STING-nucleic acid

signaling pathway leading to type I IFN expression (4, 5). This response is mediated by host

factors like ROS induced mitochondrial damage and pathogen associated factors like ESX-1

mediated phagosomal escape and mycobacterial cyclic di-nucleotides (6-10). A detrimental

pathogenic effect has been associated with Mtb induced type I IFN signaling in regulating the

expression of cytokines such as TNF-α, IL-12 and IL10 in macrophages (11-13). Moreover, type

I IFNs have been shown to alter the IFN γ dependent activation of macrophages and consequent

mycobacterial growth (14). However, several studies have also suggested a beneficial role for

the mycobacteria induced type I IFN signaling in IL-12 production and antigen presentation by

macrophages (15). Recent evidence also connects the type I IFN induced cholesterol 25-

hydroxylase (CH25H) with the expression of pro-inflammatory cytokines like IL6 in macrophages

(16-19).

Clinical Mtb lineages vary significantly in their inflammatory response induction and

immune modulatory functions (20-22). Given the duality of the outcome of type I IFN induction by

Mtb in macrophages, mechanisms underlying strain specific type I IFN is still unclear. We

demonstrate that the higher type I IFN induction by modern lineages (L3, L4 and L2) is dependent

on bacterial DNA presentation to the cGAS- STING signaling pathway as a result of an early and

increased bacterial trafficking via the endo-lysosomal pathway. Consistent with this augmented

IFN and enhanced expression of the IFN stimulated gene- CH25H, significantly higher levels of

IL6 were observed in macrophages infected with the modern Mtb strains. This study provides

evidence for a novel mechanism of the plasticity of modern Mtb by coupling type I IFN with

macrophage pro-inflammatory response. Understanding the physiological consequence of this

phenomenon would provide crucial insights into the successful adaptation of modern Mtb to the

host environment.

Results:

Mtb lineages induce differential type I IFN response in macrophages.

The type I IFN response of macrophages has generated interest as a pro- pathogenic response

induced by Mtb in macrophages (23-25). In our attempt to develop a quick high-through put

assay, we evaluated the ability of Mtb to induce type I IFN in the reporter cell line- THP1-Dual.

Detectable levels of secreted luciferase as a read out for IFN activation was observed in a

temporal manner in response to Mtb Erdman at a MOI of 5 with 10-15 folds activity by 24h and

48h (Fig.1A). Further, we also observed a distinct pattern of response in these macrophages

infected with clinical Mtb strains of different phylogenetic lineages. Macrophages infected with the

modern Mtb lineages (L3-N4, N24; L2- HN878, L4-H_{37}Rv, H37Ra, Erdman) displayed 8-20 folds

higher luminescence activity at 24h of infection contrasting with the lower (1.5-2.5 folds) or

absence of activity in macrophages infected with the ancient lineage I (N72, N73) Mtb and BCG

strains, respectively (Fig.1B, Fig. S1A). This higher activation potential of L3 Mtb was maintained

across different infective doses (Fig. 1C). While L3 Mtb strains (N4 and N24) could activate this

response even at a low MOI of 1 (4.6 folds) by 24h of infection, these levels were higher than the

average levels of IFN response induction (~3 folds) by L1 Mtb (N72 and N73) at MOI-10. Gene

expression profiles further validated the temporal and differential IFNβ expression profiles of Mtb

infected macrophages; as observed in Fig. 1D, the L3 Mtb strain-N24 beginning to induce IFNβ

mRNA as early as 1h with a gradual increase (~30 folds by 12h of infection) that was sustained

even by 24h of infection (~16folds). In contrast, the L1 (N73) strain induced IFNβ at a significantly

later time point in infection (6-12h) and at 5-7 fold levels than N24 even by 24h infection. This

pattern of an attenuated IFN response by L1 Mtb was also evident in primary human MDMs and

the mouse macrophage line RAW264.7 cells. Consistently L3 Mtb (N4, N24) induced significantly

higher (4-10 folds) IFN response than L1 Mtb at any point in infection (Fig 1E, F).

Fig.1

Fig.1: Modern lineages have evolved to induce a significantly higher type I IFN response

Relative luciferase activity in naïve and stimulated THP1 dual macrophages:

(A) Infected with Mtb Erdman at a MOI-5, (B) infected with Mtb strains belonging to different lineages [L1-

4] at a MOI-5, 2 independent isolates of each lineage used for infection is represented as open and closed

circles, (C) infected with Mtb L1 [grey bars; 1-N72, 2-N73] and L3 [black bars; 3- N4, 4-N24] at different

MOIs. At the indicated time points, culture supernatants were harvested and tested for luciferase

expression. Values represent average ratios ± SE of RLU in infected and control samples from triplicate

wells of two independent experiments [N=2]. D-F) Relative expression in macrophages infected with N24

[L3] or N73 [L1] at a MOI-5. D) IFNβ expression at different time intervals post infection, E) IFNβ, IFIT2 and

IP10 mRNA in primary MDMs from four separate individuals (symbols) and F) expression of IFNβ and IFIT2

mRNA in RAW macrophages. The average relative values ± SE (with respect to GAPDH) in infected and

control samples from triplicate wells of multiple replicate experiments are represented.

L1 Mtb are delayed in inducing type I IFN response in macrophages despite the presence of an active ligand.

The induced IFN response required active infection as macrophages infected with non-viable Mtb failed to initiate this response (Fig. 2A). To verify if L1Mtb actively suppressed type I IFN response, we employed a co-infection assay of N24 and N73 in different ratios (Fig. 2B). At all doses, N24 induced significantly higher response than N73, however, in mixed infections, presence of four fold excess N73 (N73:N24:: 4:1) could not diminish the response induced by N24. Consequently, IFN levels in mixed infections were comparable to levels in macrophages infected N24 alone even at the overall higher MOI of infection of 10. Subsequently, in a trans- activation/ suppression assay, again, N73 failed to suppress even the lower dose of 1µg/ml poly IC (Fig.2C). In most cases, response to poly IC was clearly augmented in conditions of co-stimulation with either N24 ~2-2.5 folds) or 2-10 folds by N73.

Having ascertained that N73 did not suppress IFN induction, it was logical to assume lack/ lower quantities of the active ligand as an underlying cause for the deferred IFN response by L1 Mtb. A preliminary evaluation hinted at a temporal IFN response to Mtb Erdman extract (cell lysates) in THP1 cells with the response increasing from ~10 folds at 3h to ~75 folds by 6h and then declining to ~10 fold expression by 24h of stimulation with different doses (Fig. 2D). Even though very low amounts of the extract (1.6 ng) was sufficient to induce ten-fold IFN by 6h (Fig. S2-A), the complete loss of IFN only in extracts subjected DNase digestion argued for the essentiality of DNA signaling in Mtb induced type I IFN in macrophages (Fig. 2E, S2-B). In fact with as low as 125 ng of genomic DNA from Mtb, macrophages responded with IFN expression that was again abolished in cells stimulated with DNAse treated DNA. (Fig. 2E). Surprisingly, both the extracts and genomic DNA from N73 as well as BCG were similar to Erdman and N24 in their IFN inducing capacities (Fig. 2F), implying inaccessibility of the active ligand (DNA) to the IFN signaling machinery of macrophages. The enhanced IFN response to BCG on delivery with lipofectamine (3-6 fold higher than infection), lends further credence to this assumption (Fig. 2G). Additional support for the essentiality of DNA signaling for IFN production by these Mtb lineages was achieved in RAW 264.7 macrophages impaired in the signaling receptor/ adaptor (cGAS/ STING).

135 Wt RAW-luc (ISG) cells also portrayed a differential type I IFN response to Mtb lineages with 5-

136 10 fold higher IFN by L3 Mtb in comparison to L1 Mtb strains. Only the loss of cGAS, STING and

137 TRIF (~60% decrease) diminished the type I IFN response to L3 Mtb implicating a dominant role

138 of this signaling axis in this response against mycobacteria (Fig. 2H, S2-C).

Fig. 2

Fig.2: Strains with suppressed type I IFN response are well equipped with the active IFN inducing

ligand.

Relative luciferase activity in naïve and stimulated THP1 dual macrophages:

(A) Infected with live or heat killed (Δ) Mtb Erdman at MOI-5, (B) with N24, N73 or in different combinations,

(C) stimulated with poly IC alone or in combination with Mtb at a MOI of 5, (D-G) following transfection with

two concentrations of crude Erdman lysates (D), crude lysate [L] or genomic DNA [G] alone or treated with

DNAse (E), crude lysates/ DNA of mycobacteria (F) and (G)- BCG. Value signifying the unchanged

expression [X=1] is indicated by a line. (H) Relative luciferase activity in Wt- ISG or mutant RAW

macrophages uninfected or infected with Mtb strains belonging to L3 / L1 lineages at a MOI of 5 for 24h.

Values represent average ratios ± SE of RLU in infected and control culture supernatants from triplicate

wells of three independent experiments [N=3].

IFN inducing capability correlates with induction of a pro-inflammatory response via

expression of CH25H in macrophages.

To test if L1 Mtb strains were attenuated in overall macrophage activation, we tested gene

expression and cytokine profiles of RAW264.7 macrophages infected with L1 and L3 Mtb. Both

TNF and IL6 patterns were strikingly similar to type I IFN, with lower levels in the case of L1 than

the L3 infected RAW264.7 macrophages after 24 hours (Fig. 3A). While negligible IL6 was seen

for the L1 Mtb strains, there was a 4-5-fold higher TNF in the N24 infected macrophages. This

attenuated TNF and IL6 expression was also observed in bone marrow-derived macrophages

from C57BL/6 mice (Fig. 3B) and in human MDMs (Fig. S3). In fact, L3 Mtb induced significantly

higher levels of IL6 in a temporal manner attaining peak values by 48h of infection (Fig. 3C). In

contrast, levels of IL6 were significantly lower in macrophages even as late as 72h following L1

Mtb infection.

The lower IFN and IL6 secretion associated with L1 Mtb suggested a common mechanism of

regulation in the macrophage response pathway by this mycobacterial strain. To check if the

regulation of IL6 expression was at the transcript level, we compared gene expression by qPCR.

In macrophages infected with Mtb an increase in IL6 was observed as early as 6h *p.i*. However,

in the N73 infected macrophages expression levels were significantly lower than in N24 infected

BMDMs (~ 30 fold less). In spite of a sharp decline in IL6 expression in N24 infected cells by 24h

of infection, expression levels were still significantly higher than in N73 infected cells (Fig. 3D).

Interestingly, while both strains induced IL6 by 6h, the differential higher response seen in the

case of N24 infection was completely dependent on the presence of STING (Fig. 3E). Clearly,

N73 Mtb, that failed to induce significant IL6 expression, was not affected by the presence or

absence of STING in the macrophages. However, N24 infection of ΔSTING macrophages induced

5-6 fold lower levels of IL6 than in Wt cells leading to the elimination of any difference between

the two Mtb strains.

More importantly, loss of STING did not significantly affect the TNF inducing capacity of Mtb in

macrophages. Recent evidence points to a positive regulatory circuit for IL6 via cGAS-STING

regulated expression of CH25H, responsible for the synthesis of the pro inflammatory oxysterol,

25 hydroxy-cholesterol (17, 19). Examination of genes involved in cholesterol biosynthesis

revealed a temporal but distinct pattern of expression in L3 and L1 Mtb infected BMDM (Fig. S4).

Most of the genes involved in the cholesterol biosynthetic pathway either up-regulated or similar

in L1 infected macrophages after 24h of infection. In contrast, these genes were inhibited in

response to infection with L3 Mtb. Surprisingly, in contrast with the overall pathway, expression

of CH25H was significantly upregulated in the L3 infected macrophages (60-70 fold higher than

the uninfected control) as opposed to the much lower expression of this gene (3-4 folds) in the L1

infected macrophages, by 6h of infection (Fig. 3F). This difference was however, lower at 24h,

wherein a sharp decline in L3 (23 folds) and an increase in L1 infected macrophages (10-12 folds)

was observed. Given the increased CH25H expression and requirement of type I IFN for

enhanced IL6 expression, we tested if STING signaling contributed to the early increase of

CH25H in L3 Mtb infected macrophages. The complete loss of CH25H expression in ∆STING

macrophages substantiates our hypothesis of a regulatory role for type I IFN in host oxysterol

mediated IL6 response in modern Mtb infected macrophages (Fig. 3G).

Fig. 3

Fig.3: IL6 response in Mtb infected macrophages primarily depends on STING mediated

CH25H expression.

(A, B, C) Levels of cytokine secreted from RAW264.7 macrophages (A), BMDMs (B) at 24h, and at various

intervals p.i. (C) following infection with two L3 or L1 Mtb strains. Values represent average ratios ± SE *p.i*

in triplicate wells of two independent experiments (N=2). D, E) IL6 gene expression profiles in macrophages

(D-BMDMs and E- RAW -WT and ∆STING- ∆S) following infection with N24 (L3) or N73 (L1) Mtb strains.

The average relative IL6 values ± SE (with respect to GAPDH) at 6h and 24h post infection in triplicate

assays of (N=2) is shown. (F, G) Expression of CH25H in BMDMs (F) and RAW macrophages (G) following infection with Mtb strains at 6h and 24h *p.i.* at MOI-5. The average relative IL6 values $\pm$ SE (with respect to GAPDH) at 6h and 24h post infection in triplicate assays of (N=2/3) is shown.

Early localization to lysosomes is important for Mtb induced type I IFN induction

The early induction of type I IFN in L3 infected macrophages advocated for molecular events that ensue immediately after infection as causative. Further, analysis of THP1 macrophages by TEM revealed the partitioning of different Mtb in distinct intracellular compartments- N24 and Erdman localized to compact double membranous vesicles at 24h in contrast to N73 that were confined in larger less defined vesicular structures with intracellular particles (Fig. 4A, S5). In support of this observation, we observed that Mtb N24 localized to lysotracker positive (lyso+) vesicles as early as 6h and at significantly higher numbers than N73 even at the later time point of 24h *p.i.* (Fig. 4B, C). This differential localization to lyso+ vesicles between N24 and N73 was also observed in RAW macrophages (Fig. 4D). In a temporal analysis of Mtb transit via the endosomal pathway, differential localization between Mtb strains arose as early as 1h of infection with more than two fold N24 in the lyso+ vesicles as compared to N73 (Fig. 4E). Despite a gradual decrease of N24 in lyso+ positive vesicles with time, consistently 2-fold higher numbers of N24 was seen throughout the experiment duration.

Fig. 4

Fig.4: Early and sustained localization of the high IFN inducing Mtb strains with acidified vesicles.

A)   Representative TEM images (2) of Mtb N24 and N73 in THP1 macrophages at 24h post infection. While N24 is found in compact vesicles, N73 localizes in enlarged vesicles (black arrow) with cellular debris. B-E) Localization of Mtb N24 and N73 in acidified vesicles. Representative images of macrophages stained with lysotracker red and infected with GFP expressing N24/ N73 - THP1 (B) at 24h or RAW 264. 7 (D) at 1h, 3h, 6hand 24 h post infection is depicted. The extent of co- localization of Mtb with the lyso+ vesicles in THP1, 24h and RAW264.7 at 1h, 3h, 6h and 24h is shown graphically in panel C and E, respectively. Each dot represents a field of image from 2 independent experiments (> 100 infected cells).

IFN inducing capacity of Mtb relies on efficient acidification of the phagosome.

Given the surprisingly high numbers of N24 localization to lyso⁺ compartments, and comparable intracellular growth rates of N24 and N73, it was reasonable to assume an enhanced propensity of N24 to be better equipped for survival in this subcellular niche. The ability of Mtb to counter phagosomal-lysosomal fusion and acidification events is well recognized (26, 27). To understand if phagosomal acidification was important for IFN induction, we treated macrophages with an

established phagocytosis activation signal (LPS+ IFNγ) or phagosomal acidification blockers-

bafilomycin A and chloroquine prior to infection with Mtb. Activation of macrophages with IFNγ

and LPS enhanced the presence of Mtb in lyso⁺ vesicles (Fig. 5A). Importantly, the numbers of

lyso+ N73 Mtb increased to comparable levels as N24 Mtb by 6h of infection (Fig. 5B).

Consequently, a 10-fold higher IFN response was observed in N73 infected IFNγ+ LPS pretreated

macrophages leading to loss of the differential IFN response between strains (Fig 5C and inset

panel). While addition of IFNγ and LPS significantly boosted IFN induction even in N24 infected

macrophages, on the contrary, treatment with phagosome acidification blockers like bafilomycin

A or chloroquine sufficiently stunted (~5 and 2 folds, respectively) the IFN response in these cells

(Fig. 5D) emphasizing the importance of phagosomal trafficking and acidification in Mtb mediated

IFN induction in macrophages.

Fig. 5

Fig.5: Phagosomal acidification is crucial for type I IFN induction by Mtb strains.

A) Localization of GFP expressing mycobacteria in lyso⁺ vesicles of IFNγ and LPS activated RAW

macrophages, at 6h post infection. B) Co- localization of Mtb with the lyso+ vesicles is graphically

represented. Each dot represents a field of image from a representative experiment. C, D) Relative

luciferase activity in RAW macrophages left untreated or treated with IFNγ and LPS 16h prior (C) or

bafilomycin A or chloroquine 1h (D) prior to infection with Mtb N24 and N73 at MOI-5 for 24h. Values

represent average ratios ± SE of RLU in infected and control culture supernatants from triplicate wells of
(N=2/3). The inset in panel C represents the fold change in RLU of the treated macrophages with respect
to the untreated cells.

The working model

Clinical Mtb strains differ in their capacities to access the host phago-lysosomal (P-L) pathway;

modern lineages traffic via this axis better and localize in lysosomal compartments of host

macrophages. In contrast, the older Mtb strains preferentially associate with the early endosomal

compartments and traffic less into the P-L pathway. This reduced movement hinders the access

of IFN inducing Mtb DNA to the nucleic acid response pathway and significantly lower type I IFN

response. The higher activation of type I IFN by the modern strains manifests as a substantial

upregulation of the pro-inflammatory CH25H and IL6 in a positive feedback loop.

Fig.6: A putative working model of modern Mtb induced IFN and subsequent IL6
expression via the STING-CH25H pathway.

DISCUSSION

The grand success of Mtb as a human pathogen stems from extreme plasticity to suit the host

cell niche, modulate the host response and survive multiple intracellular stresses. The immediate

response of host phagocytes upon contact is the activation of inflammatory responses aimed at

controlling the growth of the invading pathogen. Typically the type I IFN response is directed

against viral infections, but recent studies have highlighted the macrophage expression of type I

IFNβ in response to intracellular (pathogenic) and extracellular bacterial (protective) infections

(28-33). We observed that modern Mtb strains are proficient in inducing this response than the

evolutionarily older strains of Mtb. Surprisingly, we did not observe any change in IFN elicitation

by $H_{37}Rv$ or its avirulent derivative $H_{37}Ra$ despite significant difference in esx-1 mediated

secretory functions (34). Further, comparable expression of ESAT6 in our clinical Mtb strains (L1

and L3) (Fig. S1B) supports an esx-1 independent mechanism of IFN1 induction. Contrary to the

previous report of mitochondrial stress mediated IFN in Mtb infection (10), we did not observe any

conclusive evidence for mitochondria mediated IFN induction as the basis for differences in our

Mtb strains (Fig. S6 A, B).

As demonstrated previously, loss of STING/ cGAS completely abrogated Mtb type I IFN response

in macrophages implicating cellular DNA signaling as a predominant mechanism of this response.

Given the early induction of type I IFN and the absence of this response despite the presence of

active ligand, we argued that a novel mechanism that actively concealed the DNA from the cellular

nucleic acid signaling mechanism was responsible for the lower IFN induction by the attenuated

ancient Mtb strains. Interestingly, loss of TRIF also resulted in absence of IFN response in N24

infected macrophages suggesting a role for RNA signaling in this response. Surprisingly, we did

not observe loss of IFN induction by cellular extracts treated with RNAse. Recent reports have

identified a TRIF dependent activation of STING in the DNA induced IFN response of

macrophages (35); our results demonstrate a dominant role for this signaling pathway in Mtb

mediated type I IFN response.

Two separate observations supported our hypothesis that intracellular localization early in

infection would be primarily accountable for this differential IFN signaling by Mtb strains: Induction

of IFN response by 1) transfected BCG as opposed to direct infection and 2) absolute requirement

of naked DNA to be transfected. Bacterial lysis by the phagosome-lysosome pathway has been

implicated in several of the innate immune response pathways in phagocytes (36, 37).

Our results provide insights into the importance of transit of Mtb strains via the phagosome-

lysosome pathway as an important determinant of IFN induction in macrophages. While on the

one hand only live bacteria were able to stimulate the macrophage type I IFN response, dead Mtb

despite their well-documented higher rates of trafficking to acidified P-L compartments were

unable to induce this response in macrophages pointing at the ability of modern Mtb's unique

ability to utilize the host P-L pathway for active presentation of DNA (in contrast to dead bacteria

that fail in this presentation) to the cytosolic signaling complex. Additionally, the loss of Mtb

mediated IFN response in Baf A/ chloroquine treated macrophages in combination with the

significant increment by LPS+IFNγ pretreatment reveals an important role of phagosomal

acidification in type I IFN induction. A dominant role for the Mtb sulfolipids have been

demonstrated in modulation of the cellular phagosome maturation and acidification. Our results

negate any putative role for this glycolipid in the intracellular bacterial localization and IFN

response -1) differences in sulfolipid expression between H37Ra and H37Rv is well established

(38, 39), yet there was no discernable alteration of IFN expression between the two Mtb strains

and 2) Expression of sulfolipid in N73 also does not augment IFN expression (data not shown).

Our observation of a strong correlation between the STING mediated IFN induction and high IL6

response argued for a novel mechanism of macrophage response regulation by the modern Mtb

strains. Previous reports have implicated the regulatory oxysterol- CH25H in controlling IL6 gene

expression in host phagocytes (19, 40). Given the lower expression of genes for cholesterol

biosynthesis in the late stage of infection with N24 Mtb in line with the earlier report (41), it was

surprising that expression levels of CH25H were on the contrary increased, signifying its

importance in bridging type I IFN and IL6 expression in macrophages. Moreover, the complete

loss of CH25H expression in the STING deficient macrophages following N24 infection highlights

this novel regulatory loop of type I IFN- CH25H- IL6 regulation in modern Mtb infections. Overall,

we define a novel pathway of pro-inflammatory cytokine expression in Mtb induced macrophages

involving the early innate type I IFN response and active modulation of the host cell oxysterol

metabolism. Our results provide yet another example of the plasticity of Mtb as a human pathogen

by evolving multiple facets of host response manipulation.

<u>Material and Methods</u>

Bacterial Strains and Growth Conditions- Mycobacterial and E.coli strains were cultured as

per standard protocols with the appropriate supplements and selection antibiotics as required.

The M6 promoter fragment was amplified as described earlier (42) and cloned upstream of GFP

in the mycobacterial expression vector- pMV261 and electroplated into mycobacteria. Expression

of ESAT6 in the culture filtrate and secreted Mtb cultures was performed by immunoblotting with

anti ESAT6 monoclonal antibody HYB76-8 as described earlier (3).

Macrophage culture and maintenance- All the cell lines used were tested for mycoplasma

contamination at regular intervals and cultured according to the manufacturer's

recommendations. THP1 cells were grown in HiglutaXL RPMI-1640 (Himedia laboratories, India)

with 10% FBS and differentiated by using PMA as described earlier (43). Human monocyte

derived macrophages (MDMs) were isolated from 20ml as described earlier (42). For primary

mouse macrophages, bone marrow cells were harvested from the hind limbs of C57Bl6 mice and

differentiated into macrophages in 20% L- cell supernatant for 7 days as described earlier (44).

Preparation of Mtb fractions for stimulation of macrophages- Mtb crude extracts were

prepared from logarithmic liquid cultures with similar bacterial densities for the different strains.

Cells were lysed with a mixture of 0.1 μm and 0.7 μm zirconia beads in PBS using a bead beater

(Biospec India). The resultant lysates were cleared off the cell debris by high speed centrifugation

and sterilized by filtration and used to transfect THP1 dual cells using Lipofectamine LTX

(Invitrogen, USA) reagent according to the recommended protocol. Genomic DNA was isolated

according to the manufacturer's recommendations (Nucleopore gDNA kit) and used for

transfection. Enzymatic treatment of lysates was performed as: 1) Proteinase K- at 55^0C for 1h,

2) DNase, RNase at 37^0C for 1h and thermal denaturation at 96^0C for 30min.

Infection of macrophages with Mtb- Macrophage cultures were seeded at the requisite density

and infected with single cell suspensions (SCS) as described earlier (43). At different time

intervals, the cells/ RNA/ supernatants were harvested and used for analysis. Macrophages

infected with fluorescent Mtb strains were used for lysosomal localization by using 100nm

Lysotracker–Red DND-99 (Invitrogen, USA) according to manufacturer's recommendations.

Macrophages transfected with mito-DsRed (kind gift from Dr. Sowmya Sinha Roy) was used for

analysis of mitochondrial architecture. The cells were fixed in 4% paraformaldehyde for 30 min,

mounted on slides with Prolong diamond anti fade (Invitrogen, USA) and subjected to microscopy

in the Leica TCS SP8 Confocal Microscope (Leica Microsystems, USA). For estimating

mitochondrial ROS by Mitosox staining, macrophages were washed thrice with PBS and stained

with 5μM Mitosox (Invitrogen, USA) in HBSS for 30 min at 37^0C, fixed and subjected to high

content microscopy in a IN Cell Analyzer 6000(GE healthcare life sciences, USA).

Transmission Electron Microscopy- THP1 cells were infected with mycobacteria at a MOI of 5

for 24h, fixed in 2.5% gluteraldehyde and 4% paraformaldehyde, dehydrated in graded series of

alcohol and embedded in Epon 812 resin. Ultrathin sections were cut and stained with uranyl

acetate and lead citrate and imaged by using Tecnai G2 20 twin (FEI) transmission electron

microscope (FEI, Thermo Fisher Scientific Inc, USA).

Statistical Analysis

All experiments were performed in multiple biological replicates (N=2 or 3). Statistical analysis

was done by using Student's t-test and corresponds to a *, **, *** for p-values<0.05, <0.01and

<0.001, respectively.

Ethics Statement

The protocol for isolation of human blood PBMCs was approved by the Institutional Human ethics

committee (Ref no: CSIR-IGIB/IHEC/2017-18 Dt. 08.02.2018). Blood was collected from people

with their informed consent as per the Institutional guidelines**.**

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490 **Supplementary figures:**
491
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Fig.S1

493
494   A) Relative luminescence in THP1 macrophages infected with H37Ra and H37Rv at 24h *p.i.*
495   ESAT6 expression in culture supernatant and lysates of Mtb N24 and N73.
496
497

Fig.S2

498
499 A)   Dose dependent IRF induction by Mtb crude extracts at 6h.
500 B)   IRF induction by enzymatically digested 500ng of Mtb crude extracts at 6h.
501 C)   Relative luminescence in RAW WT and KO macrophages infected with L3 and L1 Mtb at 24h post infection.
502

Fig. S3

503
504 IL6 and TNF secretion from human MDMs from four individuals left uninfected (UI) or following infection with L3 or L1
505 strains at 6h and 24h p.i. Values represent mean cytokine concentration in pg/ml in the culture supernatant of triplicate
506 wells for each individual.
507

Fig.S4

508
509 Expression of genes involved in cholesterol biosynthesis in macrophages infected with N24 or N73 at 6h and 24h
510 (shaded) estimated by qRTPCR.
511
512

Fig.S5

513
514 Electron micrographs of THP1 macrophages infected with Mtb Erdman and BCG at 24h p.i.
515
516

Fig.S6

517
518 A)   Mitochondrial architecture at 24h post infection with mycobacterial strains. Uninfected macrophages (UI) was
519 used as a control.
520 B)   Quantitation of mitochondrial ROS by mitosox staining following infection with mycobacteria or treatment of
521 Antimycin A (+ control) at 6h and 24h.
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