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| 1<br>2 | Control of pathogens and microbiota by innate lymphoid cells  |  |  |  |  |  |
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#### 15 Summary

16 Innate lymphoid cells (ILCs) are the innate counterpart of T cells. Upon infection or injury, 17 ILCs react promptly to direct the developing immune response to the one most adapted to the 18 threat facing the organism. Therefore, ILCs play an important role early in resistance to infection, but also to maintain homeostasis with the symbiotic microbiota following 19 20 perturbations induced by diet and pathogens. Such roles of ILCs have been best characterized 21 in the intestine and lung, mucosal sites that are exposed to the environment and are therefore 22 colonized with diverse but specific types of microbes. Understanding the dialogue between 23 pathogens, microbiota and ILCs may lead to new strategies to re-inforce immunity for 24 prevention, vaccination and therapy.

25

26 Keywords: Innate lymphoid cells, microbiota, pathogens, homeostasis, mucosal immunity

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#### 29 I. Introduction

30 ILCs derive from a lymphoid cell precursor common with T cells, with whom they share 31 phenotypes and functions [1,2]. However, T cells are antigen-specific, carry immunological 32 memory, and are selected by their cognate antigen in lymph nodes and Peyer's patches before 33 expansion. Once activated, T cells recirculate through the blood to reach organs where their 34 effector functions are required, eventually committing apoptosis or remaining in tissues as 35 resident memory T ( $T_{RM}$ ) cells [3]. Nevertheless, the process of T cell selection, activation 36 and recirculation requires several days, leaving the early phase of the immune response 37 without T cell-mediated orchestration of the response best adapted to the type of threat faced by the individual. However, early orchestration is directed by ILCs, which perform similar 38 39 regulatory functions and provide prompt effector responses to infection and injury. ILCs also 40 play important roles early in life, when the adaptive immune system is not yet in place [1].

41 An individual faced with intracellular threats, such as tumors, viruses and particular 42 bacteria, responds with type 1 immune responses characterized by the production of type I 43 interferons, the inducer cytokine IL-12, the effector cytokine IFNy, the release of cytotoxic 44 oxygen radicals and proteins, and the elimination of the transformed or infected cells (Figure 1). Extracellular microbes, such as bacteria and fungi, elicit type 3 responses that are 45 46 characterized by the release of the inducer cytokine IL-23 and the production of the effector cytokines IL-17 and IL-22, which lead to the reinforcement of mucosal barriers and the 47 48 recruitment of polymorphonuclear neutrophilic phagocytes that target, ingest and destroy the 49 microbes. In contrast, when faced with large parasites, such as worms, the individual develops 50 type 2 responses that lead to the release of fluids and the production of mucus at mucosal 51 surfaces, and the deposition of collagen to resist parasite penetration. The type 2 inducer 52 cytokines are IL-25, IL-33 and TSLP, which lead to the production of the effector cytokines 53 IL-4, IL-5 and IL-13. Myeloid cells and stromal cells produce the appropriate inducer 54 cytokines in response to a specific type of threat, activating ILCs and T cells to differentiate 55 into ILC1s and Th1, ILC2s and Th2, or ILC3s and Th17, which produce the effector cytokines characteristic of type 1, 2 and 3 immunity [1,4]. 56

57 Importantly, these immune responses are not only engaged in response to pathogens 58 and tissue injury, but also in response to the symbiotic microbiota [5]. Microbes are present at 59 all mucosal surfaces, as well as within tissues. An estimated  $10^{14}$  bacteria reside in the 60 intestine, together with viruses, fungi, protists and occasional worms, while smaller yet 61 significant collections of microbes are present in the oral cavity, genitourinary system and 62 skin [6,7]. Furthermore, the list of viruses found within our organism is expanding [8], and

bacteria have been identified in lymphoid tissues [9,10] and placenta [11]. As a consequence, the immune system is constantly activated by the presence of these diverse symbiotic microbes. We have therefore argued that the primary function of the immune system is to maintain homeostasis of the host with its microbiota [5], a microbiota that is necessary for digestion, production of metabolites and defense. In contrast, if microbes are associated with injury of the host's cells and tissues, the immune reaction will lead to the elimination of the pathogens.

In this review, we discuss the role of ILCs in the control of the symbiotic or pathogenic microbiota (Figure 2 and Table 1). From recent data, it emerges that ILCs play unique roles in microbiota control, observations that may lead to a new understanding of how chronic inflammatory pathologies emerge when such control is lost, and create new opportunities for prevention and therapy of infectious diseases. We will not discuss the role of NK cells, the oldest member of the ILC family, which has been extensively studied since 40 years and best reviewed elsewhere [12].

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#### 78 II. ILCs in the control of intestinal and hepatic infections

79 ILC3s are the oldest and best characterized ILC family member (not considering NK cells). In 80 the late 90's, non-B non-T lymphoid cells, termed lymphoid tissue inducer (LTi) cells, have 81 been described that colonize developing secondary lymphoid tissues, the lymph nodes and the 82 Peyer's patches, and shown to be required for their development [13,14]. LTi cells form 83 clusters in fetal lymphoid tissues and the intestinal lamina propria [15], and activate stromal 84 cells to initiate organogenesis [16]. Ten years later, it was shown that LTi cells are part of a 85 larger family of ILC3s that depend on the hormone receptor and transcription factor RORyt 86 [17], and express the type 3 cytokines IL-17, IL-22 and lymphotoxin (LT) [18-21]. Non-LTi 87 ILC3s do not cluster and are not involved in the development of lymphoid tissues. Rather, 88 these cells resemble more freely moving lymphoid effector cells, and together with LTi cells, 89 play a critical role early in defense against enteric pathogens.

Using mouse models that lack all lymphoid cells or only B and T cells, it was reported
that ILC3s are required early in the control of intestinal infection by *Proteobacteria*, such as *Citrobacter rodentium*, the murine homologue of human enteropathogenic *Escherichia coli*.
The production of IL-22 is paramount for this protective function, and induces the expression
of anti-microbial peptides (AMPs) by epithelial cells, such as Reg3γ [18,21-23]. Also
involved in increasing epithelial defense is membrane-bound LT, which bind its receptor

LTBR on epithelial cells and induces expression of the neutrophils chemoattractants CXCL1 96 97 and CXCL2 [24]. Furthermore, ILC3s are involved in the response to infection by Salmonella 98 enterica through the production of IL-17 and IL22, as well as IFNy [25]. The production of 99 IL-17 by ILC3s and the recruitment of neutrophils are essential in the response to infection by 100 *E.coli K1* and *Klebsiella pneumoniae* and to prevent sepsis [26]. The protective role of ILC3s 101 against pathogens extends to parasites and viruses. Infection by Toxoplasma gondii leads to 102 more severe inflammatory pathology in the absence of ILC3s, presumably because of a failure 103 to contain the parasites early [27]. Furthermore, IL-22 production by ILC3s potentiates the 104 activity of IFN $\lambda$  in epithelial cells and thus increases resistance to rotavirus [28]. However, 105 the pro-inflammatory activity of ILC3s may also lead to pathology through the production of 106 IFNy in the context of S. enterica infection [25], as well as intestinal fibrosis through the 107 expression of IL-17 and IL-22 in the context of S. typhimurium infection [29].

108 ILC2s were first reported in the context of intestinal infection with the helminth 109 Nippostrongylus brasiliensis, which evokes a vigorous expansion of "non-B non-T cells" 110 expressing IL-4, IL-5 an IL-13 [30,31]. ILC2 are also involved in defense against Heligmosomoides polygyrus [32], Strongyloides venezuelensis [33], Trichinella spiralis [34] 111 112 and *T. muris* [35], and are diminished in the blood of children infected with the blood dweller 113 Schistosoma haematobium [36]. Both inducer cytokines IL-25 and IL-33 are expressed upon 114 helminth infection and activate ILC2s, noting that ILC2s responding to IL-33 have been 115 suggested to be precursors of ILC2s responding to IL-25 [37]. While IL-33 is expressed by 116 different types of stromal cells, as well as by mast cells [32], the source of IL-25 was only 117 recently identified, in the intestine, as Tuft epithelial cells [38-40]. Interestingly, Tuft cells 118 appear to detect helminth infection through chemosensory signaling via the G-protein coupled 119 receptor Trpm5 [38]. The activity of ILC2s is also promoted, during helminth infection, by the neuropeptide neuromedin U that is expressed by cholinergic neurons in the intestine 120 121 [41,42].

122 ILC1s are distinguished from NK cells by their lack of expression of, and requirement 123 for, the transcription factor Eomesodermin [2]. ILC1s provide early protection to the liver 124 from mouse cytomegalovirus infection, producing IFN $\gamma$  before NK cells are engaged [43], but 125 at the same time prevent the recruitment of NK cells and CD8<sup>+</sup> T cells that optimally fight 126 liver infection with adenovirus [44]. Mouse hepatitis virus inoculated orally is also cleared 127 from the intestine by ILC1s, which are activated by IL-15 released from infected stromal cells 128 [45]. Futhermore, ILC1s and their production of IFN $\gamma$  are engaged in the defense against

bacteria, such as *Clostridium difficile* [46]. Nevertheless, ILC1s and NK cells have largely overlapping function, even though ILC1s are defined as non-cytotoxic. As both cells types react promptly to activators such as IL-12, their relative role is mostly dependent on their tissue distribution before infection.

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### 134 III. The ILC crosstalk with intestinal microbiota

The large intestinal microbiota has been best characterized, so far, at the level of its bacteriome and of its cross-talk between symbiotic bacteria and ILC3s. In contrast, the interaction between the virome and ILCs remains largely unexplored, and ILC2s are not known to cross-talk with microbes, even though some bacteria have been reported to induce the expansion of ILC2s at the steady state [47]. Therefore, this chapter will discuss mostly our knowledge on the cross-talk between bacterial symbionts and ILC3s.

In 2008, we reported that peptidoglycan released by proliferating Gram<sup>-</sup> bacteria in the 141 142 intestine induce the activation of LTi cells clustered in so-called cryptopatches [15], which are 143 found near the base of crypts in the small intestine [48]. LTi cells in turn activate underlying 144 stromal cells to release chemokines and recruit CCR6<sup>+</sup> B cells to form isolated lymphoid 145 follicles (ILFs). ILFs generate microbiota-specific IgA-producing B cells, in a T-cell independent way, and play an important role in intestinal homeostasis [15,49]. The colonizing 146 147 microbiota is therefore involved in the development of the intestinal immune system. At the 148 same time, it provides a negative feedback on the number and activity of ILC3s, which 149 include LTi cells, by inducing epithelial cells to produce IL-25 [47]. Of note, in both these 150 phenomena, epithelial cells translate the recognition of microbes into signals that regulate 151 ILCs.

152 Myeloid cells are nevertheless the major relay between microbiota and ILC3s through 153 the production of the type 3 inducer cytokines IL-23 and IL-1 $\beta$ . In the context of C. 154 *rodentium* infection, CX<sub>3</sub>CR1<sup>+</sup> macrophages produce higher amounts of these cytokines than 155 do conventional CD103<sup>+</sup> DCs, and thus, more efficiently induce the expression by ILC3s of IL-22 [50] and GM-CSF [51]. In addition, CD11b<sup>+</sup> DCs, which include CX<sub>3</sub>CR1<sup>+</sup> cells, are 156 157 obligate sources of IL-23 for host survival during C. rodentium infection [52], and TNFa produced by CD11b<sup>+</sup> DCs during *Helicobacter typhlonius* infection synergizes with IL-23 for 158 the expression of IL-17 by ILC3s [53]. CD11b<sup>+</sup> DCs are also activated by microbiota-derived 159 160 ATP to produce IL-23 during the steady state [54]. Other members of the symbiotic 161 microbiota induce the expression of IL-23 by myeloid cells and as a consequence, IL-22 by 162 ILC3s, such as SFB [55] and Lactobacilli species [56]. ILC3s feedback positively on the

163 production of IL-23 by myeloid cells through their expression of membrane-bound LT and 164 activation of LT $\beta$ R on DCs [57]. Unexpectedly, intestinal glial cells sense microbiota through 165 a Myd88-dependent pathway and produce neurotrophic factors that activate the Ret receptor 166 on ILC3s and promote their expression of IL-22 [58].

167 At the steady state, ILC3s are the major source of IL-22 [47]. IL-22, as well as IL-17, 168 induce the production of AMPs by epithelial cells [59], and therefore, are critical for the 169 containment not only of pathogens, but also of the symbiotic microbiota. IL-22 also regulates 170 the fucosylation of epithelial cells, a dietary carbohydrate for many symbionts, and thereby 171 increases resistance to infection by Salmonella typhimurium [60] and C. rodentium [61]. 172 Furthermore, membrane-bound ( $LT\alpha_1\beta_2$ ) and soluble ( $LT\alpha_3$ ) LT expressed by ILC3s play an 173 important role in the containment of the microbiota [62] through the activation of epithelial 174 cells [24], as well as of DCs and T cells that lead to the production of anti-microbial IgA [63]. 175 The containment of microbiota through the enhancement of epithelial defenses and adaptive 176 immunity must nevertheless be controlled to avoid exaggerate responses to the symbiotic 177 microbiota and consequent pathologic inflammation. To this end, ILCs express MHC class II 178 molecules, as well as the machinery required to process proteins for presentation of peptides 179 onto class II molecules, allowing ILCs to dampen the CD4<sup>+</sup> T cell response to microbiota [64] 180 and to SFB in particular [65]. Reciprocally, the presence of CD4<sup>+</sup> T cells in the intestinal 181 lamina propria decreases the expression of IL-22 by ILC3s [47,66], presumably through 182 competition for survival and inducing cytokines such as IL-23.

183 Bacterial symbionts of the *Alcaligenes* genus have been identified that are present in 184 Peyer's patches. ILC3s and IL-22 are critical for the containment of Alcaligenes, as the 185 depletion of ILCs using an anti-CD90 antibody leads to the presence of the bacteria in spleen 186 and liver [9]. The depletion experiments were performed in Rag-deficient mice, as well as in 187 mice reconstituted with mature B and T cells, indicating that adaptive immunity is not 188 necessary for the containment of Alcaligenes. It remains nevertheless possible that, in normal 189 mice, adaptive immunity develops over time that contributes to the containment of these 190 symbionts through the generation of antibodies. As a matter of fact, Alcaligenes promotes the 191 generation of IgA, which contribute to the construction of its niche [10].

192

#### 193 IV. Microbe-ILC interactions in the lungs

The impact of ILCs on microbes (and parasites) at mucosal sites other than the intestine has been best studied in the lungs. ILC2s are the dominant ILC subset in the lungs at the steady state, as a consequence of the production of IL-33 and TSLP by the alveolar epithelium [67].

The production of IL-5 and IL-13 by ILC2s promotes the recruitment of eosinophils, the differentiation of monocyte into M2 (or alternatively activated) macrophages, and the differentiation of T cells into Th2 cells [68-70]. ILC2s contribute to the resistance to lung parasites, such as *Strongyloides venezuelensis* [71], *Nippostrongylus brasiliensis* [72,73], *Litomosoides sigmodontis* [74], as well as to tissue repair [75]. However, type 2 immunity induced by ILC2s also leads to increased susceptibility to fungal [76,77] and bacterial infection [78], by mechanisms of immunological cross-regulation [4].

204 Type 2 immunity promoted by ILC2s plays an important role in the repair phase of 205 immune responses, which occurs, for example, after influenza A virus infection through the production of the EGFR ligand amphiregulin [79]. This repair response is nevertheless 206 207 inhibited by IFNy that is induced by the virus infection [80]. Furthermore, the ILC2-initiated repair responses, induced by virus-induced tissue damage, can lead to exacerbated type 2 208 209 responses and, as a consequence, asthma. Such an association, and the mechanisms driving 210 this association, have been reported in the context of infection with rhinovirus [81-83] and respiratory syncytial virus [84,85]. Similar pathological consequences are also induced by the 211 212 fungi Alternaria alternata [86] and Cryptococcus neoformans [87].

ILC3s also play an important role in the lungs in response to bacterial and fungal infections. IL-22 produced by ILC3s is instrumental in lung immunity to *Streptococcus pneumoniae* [88] and *Pseudomonas aeruginosa* [89]. Interestingly, neonatal colonization of mice with intestinal bacteria induces the influx of IL-22-producing ILC3s into the lung, which confer life-saving resistance to early infection by *Streptococcus pneumoniae* [90].

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#### 219 V. Concluding remarks

We have discussed recent data showing the critical role played by ILC early in the immune responses to pathogens, as these cells can respond promptly to inducer cytokines provided by myeloid and epithelial cells upon infection and injury. Of note,  $T_{RM}$  cells, as well as particular subsets of invariant T $\alpha\beta$  or T $\gamma\delta$  cells, can play similar roles as their activation state alleviates the requirement for antigen-specific TCR activation. The prompt activation of ILCs is also important in response to changes in the symbiotic microbiota, in order to maintain homeostasis.

The current knowledge on the role of ILCs in defense and homeostasis has been inferred form mouse models and association studies in human. It is now possible to design strategies to harness the central role of ILCs in homeostasis, defense and immunoregulation for the prevention and therapy of infectious diseases, and of pathological consequences of

231 microbiota dysbiosis. It is also possible that novel vaccination strategies benefit from an early 232 manipulation of ILCs, in order to force the response to specific antigens into the type most 233 adapted to fight the pathogen. The manipulation of ILCs may involve the administration of 234 inducer cytokines, or other molecules, yet to be discovered, that specifically activate subsets 235 of ILCs. Another possibility is the isolation of ILC precursors from the blood of patients, and 236 their expansion in vitro into the desired subset before re-administration and induction of type 237 1, 2 or 3 immune responses. We are still in the early days of ILC biology, but also at the 238 exciting transition phase when clinical applications become possible.

# **Table 1**

| ILC<br>type | Role | Microbe type | Microbe species              | Organ          | References             |
|-------------|------|--------------|------------------------------|----------------|------------------------|
| ILC1        | +    | Bacteria     | Clostridium difficile        | Intestine      | [46]                   |
|             | +    | Virus        | Adenovirus                   | Liver          | [44]                   |
|             | +    |              | Mouse hepatitis virus        | Liver          | [45]                   |
|             | +    |              | Cytomegalovirus              | Liver          | [43]                   |
| ILC2        | _    | Bacteria     | Streptococcus pneumoniae     | Lung           | [78]                   |
|             | _    | Virus        | Rhinovirus                   | Lung           | [81-83]                |
|             | _    |              | Respiratory syncytial virus  | Lung           | [84,85]                |
|             | +/-  |              | Influenza                    | Lung           | [79,80]                |
|             | +/-  | Fungi        | Cryptococcus neoformans      | Lung           | [76,77,87]             |
|             | _    |              | Alternaria altnernata        | Lung           | [86]                   |
|             | +    | Parasites    | Trichinella spiralis         | Intestine      | [34]                   |
|             | +    |              | Trichuris muris              | Intestine      | [35]                   |
|             | +    |              | Heligmosomoides polygyrus    | Intestine      | [32]                   |
|             | +    |              | Nippostrongylus brasiliensis | Intestine/lung | [30,31,72,73]          |
|             | +    |              | Strongyloides venezuelensis  | Intestine/lung | [33,71]                |
|             | +    |              | Litomosoides sigmodontis     | Lung           | [74]                   |
|             | +    |              | Schistosoma haematobium      | Blood          | [36]                   |
| ILC3        | +    | Bacteria     | Commensal microbiota         | Intestine      | [15,24,47,49,54,62-64] |
|             | +    |              | Citrobacter rodentium        | Intestine      | [18,21-23,50,52,61]    |
|             | +    |              | Escherichia coli K1          | Intestine      | [26]                   |
|             | +    |              | SFB                          | Intestine      | [55,65]                |
|             | +    |              | Lactobacilli                 | Intestine      | [56]                   |
|             | +    |              | Alcaligenes                  | Intestine      | [9,10]                 |
|             | +/-  |              | Salmonella enterica          | Intestine      | [25]                   |
|             | +/-  |              | Salmonella typhimurium       | Intestine      | [29,60]                |
|             | +/-  |              | Helicobacter typhlonius      | Intestine      | [53]                   |
|             | +    |              | Streptococcus pneumoniae     | Lung           | [88,90]                |
|             | +    |              | Pseudomonas aeruginosa       | Lung           | [89]                   |
|             | +    |              | Klebsiella pneumoniae        | Blood          | [26]                   |
|             | +    | Virus        | Rotavirus                    | Intestine      | [28]                   |
|             | +    | Fungi        | Candida albicans             | Lung           | [89]                   |
|             | +    | Parasites    | Toxoplasma gondii            | Intestine      | [27]                   |

- 243 **Conflict of interests**
- 244 We declare no conflicts of interests

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#### 507 Legends to figures

508

509 **Figure 1.** The activation of innate lymphoid cells. The three types of ILCs are promptly 510 activated by distinct types of threats. Such threats are detected by myeloid and non-511 hematopoietic cells, which express inducer cytokines (in boxes). In reaction to inducer 512 cytokines, ILCs express effector cytokines that both activate defense mechanisms and 513 regulate immunity.

514

**Figure 2.** The control of microbiota and pathogens by ILCs. The response of ILCs to symbiotic microbes and pathogens have been extensively described in the intestine and lung, to include bacteria, viruses, fungi and parasites, as well as viruses in the liver. Given their prompt activation, ILCs play a critical role early in the effector response to perturbations in the microbiota and to pathogens, and in the regulation of adaptive immunity. In some cases, however, the reactivity of ILCs contributes to pathology.

521

# Figure 1



Figure 2

