Streptococcus Pneumoniae Secretes Hydrogen Peroxide Leading to DNA Damage and Apoptosis in Lung Cells

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Streptococcus pneumoniae secretes hydrogen peroxide leading to DNA damage and apoptosis in lung cells

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Streptococcus pneumoniae is a leading cause of pneumonia and one of the most common causes of death globally. The impact of S. pneumoniae on host molecular processes that lead to detrimental pulmonary consequences is not fully understood. Here, we show that S. pneumoniae induces toxic DNA double-strand breaks (DSBs) in human alveolar epithelial cells, as indicated by ataxia telangiectasia mutated kinase (ATM)-dependent phosphorylation of histone H2AX and colocalization with p53-binding protein (53BP1). Furthermore, results show that DNA damage occurs in a bacterial contact-independent fashion and that Streptococcus pyruvate oxidase (SpxB), which enables synthesis of H2O2, plays a critical role in inducing DSBs. The extent of DNA damage correlates with the extent of apoptosis, and DNA damage precedes apoptosis, which is consistent with the time required for execution of apoptosis. Furthermore, addition of catalase, which neutralizes H2O2, greatly suppresses S. pneumoniae-induced DNA damage and apoptosis. Importantly, S. pneumoniae induces DSBs in the lungs of animals with acute pneumonia, and H2O2 production by S. pneumoniae in vivo contributes to its genotoxicity and virulence. One of the major DSB repair pathways is nonhomologous end joining for which Ku70/80 is essential for repair. We find that deficiency of Ku80 causes an increase in the levels of DSBs and apoptosis, underscoring the importance of DNA repair in preventing S. pneumoniae-induced genotoxicity. Taken together, this study shows that S. pneumoniae-induced damage to the host cell genome exacerbates its toxicity and pathogenesis, making DNA repair a potentially important susceptibility factor in people who suffer from pneumonia.

DNA damage | Streptococcus pneumoniae | hydrogen peroxide | γH2AX | Ku80

One of the most common causes of community-acquired pneumonia is Streptococcus pneumoniae, a commensal organism of upper respiratory tract (1). Pneumonia and other invasive pneumococcal diseases such as bacteremia, meningitis, and sepsis can be caused by S. pneumoniae, resulting in 1–2 million infant deaths every year (2). Secondary pulmonary infection by S. pneumoniae is commonly associated with higher mortality during major influenza pandemics (2). It is known that S. pneumoniae-induced cytotoxicity underlies pulmonary tissue injury during pneumonia and determines the outcome of infection (3). Furthermore, toxicity to alveolar epithelium disintegrates pulmonary architecture as well as weakens the alveolar-blood barrier, facilitating systemic bacterial dissemination. Although we have some understanding of bacterial virulence (4,5), the underlying molecular processes in mammalian host cells that mediate tissue damage are not fully understood, which limits the development of mitigation strategies.

There are significant data supporting a role for inflammation as a cause for cytotoxicity during infection. S. pneumoniae is known to induce a robust inflammatory response at the site of infection that culminates with infiltration and accumulation of inflammatory cells including neutrophils and macrophages (6–8). To defend against infection, activated inflammatory cells produce high levels of genotoxic reactive oxygen and nitrogen species (RONS) including hydroxyl radical, superoxide, peroxide, nitric oxide, and peroxynitrite. RONS-induced DNA lesions such as base damage, single-strand breaks, and double-strand breaks (DSBs) can be cytotoxic and thus damaging to host tissue function (9,10). DSBs are one of the most toxic forms of DNA damage (11,12). In response to DSBs, the ataxia telangiectasia mutated (ATM) kinase pathway is activated, leading to Ser-139 phosphorylation of histone H2AX, forming γH2AX. The presence of γH2AX at DSBs recruits downstream DNA repair proteins, including 53BP1 and the Mre11/Rad50/Nbs1 (MRN) complex (13,14). The major DSB repair pathway in nondividing cells is nonhomologous end-joining (NHEJ) (15). Early in NHEJ, Ku70/Ku80 heterodimer binds the damaged DNA ends. Ku80 plays a vital role in further recruitment and binding of the catalytic DNA-PKcs subunit (16). The DNA strands are then processed by nuclease activity of the MRN complex, and the DNA-PK holoenzyme recruits additional enzymes that complete the repair process (17). Despite the presence of efficient DSB repair, under conditions of excessive RONS, DNA damage can lead to cell death.

Although studies have been done to explore the damaging potential of RONS associated with the host response (18,19), the possibility that S. pneumoniae might directly induce oxidative damage to DNA had not been explored. Studies focused on respiratory, as well as intestinal pathogens (20,21), call attention to the importance of microbial-induced DNA damage as an important determinant of pathogenicity. For example, Pseudomonas aeruginosa has been shown to induce oxidative DNA damage in lung cells accompanied by significant tissue injury (22). These findings

Significance

Streptococcus pneumoniae is the most common cause of pneumonia, a leading cause of death globally. Limitations in antibiotic efficacy and vaccines call attention to the need to develop our understanding of host-pathogen interactions to improve mitigation strategies. Here, we show that lung cells exposed to S. pneumoniae are subject to DNA damage caused by hydrogen peroxide, which is secreted by strains of S. pneumoniae that carry the spxB gene. The observation that S. pneumoniae secretes hydrogen peroxide at genotoxic and cytotoxic levels is consistent with a model wherein host DNA damage and repair modulate pneumococcal pathogenicity.

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The authors declare no conflict of interest.

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raise the possibility that *S. pneumoniae* may also induce DNA damage as a means for triggering host cell cytotoxicity. Although induction of cell death is key to pathogenicity, the underlying mechanisms by which *S. pneumoniae* induces apoptosis (23–25) and necrosis (26) in host cells is not yet well understood. Although it is known that certain pneumococcal proteins elicit a potentially cytotoxic inflammatory response (4, 27), here we asked whether *S. pneumoniae* or its secreted factors could directly induce DNA damage responses that could contribute to cell death. One such secreted factor could be hydrogen peroxide (*H₂O₂*), produced by action of pyruvate oxidase (encoded by *spxB*) in *S. pneumoniae* (28), *H₂O₂* secreted by *S. pneumoniae* could potentially contribute to pneumococci-induced oxidative stress and elicit DNA damage response during infection. We used in vitro approaches to control *H₂O₂* levels, and we also knocked out the *spxB* gene to reveal the impact of pneumococcal *H₂O₂* in cells and animals. Specifically, we show that *S. pneumoniae* in vitro, that the levels of *spxB* secreted by *S. pneumoniae* gene contributes to genotoxicity and cytotoxicity. Together, the studies described here show that *H₂O₂* secreted by *S. pneumoniae* is both genotoxic and cytotoxic and call attention to DNA damage and repair as previously unidentified factors in pneumococcal pathogenesis.

### Results

**S. pneumoniae** Induces DNA Damage Responses in Alveolar Epithelial Cells. To learn whether *S. pneumoniae* has the ability to induce DNA damage in host cells, using immunohistochemistry, we measured the frequency of γH2AX foci, which form at sites of DSBs. We also quantified 53BP1 foci, which often colocalize with γH2AX at sites of DSBs. As expected, for untreated human lung epithelial cells, there were very few γH2AX or 53BP1 foci. In contrast, there were abundant foci in the nuclei of cells exposed to bleomycin, a known inducer of DSBs (Fig. 1A) (29). Furthermore, in addition to γH2AX appearing as punctate foci in bleomycin-exposed cells, we also observed nuclei with nearly uniform staining for γH2AX (Fig. S1C), which is consistent with studies showing that exposure to high levels of a DNA-damaging agent can result in nuclear-wide staining of γH2AX (pan-γH2AX) (30).

To determine if *S. pneumoniae* can induce DNA DSBs, alveolar epithelial cells were cocultured with three virulent serotypes of *S. pneumoniae*, namely, serotype 19F (clinical isolate), serotype 3 (Xen 10 strain), and serotype 4 (TIGR4). Strikingly, the presence of *S. pneumoniae* resulted in a significant increase in the frequency of DSBs, indicated by the presence of both γH2AX and 53BP1 foci, most of which colocalized (Fig. 1A). Interestingly, serotype 4 showed the strongest ability to induce DSBs. Quantification of the percentage of cells harboring a significant increase in DSBs [defined as having ≥5 foci of either γH2AX or 53BP1 (31)] revealed that for serotype 4, ~30% and ~15% of cells have increased γH2AX and 53BP1 foci, respectively (Fig. 1B). In addition to cells having punctate foci, there were also a significant number of cells pan-stained for γH2AX (~45% of the total γH2AX-positive cells) (Fig. S1D), similar to what had been observed.

![Fig. 1](https://www.pnas.org/cgi/doi/10.1073/pnas.1424144112)

**Fig. 1.** *S. pneumoniae* induces DNA damage in human alveolar (A549) cells in the form of DSBs. (A) Representative images of alveolar epithelial cells showing DSBs (indicated by γH2AX and 53BP1 foci) after exposure to *S. pneumoniae* serotypes 19F, 3, and 4 for 7 h at MOI 40 (Low MOI). Bleomycin (100 μM) serves as a positive control. (B) γH2AX- and 53BP1-positive cells (≥5 foci per nucleus) were quantified for each condition and expressed as percentage positive. (C-E) Alveolar epithelial cells were exposed to serotypes 19F, 3, and 4 at MOI 200–400 (High MOI). (C) Representative images of alveolar epithelial cells after exposure to *S. pneumoniae* at MOI 300. (D) γH2AX- and 53BP1-positive cells were quantified for each condition. (F) The alveolar epithelial cells were also lysed and analyzed by Western for γH2AX. (F) Alveolar epithelial cells were pretreated with ATM inhibitor KU55933 (20 μM for 2 h) and then exposed to serotype 4 (type 4) at MOI 40 for 7 h. γH2AX-positive cells were quantified for each condition. For B and D, each data point represents mean ± SEM for four experiments. For F, each data point represents mean ± SEM for three experiments. For B, D, and F, *P < 0.05, unpaired Student’s t test.
following exposure to bleomycin. Unlike cells showing clear re-
foci, where γH2AX and 53BP1 mostly colocalize, 53BP1 did
not stain in γH2AX pan-stained cells, which is consistent with
previous observations (30, 32, 33). For serotypes 19F and 3, there
was a greater frequency of γH2AX-positive cells compared with
uninfected cells, although the ability of these serotypes to induce
DSB foci was clearly reduced compared with serotype 4 (Fig.
1B). To determine if observations are specific to the A549 cell
type, we performed studies of lung adenoma cells (LA-4). For
LA-4 cells, we similarly observed that S. pneumoniae induces
DSBs (Fig. S2). These data, as well as analogous results in vivo
(see below), indicate that the results of these studies are not
specific to one cell line. Finally, we found that induction of DNA
damage depends on the multiplicity of infection (MOI). At lower
MOI of 3–5, there was no significant increase in γH2AX or
53BP1 foci for any of the strains (Fig. S1A).

To further explore the potential for S. pneumoniae to induce
DNA damage, alveolar epithelial cells were exposed to a higher
concentration of S. pneumoniae. Given that up to ~10^8 CFU/mL
of S. pneumoniae have been reported to be present in infected
human lungs (34), alveolar epithelial cells are likely to be ex-
posed to high levels of S. pneumoniae during acute infections at
focal lung regions. Therefore, we used MOI 200–400 for in-
fection of all three serotypes. We found that all three serotypes
induced DNA damage in more than 20% of cells, with serotype 4
inducing DNA damage in over 50% of the cells (Fig. 1D). In
contrast to the experiments at MOI of 30–50, most cells that
were positive for γH2AX were pan-stained (Fig. 1C), suggesting
that, at higher MOI, elevated levels of DNA damage were in-
duced (30). As an alternative approach, we also analyzed the
levels of H2AX phosphorylation by Western. Consistent with
immunofluorescence analysis, we observed significantly increased
γH2AX protein levels in lysates of epithelial cells exposed to all
three S. pneumoniae serotypes, with the highest levels being as-
associated with serotype 4 (Fig. 1E). To further explore the pos-
sibility that H2AX phosphorylation was induced as a response to
DSBs, we targeted the canonical DNA damage response pathway
centrally regulated by ATM kinase (35). When cells were pre-
treated with specific ATM kinase inhibitor (KU55933) and then
exposed to serotype 4, the frequency of cells with γH2AX staining
(both punctate and pan) decreased significantly with respect to
mock-treated cells (Fig. 1F), indicating activation of the ATM path-
way in response to S. pneumoniae. Taken together, these re-
sults demonstrate that S. pneumoniae is able to induce DSBs in
human alveolar epithelial cells, that DNA damage responses de-
pend in part on ATM activity, and that the potency of S. pneumo-
iniae-induced DSBs is serotype-dependent.

S. pneumoniae-Induced DNA Damage Levels Correlate with Levels of
Apoptosis and Necrosis. Host cell death is a key feature of S. pneumo-
iniae pathogenicity (3, 23–26). To reveal the relative
cytotoxicity of the three serotypes of S. pneumoniae, we exposed
mammalian alveolar epithelial cells to S. pneumoniae. After
the epithelial cells had been exposed to bacteria for 7 h in vitro, we
analyzed cells for two key events of apoptosis, namely external-
ization of phospholipids (an early event detected by Annexin V)
and late apoptotic fragmentation of DNA (detected by TUNEL).
In addition, we analyzed cells for permeability to propidium io-
dide (PI), a measure of necrosis. All three serotypes induced
apoptosis, as quantified using Annexin V (Fig. 2A and C), with
serotype 4 inducing the highest proportion of Annexin V-positive
cells (~65% apoptotic cells). All three serotypes also caused an
increase in the proportion of PI-positive necrotic cells (25–35%)
(Fig. 2B and C). Additionally, serotype 4 had the highest pro-
portion of Annexin V and PI dual-positive cells (late apoptotic or
secondary necrotic, ~20%) (Fig. 2C), as well as TUNEL-positive
cells (Fig. 2D and E). The higher proportion of Annexin V-positive
cells compared with TUNEL-positive cells is consistent
with most cells still being in the early stages of apoptosis at 7 h
postinfection (36). The robust ability of serotype 4 to induce
apoptosis is also observed at lower MOI (30–50) (Fig. S3).
Importantly, the levels of DNA damage correlate with the levels
of apoptosis, which is consistent with S. pneumoniae-induced DNA
damage leading to apoptosis.

S. pneumoniae-Induced DNA Damage Precedes Apoptosis. It is well
established that DNA DSBs act as a signal to initiate apoptosis,
which is then followed by execution of apoptosis, a process that
can take many hours (11, 37). In the above experiments, DNA
damage levels and apoptosis were evaluated at the same time
(7 h after coinucibation of alveolar epithelial cells and S. pneumo-
iniae), making it unclear as to whether the observed DSBs could
have signaled for apoptosis. To further explore the possibility
that S. pneumoniae-induced DNA damage induces apoptosis, we
analyzed the levels of both DNA damage and apoptosis at 1, 4,
and 7 h postinfection. Analysis shows that all three serotypes
cause a significant increase in DNA damage as early as 1 h
postinfection (Fig. 3A). The damage levels were then sustained
or increased at 4 and 7 h postinfection depending on the serotype,
with serotype 4 being the most damaging, as indicated by immuno-
nostaining and Western (Fig. 3A and Fig. S4). Importantly, we
observed that apoptosis was significantly increased only at 7 h after
infection (Fig. 3B), which is significantly later than the induction
of DNA damage observed at 1 and 4 h postinfection. These results
are consistent with delayed execution of apoptosis following in-
duction of DSBs.

*S. pneumoniae* Can Induce DNA Damage in a Contact-Independent Fashion. Recently, it was shown that the intestinal pathogen *Hel-
cobacter pylori* requires direct contact with host cells to induce
DSBs (20). In contrast, the related pathogenic species *H. hepaticus*
was able to induce DNA damage in a contact-independent fashion
by secreting a DNase-like factor that penetrates host cells (38). To
understand the molecular basis for *S. pneumoniae*-induced DSBs,
we explored the possibility that DNA damage is induced by any
pneumococcal secreted factor. As a first step, we determined the
efficacy of culturing *S. pneumoniae* in relevant media. All three
serotypes grew well in F12-K media (used for alveolar epithelial
cells), doubling approximately three times in 7 h (Fig. 4A). To
study the DNA-damaging potential of secreted factors, superna-
tant was then isolated from log-phase *S. pneumoniae* cultured in
F12-K media. Following filtration, the resultant conditioned me-
dia was incubated with alveolar epithelial cells for 7 h. For all
three serotypes, we observed a significant induction of
H2AX-induced DSBs (20). In contrast, the related pathogenic species
*S. pneumoniae* was not a reflection of bacterial number (Fig. 4A).
Moreover, ex situ, we observed that only the supernatant of serotype 4
was able to directly damage exogenous DNA (shown by assays showing
to supercoiled plasmid DNA) (Fig. S6). These results show that
*S. pneumoniae* secretes H2O2 in a serotype-dependent manner
and further demonstrate that H2O2 reaches DNA-damaging
levels (upward of 500 μM) under coculture conditions.

To learn more about the biological significance of the ob-
served levels of secreted H2O2, we analyzed the DNA-damaging
potential of pure H2O2; at a concentration similar to what was
observed under coculture conditions. When alveolar epithelial
cells were exposed to 100 μM H2O2 in media, we observed that
there is a significant induction of DNA damage in 15–20% of the
exposed cells (Fig. 5B). Furthermore, H2O2 production for se-
rotype 4 infection at 4 and 7 h parallels our previous observations
of serotype 4-induced γH2AX [as observed both by immuno-
staining (Fig. 3A) and Western (Fig. S4)], consistent with H2O2
contributing to the induction of DNA damage. Interestingly,
despite the relatively low level of H2O2 detected in the superna-
tants of serotypes 19F and 3 (Fig. 5A), these serotypes were nev-
ertheless able to induce DNA damage (Figs. 3A and 4C) (discussed
below). Taken together, these results show that H2O2 plays a sig-
nificant role in pneumococci-induced DNA damage.

**H2O2 Secreted by *S. pneumoniae*** Causes DNA Damage and Cytotoxicity. To further explore the biological significance of H2O2, we exploited
catalase, an enzyme that neutralizes H2O2 to water. We observed
that catalase reduces the frequency of DNA damage-positive cells
by 50% or more in cultures of epithelial cells exposed to all three
serotypes of *S. pneumoniae*. During infection of human
alveolar epithelial cells, we found that the ability of *S. pneu-
moniae* to produce H2O2 was variable among the three serotypes.
For serotype 4, within 4 h postinfection of host cells in vitro, the
concentration of H2O2 in the bacteria-free supernatant was more
than 100 μM, and gradually the concentration increased up to
500 μM over the course of the following 3 h. In contrast, very
little H2O2 was detected in the media of serotypes 19F and 3
(Fig. 5A). The difference in H2O2 production among serotypes
was not a reflection of bacterial number (Fig. 4A). Moreover, ex
situ, we observed that only the supernatant of serotype 4 was able
to directly damage exogenous DNA (shown by assays showing
to supercoiled plasmid DNA) (Fig. S6). These results show that
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below). Taken together, these results show that H2O2 plays a sig-
nificant role in pneumococci-induced DNA damage.

### Fig. 3. *S. pneumoniae*-induced DNA damage response occurs before apo-
pptosis. (A) Alveolar epithelial cells exposed to *S. pneumoniae* at high MOI
(200–400) were analyzed and quantified for γH2AX at various times after
exposure (1, 4, and 7 h). (B) Exposed cells were also analyzed for Annexin V
and quantified by flow cytometry at 1, 4, and 7 h postinfection. For A and B,
each data point represents mean ± SEM from three experiments. *P < 0.05,
unpaired Student’s t test.

### Fig. 4. *S. pneumoniae*-induced DNA damage is independent from physical
contact with host cells. (A) Analysis of culture density (cfu/mL) shows that all
three strains of *S. pneumoniae* grow similarly well in F12-K culture media.
(B and C) Alveolar cells were exposed to bacteria-free supernatant (Conditioned
Media) from cultures of *S. pneumoniae* type 4, type 19F, and type 3
grown in F12-K media for 7 h. Exposed epithelial cells were analyzed for
γH2AX and 53BP1 foci. (C) Quantification of γH2AX- and 53BP1-positive
cells. Results show mean ± SEM from three experiments. *P < 0.05, unpaired
Student’s t test.
serotypes of *S. pneumoniae* (Fig. 6A). The impact of catalase on DNA damage was greatest for serotype 4 infection, which is consistent with its high level of H$_2$O$_2$ during infection. We then incubated the bacteria-free supernatant with epithelial cells in the presence or absence of catalase. Consistent with the coculture results, we found that catalase greatly suppresses the DNA-damaging potential of bacteria-free serotype 4 supernatant (Fig. S7A). Importantly, catalase treatment also suppressed the frequency of apoptotic cells as measured by Annexin V assay (Fig. 6B) and TUNEL for serotype 4 (Fig. S7B). Given the specificity of catalase, these results provide definitive evidence that H$_2$O$_2$ secreted by *S. pneumoniae* induces a significant level of DNA damage and apoptosis.

In *S. pneumoniae*, the pyruvate oxidase gene (*spxB*) produces H$_2$O$_2$ via pyruvate metabolism (28). We constructed an *spxB* mutant *S. pneumoniae* serotype 4 by introducing a kanamycin-resistance gene into the *spxB* gene of bacteria. As expected, H$_2$O$_2$ produced by *spxB* mutant bacteria was negligible (Fig. 6C). Further, we found that knocking out *spxB* eliminates the vast majority of the DNA-damaging potential of serotype 4 (Fig. 6D). These results show a direct correlation between *S. pneumoniae*’s genotoxicity and its ability to produce H$_2$O$_2$.

### Ability of *S. pneumoniae* to Secrete H$_2$O$_2$ Is a Significant Virulence Factor

To determine the relevance of pneumococcal H$_2$O$_2$ in disease progression in vivo, we used an acute pulmonary infection model of *S. pneumoniae* in mice, and we compared the virulence of *S. pneumoniae* serotype 4 with the H$_2$O$_2$-deficient *spxB* mutant strain. Both type 4 WT and type 4 ΔspxB were administered at similar cfu (2–3 × 10$^7$ cfu) via the intratracheal route, and the animals were monitored for up to 3 d. Type 4 WT infection induced severe symptoms, including lethargy, ruffled fur, and hunched back. Mice with the most severe symptoms either succumbed to disease or were humanely euthanized when reaching excess weight loss (≥20%). For type 4 WT, almost all of the animals had succumbed to disease after day 2 of infection. In contrast, type 4 ΔspxB was significantly less toxic and induced morbid symptoms in only a few animals by day 3 (3 of 24) (Fig. 7A).

To learn about the extent of infection, we determined the cfu of bacteria in lung homogenate, broncho-alveolar lavage fluid (BALF), and blood. At days 2 and 3 postinfection, we found that, overall, *spxB* mutation did not significantly alter the bacterial cell number in lung homogenate (Fig. 7B). Importantly, however, when we measured cfu in the BALF of infected animals, we found that WT *spxB* conferred a virulence advantage by enabling invasion into the airways (Fig. 7C). Furthermore, we assessed cfu in the blood and found again that the presence of WT *spxB* confers an advantage for invasion into the blood circulation (Fig. 7D). Taken together, these in vivo studies show that the ability to secrete H$_2$O$_2$ renders bacteria more highly virulent.

Although results point to the role of WT *spxB* in producing H$_2$O$_2$ as being critical to its genotoxicity and virulence, there remained the possibility that knockout of *spxB* impacted another virulence factor: adhesion. Previously, it was reported that *spxB* inactivation in an acapsular pneumococcal strain reduced bacterial adherence to alveolar cells, thereby reducing virulence (28). To determine whether *spxB* inactivation could reduce adhesive properties of the capsular type 4 strain used in this study, an adhesion assay was performed (28). It was found that inactivation of *spxB* did not reduce pneumococcal binding to alveolar cells (Fig. S8). These results show that the loss of virulence for ΔspxB is not due to loss of adhesion.

### Pneumococcal H$_2$O$_2$ Mediates Pulmonary DNA Damage

To learn about the impact of pneumococcal H$_2$O$_2$ on the genome of cells in vivo, we quantified the frequency of γH2AX-positive cells in lung sections. Consistent with our in vitro study, images show a higher frequency of γH2AX-positive cells in lungs of animals infected with serotype 4 WT (Fig. 8A). We found that only ~2% of lung cells were positive for γH2AX on day 1 postinfection for both WT and ΔspxB *S. pneumoniae*. However, on day 2 postinfection, we observed a significant increase in γH2AX-positive cells (>8%) in mice lung infected with type 4 WT, which was statistically significantly higher than that of type 4 ΔspxB (Fig. 8A and B). At day 3 postinfection, results show a similar trend wherein there are more cells harboring DNA damage in mice infected with type 4 WT; however, this result is not statistically significant (Fig. 8A and B).

During pneumococcal pneumonia, there is persistent infiltration of inflammatory immune cells in the lungs that could themselves produce DNA-damaging RONS (6–8). Hence, inflammation-driven collateral damage to pulmonary cell DNA is plausible during *S. pneumoniae* infection. To determine whether there is a more robust inflammatory response for the mice infected with type 4 WT, the total number of macrophages and neutrophils were quantified. We observed that there was a statistically significantly lower number of neutrophils at days 2 and 3 of infection.
and fewer macrophages at day 3 for animals infected with type 4 WT compared with type 4 ΔspxB (Fig. 8 C and D). If inflammation were to account for the observed DNA damage, one would expect to see reduced DNA damage for type 4 WT infected animals, whereas we observed the opposite. Therefore, the host inflammatory response does not account for the observed type 4 WT-induced DNA damage. Importantly, the level of tumor necrosis factor (TNF-α), a key proinflammatory cytokine, does not vary between type 4 WT and type 4 ΔspxB infection (Fig. 8E), suggesting similar overall levels of inflammation. Together with the results above, the reduced genotoxicity of S. pneumoniae type 4 ΔspxB is consistent with a deficiency of H2O2 synthesis, rather than differences in inflammation, thus supporting the significant role of pneumococcal H2O2 in pulmonary genotoxicity and disease severity.

DNA Repair Deficiency in Host Cells Exacerbates S. pneumoniae Infection. To learn about the potential importance of DNA repair during S. pneumoniae infection, we knocked down Ku80, which is indispensable for the NHEJ pathway [knockdown (KD)
S. pneumoniae leads to DNA damage in mammalian cells, giving it the capacity to induce DNA damage and cell death. Moreover, pneumococcal H$_2$O$_2$ alone is able to induce discrete DSBs without bacterial contact. Consistent with a model wherein S. pneumoniae-induced DNA damage triggers apoptosis, we observed that cells deficient in DSB repair have increased levels of apoptosis. Finally, results show that S. pneumoniae-secreted H$_2$O$_2$ plays a significant role in mediating pulmonary genotoxicity and systemic virulence in an animal model of acute pneumonia. This study underscores the genotoxic potential of pneumococcal H$_2$O$_2$ as well as the potential importance of DNA repair as a defense against S. pneumoniae-induced DNA damage and apoptosis.

S. pneumoniae is the most common pathogen underlying community-acquired pneumonia. Pneumonia is the major cause of death in children less than 5 y old, accounting for around 19% of childhood deaths worldwide (WHO report), and it also poses a serious threat to the elderly population (43). Moreover, pneumonia from S. pneumoniae infection is frequently the cause of fatal secondary infections during influenza pandemics, such as the 1918 influenza pandemic and the recent 2009 pandemic (44, 45). Additionally, S. pneumoniae plays a major role in worsening morbidity associated with chronic obstructive pulmonary disease (46). S. pneumoniae resistance to mainline therapeutics, such as penicillin and macrolides, has increased strikingly to more than 25% in recent years (47). Given the heavy disease burden and prevailing drug resistance associated with S. pneumoniae, alternative approaches are needed for streptococcal disease mitigation.

The plight of the host genome during infection-induced pathogenesis has been largely overlooked. Recently, however, certain pathogenic bacteria have been shown to cause damage to host DNA. For example, Chlamydia trachomatis (33) and H. pylori (20) have been proposed to elicit dysregulated cell proliferation and mutagenic DNA damage, which in turn are thought to promote bacterial-induced carcinogenesis (33). Interestingly, H. hepaticus and Campylobacter jejuni have been shown to produce cytolethal distending toxin (CDT), a carcinogenic tripartite protein that shows DNase activity in host nuclei (48–50). Given these examples of pathogens that have evolved mechanisms to induce DNA damage in mammalian cells, it seemed plausible that the host genome might be an intended target of S. pneumoniae. Indeed, in the case of S. pneumoniae, although it was known that the spxB gene worsens infection (51, 52), our work points specifically to the spxB gene as the underlying driver of spxB-associated virulence. Furthermore, to date, the link between pathogen-induced DNA damage and disease has been focused primarily on cancer, whereas here we show an example of a pathogen-secreted DNA-damaging factor that has a direct association with pathogen-induced morbidity and mortality during infection.

Severe DNA damage can lead to apoptosis and necrosis (11, 53), which in turn lead to disintegration of lung architecture, promoting pulmonary failure. Here, we observed that S. pneumoniae could cause greater permeability of the cell membrane of host cells (observed as PI uptake), indicative of necrosis. H$_2$O$_2$ may contribute to necrosis, as well as exposure to the pneumococcal cell wall, which has previously been reported to be a necrosis-inducing factor (24, 26). With regard to apoptosis, we show that H$_2$O$_2$ secreted by S. pneumoniae leads to DNA damage in a contact-independent fashion and that the levels of H$_2$O$_2$ are sufficiently high to induce significant apoptosis (Annexin V and TUNEL-positive cells). These observations are consistent with previous in vitro studies showing that secreted H$_2$O$_2$ can contribute to S. pneumoniae-induced cytotoxicity (25).

H$_2$O$_2$-induced DNA damage and resultant cell death is anticipated to enable invasion of S. pneumoniae into the blood circulation. Indeed, consistent with a previous report (51), we observed reduced bacterial titers in blood following infection by type 4 spxB mutant bacteria compared with type 4 WT, underscoring

**Discussion**

An understudied aspect of S. pneumoniae infection is its direct impact on host cells and in particular its potential to induce cytotoxic DNA damage. Here, we investigated DNA damage and repair in the context of human alveolar epithelial cells exposed to three major virulent serotypes of S. pneumoniae (clinical isolate serotype 19F, serotype 3 Xen 10, and serotype 4 TIGR4) that commonly infect young children (42). Among these serotypes, we found that serotype 4 is the most genotoxic and can induce pulmonary DNA damage during acute bacteremic pneumonia. Results show that S. pneumoniae elicits DNA damage responses in host cells and that serotype 4 is able to secrete high levels of H$_2$O$_2$, was used performing a lentiviral expression system for a short hairpin (shRNA) specific to Ku80 mRNA (Fig. S9). The Ku80 knocked-down (Ku80 KD) cells were then infected with S. pneumoniae, and the proportion of DNA-damaged cells and apoptotic cells was quantified in vitro. At 4 h post-infection, there was a significantly higher frequency of γH2AX-positive Ku80 KD cells compared with negative control epithelial cells (with KD for GFP) (Fig. 9A). At the same time point (4 h postinfection), there were very few apoptotic cells (identified as being TUNEL-positive) (Fig. 9B). However, at 7 h, there was a significantly greater increase in the frequency of TUNEL-positive Ku80 KD cells compared with GFP KD cells, indicating that a deficiency in Ku80 leads to increases in the susceptibility of mammalian cells to S. pneumoniae-induced DNA damage and subsequently to cell death by apoptosis. To further explore the potential role of Ku80 in response to S. pneumoniae, we exploited CHO cells that are null for Ku80. Similar to the results for knocked-down cells, we found that the Ku80-deficient CHO cells (CHO XRS6) were significantly more sensitive to S. pneumoniae-induced DNA damage and subsequently to cell death by apoptosis. To explore further, we utilized a lentiviral expression system to knock down Ku80 (shKu80) exposed to S. pneumoniae. (A) γH2AX was evaluated for alveolar epithelial cells with knocked-down Ku80 (shKu80) exposed to S. pneumoniae serotype 4 at MOI 100. (B) In parallel, apoptotic cells were quantified for TUNEL staining. Negative control samples show data for shRNA against GFP (shGFP). (C and D) CHO cells deficient in Ku80 were infected with S. pneumoniae serotype 4 at MOI 40 for 7 h. (C) Percentage of γH2AX-positive cells. (D) In parallel, apoptotic cells were quantified by TUNEL staining. For A–D, controls indicate absence of bacteria, and results show mean ± SEM for three to five independent experiments. *P < 0.05, unpaired Student’s t test.

![Figure 9](image-url)

**Fig. 9.** Deficiency in DNA repair exacerbates S. pneumoniae-induced cytotoxicity. (A) γH2AX was evaluated for alveolar epithelial cells with knocked-down Ku80 (shKu80) exposed to S. pneumoniae serotype 4 at MOI 100. (B) In parallel, apoptotic cells were quantified for TUNEL staining. Negative control samples show data for shRNA against GFP (shGFP). (C and D) CHO cells deficient in Ku80 were infected with S. pneumoniae serotype 4 at MOI 40 for 7 h. (C) Percentage of γH2AX-positive cells. (D) In parallel, apoptotic cells were quantified by TUNEL staining. For A–D, controls indicate absence of bacteria, and results show mean ± SEM for three to five independent experiments. *P < 0.05, unpaired Student’s t test.
the role of \(spxB\) and its \(H_2O_2\) production in development of effective sepsis in our animal model. Previously, Regev-Yochay et al. demonstrated the competitive advantage of having \(spxB\) in a nasopharyngeal colonization model (52). It has been reported that \(spxB\) inactivation in acapsular pneumococcal serotype 2 strain reduces its adherence to alveolar epithelial cells (28). As this could play a role in virulence, we assayed bacterial adherence (28) and found that inactivation of \(spxB\) did not reduce the adherence of the capsular serotype 4 strain (Fig. S8), indicating that a reduction in adherence does not explain the observed reduction in virulence. It is likely that the reported role of \(spxB\) in adhesion is specific to acapsular strains (54, 55).

We also report an important and previously unidentified role of the DNA repair protein Ku80 in suppressing \(S. pneumoniae\)-induced genotoxicity. This observation is consistent with the known role of Ku80 in protecting alveolar epithelial cells (and other cell types) from gamma-irradiation–induced DSBs (56, 57). Overall, our data suggest a genotoxic model of pneumococcal pathogenesis whereby pneumococcal \(spxB\)-derived \(H_2O_2\) induces host DNA damage that overwhels the Ku80-dependent NHEJ repair pathway, leading to cell death. Ultimately, via increased DNA damage, the resultant cell death and tissue damage could enable pneumococci to become more virulent and invasive.

In previous studies of pathogen-induced DNA damage, DSBs have been visualized by immunofluorescence detection of γH2AX (20–22, 33, 58). In our analysis of γH2AX foci, we found that a relatively high MOI produces sufficient \(H_2O_2\) in the media to reach genotoxic levels. At a significantly lower MOI of 3–5, \(S. pneumoniae\) was not able to secrete significant amounts of \(H_2O_2\) (Fig. S1B) and hence did not induce any significant increase in DNA damage. However, during pulmonary infection in vivo, \(S. pneumoniae\) is known to cause focal pneumonia (59). Consequently, it is anticipated that there could be a significant DNA-damaging effect from \(S. pneumoniae\) in vivo at sites of locally high MOI.

Interestingly, during \(S. pneumoniae\) infection of alveolar epithelial cells, we observed two patterns of γH2AX staining depending on the MOI used. Low MOI (30–50) yielded foci of γH2AX with 53BP1 in almost half of the total γH2AX-positive population, whereas the other half portrayed pan-γH2AX phosphorylation without any 53BP1 staining. At higher MOI (200–400), only pan-γH2AX staining without 53BP1 was observed. During infection of animals, we observed that pan-γH2AX phosphorylation accounted for about 30% of the total γH2AX analyzed in the lung sections (Fig. S10). The pan-γH2AX staining has been reported to occur in human fibroblast cells submitted to Adeno-associated virus (58, 60), \(Chlamydia\) (33), and UV and ionizing radiation (30, 61, 62). Recently, such nuclear-wide γH2AX has been shown to occur in highly DNA-damaged cells and is mediated by ATM kinase (30). Here, we found that most of the pan-γH2AX phosphorylation was dependent on ATM kinase and hence constituted part of the DNA damage response cascade induced by \(S. pneumoniae\).

Although \(H_2O_2\) clearly plays a significant role in the induction of DNA damage and downstream responses to \(S. pneumoniae\), we also found evidence for \(H_2O_2\)-independent induction of DSBs. During bacterial incubation with alveolar epithelial cells, we observed ~60% γH2AX-positive cells. Interestingly, only 30% of cells showed significant DNA damage when incubated with supernatant alone. It is possible that mammalian cell contact with \(S. pneumoniae\) causes DNA damage in host cells, independent of bacterial \(H_2O_2\). One possibility is that direct contact of mammalian cells with \(S. pneumoniae\) could activate surface proteins in alveolar epithelial cells and produce signals that impact oxidative status and DNA damage response pathways. Indeed, \(S. pneumoniae\) is shown to activate the c-Jun-NH2-terminal kinase (25) pathway, which has the potential to phosphorylate H2AX (63). Direct contact-induced DNA damage is further supported by the observation that deletion of \(spxB\) (which is necessary for secretion of \(H_2O_2\)) in bacteria does not completely eliminate its ability to induce DNA damage. Thus, although it is clear that pneumococcal \(H_2O_2\) plays an important role in inducing DNA damage, there remain alternative mechanisms by which \(S. pneumoniae\) can contribute to DNA damage.

To learn more about possible alternative mechanisms for \(S. pneumoniae\)-induced DNA damage, we studied the common pneumococcal toxin, pneumolysin. At high levels (e.g., ~20 μg/mL), pneumolysin has been shown to induce apoptosis in alveolar cells in vitro (29). Although pneumolysin is an intracellular protein without any signal peptide for secretion (39), it is known to be released during bacterial lysis (64), and there are reports of pneumolysin in culture supernatant of certain strains, even without bacterial lysis (40, 41). We therefore tested for the presence of extracellular pneumolysin in culture supernatants. We were unable to detect extracellular pneumolysin, which is consistent with its lack of a signal peptide for secretion. Thus, in the studies presented here, it is unlikely that alveolar cells experience pneumolysin at levels that are sufficient to induce DNA damage. Whether pneumolysin can induce DNA damage when the bacteria undergo lysis, either via autolysis or via action of bactericidal antibiotics, is an interesting question for future studies.

Given the low levels of \(H_2O_2\) produced by serotypes 19F and 3, the observation that catalase could suppress the ability of these strains to induce DNA damage was unexpected. However, it is important to consider the approach that was used to estimate \(H_2O_2\) secretion, namely, to sample the media. For strains that have low-level production of \(H_2O_2\), it may be that \(H_2O_2\) is rapidly diluted in the media. However, if \(S. pneumoniae\) settle to form a layer above the human cells, the local concentration of \(H_2O_2\) is anticipated to be far greater. Catalase would be anticipated to counteract genotoxicity of \(H_2O_2\) under these conditions. Moreover, the fact that serotypes 19F and 3 are not as cytotoxic as serotype 4 is consistent with \(H_2O_2\) being a dominant mechanism for the induction of DNA damage and apoptosis.

The rise of antibiotic-resistant bacteria calls attention to the need for alternative strategies for mitigating disease. Furthermore, although the capsular polysaccharide-based vaccines have been able to reduce the prevalence of vaccine-targeted invasive serotypes in the past 2 decades (65), the serotypes not covered by these vaccines are still prevalent and invasive especially in patients with cardiopulmonary comorbidities or compromised immunity (66). Developing our understanding of the molecular events that lead to lung inflammation and pathogenesis during pneumococcal disease is therefore an important step in advancing alternative treatment approaches for \(S. pneumoniae\) infection. Although immune-cell–induced RONS play a role in fighting infections, these inflammatory chemicals can also lead to collateral tissue damage. Furthermore, bacterially secreted \(H_2O_2\) may exacerbate tissue damage caused by inflammation-induced RONS. Importantly, \(S. pneumoniae\) strains that secrete \(H_2O_2\) clearly must have mechanisms to tolerate \(H_2O_2\) and these mechanisms may render them resistant to \(H_2O_2\) produced by immune cells. Thus, the use of \(H_2O_2\)-neutralizing antioxidants, in concert with antibiotic regime, may be appropriate during severe pneumococcal pneumonia. Indeed, antioxidants have been shown to confer positive outcome during pneumococcal meningitis in a rat model (67). Constant secretion of such oxidants by serotypes colonizing the upper respiratory tract (URT) can potentially damage the URT epithelia, destabilizing its normal barrier function [e.g., ciliary velocity and mucus production (68)] and facilitating carriage of \(S. pneumoniae\) to become more invasive. Given that certain strains of \(S. pneumoniae\) are resistant to \(H_2O_2\) (69), and that \(H_2O_2\) increases disease pathogenicity, our data suggest that determining the status of the \(spxB\) gene in pneumococcal isolates could prove helpful in guiding the use of antioxidants in disease treatment.

In this study, we have shown that \(S. pneumoniae\) creates high levels of \(H_2O_2\) and that the levels of \(H_2O_2\) are sufficiently high to induce DNA damage and apoptosis. We have shown that suppressing the levels of pneumococcal \(H_2O_2\) either by treatment
with catalase or by knocking out the gene necessary for H$_2$O$_2$ biosynthesis suppresses S. pneumoniae-induced DNA damage and apoptosis. Furthermore, H$_2$O$_2$ secreted by S. pneumoniae plays a key role in pathogenesis, as shown by an acute pneumonia animal model. Importantly, human alveolar epithelial cells knocked down for an essential component of the dominant DSB repair pathway are more sensitive to S. pneumoniae-induced DNA damage and apoptosis, highlighting DNA repair as a potentially important susceptibility factor. In conclusion, the results of this study point to a role for S. pneumoniae-induced DNA damage in disease pathology and open doors to new avenues for developing therapeutic strategies that either suppress DNA damage or enhance DNA repair during infection.

**Materials and Methods**

**Mouse Strains and Model.** This study was carried out in strict accordance with the National Advisory Committee for Laboratory Animal Research guidelines (Guidelines on the Care and Use of Animals for Scientific Purposes) in facilities licensed by the Agri-Food and Veterinary Authority of Singapore, the regulatory body of the Singapore Animals and Birds Act. The protocol was approved by the Institutional Animal Care and Use Committee (IACUC, National University of Singapore (permit nos. IACUC 117/10 and 54/11)). Female BALB/c mice (7–8 wk) were purchased from InVivos Pte Ltd. and housed in an animal vivarium at the National University of Singapore. Mice were intratracheally inoculated intranasal dosing of S. pneumoniae at 2 × 10$^8$ cfu in 50 μL sterile PBS. Bacterial growth was calculated from the right lung using 800 μL sterile PBS, and blood was collected via cardiac puncture before harvesting the lungs. BALF and blood were plated onto blood agar and incubating at 37 °C for 18–24 h. For experiments, pneumococci were at midlog phase (OD$_{605}$ of 0.3–0.5) were taken of each well under 60× magnification for cell culture slides, and 20 random images of each lung section was taken under 40× magnification.

**Cell Culture and Bacterial Strains.** S. pneumoniae serotypes and strains were serotype 3 (Xen 10 A66.1), serotype 4 (TIGR4), and serotype 19F (clinical isolate). Bacteria were cultured in brain heart infusion (BHI) broth (Sigma #S7282), supplemented with 10% (vol/vol) heat-inactivated horse serum at 37 °C. The human lung alveolar carcinoma (type II pneumocyte) A549 cell line was maintained in F12-K medium (Gibco) with 15% (vol/vol) FBS at 37 °C with 5% CO$_2$. For experiments, pneumococci were at midlog phase (OD$_{600}$ of 0.3–0.35), and A549 cells were at 70–80% confluence. The spxB gene was cloned into pGEMT, and the kanR gene was introduced at the HindIII site of the spxB gene (70). To create type 4 spxB, plasmid was transformed into bacteria in the presence of 200 μg CSp-1 peptide.

**Construction of Ku80 KD AS49.** Escherichia coli bacterial glycerol stock was used to plate Ku80 shRNA lentiviral constructs, which were purchased from Sigma (SHCLNG-NM_021141, TRCN 0000295856). Lentiviral constructs were packaged via cotransfection with pMD2.G and pSPAX2 into 293T cells using X-tremeGENE9 DNA transfection reagent (Roche) to produce lentiviral particles. A549 cells were transduced with viral particles in the presence of 10 μg/mL Polybrene (Sigma) and selected in 2 μg/mL puromycin (Sigma) 2 d after transduction. A549 cells were analyzed for Ku80 knockdown by Western analysis of cell lysates with an anti-Ku80 antibody (Santa Cruz).

**Infection of Cells and Treatments.** Stocks of S. pneumoniae were thawed and grown in BHI medium supplemented with horse serum. Log-phase bacteria were centrifuged at 4,000 × g for 10 min and resuspended in F12-K medium before infection with MOI 200–400 (high MOI), MOI 30–50 (low MOI), and MOI 3–5 for up to 7 h at 37 °C. Bacterial colonies were counted after plating onto soy blood agar and incubating at 37 °C for ~24 h. Catalase (Sigma #C9322) treatment was done at 1 mg/mL in F12-K medium for 7 h.

**Flow Cytometry.** For flow cytometry of BALF cells, neutrophils were gated at Gr-1$^-$ CD11b$^+$ population, whereas macrophages were gated at F4/80$^+$ CD11b$^+$ population. For apoptosis and necrosis assays, cultured cells were incubated with Annexin V-FITC (eBioscience #88-8103-74) and then with PI (2 μg/mL) Formaldehyde-fixed cells were stored in PBS.

**Immunofluorescence.** After incubation with bacteria, cells were permeabilized with 0.2% Triton X-100 in PBS for 10 min, blocked with 3% (wt/vol) BSA in PBS for 40 min, and washed once with PBS. Primary antibodies against γH2AX (Ser-139) (Millipore #05–636) and S3BP1 (Santa Cruz #sc-22760) were used at 1:100 dilutions in PBS and incubated for 1 h at room temperature with coverslip. For TUNEL staining, the labeling enzyme (Roche #1 684795 910) was incubated similarly for 1 h at 37 °C. Secondary antibody (Invitrogen) labeled with either Alexa 488 or 564 were used for γH2AX and S3BP1. SlowFade (Invitrogen) mounted slides were stored at −20 °C. For staining of 5-μm lung sections, antigen was retrieved using Dako retrieval buffer, the sections were blocked and incubated with anti-γH2AX antibody overnight and next day was stained with secondary antibody and mounted. All of the stained slides were examined under confocal microscope, and at least 9 images (at 3 × 3 sites) were taken of each well under 60× magnification for cell culture slides, and 20 random images of each lung section was taken under 40× magnification.

**DNA Damage Quantification.** Olympus FV10 2.0 viewer was used for imaging and counting in the dark room. At least 200 cells were counted. Cells were categorized as those with (i) more than five distinct foci of γH2AX or S3BP1 per nucleus regardless of colocalization, (ii) nuclei with colocalized foci of γH2AX and S3BP1 counted as “overlap,” and (iii) pan-staining of γH2AX. Cells that showed colocalization of FITC and DAPI were counted as TUNEL-positive cells. For images from lung sections, DAPI was machine-counted using IMARIS software, and Zeiss Zen software was used to examine and count γH2AX-positive cells. All counting was done in a blinded fashion, and nuclei were selected by DAPI alone and subsequently analyzed for γH2AX.

**Supernatant Assay.** To prepare bacterial supernatant, log-phase bacteria were grown in F12-K medium. After centrifugation, the supernatant was filtered (0.2 μm) and immediately incubated with AS49 cells.

**H$_2$O$_2$ Assay.** To measure H$_2$O$_2$ levels, conditioned media was centrifuged, filtered (0.2 μm), and stored at −80°C for analysis using a hydrogen peroxide assay kit according to the manufacturer’s instructions (Biovision #K265-200).

**Western Analysis.** Treated cells were washed with PBS and incubated for 10 min with 200 μL of 1× lysis buffer [50 mM Tris-HCl, pH 6.8, 25 mM dithiothreitol, 2% (wt/vol) SDS, 10% (vol/vol) glycerol]. The lysate was centrifuged at 17,000 × g for 10 min at 4 °C, and the supernatant was denatured at 100 °C for 10 min and stored at −20 °C. For culture supernatants, after filtration, supernatants were concentrated 10× using Amicon ultrafilter units (0.5 mL, 3 K) and denatured by heating. Protein concentration was quantified using the BioRad DC protein assay kit, and lysates were electrophoresed in 15% SDS/PAGE. Analysis was done using anti-γH2AX (Millipore #05–636) antibody or with anti-pneumolysin antibody and with secondary antibody conjugated with HRP (Dako) and later developed by adding Amersham ECL prime reagent (GE Life Science).

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