

Neutrophil activation and enhanced release of granule products in HIV-TB immune reconstitution inflammatory syndrome

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Abstract

Background: Tuberculosis Immune Reconstitution Inflammatory Syndrome (TB-IRIS) remains incompletely understood. Neutrophils are implicated in tuberculosis pathology but detailed investigations in TB-IRIS are lacking. We sought to further explore the biology of TB-IRIS and in particular the role of neutrophils.

Setting: Two observational, prospective cohort studies in HIV/TB co-infected patients starting antiretroviral therapy, one to analyze gene expression and subsequently one to explore neutrophil biology.

Methods: nCounter gene expression analysis was performed in TB-IRIS patients (n=17) versus antiretroviral-treated HIV/TB co-infected controls without IRIS (n=17) in Kampala, Uganda. Flow cytometry was performed in TB-IRIS patients (n=18) and controls (n=11) in Cape Town, South Africa to determine expression of neutrophil surface activation markers, intracellular cytokines and Human Neutrophil Peptides (HNP). Plasma neutrophil Elastase and HNP1-3 were quantified using ELISA. Lymph node immunohistochemistry was performed on three further TB-IRIS cases.

Results: There was a significant increase in gene expression of S100A9 ($p=0.002$), NLRP12 ($p=0.018$), COX-1 ($p=0.025$) and IL-10 ($p=0.045$) two weeks after ART initiation in Ugandan TB-IRIS patients versus controls, implicating neutrophil recruitment. IRIS patients in both cohorts demonstrated increases in blood neutrophil count, plasma HNP and elastase concentrations from ART initiation to week two. CD62L (L-selectin) expression on neutrophils increased over 4 weeks in South African controls while IRIS patients demonstrated the opposite. Intense staining for the neutrophil marker CD15 and IL-10 was seen in necrotic areas of TB-IRIS patients' lymph nodes.

Conclusion: Neutrophils in TB-IRIS are activated, recruited to sites of disease and release granule contents, contributing to pathology.

Keywords: Tuberculosis; HIV-1; neutrophils; immune reconstitution inflammatory syndrome; IRIS

1 **Introduction**

2 When patients with HIV-associated TB begin Antiretroviral Therapy (ART), approximately 18%
3 develop Tuberculosis-associated Immune Reconstitution Inflammatory Syndrome (TB-IRIS) [1].

4 TB-IRIS is an exaggerated immune response to *M. tuberculosis* (MTB) antigens associated with
5 reconstitution of the immune system. It is characterized by excessive inflammatory responses
6 and deterioration in clinical status [1, 2].

7

8 According to the International Network for the Study of HIV associated IRIS (INSHI) case
9 definitions, two forms of TB-IRIS exist: ‘paradoxical’ (clinical worsening of a patient on TB
10 treatment after starting ART) and ‘unmasking’ (undiagnosed TB becoming apparent after
11 starting ART) [3].

12

13 TB-IRIS has been associated with perturbations in both the adaptive and innate immune systems
14 [4, 5]. These include increased secretion of neutrophil-associated mediators such as S100A8/A9
15 and matrix metalloproteinases (MMPs) [6-8], perforin and granzyme B by CD4+ T cells [9],
16 higher expression and imbalance of C1q and C1-inhibitor (complement system) [10], activation
17 of monocytes [11], inflammasome and Toll-like receptor signaling [12, 13] as well as elevated
18 chemokine and cytokine production [14-16] with a particular role for the IL-10 family [17].

19 [Although rapid changes in CD4+ T cell count have long been associated with all forms of IRIS,](#)
20 [recent research has focused on these latter phenomena of inflammasome activation and release of](#)
21 [soluble mediators from innate cells \[4, 12\]. However, the clinical syndromes associated with TB-](#)
22 [IRIS, especially suppurative lymphadenitis and abscess formation, implicate neutrophils as](#)

23 [critical effector cells mobilized by these inflammatory signals.](#)

24

25 To gain further understanding into the biology of TB-IRIS, we recruited and prospectively
26 followed patients with HIV-associated tuberculosis (HIV+TB+) at risk of developing IRIS at two
27 clinical sites, in Uganda and South Africa. First, we conducted an assessment of gene expression
28 in putative pathways. On the basis of previous research summarized above, we chose to study the
29 T-cell receptor, cytokine genes including the IL-10 pathway [17] and the inflammasome [12, 13].
30 Subsequently, in a separate cohort, we performed functional assays chosen on the basis of genes
31 that were over-expressed in IRIS patients versus controls: these experiments focused on
32 neutrophils which, although implicated [6], have not been extensively studied before in TB-IRIS.

33

34 **Materials and Methods**

35 *Patient recruitment and study visits*

36 Cohort 1: Patients with a confirmed diagnosis of both HIV and TB, on TB treatment ([for a](#)
37 [median \[IQR\] of 40 \[24-59\] days](#)) and who were eligible for ART initiation according to [the July](#)
38 [2008](#) Ugandan national treatment guidelines (CD4 count <250 cells/ μ L), were recruited in 2009
39 at Mulago National Tuberculosis and Leprosy clinic and the Infectious Diseases Institute in
40 Kampala for gene expression studies, as previously described [18]; see Supplementary Table 1.
41 Patients were reviewed at week 0 (before ART initiation), week 2 and months 1-12 (after ART
42 initiation). Patients who developed TB-IRIS (cases) were defined according to the INSHI clinical
43 case definitions [3] and were matched by age (<10 years difference between patients), CD4 cell
44 count before ART initiation (mean (SD) difference, 5.3 (6.8) cells/ μ L) and sex with those that

45 did not develop TB-IRIS (non-IRIS controls). Sampling at the IRIS time-point was performed
46 before patients received corticosteroids. All patients provided written informed consent. The
47 Uganda National Council of Science and Technology, Makerere Faculty of Medicine Ethics
48 Committee ([IRB-Makerere-05_2007](#)), Infectious Disease Scientific Review Committee,
49 University of Antwerp Ethics Committee and the Institute of Tropical Medicine, Antwerp,
50 Belgium ([CME_UZA_7/29/157](#)) approved the study.

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51
52 Cohort 2: Recruitment of patients for neutrophil studies took place in Cape Town, South Africa
53 as part of the longitudinal Tissue Destruction in Tuberculosis 2 (TDTB2) study (Supplementary
54 Table 1). Patients were recruited [in 2013](#) at Ubuntu clinic, a primary care HIV treatment clinic in
55 Site B, Khayelitsha. HIV-infected patients at high risk of developing TB-IRIS (CD4 count <200
56 cells/ μ L at enrolment) were followed up during anti-tuberculosis treatment and initiation of ART
57 until twelve weeks post ART. Samples for neutrophil studies were collected at ART initiation
58 (week 0), week two and week four of ART. TB-IRIS diagnosis was made retrospectively after
59 week 12 by a consensus panel using the INSHI case definition; controls (non-IRIS) were those
60 patients who [were also sampled at ART initiation and Week 2 / Week 4 follow-up visits but did](#)
61 [not develop the syndrome](#) [3]. At the IRIS/week 2 time point, two TB-IRIS and one non-IRIS
62 control were receiving corticosteroids. Ethical approval was obtained from the Faculty of Health
63 Sciences Human Research Ethics Committee, University of Cape Town (HREC REF: 516/2011);
64 all patients provided written informed consent.

65 Samples for [detailed](#) analysis were available from 34 patients in Cohort 1 (17 cases and 17
66 controls) and 29 patients in Cohort 2 (18 cases and 11 controls). [Supplementary Figure 1](#)
67 [summarises the study design.](#)

68

69 ***Sample collection and processing***

70 For Cohort 1, venous blood (30–40 ml) was collected in EDTA tubes (BD Pharmingen, [Franklin](#)
71 [Lakes, New Jersey, USA](#)) at week 0 and week 2 after initiation of ART. Peripheral Blood
72 Mononuclear Cells (PBMC) were isolated by Ficoll-Hypaque gradient centrifugation and
73 cryopreserved for further processing (see below). For Cohort 2, blood samples (30–40 ml) were
74 collected in sodium heparin vacutainers (BD Pharmingen) at weeks 0, 2 and 4 after initiation of
75 ART and were processed for plasma generation within two hours of collection; an aliquot (1 ml)
76 of blood was removed for functional assays as described below.

77

78 ***nCounter gene expression analysis***

79 RNA was extracted from PBMC using standard techniques (Supplementary Methods). ProbeSet
80 sequences for the gene sets of interest (T-cell receptors, the inflammasome, IL-10 pathway and
81 cytokines; 148 genes in total) are shown in Supplementary Table 2.

82

83 ***Determination of neutrophil activation and degranulation***

84 We investigated neutrophil activation in whole blood by flow cytometry, measuring cell surface
85 expression of CD11b, CD16, CD62L, CD66a,c,e [19] and IL-8RA. An aliquot of whole blood
86 was stained on ice with CD11b-PE-Cy7, CD16-APC-H7, CD62L-FITC, CD66a,c,e-PE, IL-8
87 RA-APC (BD Pharmingen) and viability dye (eFluor 450, eBiosciences; [San Diego, California,](#)
88 [USA](#) or ViViD, Invitrogen; [Carlsbad, California, USA](#)). After washing, the stained sample was

89 fixed in 2% paraformaldehyde and acquired on a Becton Dickinson Fortessa flow cytometer (BD
90 Biosciences). Data analysis was performed with FlowJo software (FlowJo 10.1r5, Tree Star,
91 Ashland, OR) using the gating strategy in Supplementary Figure 24.

93 ***Determination of neutrophil elastase and Human Neutrophil Peptides (HNP1-3) in plasma***

94 Neutrophil elastase and Human Neutrophil Peptides (HNP1-3) plasma concentrations were
95 quantified using ELISA according to the manufacturer's instructions (Hycult Biotech; Uden, The
96 Netherlands). Assays were performed in duplicate. [The sensitivity for neutrophil elastase was](#)
97 [0.67 ng/ml and for HNP1-3 was 4.25 pg/ml. -The elastase assay detects both free and complexed](#)
98 [elastase.](#)

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100 ***Immunohistochemistry (IHC) staining of lymph nodes***

101 Patient selection, lymph node (LN) preparation and immunohistochemistry were carried out as
102 previously described [20] and summarized in Supplementary Methods.

104 ***Statistical analysis***

105 Comparison between the two groups was performed using t tests (unpaired for IRIS vs non-IRIS
106 comparisons, paired for within-group comparisons between ART initiation and later time points),
107 the Mann-Whitney U test or Wilcoxon test for continuous variables and Fisher exact tests for
108 categorical variables. Statistics were performed using GraphPad Prism Version 7.0 ([La Jolla,](#)
109 [California, USA](#)) and Qlucore Omics explorer version 3.2. ([Lund, Sweden](#)). Significance was
110 inferred below a two-tailed p-value of 0.05.

111 Gene expression analysis to identify discriminating transcripts between the groups (based on p-

112 value <0.05 and q value ([False Discovery Rate-adjusted p-value](#)) <0.1) was performed using
113 Qlucore Omics explorer and displayed ~~o~~n a heatmap. The IRIS (pink) and non-IRIS (blue)
114 patients (columns) and genes (rows) were ordered using principal component analysis (PCA) and
115 R statistic respectively. Gene expression at the week two time point on the heatmap was
116 classified as high or low (relative to the entire cohort) if colored red and green respectively. A
117 PCA plot, with the projection score and variance filtering set at 0.38 and 0.43~~0~~ respectively, was
118 used to detect strong signals within the data on gene transcript abundance. [Principal Component](#)
119 [Analysis identifies the major vectors \('components'\) which differentiate multi-parameter data](#)
120 [sets](#). The genes were colored according to their R statistic with green and red if higher in non-
121 IRIS controls or IRIS patients respectively, and the distance between individual genes reflects
122 their correlation coefficient.

123

124 **Results**

125 *Patient characteristics*

126 Supplementary Table 1 summarizes demographic and basic laboratory data for both cohorts. At
127 ART initiation, there were no statistical differences in patient characteristics between those who
128 subsequently developed IRIS and those who did not. The median [IQR] time to IRIS
129 presentation across both studies was 14 [10-15] days.

130

131 *RNA analysis reveals higher expression of genes implicated in neutrophilic inflammation in*

132 *TB-IRIS patients compared to controls*

133 We used NanoString nCounter technology to ascertain gene expression in PBMC of IRIS and
134 non-IRIS patients at the IRIS time-point (median of 14 days) or after 2 weeks of ART in

135 controls. The nCounter gene expression values obtained were log 2 transformed pre-analysis [to](#)
136 [normalize data as per standard transcriptomic analytical pathways](#); a false discovery rate (q-
137 value) of 0.1 was applied to account for multiple comparisons. A heatmap to visualize the pattern
138 of transcript abundance in IRIS patients and non-IRIS controls revealed over 70 discriminating
139 transcripts with modest clustering of IRIS cases (pink) and non-IRIS controls (blue); there was
140 generally lower gene expression (green) in the IRIS patients compared to the non-IRIS controls
141 (Figure 1A). On the contrary, Cyclooxygenase-1 (COX-1), Interleukin-10 (IL-10), Nucleotide-
142 binding domain, leucine rich repeat containing receptor (NLR) Family Pyrin Domain Containing
143 12 (NLRP12 / Pypaf-7), and S100 calcium-binding protein A9 (S100A9) were significantly more
144 abundant in the IRIS cases than in the non-IRIS controls at two weeks of ART.

145
146 PCA was then used to detect correlation patterns within the discriminating transcripts. The four
147 genes (COX-1, $\delta=0.96$, $fc=1.9$, $R=0.38$, $p=0.025$, $q=0.051$; IL-10, $\delta=0.75$, $fc=1.7$, $R=0.35$,
148 $p=0.045$, $q=0.077$; NLRP12, $\delta=1.27$, $fc=2.4$, $R=0.40$, $p=0.018$, $q=0.042$; and S100A9, $\delta=1.10$,
149 $fc=2.1$, $R=0.52$, $p=0.002$, $q=0.018$) which were more abundant in IRIS cases versus non-IRIS
150 controls clearly correlated with each other and separated from the other transcripts (Figure 1B).

151
152 Next, we quantitatively analyzed these four transcripts using the log₂ transformed nCounter gene
153 expression values. As shown in Supplementary Figure [32](#), S100A9 expression significantly
154 increased at the two-week time point in the IRIS patients (median log₂ expression, 16.07; IQR,
155 15.15–16.35) from ART initiation (median, 14.59; IQR, 14.06–15.22) and was higher at 2 weeks
156 compared to the controls (median, 15.05; IQR, 14.12–15.50; $p=0.002$). NLRP-12 expression also
157 significantly increased from ART initiation (median, 5.66; IQR, 4.12–6.77) to the two-week time

158 point in TB-IRIS patients (median, 6.94; IQR, 6.23–7.68), when it was higher compared to the
159 controls (median, 6.15; IQR, 5.44–6.93; $p=0.016$). IL-10 significantly decreased in controls
160 from ART initiation (median, 7.56; IQR, 6.42–7.73) to two weeks (median, 6.41; IQR, 5.38–
161 7.02; $p=0.005$), and significantly greater IL-10 expression was seen in the IRIS cases (median,
162 6.83; IQR, 6.33–8.02) versus controls (median, 6.41; IQR, 5.38–7.02; $p=0.049$) at two weeks.
163 Significantly higher COX-1 expression was also seen in the IRIS group (median, 8.93; IQR,
164 7.87–9.51) versus the non-IRIS controls (median, 7.94; IQR, 6.95–8.81; $p=0.049$) at the two-
165 week time point.

166

167 ***TB-IRIS is characterized by neutrophilia***

168 The most up-regulated gene in TB-IRIS identified in our expression analysis was S100A9, which
169 is implicated in neutrophil accumulation in tuberculosis [21]. Similarly, NLRP12 (Pypaf-7) is
170 crucial for neutrophil recruitment in other models of infection [22], including to the lungs [23],
171 while (among its other actions) COX-1 generates eicosanoids which activate neutrophils [24].
172 We have also shown that neutrophil markers strongly co-localise with IL-10 in human
173 tuberculous granulomas [20]. Our gene expression data therefore suggested a role for neutrophils
174 in TB-IRIS pathogenesis and we examined this in another patient cohort, subsequently recruited
175 in Cape Town. Supplementary Table 1 details participant characteristics.

176

177 The IRIS cases in both cohorts demonstrated an increase in peripheral neutrophil counts from
178 ART initiation to the IRIS time-point / week 2 (Cohort 1 median [IQR] $1.77 [1.04–2.37] \times 10^9/L$
179 to $2.91 [2.29–5.56] \times 10^9/L$, $p=0.049$, Figure 2A; Cohort 2 median [IQR] $2.45 [1.48–4.00] \times 10^9/L$
180 to $5.00 [3.35–7.23] \times 10^9/L$, $p=0.001$, Figure 2B). There were no changes in non-IRIS controls

181 from ART initiation to two weeks. At two weeks, IRIS patients in Cohort 1 had significantly
182 higher neutrophil counts versus the controls (median [IQR] 2.91 [2.29–5.56] x10⁹/L) and median
183 [IQR] 1.70 [0.97–2.52] x10⁹/L respectively, p=0.003, Figure 2A).

184 [There were no differences between IRIS patients and controls' total lymphocyte and monocyte](#)
185 [counts at either baseline or at the two week / IRIS time point.](#)

186
187 ***TB-IRIS patients demonstrate activation of neutrophils, as defined by surface marker***
188 ***expression***

189 Neutrophil cell surface activation markers (CD11b, CD16, CD62L and CD66a,c,e) were
190 analyzed in whole blood from a subset of patients in Cohort 2 (n=6 per group) using flow
191 cytometry. There was a significant linear trend towards decreased expression of CD62L, as
192 defined by median fluorescence intensity, on TB-IRIS patients' neutrophils over the first four
193 weeks from ART initiation (p=0.014), with a significant difference between neutrophil CD62L
194 expression at ART initiation (mean, 3881; SD, 2746) versus four weeks (mean, 1229; SD, 483;
195 p=0.042; Figure 3A). Significantly higher expression of CD62L was observed in non-IRIS
196 controls (mean, 3422; SD, 1196) compared to TB-IRIS cases (mean, 1269; SD, 483; p=0.005;
197 Figure 3A) at week four, consistent with significantly increased CD62L expression on non-IRIS
198 controls' neutrophils from ART initiation (mean, 1596; SD, 427) to two weeks (mean, 2387; SD,
199 517; p=0.003) and further to four weeks (mean, 3422; SD, 1196; p=0.009; Figure 3A).

200 [Supplementary Figure 2B presents representative CD62L MFI at the Week 2 / IRIS time point.](#)

201
202 A similar pattern was seen for CD16 expression (Figure 3B) although comparisons did not reach
203 statistical significance. Median fluorescence intensity of CD11b decreased in the control group

204 from ART initiation (mean, 12130; SD, 4253) to Week 4 (mean, 5562; SD, 2584; p=0.047;
205 Figure 3C) but no difference was seen in the IRIS group. No differences were seen in CD66a,c,e
206 expression (Figure 3D), nor in IL-8 RA (data not shown).

207

208 ***TB-IRIS patients exhibit increased Neutrophil Elastase and Human Neutrophil Peptide 1-3***
209 ***plasma concentrations***

210 Neutrophil elastase is implicated in inflammation and tissue damage [25], [and we measured this](#)
211 [marker in plasma samples from Cohort 2. We analysed plasma n](#)Neutrophil elastase
212 [concentrations in Cohort 2, finding a significant increase](#) [increased significantly](#) in TB-IRIS
213 patients between ART initiation (median 154 ng/mL; IQR, 122.5–191.3) and week two (median
214 274 ng/mL; IQR, 228–324; p=0.0004; Figure 4A). At two weeks after ART initiation, there was
215 a significantly [lower-higher plasma](#) neutrophil elastase [plasma](#)-concentration in [TB-IRIS patients](#)
216 [compared to non-IRIS controls \(median, 274 ng/mL; IQR, 228–324 versus median, 175 ng/mL;](#)
217 [IQR, 119–253\) versus TB-IRIS patients \(median, 274 ng/mL; IQR, 228–324;](#) p=0.005; Figure
218 4A).

219

220 Analysis of plasma [Human Neutrophil Peptide \(HNP\)](#) 1-3 concentrations in Cohort 2 revealed an
221 increase in TB-IRIS patients from ART initiation (median, 0 pg/mL; IQR, 0–1775) to the week
222 two-time point (median, 2675 pg/mL; IQR, 990–11353; p=0.005; Figure 4B). In Cohort 1,
223 HNP1-3 concentrations also increased from week 0 (median, 7153 pg/mL; IQR, 5998–8896) to
224 week two (median, 13821 pg/mL; IQR, 7271–22975; p=0.001), when they were higher
225 compared to controls (median, 7510 pg/mL; IQR, 6007–8751; p=0.038; Figure 4C).

226

227 Analysis of a wider cohort recruited identically in Uganda confirmed significant differences in
228 HNP concentration between TB-IRIS patients and non-IRIS controls at the IRIS time-point /
229 Week 2, with resolution of these differences by later time points (Supplementary Figure [43](#)).
230

231 ***Lymph node granulomas from IRIS patients show significant neutrophil infiltration and IL-***
232 ***10 production.***

233 We proceeded to characterize neutrophil infiltration and accumulation in lymph nodes of TB-
234 IRIS patients *in situ*, using immunohistochemistry. There was intense staining in the centre of the
235 biopsies for the neutrophil marker CD15, correlating with areas of significant necrosis (Figure
236 5). Lymph nodes from patients with TB-IRIS also stained strongly for IL-10, largely correlating
237 with neutrophils, as previously shown [20].
238

239 **Discussion**

240 TB-IRIS immunopathogenesis remains incompletely defined and a lack of predictive markers
241 makes its diagnosis and treatment complex. Given the temporal association of IRIS with
242 reconstitution of CD4⁺ T lymphocyte numbers on antiretroviral therapy, many studies have
243 focused on Th1 cells [26, 27]. However, TB-IRIS is not explained simply by a change in CD4
244 numbers, and innate cells are also implicated in the syndrome [5, 12]. Neutrophils are
245 increasingly recognised in tuberculosis pathology [28-30], as we have previously described in
246 TB-meningitis IRIS [6], but they had not previously been studied in this detail.
247

248 We recruited HIV+TB+ patients at risk of developing IRIS (Cohort 1) and investigated transcript
249 abundance of genes relating to inflammasome, T-cell receptor, cytokines and their receptors. The

250 gene transcripts that were most abundant in IRIS patients versus non-IRIS controls, and clearly
251 discriminatory on a PCA plot, were S100A9, IL-10, NLRP-12 and COX-1. Increased expression
252 of inflammasome and neutrophil-associated genes in TB-IRIS is consistent with previous results
253 [12, 31], but the lower abundance of TCR-associated genes in TB-IRIS patients was unexpected
254 and deserves further analysis. [This may reflect poor reconstitution of normal T cell function in
255 TB-IRIS and again supports the concept that the phenomenon is driven by innate inflammation
256 without an orchestrated acquired immune response.](#)

257
258 Among the more abundant transcripts, S100A9 contributes to inflammation in tuberculosis due
259 to its role in neutrophil recruitment [6, 21, 32] and it has been proposed as a promising
260 biomarker for TB diagnosis [33, 34]. NLRP-12 also plays an important role in neutrophil
261 recruitment [22, 23]. We have reported increased levels of the IL-10 cytokine family in IRIS [17]
262 and observed significant IL-10 staining in tuberculous granulomas where it associates with
263 neutrophil markers and necrosis [20]. [The source of IL-10 in TB-IRIS remains unclear, with
264 conflicting data on whether regulatory T cell populations are expanded \(reviewed in \[4\]\). Again,
265 it may be that innate cells are responsible for the production of immunosuppressive cytokines.](#)

266 Gene expression data therefore suggested a role of neutrophils in the development of TB-IRIS
267 and we recruited a further cohort to perform neutrophil functional assays.

268
269 In both cohorts, we first demonstrated that patients meeting INSHI criteria for IRIS exhibited an
270 increase in neutrophil count from ART initiation. We observed that neutrophils accumulate
271 intensely at sites of pathology in TB-IRIS and associate with areas of necrosis. IRIS patients'
272 neutrophils were activated, shedding their CD62L/L-Selectin over time with a significant drop

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273 from ART initiation to four weeks (despite the initiation of corticosteroids in three patients); the
274 reverse pattern being observed in controls. A similar trend to CD62L was seen for CD16. We
275 have previously shown that at ART initiation, neutrophils in antiretroviral-naïve HIV-infected
276 patients are activated, rapidly undergo cell death and their ability to kill *M. tuberculosis* is
277 impaired compared to HIV-uninfected controls [18]. Our data confirms that abnormal activation
278 is reversed on ART in patients with an uncomplicated clinical course (undergoing protective
279 immune reconstitution), while in IRIS the neutrophil dysfunction becomes exaggerated (these
280 patients undergo pathogenic immune reconstitution).

281
282 We did not see differences between the groups in other activation markers, including CD11b and
283 CD66a,c,e. However, loss of CD16 and CD62L occurs preferentially as neutrophils progress to
284 cell death [35]. Collectively, these data suggest that neutrophil activation and presumably early
285 cell death is a hallmark of TB-IRIS [28, 30]. Increased neutrophil influx and death at disease
286 sites will lead to release of cytotoxic granule contents causing local tissue damage and
287 amplifying inflammatory responses [29, 36], consistent with necrotic abscesses and
288 lymphadenopathy often observed in TB-IRIS.

289
290 Compatible with this conclusion, we found an increased neutrophil elastase concentration in the
291 plasma of TB-IRIS patients versus non-IRIS controls two weeks after initiation of ART in cohort
292 2. There was also an increase from ART initiation in the South African TB-IRIS patients'
293 elastase concentration, and an increase in HNP 1-3 in both cohorts. The difference in neutrophil
294 elastase concentration between IRIS patients and controls was seen despite no significant
295 difference in absolute neutrophil count in Cohort 2, suggesting that plasma concentrations of this

296 granule product might represent more than simply a higher number of circulating neutrophils.

297

298 Notably, some activation parameters in the patients developing IRIS tended to be less abnormal
299 at ART initiation. This is consistent with observations by others [14, 37, 38] that TB-IRIS may
300 be heralded by lower cytokine concentrations at ART initiation but subsequent large magnitude
301 changes.

302

303 Limitations of our study include relatively small group sizes. We were unable to perform
304 neutrophil functional assays including phagocytosis, mycobacterial killing and cell death in
305 sufficient numbers, as few samples met our stringent pre-specified neutrophil purity and viability
306 criteria of >90%. Differences in HNP concentrations between the cohorts might be due to
307 differences in pre-analytical handling; in Cohort 1 blood was collected in Uganda and assays
308 performed in Belgium, whereas South African samples were analysed locally. [We also note a](#)
309 [difference in neutrophil and CD4 counts between the two cohorts, likely to reflect the clinical](#)
310 [realities of treating HIV-TB co-infection in Uganda in 2009 compared to South Africa in 2013,](#)
311 [as well as differences in analysis platforms and racial background.](#) However, the fact that we
312 could demonstrate a role for neutrophils in two geographically different cohorts increases the
313 generalizability of our findings.

314 A strength of our analysis was the inclusion of both peripheral blood and lymph node samples,
315 although longitudinal analyses were conducted exclusively in peripheral blood which may not be
316 representative of the tissue environment. However, as peripheral blood does exhibit significant
317 perturbations in TB-IRIS, is easily accessible for serial measurements and contains many
318 components of both the innate and acquired immune systems, we believe that analysis of this

319 compartment is informative.

320

321 In conclusion, our data suggest that TB-IRIS is characterized by aberrant immunological
322 recovery with inflammasome activation and neutrophil recruitment instead of reconstitution of
323 normal T cell receptor function. Within the context of local and systemic inflammation, recruited
324 neutrophils are activated, are likely to undergo rapid cell death and will release cytotoxic granule
325 contents. This drives tissue damage and further inflammation, paradoxically associated with
326 immunosuppressive IL-10 release which may compromise host control of any remaining viable
327 mycobacteria. As neutrophils are likely to be key effector cells mediating pathological damage in
328 TB-IRIS, it seems logical to consider host-directed therapies to reduce neutrophil recruitment (eg
329 CXCR2 inhibitors [39] and anti-C5a inhibitors [40]) or to promote neutrophil apoptosis (eg
330 statins [41]); these questions require further research. ~~neutrophil influx, activation with probable~~
331 rapid cell death and release of cytotoxic granule contents at the site of disease is likely to
332 underlie tissue damage seen in TB-IRIS and suggest that neutrophils play a major role in the
333 pathology of TB-IRIS.

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Figure legends

Figure 1: Gene expression analysis in PBMCs from patients with HIV-associated TB-IRIS

and HIV/TB co-infected controls without clinical IRIS: **A.** 100 ng of total RNA was used to obtain values for gene expression analysis using nCounter technology. Unsupervised hierarchical clustering of transcript abundance data from TB-IRIS (pink) (n = 17) and non-IRIS (blue) (n = 17) patients at week two/IRIS-time point was performed using a heatmap in Qluore Omics explorer v3.2. The columns represent patients while the rows are genes identified as discriminatory ($p < 0.05$, $q < 0.1$). Relative gene expression compared to the entire cohort was classified as low (green) and high (red) respectively. Genes were ordered according to their R statistic between IRIS and non-IRIS patients. **B.** Discriminatory genes were visualized on a PCA plot. The genes (variables) were colored according to their R statistic; green for the lowest (implying greater abundance in non-IRIS vs IRIS) and red if the highest (implying greater abundance in IRIS vs non-IRIS). The genes with the highest expression in IRIS were COX-1, IL-10, NLRP-12 and S100A9.

Abbreviations: ASC; Apoptosis-associated speck-like protein containing a Caspase Recruitment Domain (CARD); CD, Cluster of Differentiation; COX-1/PTGS, Cyclooxygenase-1/prostaglandin-endoperoxide synthase; CTLA4, Cytotoxic T Lymphocyte-associated protein 4 (CD152); GATA3, Glycine, Alanine, Thymine, Alanine binding protein 3; ICOS, Inducible T-cell costimulator; IFN- γ , Interferon gamma; IL, Interleukin; IL-7R, Interleukin-7 receptor; ITK, Interleukin-2-inducible T-cell kinase; pypaf-7, PYRIN-containing Apaf-1-like proteins; S100A9, S100 calcium-binding protein A9; Tbet, T-box transcription factor; TRAC, T-cell Receptor alpha constant; TRAV, T-cell Receptor alpha variable; TRBC, T-cell Receptor beta constant; TRBV,

T-cell Receptor beta variable; TRDV, T-cell Receptor delta variable; TRGC, T-cell Receptor gamma constant; TRGV; T-cell Receptor gamma variable.

Figure 2: TB-IRIS patients exhibit a rise in neutrophil count after two weeks of ART. A:

Neutrophil counts from TB-IRIS (n = 10 at ART initiation, n = 17 at Week 2 (W2)) and non-IRIS (n=12 at ART initiation, n = 17 at W2) patients (Cohort 1) are presented at ART initiation and at the Week 2 (W2) time point. **B:** Neutrophil counts from TB-IRIS (n =18 at ART initiation, n = 16 at W2) and non-IRIS (n =11 at ART initiation, n = 10 at W2) patients (Cohort 2) are presented at initiation of ART and at Week 2 (W2). Mann Whitney and Wilcoxon tests were used (* p < 0.05, ** p < 0.01).

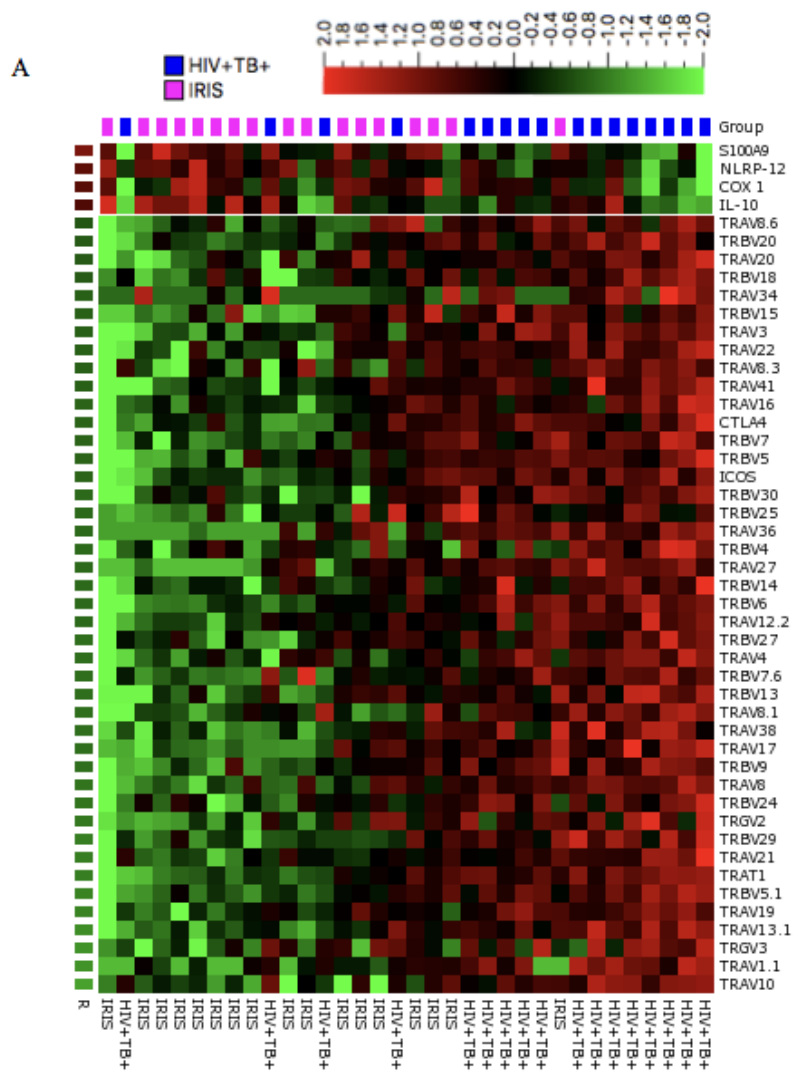
Figure 3: Neutrophil activation in TB-IRIS patients and Non-IRIS controls: The Median Fluorescence Intensity of CD62L (A), CD16 (B), CD11b (C) and CD66a,c,e (D) on neutrophils in fresh whole blood is shown for TB-IRIS patients (red, n=6) and non-IRIS controls (black, n=6 at ART initiation (Week (W) 0), n = 4 at W2, n = 3 at W4). Lines represent means and p-values (* p < 0.05, ** p < 0.01) were derived from unpaired and paired t tests.

Figure 4: Analysis of plasma levels of neutrophil elastase and HNP1-3 in patients with TB-IRIS and non-IRIS controls. A. Neutrophil Elastase (TB-IRIS patients (red, n = 18 at ART initiation, n = 15 at W2) and non-IRIS controls (black n = 11)) plasma concentrations were quantified using ELISA in Cohort 2. **B.** Human Neutrophil Peptide (HNP) 1-3 (TB-IRIS patients (red, n = 18 at ART initiation, n = 16 at W2) and non-IRIS controls (black n = 11)) plasma concentrations were quantified using ELISA in Cohort 2. **C.** Human Neutrophil Peptide (HNP)

1-3 plasma concentrations were quantified using ELISA in Cohort 1 (TB-IRIS patients (n =15 at ART initiation, n = 16 at W2) and non-IRIS controls (n = 8)). Lines represent medians and p-values (** p < 0.01, *** p < 0.001) were derived from Mann-Whitney and Wilcoxon tests.

Figure 5: Neutrophil infiltration in the lymph nodes of TB-IRIS patients. Caseous granulomas from consecutive cross-sectional lymph node sections of TB-IRIS patients (n = 3) that were stained with Hematoxylin and Eosin (H&E) (**A**), CD15 (neutrophils, **B**), or IL-10 (**C**). Intense neutrophil staining localizes within most of these caseous granulomas. IL-10 staining was diffuse but did localize within and near caseous granulomas. Black bars represent 200 µm.

Figure 1



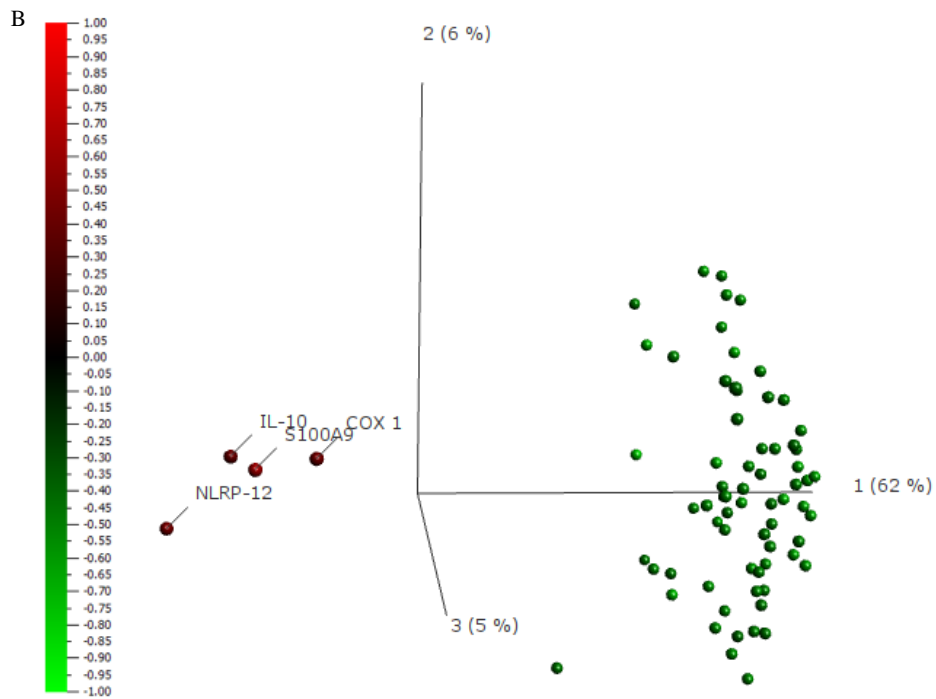


Figure 2

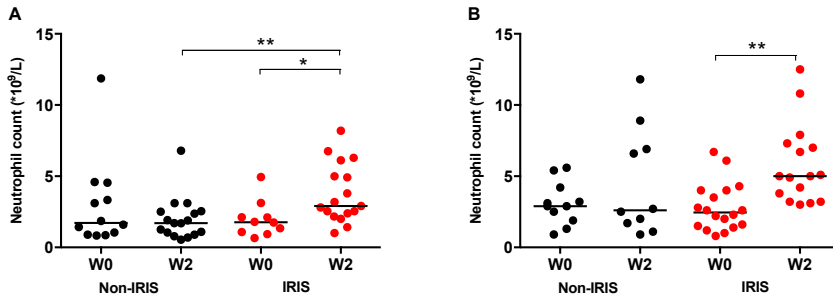


Figure 3

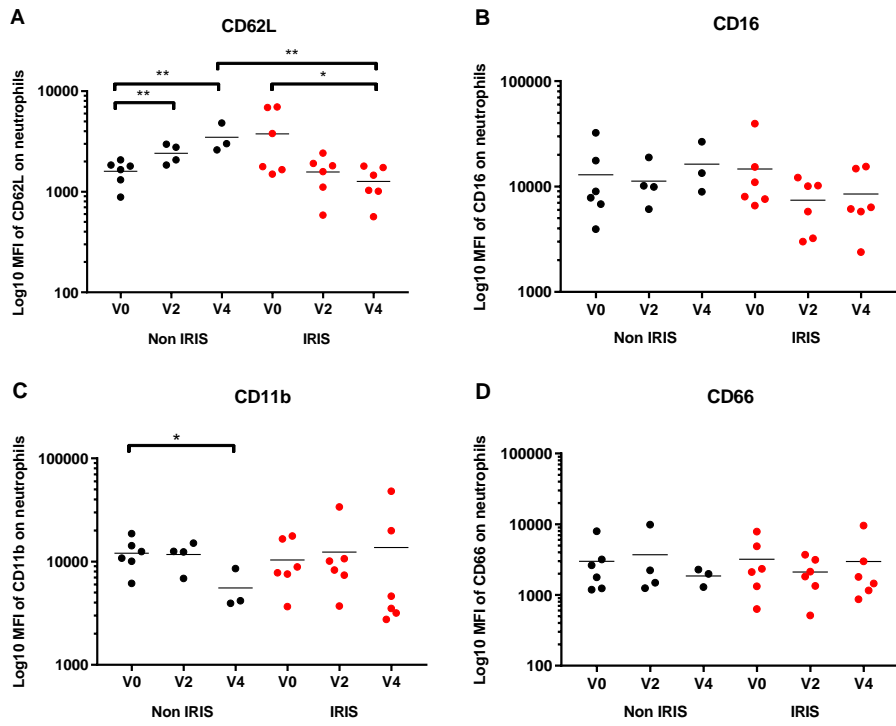


Figure 4

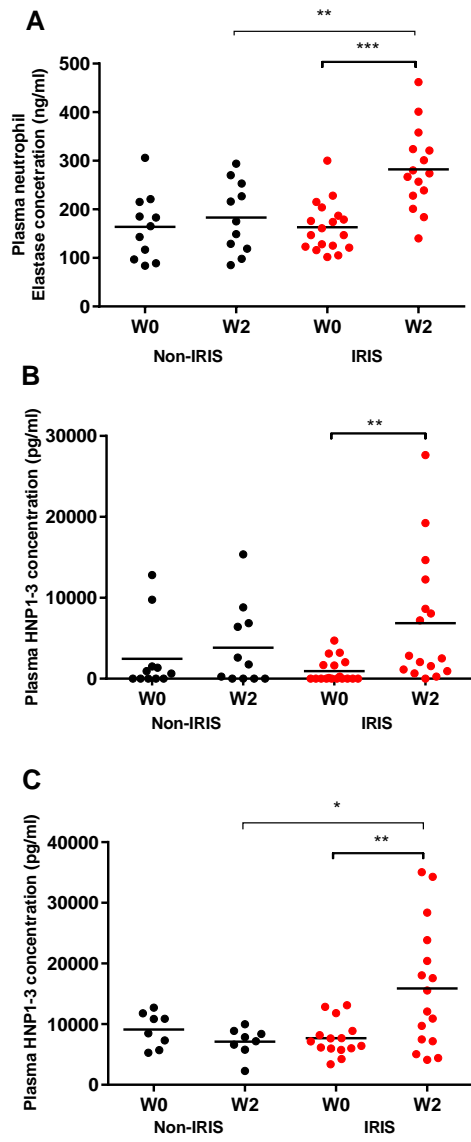
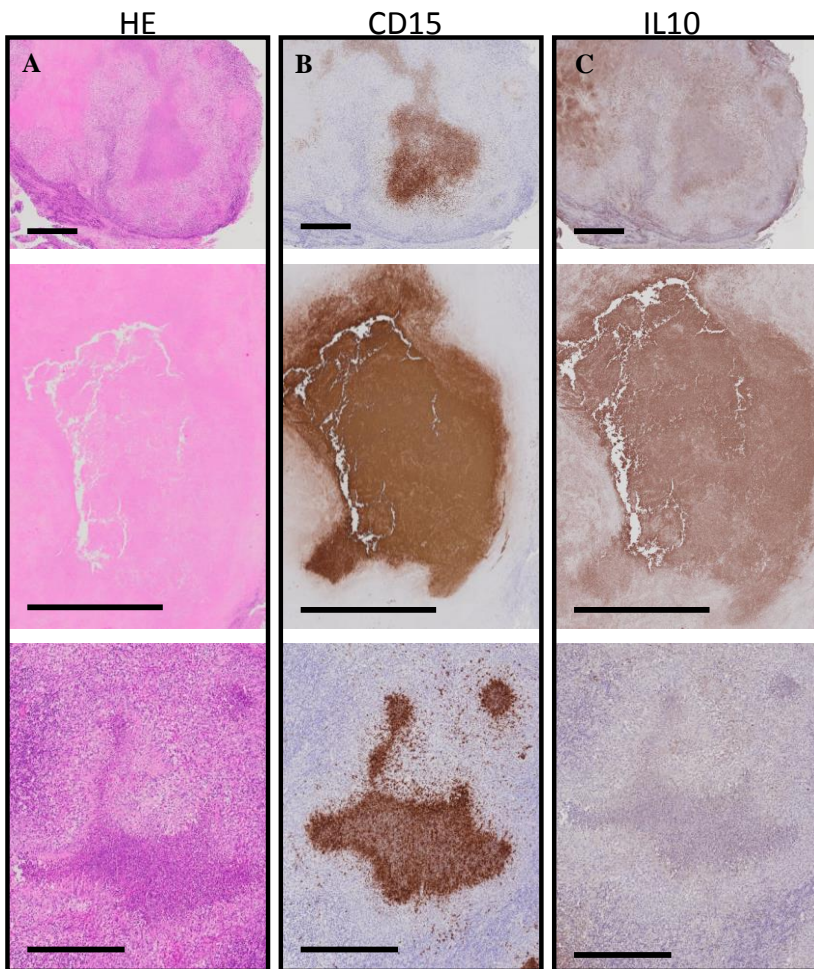


Figure 5



Supplementary Material

Supplementary Methods

RNA extraction

RNA was extracted from PBMC using Trizol (Invitrogen, Carlsbad, CA, USA) [1] coupled with glycogen as a carrier during RNA precipitation. The RNA cleanup protocol [2] was used to remove residual Trizol while concentrating RNA. RNA concentration and purity were determined using the Nanodrop ND-1000 (Nanodrop Technologies, Wilmington, Delaware, USA). A cut-off of OD_{260nm}/OD_{280nm} ratio >1.8 ('pure RNA') was used for the downstream nCounter assays. In addition, RNA integrity (RIN >7) was assessed using a Bioanalyser 2100 (Agilent, Santa Clara, California, USA). An aliquot of 100ng of total RNA was used for NanoString nCounter analysis (www.nucleomics.be) according to the manufacturer's instructions and as described [3].

ELISA

Briefly, 100 µl of the standard, samples, or controls were transferred in duplicate into appropriate wells and the plate was incubated for one hour at room temperature. The plate was washed, 100 µl of diluted tracer added and incubated for one hour at room temperature. After another wash, 100 µl of diluted streptavidin-peroxidase was pipetted onto the plate and incubated at room temperature for an hour. The plate was washed and 100 µl of TMB substrate was added. The reaction was stopped with 100 µl of stop solution after a thirty-minute incubation at room temperature. The plate was read at 450 nm using a plate reader, following the manufacturer's instructions.

Immunohistochemistry of lymph node sections

Methods for immunohistochemistry were previously reported [4]. Briefly, patients with a diagnosis of TB lymphadenitis HIV+ IRIS+ (cases, n=3) were included into the study. TB-IRIS was defined using the INSHI criteria [5]. Formalin fixed paraffin embedded (FFPE) block sections (4-6 micron thickness) of LN biopsies underwent standard hematoxylin and eosin staining. Further sections underwent polyclonal rabbit anti-human IL-10 (1:2000; Abcam) or

monoclonal mouse anti-human CD15 (LeuM1, 1:50; Abcam) staining followed by either horseradish peroxidase–conjugated polyclonal goat anti-mouse or anti-rabbit (Dako) secondary antibodies (Dako). Chromogenic DAB staining (Liquid DAB+; Dako) was used to visualize the antibodies. The slides were mounted onto an Olympus VS120 Scanning Microscope (Olympus, Tokyo, Japan) and the respective objectives as indicated were used to capture the images.

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Supplementary Table 1: Baseline characteristics of included patients

Characteristic	Median Value (IQR) ^a		
	Cohort 1 (recruited for NanoString nCounter gene expression analysis)		
	Non-IRIS Controls (n = 17)	TB-IRIS Patients (n = 17)	p value ^b
Age, years	36 (28-40)	32 (30-43)	0.43
Sex (Male), No. (%)	9 (52.9)	10 (58.8)	>0.99
Temperature (°C)	36.0 (35.5-36.8)	36.5 (35.7-37.1)	0.27
IRIS episode presentation, days	n/a	14 (10-15)	
CD4 count, cells/μL ^c	24 (12-57)	20 (11-54)	0.60
HIV viral load, log10 ^c	5.52 (5.05-5.58)	5.36 (5.26-5.70)	0.56
Neutrophil count, ×10 ⁹ /L ^c	1.72 (0.93-4.24)	1.77 (1.04-2.37)	0.82
<u>Monocyte count, ×10⁹/L^c</u>	<u>0.41 (0.27-0.44)</u>	<u>0.25 (0.18-0.52)</u>	<u>0.39</u>
<u>Lymphocyte count, ×10⁹/L^c</u>	<u>0.87 (0.63-1.36)</u>	<u>0.68 (0.44-0.90)</u>	<u>0.33</u>
C-reactive protein, mg/L ^c	9.53 (3.71-27.39)	9.64 (5.30-31.01)	0.68
<u>Antiretroviral regime:</u>			
<u>Zidovudine/Lamivudine/</u>	<u>13 (76.5)</u>	<u>10 (58.8)</u>	
<u>Efavirenz, n (%)</u>			
<u>Zidovudine/Lamivudine/</u>	<u>1 (5.9)</u>	<u>1 (5.9)</u>	
<u>Nevirapine, n (%)</u>			
<u>Stavudine/Lamivudine/</u>	<u>3 (17.6)</u>	<u>6 (35.3)</u>	
<u>Efavirenz, n(%)</u>			

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Characteristic	Median Value (IQR) ^a		
	Cohort 2 (recruited for neutrophil assays)		
	Non-IRIS Controls (n = 11)	TB-IRIS Patients (n = 18)	p value ^b
Age, years	39 (31-43)	35 (29-40)	0.33
Sex (Female), No. (%)	4 (36)	7 (39)	>0.99
Temperature (°C)	35.7 (35.3-36.5)	36.2 (36.0-36.5)	0.092
IRIS episode presentation, days	n/a	14 (10-15)	
CD4 count, cells/μL ^c	125 (68-154)	119 (90-188)	0.41
HIV viral load, log10 ^c	5.40 (4.85-5.75)	5.80 (5.08-6.00)	0.18
Neutrophil count, ×10 ⁹ /L ^c	2.90 (1.90-4.20)	2.45 (1.48-4.00)	0.51

<u>Monocyte count, ×10⁹/L^c</u>	<u>0.24 (0.19 – 0.29)</u>	<u>0.32 (0.23 – 0.36)</u>	<u>0.07</u>
<u>Lymphocyte count, ×10⁹/L^c</u>	<u>1.18 (0.83 – 1.48)</u>	<u>0.72 (0.52 – 1.36)</u>	<u>0.19</u>
C-reactive protein, mg/L ^c	5.90 (2.50-26.70)	13.55 (5.70-42.80)	0.28
<u>Antiretroviral regime:</u>			
<u>Tenofovir, Lamivudine/</u>			
<u>Emtricitabine, Efavirenz, n (%)</u>	<u>11 (100)</u>	<u>18 (100)</u>	

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Abbreviations: IRIS, Immune Reconstitution Syndrome; CD4, Cluster of differentiation 4; TB, tuberculosis; HIV, human immunodeficiency virus; IQR, interquartile range.

^a Values represent medians (IQRs) unless otherwise specified.

^b P values were calculated for comparisons between groups, using the Mann Whitney U test for continuous variables and the Fisher exact test for categorical variables.

^c Values presented are from time of ART initiation

Supplementary Table 2: nCounter™ CodeSet Design for the gene expression study

Gene	Accession	NSID	Targeted Region	Target Sequence	Tm CP	Tm RP	PN(CP;RP)
ASC(PYCARD)	NM_013258.3	NM_013258.3:714	714-814	ATGCCGGAAGCTCTTCAGTTTCAC ACCAGCCTGGAACTGGACCTGC AAGGACTTGCTCCTCCAGGCCCT AAGGGAGTCCCAGTCTACCTG GTGGAGGACC	85	86	315895;215895
Caspase-1	NM_033292.2	NM_033292.2:575	575-675	ACAGGCATGACAATGCTGCTACA AAATCTGGGGTACAGCGTAGATG TGAAAAAAATCTCACTGCTTCG GACATGACTACAGAGCTGGAGG CATTGACAC	82	80	310120;210120
Caspase-5	NM_004347.1	NM_004347.1:580	580-680	TGCAATACAAAGTTTGATCACCT GCCTGCAAGGAATGGGGCTCAC TATGACATCGTGGGATGAAAAG GCTGCTTCAAGGCCCTGGGCTAC ACTGTGGTTG	80	81	301377;201377
CD14	NM_000591.2	NM_000591.2:885	885-985	GCCCAAGCACACTCGCTGCCTT TTCCTGCCAAGCAGTTCCGCCCT TCCGGCCCTTACCAGCCTAGAC CTGTCTGACAATCCTGGACTGGG CGAACGCG	82	83	309575;209575
CD163	NM_004244.4	NM_004244.4:1630	1630-1730	CATCTGTGATTCGGACTTCTCTC TGGAAGCTGCCAGCGTTCTATGC AGGGAAATACAGTGGCACAGT TGCTCTATCTGGGGGAGCTC ACTTTGGA	83	82	309101;209101
COX 1 (PTGS1)	NM_000962.2	NM_000962.2:700	700-800	ACCCCAAGGCCACCAACCTCATG TTTGCCTTCTTTGCACACACTTC ACCCACCAGTTCTTCAAACCTTC TGGCAAGATGGGTCTGGCTTCA CCAAGGC	81	79	306892;206892
COX 2 (PTGS2)	NM_000963.1	NM_000963.1:495	495-595	GCTACAAAAGCTGGGAAGCCTTC TCTAACCTCTCCTATTATACTAGA GCCCTTCTCCTGTGCTGATGA TTGCCGACTCCCTGGGTGTCA AAGGTAA	79	81	300048;200048
IFN γ	NM_000619.2	NM_000619.2:970	970-1070	ATACTATCCAGTTACTGCCGGTT TGAAAATATGCCTGCAATCTGAG CCAGTGCTTTAATGGCATGTCAG ACAGAACTGAATGTGTCAGGTG ACCCTGAT	76	79	301672;201672
IL-10	NM_000572.2	NM_000572.2:230	230-330	AAGGATCAGCTGGACAACCTTGT GTTAAAGGAGTCCTTGCTGGAGG ACTTTAAGGGTTACCTGGGTTC CAAGCCTTGCTGAGATGATCCA GTTTTACC	79	79	301231;201231
IL-18	NM_001562.2	NM_001562.2:48	48-148	GACAGTCAGCAAGGAATTGTCTC CCAGTGCAATTTGCCCTCCTGGC TGCCAACTCTGGCTGCTAAAGCG GCTGCCACCTGCTGCAGTCTACA CAGCTTCG	84	85	310105;210105
IL-1b	NM_000576.2	NM_000576.2:840	840-940	GGGACCAAGCGGCCAGGATA TAACTGACTTACCATGCAATTT GTGTCTTCTTAAAGAGAGCTGTA CCCAGAGAGTCTGTGCTGAATG TGGACTCAA	81	82	300980;200980
IL-6	NM_000600.1	NM_000600.1:220	220-320	TGACAAAACAAATTCGGTACATCC TCGACGGCATCTCAGCCCTGAG AAAGGAGACATGTAACAAGAGTA	79	80	300038;200038

				ACATGTGTGAAAGCAGCAAAGAG GCACTGGCA			
IL-7	NM_000880.2	NM_000880.2:38	38-138	AATAACCCAGCTTGGCTCCTGCA CACTTGTGGCTCCGTGCACACA TTAACAACTCATGGTTCTAGCTC CCAGTCGCCAAGCGTTGCCAAG GCGTTGAGA	83	85	312873;212873
IL-7R (CD127)	NM_002185.2	NM_002185.2:161 0	1610-1710	TTGCTTTGACCACTTCTCTGAG TTCAGTGGCACTCAACATGAGTC AAGAGCATCCTGCTTCTACCATG TGGATTTGGTCACAAGGTTAAG GTGACCCA	78	79	302928;202928
IL-8 (CXCL8)	NM_000584.2	NM_000584.2:25	25-125	ACAGCAGAGCACACAAGCTTCTA GGACAAGAGCCAGGAAGAAACC ACCGGAAGGAACCATCTCACTGT GTAAACATGACTTCCAAGCTG GCCGTGGCT	82	81	300981;200981
IL-10Ra	NM_001558.2	NM_001558.2:150	150-250	TGCCCAGCCCTCCGTCTGTGTG GTTTGAAGCAGAAATTTCCACC ACATCCTCCACTGGACACCATC CCAAATCAGTCTGAAAGTACCTG CTATGAAGT	79	80	310129;210129
IL-10Rb	NM_000628.3	NM_000628.3:176 0	1760-1860	TTCTACCAGATTATGGATGGACT GATCTGAAAATCGACCTCAACTC AAGGGTGGTCAGCTCAATGCTAC ACAGAGCACGGACTTTTGGATT TTTGAGT	82	81	316760;216760
IL-12A	NM_000882.2	NM_000882.2:775	775-875	CTTCTAGATCAAAACATGCTGG CAGTTATTGATGAGCTGATGCAG GCCCTGAATTTCAACAGTGAAC TGTGCCACAAAAATCCTCCCTTG AAGAACC	82	82	311545;211545
IL-12RB1	NM_005535.1	NM_005535.1:129 2	1292-1392	AGGAAAAGTGTACTACATTACC ATCTTTCCTCTGCGCACCCCGA GAAGCTCACCTTGTGGTCTACGG TCCTGTCCACTACCCTTTGGG GGCAATGC	83	86	315839;215839
IL-12RB2	NM_001559.2	NM_001559.2:131 5	1315-1415	CCTCCGTGGGACATTAGAATCAA ATTTCAAAAGGCTTCTGTGAGCA GATGTACCCTTTATTGGAGAGAT GAGGGACTGGTACTGCTTAATCG ACTCAGAT	79	83	316775;216775
IP-10 (CXCL-10)	NM_001565.1	NM_001565.1:40	40-140	GCAGAGGAACCTCCAGTCTCAG CACCATGAATCAAACCTGCGATT TGATTTGCTGCCTTATCTTTCTGA CTTAAGTGGCATTCAAGGAGTA CCTCTCTC	80	78	301917;201917
IPAF(NLRC4)	NM_021209.3	NM_021209.3:840	840-940	GCTCTGACCAAGTTCAAATTCGT CTTCTCCTCCGTCTCAGCAGGG CCCAGGGTGGACTTTTGAACC CTCTGTGATCAACTCCTGGATAT ACCTGGCA	78	80	300813;200813
MCP-1 (CCL2)	NM_002982.3	NM_002982.3:0	0-100	GAGGAACCCGAGAGGCTGAGACT AACCCAGAAAACATCCAATTCTCA AACTGAAGCTCGCACTCTCGCCT CCAGCATGAAAGTCTCTGCCGCC CTTCTGTGC	80	82	301314;201314
NALP-1(NLRP1)	NM_033004.2	NM_033004.2:213 5	2135-2235	CCTGATGCAGCAGATGAAGCGG AAGGAAAACTCACACTGACTTC CAAGACCACCAACCCTCTGTC TACATTACCTTGCCCAGGCTCTC CAAGCTCAG	80	82	301508;201508
NALP-3(NLRP3)	NM_00107982 1.2	NM_00107982.2: 415	415-515	AGTGGGGTTTCAGATAATGCACGT GTTTCGAATCCCACTGTGATATG	79	82	307148;207148

				CCAGGAAGACAGCATTGAAGAG GAGTGGATGGGTTTACTGGAGTA CCTTTCGAG			
PGDH(HPGD)	NM_00114581 6.1	NM_00114581.1: 570	570-670	AGGTGAAGGCGGCATCATTATCA ATATGTCATCTTTAGCAGGACTC ATGCCCGTTGCACAGCAGCCGG TTTATTGTGCTTCAAAGCATGGC ATAGTTGGA	80	80	347104;247104
Pypaf-7 (NLRP12)	NM_033297.1	NM_033297.1:103 0	1030-1130	TTCAAGCAGACCAGAGAGGACC GTTCTGCTGGACGCCTACAGTGA ACATCTGGCAGCGCCCTGTGC ACCAATCCAACCTGATAGAGCT GTCTCTGTAC	83	82	301511;201511
S100A9	NM_002965.2	NM_002965.2:75	75-175	AACATAGAGACCATCATCAACAC CTTCCACCAATACTCTGTGAAGC TGGGGCACCAGACACCCTGAA CCAGGGGAATTCAAAGAGCTG GTGCGAAAAG	81	82	300798;200798
SLAM (SLAMF1)	NM_003037.2	NM_003037.2:580	580-680	GTGTCTTGTATCCATCCGAAGC AGGCCCTCCAGCTTATCTAGGAG ATCGCTACAAGTTTTATCTGGAG AATCTCACCTGGGGATACGGG AAAGCAGGA	82	81	308992;208992
SOCS1	NM_003745.1	NM_003745.1:102 5	1025-1125	TTAACTGTATCTGGAGCCAGGAC CTGAACTCGCACCTCTACCTCT TCATGTTTACATATACCCAGTATC TTGCACAACCAGGGTTGGG GGAGGGTC	83	82	301664;201664
SOCS3	NM_003955.3	NM_003955.3:187 0	1870-1970	GGAGGATGGAGGAGACGGGACA TCTTTACCTCAGGCTCCTGGTA GAGAAGACAGGGATTCTACTCT GTCCCTCTGACTATGTCTGGCT AAGAGATTCT	82	82	301356;201356
TLR1	NM_003263.3	NM_003263.3:545	545-645	TCAACCAGGAATTGGAATACTTG GATTTGTCCCAACAAGTTGGT GAAGATTTCTGGCACCTACTG TGAACCTCAAGCACTTGGACCTG TCATTTAA	80	79	315332;215332
TLR2	NM_003264.3	NM_003264.3:180	180-280	CTGCTTTCAACTGGTAGTTGTGG GTTGAAGCACTGGACAATGCCAC ATACTTTGTGGATGGTGGGGTC TTGGGGTTCATCATCAGCCTCTC CAAGGAAAG	80	83	300995;200995
TLR4	NM_138554.2	NM_138554.2:257 0	2570-2670	ACTCAGAAAAGCCCTGCTGGATG GTAATCATGGAATCCAGAAGGA ACAGTGGGTACAGGATGCAATTG GCAGGAAGCAACATCTATCTGAA GAGGAAAA	79	79	306332;206332
TNFa	NM_000594.2	NM_000594.2:101 0	1010-1110	AGCAACAAGACCACCTTGGAA ACCTGGATTGAGGAATGTGTGG CCTGCACAGTGAAGTGTGGCA ACCACTAAGAATTCAAACCTGGGG CCTCCAGAA	83	81	301235;201235
TRAC	TRAC.1	TRAC.1:126	126-226	ATATCACAGACAAAACCTGTGCTA GACATGAGGTCTATGGACTTCAA GAGCAACAGTGTCTGTGGCCTGG AGCAACAAATCTGACTTTGCATG TGCAAACGC	85	86	349448;249448
TRAV1-1	TRAV1_1.1	TRAV1_1.1:243	243-343	AGTCGCTCTGATAGTTATGGTTA CCTCCTTCTACAGGAGCTCCAGA TGAAAGACTCTGCCTCTTACTTC TGCGCTGTGAGAGACACAGTGA CTATGAGGC	82	85	349416;249416

TRAV1-2	TRAV1_2.1	TRAV1_2.1:187	187-287	TGCTTACAATGTTCTGGATGGT TTGGAGGAGAAAAGGTCGTTTTTC TTCATTCCCTTAGTCGGCTAAAG GGTACAGTTACCTCCTTTTGAAG GAGCTCCA	73	79	349409;249409
TRAV2	TRAV2.1	TRAV2.1:67	67-167	CAGAAAGCAAGGACCAAGTGTTC CAGCCTTCCACAGTGGCATCTTC AGAGGGAGCTGTGGTGAATC TTCTGTAATCACTCTGTGTCCAAT GCTTACAA	84	81	349453;249453
TRAV3	TRAV3.1	TRAV3.1:163	163-263	ATGTTCAATACCCCAACCGAGGC CTCCAGTTCCTCTGAAATACAT CACAGGGGATAACCTGGTTAAAG GCAGCTATGGCTTTGAAGCTGAA TTTAAACA	81	82	349426;249426
TRAV4	TRAV4.1	TRAV4.1:159	159-259	CAACAGTTTCCAGCCAAGGACC ACGATTTATTATTCAGGATACAA GACAAAAGTTACAAACGAAGTGG CCTCCCTGTTATCCCTGCCGAC AGAAAGT	78	83	349463;249463
TRAV5	TRAV5.1	TRAV5.1:169	169-269	AGCAAGAACCTGGAGCAGGTCT CCAGTTGCTGACGTATATTTTTTC AAATATGGACATGAAACAAGACC AAAGACTCACGTCTTATTGAATA AAAAGGA	78	81	349442;249442
TRAV6	TRAV6.1	TRAV6.1:128	128-228	CAACTATAAACTATTCCCCAG CATACTACAGTGGTACCGACAA GATCCAGGAAGAGCCCTGTTTT CTTGCTACTCATACGTGAAAATG AGAAAGAA	81	81	349443;249443
TRAV7	TRAV7.1	TRAV7.1:136	136-236	ACTCTGTCAGTCGTTTTAACAAAT TGCAGTGTACAGGCAAAATACA GGGATGGTCCCAAACCTATT ATCCATGTATTACAGCTGGATATG AGAAAGCA	78	82	349464;249464
TRAV8	TRAV8_2.1	TRAV8_2.1:207	207-307	ACATCAGCGGCCACCCTGGTTAA AGGCATCAACGGTTTTGAGGCTG AATTTAAGAAGAGTGAACCTCC TTCCACCTGACGAAACCCTCAGC CCATATGA	84	85	349404;249404
TRAV8-1	TRAV8_1.1	TRAV8_1.1:109	109-209	CACTGGAGTTGGGATGCAACTAT TCCTATGGTGGAACTGTTAATCT CTTCTGGTATGTCCAGTACCCTG GTCAACACCTTCAGCTTCTCCTC AAGTACTT	80	82	349465;249465
TRAV8-3	TRAV8_3.1	TRAV8_3.1:149	49-149	CTGCCAGAGCCCAGTCAGTGAC CCAGCCTGACATCCACATCACTG TCTCTGAAGGAGCCTCACTGGAG TTGAGATGTAACCTATTCTATGG GGCAACACC	85	84	349419;249419
TRAV8-6	TRAV8_6.1	TRAV8_6.1:207	207-307	TTATCAGGATCCACCCTGGTTAA AGGCATCAACGGTTTTGAGGCTG AATTTAACAAGAGTCAAACTCCT TCCACTTGAGGAAACCCTCAGTC CATATAA	79	80	349412;249412
TRAV9-1	TRAV9_1.1	TRAV9_1.1:141	41-141	GTTTGGGGGAATCAATGGAGATT CAGTGGTCCAGACAGAAGGCCA AGTGTCTCCCTCTGAAGGGGATT CCCTGATTGTGAAGTCTCTAT GAAACCACA	85	84	349431;249431
TRAV9-2	TRAV9_2.1	TRAV9_2.1:4	4-104	ACTATTCTCCAGGCTTAGTATCT CTGATACTCTTACTGCTTGAAG AACCCGTGAAATTCAGTGACCC	80	86	349466;249466

				AGATGGAAGGGCCAGTGACTCT CTCAGAAGA			
TRAV10	TRAV10.1	TRAV10.1:164	164-264	GTGGTATAAGCAAGATACTGGGA GAGGTCCTGTTTCCCTGACAATC ATGACTTTCAGTGAGAACACAAA GTCGAACGGAAGATATACAGCAA CTCTGGAT	84	82	349449;249449
TRAV12-1	TRAV12_1.1	TRAV12_1.1:140	140-240	CAACAGTGCTTCTCAGTCTTTCTT CTGGTACAGACAGGATTGCAGG AAAGAACCCTAAGTTGCTGATGTC CGTATACTCCAGTGGTAATGAAG ATGGAAGG	80	83	349410;249410
TRAV12-2	TRAV12_2.1	TRAV12_2.1:128	128-228	CAACTGCACCTTACAGTGACCGAG GTTCCAGTCCTTCTCTGGTAC AGACAATATTCTGGGAAAAGCCC TGAGTTGATAATGTTTATATACTC CAATGGT	84	77	349415;249415
TRAV12-3	TRAV12_3.1	TRAV12_3.1:100	100-200	GTGTTCCAGAGGGAGCCATTGTT TCTCTCAACTGCACCTTACAGCAA CAGTGCTTTTCAATCTTATGTC GTACAGACAGTATCCAGAAAAG GCCCTGA	82	79	349411;249411
TRAV13-1	TRAV13_1.1	TRAV13_1.1:233	233-333	CCAACGAATTGCTGTACATTGA ACAAGACAGCCAAACATTTCTCC CTGCACATCAGAGACCCCAACC TGAAGACTCGGCTGTACTTCT GTGCAGCA	80	86	349408;249408
TRAV13-2	TRAV13_2.1	TRAV13_2.1:229	229-329	GGCAAGGCCAAAGAGTACCCTG TTTATTGAATAAGACAGTGAACA TCTCTCTGCAAAATGCAAGTCA CTCAACCTGGAGACTCAGCTGTC TACTTTTG	80	82	349450;249450
TRAV14	TRAV14.1	TRAV14.1:232	232-332	ATGCAACAGAAGGTCGCTACTCA TTGAATTTCCAGAAGCAAGAAA ATCCGCCAACCTTGTCTATCCG CTTCACTGGGGGACTCAGCA ATGTATT	82	83	349451;249451
TRAV16	TRAV16.1	TRAV16.1:223	223-323	TCAAAGGCTTCACTGCTGACCTT AACAAAGCGGAGACATTTTCCA CCTGAAGAAACCATTTGCTCAAG AGGAAGACTCAGCCATGTATTAC TGTGCTCT	84	83	349452;249452
TRAV17	TRAV17.1	TRAV17.1:181	181-281	GAGGCCTTGCCACCTAATTTTA ATACGTTCAAATGAAAGAGAGAA ACACAGTGAAGATTAGAGTCA CGCTTGACACTTCAAGAAAAGC AGTTCTT	78	80	349437;249437
TRAV18	TRAV18.1	TRAV18.1:198	198-298	CTGAAAAGTTCAGAAAACCAGGA GACGGACAGCAGGTTTTTCAAG GCCAGTCTATCAAGAGTGACAG TTCTTCCACTGGAGAAGCCCT CGGTGACG	85	85	349425;249425
TRAV19	TRAV19.1	TRAV19.1:113	113-213	TGTGACCTTGGACTGTGTATG AAACCCGTGATACTACTTATTACT TATTCTGGTACAAGCAACCACCA AGTGGAGAATTGTTTTCTTATT CGTCCG	77	78	349438;249438
TRAV20	TRAV20.1	TRAV20.1:136	136-236	ACACAGTCAGCGGTTAAGAGG GCTGTTCTGGTATAGGCAAGATC CTGGGAAAGGCCCTGAATTCCTC TTCACCTGTATTACAGCTGGGGA AGAAAAGGA	85	85	349417;249417
TRAV21	TRAV21.1	TRAV21.1:177	177-277	GGGAAAGTCTCACATCTGTGTT GCTTATTACAGTCAAGTCAGAG	82	83	349454;249454

				AGCAAACAAGTGGAGACTTAAT GCCTCGCTGGATAAATCATCAGG ACGTAGTA			
TRAV22	TRAV22.1	TRAV22.1:113	113-213	TTCCACGCTGCGGTGCAATTTT CTGACTCTGTGAACAATTTGCAG TGGTTTCATCAAACCCCTTGGGG ACAGCTCATCAACCTGTTTACAT TCCCTCA	77	78	349455;249455
TRAV23	TRAV23_DV6. 1	TRAV23_DV6.1:70	70-170	AGGAGAAAAGTGACCAGCAGCA GGTAAACAAAGTCTCAATCTT TGATAGTCCGAAAGGAGGGATT TCAATTATAAAGTGTGCTTATGAG AACACTGC	84	81	349439;249439
TRAV24	TRAV24.1	TRAV24.1:84	84-184	AGTCCTCAGTCACTGCATGTTCA GGAGGGAGACAGCACAATTTT ACCTGCAGCTTCCCTCCAGCAA TTTTATGCCTTACACTGGTACAG ATGGGAAA	85	78	349456;249456
TRAV25	TRAV25.1	TRAV25.1:99	99-199	GGAGAGGACTTCACCACGTACT GCAATTCCTCAACTCTTTAAGC AATATACAGTGGTATAAGCAAAG GCCTGGTGGACATCCCGTTTTTT TGATACAGT	81	79	349457;249457
TRAV26_1	TRAV26_1.1	TRAV26_1.1:92	92-192	AGGAAGAGCTGCAAACCTGCCTT GTAATCACTCTACCATCAGTGGGA AATGAGTATGTGATTGGTATCG ACAGATTCACCTCCAGGGGCCA CAGTATATC	84	81	349458;249458
TRAV26_2	TRAV26_2.1	TRAV26_2.1:25	25-125	TACTCCTATCTTTGGGTATTATGG GTGATGCTAAGACCACACAGCCA AATTCAATGGAGAGTAAACGAAGA AGAGCCTGTTCACTTGCCTTGTA ACCACTC	82	84	349459;249459
TRAV27	TRAV27.1	TRAV27.1:69	69-169	CAGAGCCCTCAGTTTCTAAGCAT CCAAGAGGGAGAAAATCTCACTG TGTAAGCAACTCCTCAAGTGTT TTTTCCAGTTACAATGGTACAG ACAGGAGC	83	80	349460;249460
TRAV29	TRAV29_DV5. 1	TRAV29_DV5.1:0	0-100	ATGGCCATGCTCCTGGGGGCAT CAGTGTGATTCTGTGGCTTTCAG CCAGACTGGGTAACAGTCAACA GAAGAATGATGACCAGCAAGTTA AGCAAAATT	85	82	349418;249418
TRAV30	TRAV30.1	TRAV30.1:236	236-336	AAAAATATCTGCTTCATTTAATGA AAAAAAGCAGCAAAGCTCCCTGT ACCTTACGGCCTCCAGCTCAGT TACTCAGGAACCTACTTCTGCGG CACAGAG	78	86	349440;249440
TRAV34	TRAV34.1	TRAV34.1:169	169-269	AAAAGTATGGTGAAGGCTTTATC TTCTTGATGATGCTACAGAAAGG TGGGGAAGAGAAAAGTCATGAAA AGATAACTGCCAAGTTGGATGAG AAAAAGCA	80	84	349427;249427
TRAV35	TRAV35.1	TRAV35.1:216	216-316	TTGACCTCAAATGGAAGACTGAC TGCTCAGTTTGGTATAACCAGAA AGGACAGCTTCTGAATATCTCA GCATCCATACCTAGTATGATAGG CATCTACT	84	81	349461;249461
TRAV36	TRAV36_DV7. 1	TRAV36_DV7.1:17 2	172-272	AGCAGGAAAAGAAAGCTCCACACA TTTCTATTTATGCTAACTTCAAGT GGAATTGAAAAGAAAGTCAGGAAG ACTAAGTAGCATATTAGATAAGA AAGAACT	78	79	349428;249428

TRAV38	TRAV38_1.1	TRAV38_1.1:218	218-318	TTATAAGCAACAGAATGCAACGG AGAATCGTTTCTCTGTGAACTTC CAGAAAGCAGCCAAATCCTTCAG TCTCAAGATCTCAGACTCACAGC TGGGGGAC	78	84	349429;249429
TRAV39	TRAV39.1	TRAV39.1:62	62-162	AGTGGAAACAAAACCCCTGTTC TGAGCATGCAGGAGGGAAAAA CTATACCATCTACTGCAATTATTC AACCACTTCAGACAGACTGTATT GGTACAGG	85	79	349462;249462
TRAV40	TRAV40.1	TRAV40.1:149	149-249	TTTCTGGTATGTGGAATACCCCA GCAAACCTCTGCAGCTTCTTCAG AGAGAGACAATGAAAAACAGCAA AAACTTCGGAGCGGAAATATTA AAGACAAA	83	83	349441;249441
TRAV41	TRAV41.1	TRAV41.1:236	236-336	AAGATTAATGCCACAATAACAT ACAGGAAAAGCACAGCTCCCTG CACATCACAGCTCCCATCCAG AGACTTGCCGTCTACATCTGTG CTGTCAGA	84	86	349430;249430
TRBC1	TRBC1.1	TRBC1.1:29	29-129	GTCGCTGTGTTGAGCCATCAGA AGCAGAGATCTCCACACCCAAA AGGCCACACTGGTGTGCCTGGC CACAGGTTCTTCCCAGCCAGC TGGAGCTGA	86	86	349413;249413
TRBV2	TRBV2.1	TRBV2.1:221	221-321	AGAGAAGTCTGAAATATTCGATG ATCAATCTCAGTTGAAAGGCCCT GATGGATCAAATTCACCTGAA GATCCGGTCCACAAGCTGGAG GACTCAGCC	77	85	349446;249446
TRBV3-1	TRBV3_1.1	TRBV3_1.1:228	228-328	GAAACAGTTCCAAATCGCTTCTC ACCTAAATCTCCAGACAAGCTC ACTTAAATCTCACATCAATTCCC TGGAGCTTGGTACTCTGCTGTG TATTTCT	79	77	349474;249474
TRBV4	TRBV4_2.1	TRBV4_2.1:244	244-344	GCTTCTCACCTGAATGCCCAAC AGCTCTCACTTATTCCTCACCTA CACACCCCTGCAGCCAGAAGACT CGGCCCTGTATCTCTGTGCCAGC AGCCAAGA	83	87	349402;249402
TRBV5	TRBV5_8.1	TRBV5_8.1:263	263-363	CCCTAATTATAGCTCTGAGCTGA ATGTGAACGCCCTTGGAGCTGGA GGACTCGGCCCTGTATCTCTGTG CCAGCAGCTTGG	80	87	349401;249401
TRBV5-1	TRBV5_1.1	TRBV5_1.1:172	172-272	CAGGACAGGGCCTTCAGTTCTC TTTGAATACTTCAGTGAGACACA GAGAAACAAGGAAACTTCCCTG GTGATTCAGGGCCAGTTT TCTAACTC	83	84	349475;249475
TRBV6	TRBV6_1.1	TRBV6_1.1:55	55-155	TGAATGCTGGTCTCACTCAGACC CCAAAATTCAGGCTCTGAAGAC AGGACAGAGCATGACACTGCAG TGTGCCAGGATATGAACATAA CTCCATGTA	79	88	349400;249400
TRBV6-4	TRBV6_4.1	TRBV6_4.1:102	102-202	GGACGGAGCATGACACTGAGAT GTACCCAGGATATGAGACATAAT GCCATGTACTGGTATAGACAAGA TCTAGGACTGGGGCTAAGGCTC ATCCATTATT	86	84	349476;249476
TRBV7	TRBV7_2.1	TRBV7_2.1:77	77-177	CCCCAGTAACAAGGTCACAGAGA AGGGAAGGATGTAGAGCTCAG GTGTGATCCAATTCAGGTCATA CTGCCCTTACTGGTACCGACAG AGCCTGGGG	85	85	349424;249424

TRBV7-6	TRBV7_6.1	TRBV7_6.1:44	44-144	GACAGATCACACAGGTGCTGGA GTCTCCCAGTCTCCAGGTACAA AGTCACAAAGAGGGGACAGGAT GTAGCTCTCAGGTGTGATCCAAT TTGGGTCTAT	86	85	349403;249403
TRBV7-9	TRBV7_9.1	TRBV7_9.1:144	144-244	AACCGCCTTTATTGGTACCAGACA GACCCCTGGGGCAGGGCCAGAG TTTCTGACTTACTCCAGAAATGAA GCTCAACTAGAAAAATCAAGGCT GCTCAGTG	85	83	349414;249414
TRBV9	TRBV9.1	TRBV9.1:180	180-280	GGCCTCCAGTTCCTCATTAGTA TTATAATGGAGAAGAGAGAGCAA AAGGAAACATTCTTGAACGATTC TCCGCACAACAGTTCCTGACTT GCACTCTG	82	79	349435;249435
TRBV10-2	TRBV10_2.1	TRBV10_2.1:69	69-169	ACCCAGAGCCCAAGATACAAGAT CACAGAGACAGGAAGCCAGGTG ACCTTGATGTCTCACCAGACTTG GAGCCACAGCTATATGTTCTGGT ATCGACAAG	86	83	349420;249420
TRBV10-3	TRBV10_3.1	TRBV10_3.1:179	179-279	TGGGCTGAGGCTGATCCATTACT CATATGGTGTAAAGATACTGAC AAAGGAGAAGTCTCAGATGGCTA TAGTGCTCTAGATCAAAGACAG AGGATTTCT	83	81	349421;249421
TRBV11	TRBV11_1.1	TRBV11_1.1:225	225-325	GATTCACAGTTGCCTAAGGATCG ATTTTCTGCAGAGAGGCTCAAAG GAGTAGACTCCACTCTCAAGATC CAGCCTGCAGACTTGGGGACT CGGCCATGT	81	84	349423;249423
TRBV12	TRBV12_3.1	TRBV12_3.1:162	162-262	AGACAGACCATGATGCGGGGAC TGGAGTTGCTCATTTTAAACA ACAAGTTCCGATAGATGATTCA GGGATGCCCGAGGATCGATTCT CAGCTAAGA	83	81	349422;249422
TRBV12-5	TRBV12_5.1	TRBV12_5.1:116	116-216	AATGAGATGTCAGCCAAATTTAG GCCACAATACTGTTTTCTGGTAC AGACAGACCATGATGCAAGGACT GGAGTTGCTGGCTTACTTCCGCA ACCGGGCT	78	86	349432;249432
TRBV13	TRBV13.1	TRBV13.1:91	91-191	CTGGAGTCATCCAGTCCCAAGA CATCTGATCAAAGAAAAGAGGGA AACAGCCACTCTGAAATGCTATC CTATCCCTAGACACGACTGTC TACTGGTA	85	85	349444;249444
TRBV14	TRBV14.1	TRBV14.1:244	244-344	ATCGATTCTTAGCTGAAAGGACT GGAGGGACGTATTCTACTCTGAA GGTGCAGCCTGCAGAACTGGAG GATTCTGGAGTTTATTTCTGTGC CAGCAGCCA	83	85	349467;249467
TRBV15	TRBV15.1	TRBV15.1:31	31-131	TTTGTCTCCTTGGAACAGGTCAT GGGGATGCCATGGTCATCCAGA ACCCAAGATACCAGGTTACCCAG TTTGGAAAGCCAGTGACCCTGAG TTGTTCTCA	85	82	349468;249468
TRBV18	TRBV18.1	TRBV18.1:150	150-250	GTTTACTGGTATCGGCAGCTCCC AGAGGAAGGTCTGAAATTCATGG TTTATCTCCAGAAAAGAAATATCA TAGATGAGTCAGGAATGCCAAG GAACGAT	80	83	349445;249445
TRBV19	TRBV19.1	TRBV19.1:166	166-266	AGGACCCAGGGCAAGGGCTGAG ATTGATCTACTACTCACATAGT AAATGACTTTCAGAAAGGAGATA	85	85	349469;249469

				TAGCTGAAGGGTACAGCGTCTCT CGGGAGAA			
TRBV20	TRBV20_1.1	TRBV20_1.1:41	41-141	TGGTGTCTGCTCTCTCAACATC CGAGCAGGGTTATCTGTAAGAGT GGAACCTCTGTAAGATCGAGTG CCGTTCCCTGGACTTTCAGGCCA CAACTATG	84	84	349470;249470
TRBV24	TRBV24_1.1	TRBV24_1.1:24	24-124	GGGGCCTTTTATCTCTGGGAAC AGGGTCCATGGATGCTGATGTTA CCCAGACCCCAAGGAATAGGAT CACAAAGACAGGAAAGAGGATTA TGCTGGAAT	85	86	349433;249433
TRBV25	TRBV25_1.1	TRBV25_1.1:161	161-261	TCAACAAGATCCAGGAATGGAAC TACACTTACTCCACTATTCCTATG GAGTTAATTCACAGAGAAGGGA GATCTTCTCTGAGTCAACAGT CTCCAGA	85	81	349471;249471
TRBV27	TRBV27.1	TRBV27.1:163	163-263	GACAAGACCCAGGGCTGGGCTT AAGGCAGATCTACTATTCAATGA ATGTTGAGGCCACTGATAAGGGA GATGTTCTGAAGGGTACAAAGT CTCTCGAAA	86	86	349472;249472
TRBV28	TRBV28.1	TRBV28.1:45	45-145	GTAGGCCTCGTAGATGTGAAAGT AACCCAGAGCTCGAGATATCTAG TCAAAGGACGGGAGAGAAAGTT TTTCTGGAATGTGCCAGGATAT GGACCATG	83	83	349434;249434
TRBV29	TRBV29_1.1	TRBV29_1.1:52	52-152	TCATCTCTAAAAGCCAAGCAGG GATATCTGTCAACGTGGAACCTC CCTGACGATCCAGTGTCAAGTCG ATAGCCAAGTCACCATGATGTTT TGGTACCG	86	82	349473;249473
TRBV30	TRBV30.1	TRBV30.1:192	192-292	TTCTACTCCGTTGGTATTGGCCA GATCAGCTCTGAGGTGCCCCAG AATCTCTCAGCCTCCAGACCCCA GGACCGGACGTTTCATCTGAGTT CTAAGAAAGC	84	86	349447;249447
TRDC	TRDC.1	TRDC.1:773	773-873	AGGCTCTGCTCAACTGAGCACTA GATTTGCTACAAACCAGCATCAT CTTCTTCTCCTGTCTCAGCGC TTGTCCACCCCTCTATGTTCACTT CAGGAGC	84	84	349477;249477
TRDV1	TRDV1.1	TRDV1.1:225	225-325	CAGAATGCAAAAAGTGTCGCTA TTCTGTCAACTCAAGAAAGCAG CGAAATCCGTGCCTTAACCATT TCAGCCTTACAGCTAGAAGATTC AGCAAAGT	80	79	349478;249478
TRDV2	TRDV2.1	TRDV2.1:213	213-313	AAGGACATCTATGGCCCTGGTTT CAAAGACAATTTCAAAGGTGACA TTGATATTGCAAGAACCCTGGCT GTACTTAAGATACCTGCACCATC AGAGAGAG	80	83	349479;249479
TRDV3	TRDV3.1	TRDV3.1:203	203-303	GGATAACAGCAGATCAGAAGGT GCAGATTTTACTCAAGGACGGTT TTCTGTGAAACACATTTGACCC AGAAAGCCTTTCACCTTGGTGATC TCTCCAGTA	79	81	349480;249480
TRGC1	TRGC1.1	TRGC1.1:182	182-282	ACCATGAAGACTAACGACACATA CATGAAATTTAGCTGGTTAACGG TGCCAGAAAAGTCACTGGACAAA GAACACAGATGTATCGTCAGACA TGAGAATA	83	83	349407;249407
TRGV2	TRGV2.1	TRGV2.1:59	59-159	CAACTGGAAGGGAGAACGAAG TCAGTCATCAGGCAGACTGGGTC	85	83	349405;249405

				ATCTGCTGAAATCACTTGTGATC TTGCTGAAGGAAGTAACGGCTAC ATCCACTGG			
TRGV3	TRGV3.1	TRGV3.1:210	210-310	TCCACCGCAAGGGATGTGTTGG AATCAGGACTCAGTCCAGGAAAG TATTATACTCATACCCAGGAG GTGGAGCTGGATATTGAGACTGC AAAACTAA	85	85	349406;249406
TRGV8	TRGV8.1	TRGV8.1:232	232-332	AATCAGGAATCAGTTCGAAAAAG TATCATACTTATGCAAGCACAGG GAAGAGCCTTAAATTTACTGG AAAACTAATTGAACGTGACTCT GGGTCTA	82	77	349436;249436
TRGV9	TRGV9.1	TRGV9.1:66	66-166	CACCTAGAGCAACCTCAAATTC CAGTACTAAACGCTGTCAAAAA CAGCCCGCCTGGAATGTGGT GTCTGGAATAACAATTTGCAA CATCTGTAT	82	80	349481;249481
CD3D	NM_000732.4	NM_000732.4:110	110-210	TATCTACTGGATGAGTCCGCTG GGAGATGGAACATAGCAGCTTTC TCTCTGGCCTGGTACTGGCTACC CTTCTCTCGCAAGTGAGCCCTT CAAGATAC	82	83	308874;208874
CD3E	NM_000733.2	NM_000733.2:75	75-175	AAGTAACAGTCCCATAAAAAA GATGCAGTCGGGCACTCACTGG AGAGTTCTGGCCTCTGCCTCTT ATCAGTTGGCCTTGGGGCAA GATGGTAATG	81	83	305395;205395
CD3G	NM_000073.2	NM_000073.2:515	515-615	AGAGCTTCAGACAAGCAGACTCT GTTGCCCAATGACCAGCTCTACC AGCCCTCAAGGATCGAGAAGAT GACCAGTACAGCCACCTCAAGG AAACCACT	83	82	308886;208886
CD247	NM_198053.1	NM_198053.1:1490	1490-1590	TGGCAGGACAGGAAAAACCGT CAATGACTAGGATACTGCTGCG TCATTACAGGGCACAGGCCATG GATGAAAAACGCTCTGCTCTG CTTTTTTCT	81	80	302943;202943
HLA-DRA	NM_019111.3	NM_019111.3:335	335-435	GGCCAACATAGCTGTGGACAAA GCCAACCTGGAATCATGACAAA GCGCTCCAACTATACTCCGATCA CCAATGTACCTCCAGAGGTAAC TGCTCACG	81	81	308873;208873
CD2	NM_001767.2	NM_001767.2:1400	1400-1500	TGGGTCTCACTACAAGCAGCCTA TCTGCTTAAGAGACTCTGGAGTT TCTTATGTGCCCTGGTGACACT TGCCACCCTCTGTGAGTAAAA GTAAATA	81	80	301282;201282
CD4	NM_000616.3	NM_000616.3:835	835-935	AGACATCGTGTGCTAGCTTCC AGAAGCCCTCCAGCATAGCTAT AAGAAAGAGGGGGAACAGGTGG AGTTCTCCTCCCACTCGCCTTT ACAGTTGAA	82	82	308876;208876
CD8A	NM_001768.5	NM_001768.5:1320	1320-1420	GCTCAGGGCTCTTCTCCACAC CATTCAAGTCTTTCTTCCGAGG CCCCTGTCTCAGGGTGAGGTGC TTGAGTCTCAACGGCAAGGGAA CAAGTACTT	83	83	306921;206921
CD8B	NM_004931.3	NM_004931.3:440	440-540	CAGCTGAGTGTGGTTGATTTCT TCCCACCACTGCCAGCCACC AAGAAGTCCACCTCAAGAAGAG AGTGTGCCGGTTACCCAGGCCA GAGACCCAGA	82	82	308866;208866

ICAM1	NM_000201.1	NM_000201.1:1990	1990-2090	GAAATACTGAAACTTGCTGCCTATTGGGTATGCTGAGGCCACAGACTTACAGAAGAAGTGGCCCTCCATAGACATGTGTAGCATCAAACACAAAGGCC	81	80	300024;200024
ITGAL(LFA-1)	NM_002209.2	NM_002209.2:3905	3905-4005	GTGAGGGCTTGTCTATTACCAGACGGTTCACCAGCCTCTTTGGTTTCCCTCCTTGGAAAGAAATGTCTGATCTAAATGTGGAGAACTGTAGTCTCAGGA	80	83	311572;211572
CTLA4	NM_005214.3	NM_005214.3:405	405-505	AGTCTGTGCGGCAACCTACATGATGGGAATGAGTTGACCTTCCTAGATGATTCCATCTGCACGGGCACCTCCAGTGGAAATCAAGTAACCTCACTATC	82	81	302935;202935
PTPRC	NM_002838.2	NM_002838.2:2340	2340-2440	CTCGATGTGAAGAAGGAACAGGAACAAGTGTGCAGAATACTGGCCGTCAATGGAAAGAGGGCACTCGGGCTTTGGAGATGTTGTGTAAAGATCAACCA	79	78	306033;206033
ITK	NM_005546.3	NM_005546.3:3430	3430-3530	GCCAGTAAAGAAGTCAAGTATAGAACCACTAGCGAATAGTTGGCTTGCCACAGACCACTGTGGTTGATGGCATGGCCCTCCAACCTGGAAATAGGATTTT	78	82	302936;202936
TRAT1	NM_016388.2	NM_016388.2:770	770-870	ACAGAGGACACAGAAGGACTTGGCAGCAGGGTGATGACCTGATCATTTGTTGATGGGATGGTGGCTTACCTTTATTCACAGCTTCACTTATGCATGCC	81	82	302941;202941
PRR7	NM_00117410.1.1	NM_00117410.1.1:393	393-493	CGTGCCGCCCATGGTATGTCACAGGCCACCTACACGTTCTCACGTGCTTCGCCGGCTTCTGGCTCATCTGGGTCTCATCGTCTGCTCTGCTGCT	84	83	349399;249399
ICOS	NM_012092.2	NM_012092.2:640	640-740	AACTCTGGCACCCAGGCATGAAGCACGTTGGCCAGTTTTCTCAAATTGAAGTGCAAGATTCTCTTATTTCCGGGACCACGGAGAGTCTGACTTAACTAC	81	79	302939;202939
CD28	NM_006139.1	NM_006139.1:305	305-405	GCTTGTAGCGTACGACAATCGGTCAACCTTAGCTGCAAGTATTCCTACAATCTTCTCAAGGGAGTTCCGGGCATCCCTTCAACAAGGACTGGATAGT	78	81	301415;201415
CD80	NM_005191.3	NM_005191.3:1288	1288-1388	AAAGATCTGAAGGTCCACCTCCATTTGCAATTGACCTCTTCTGGGAACTTCTCAGATGGACAAGATTACCCACCTTGCCCTTACGTATCTGCTCTT	83	81	315973;215973
CD86	NM_006889.3	NM_006889.3:146	146-246	TATGGACTGAGTAACATCTCTTTGTGATGGCTTCCCTGCTCTCTGGTGTGCTCTCTGAAAGATTCAAGCTTATTTCAATGAGACTGCAGACCTGCCA	82	82	315980;215980
ACTB	NM_001101.2	NM_001101.2:1010	1010-1110	TGCAGAAGGAGATCACTGCCCTGGCACCCAGCAATGAAGATCAAGATCATTGCTCTCTGAGCGCAAGTACTCCGTGTGGATCGGCGCTCCATCCT	87	87	301013;201013
B2M	NM_004048.2	NM_004048.2:25	25-125	CGGGCATTCTGAAGCTGACAGCATTGGGCCGAGATGCTCGCTCCGTGGCTTAGCTGTGCTCGC	82	81	301358;201358

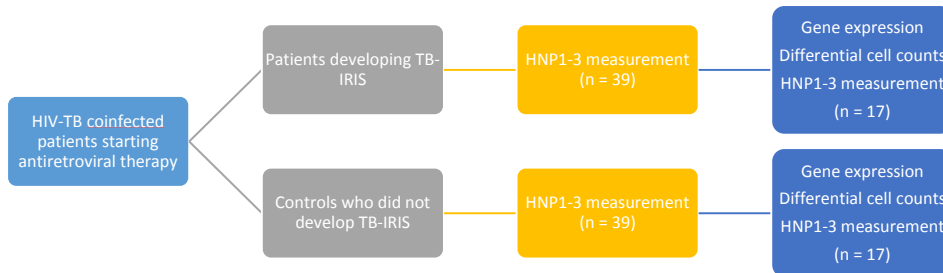
				GCTACTCTCTTTCTGGCCTGG AGGCTATCCA			
GAPDH	NM_002046.3	NM_002046.3:35	35-135	TCCTCCTGTTTCGACAGTCAGCCG CATCTTCTTTGCGTCGCCAGCC GAGCCACATCGCTCAGACCCAT GGGGAAGGTGAAGTCCGGAGTC AACGGATT	82	82	300988;200988
TBP	NM_003194.3	NM_003194.3:25	25-125	CGCCGGCTGTTTAACTTCGCTTC CGCTGGCCCATAGTGATCTTTGC AGTGACCCAGCAGCATCACTGTT TCTTGGCGTGAAGATAACCCA AGGAATTG	79	78	300993;200993
UBC	NM_021009.3	NM_021009.3:187 5	1875-1975	TGCAGATCTTCGTGAAGACCCTG ACTGGTAAGACCATCACTCTCGA AGTGAGCCGAGTGACACCATT GAGAAATGCAAGGCAAGATCCA AGACAAGGA	82	81	306338;206338
RPL13A	NM_012423.2	NM_012423.2:720	720-820	AGTCCAGGTGCCACAGGCAGCC CTGGGACATAGGAAGCTGGGAG CAAGGAAAGGGTCTTAGTCACTG CCTCCGAAAGTTGCTTGAAGCA CTCGGAGAAT	92	79	304775;204775
Tbet (TBX21)	NM_013351.1	NM_013351.1:890	890-990	ACACAGGAGCGCACTGGATGCG CCAGGAAGTTTCATTTGGGAAAC TAAAGCTCACAACAACAAGGGG GCGTCCAACAATGTGACCCAGAT GATTGTGCT	81	80	301952;201952
GATA3	NM_00100229 5.1	NM_001002295.1: 2835	2835-2935	AAGAGTCCGGCGGCATCTGTCTT GTCCCTATTCTGCAGCCTGTGC TGAGGGTAGCAGTGTATGAGCTA CCAGCGTGCATGTACGGACCC TGGCCCGAC	81	81	302821;202821
RORC	NM_00100152 3.1	NM_001001523.1: 1350	1350-1450	CTCATCAATGCCATCGGCCAGG GCTCCAAGAGAAAAGGAAAGTAG AACAGCTGAGTACAATCTGGAG CTGGCCTTTCATCATCTCTG CAAGACTC	79	82	302252;202252
FOXP3	NM_014009.3	NM_014009.3:123 0	1230-1330	GGCCATCCTGGAGGCTCCAGA GAAGCAGCGGACACTCAATGAG ATCTACCACTGGTTCACACGCAT GTTTGCCCTTCTCAGAAACCATC CTGCCACCTG	81	79	310104;210104
Vitamin D receptor (VDR)	NM_000376.2	NM_000376.2:438 5	4385-4485	GCTAACTGGAAGCATGTAGGAGA ATCCAAGCGAGGTCAACAGAGAA GGCAGGAATGTGTGGCAGATTTA GTGAAAGCTAGAGATATGGCAGC GAAAGGAT	82	79	301901;201901

Abbreviations: NSID-Nanostring probe ID; Tm CP-melting temperature of capture probe; Tm RP-melting temperature of reporter probe; TRAC, T-cell Receptor alpha constant; TRAV, T-cell Receptor alpha variable; TRBC, T-cell Receptor beta constant; TRBV, T-cell Receptor beta variable; TRDV, T-cell Receptor delta variable; TRGC, T-cell Receptor gamma constant; TRGV, T-cell Receptor gamma variable; IPAF, Ice protease-activating factor/NLR family Card domain containing 4 (NLRC4); NLRP12Nucleotide-binding domain, leucine rich repeat containing receptor (NLR) Family Pyrin Domain Containing 12; TLR, Toll-like receptor; IL-7(R), Interleukin-7 (receptor); SOCS1, Suppressor Of Cytokine Signaling 1; NALP-1, NACHT, LRR and PYD domains-containing protein 1; ASC, Apoptosis-associated speck-like protein containing a CARD (Caspase activation and recruitment domains); IL-10, Interleukin-10; COX-1/PTGS, Cyclooxygenase-1/prostaglandin-endoperoxide synthase; pypaf-7, PYRIN-containing Apaf-1-like proteins; S100A9, S100 calcium-binding protein A9; IFN- γ , Interferon gamma; CD, Cluster of Differentiation; COX-1/PTGS, Cyclooxygenase-1/prostaglandin-endoperoxide synthase; CTLA4, Cytotoxic T Lymphocyte-associated protein 4 (CD152); GATA3, Glycine, Alanine, Thymine, Alanine binding protein 3; ICOS, Inducible T-cell costimulator; ITK, Interleukin-2-inducible T-cell kinase;; Tbet, T-box transcription factor.

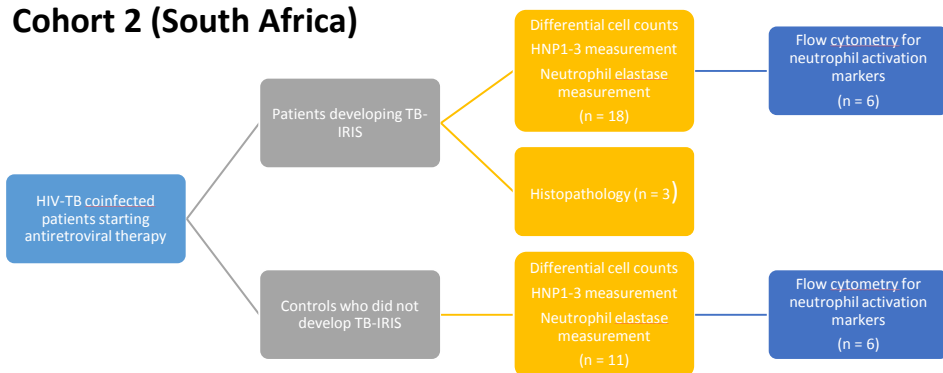
Supplementary Figures

Supplementary Figure 1

Cohort 1 (Uganda)

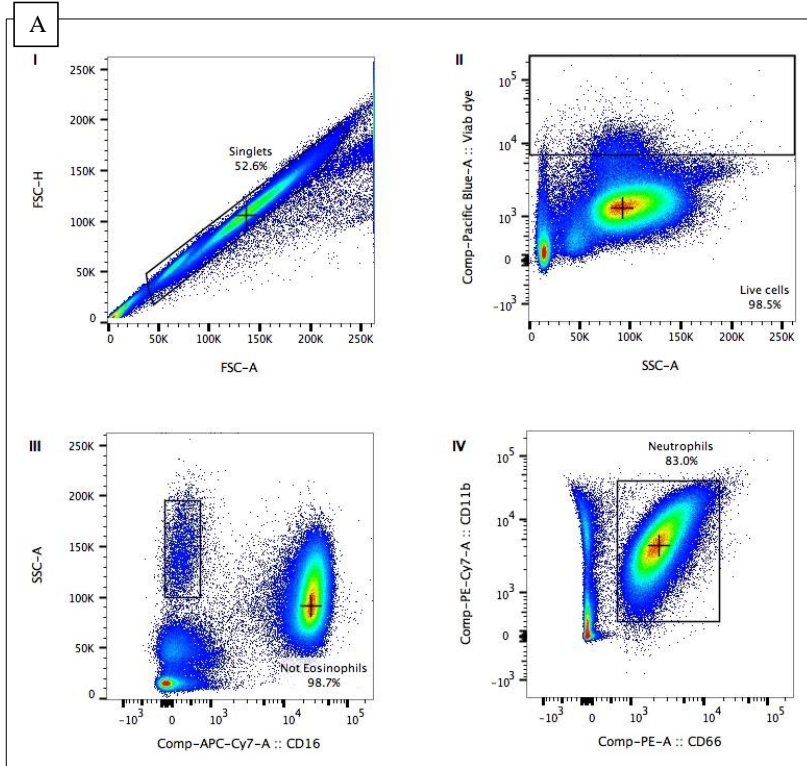


Cohort 2 (South Africa)



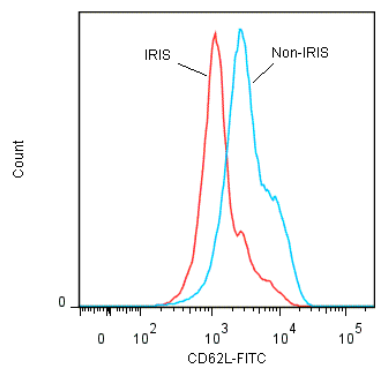
Flow chart indicating study designs and numbers of participants in each analysis.

Supplementary Figure 2



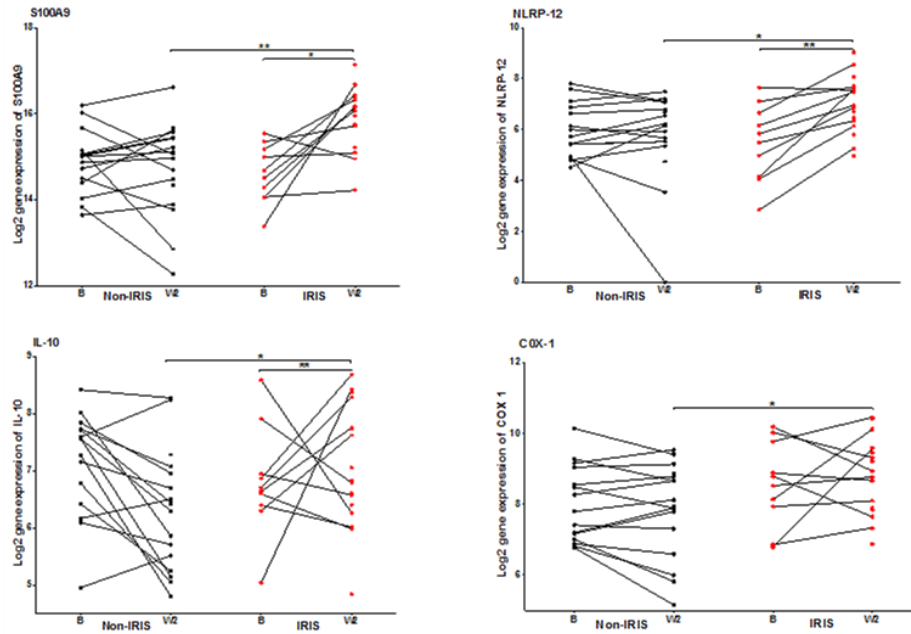
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B



Analysis strategy for neutrophil activation measurement via flow cytometry: **A.** An aliquot of whole blood (200mcl) was stained with fluorochromes, red cells were lysed and the samples were fixed before acquisition on a BD Fortessa flow cytometer. **I.** Singlet signals were gated by Forward Scatter (FSC) Area versus FSC Height. **II.** Dead cells were excluded using eFluor450 Viability Dye (or ViViD viability dye) versus Side Scatter (SSC). **III.** Eosinophils, defined as CD16-negative with high SSC, were excluded. **IV.** Neutrophils were defined as CD66a,c,e-PE/CD11b-PE-Cy7 positive events. The CD11b, CD16, CD62L, CD66a,c,e and IL-8RA MFI of neutrophils was then determined. **B.** Representative histogram of CD62L MFI in one IRIS patient and one non-IRIS control at Week 2 time-point.

Supplementary Figure 3

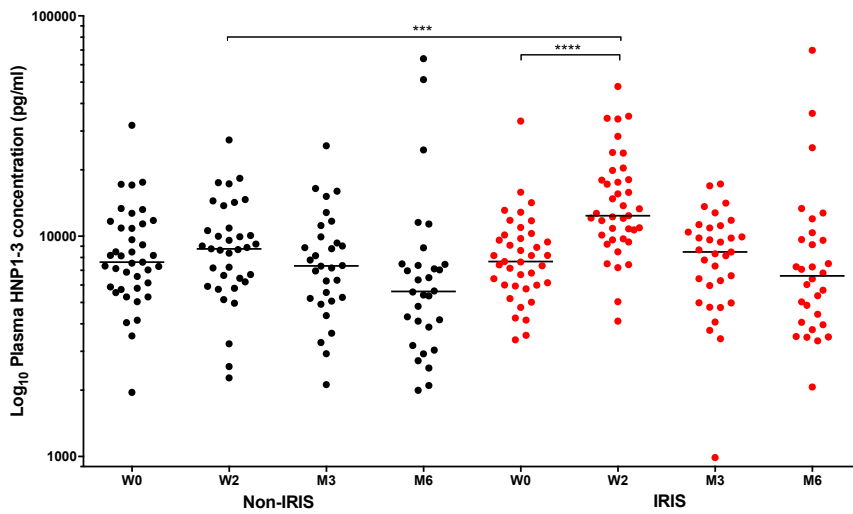


Increased expression of genes in TB-IRIS patients compared to the non-IRIS controls:

Graphs show the changes from ART initiation to two weeks of the four most over-expressed genes in TB-IRIS patients (n = 10 at baseline/ART initiation (B), n = 17 at Week 2 (W2)) (red) versus non-IRIS controls (n = 15 at baseline/ART initiation, n = 17 at Week 2) (black). Values were obtained from 100 ng of total RNA using nCounter technology and were log₂ transformed. Mann Whitney and Wilcoxon tests were used and p values < 0.05 were considered significant (* p < 0.05, ** p < 0.01).

Abbreviations: ASC; Apoptosis-associated speck-like protein containing a Caspase Recruitment Domain (CARD); IL-10, Interleukin-10; COX-1/PTGS, Cyclooxygenase-1/prostaglandin-endoperoxide synthase; NLRP-12//pypaf-7, NOD-like receptor (NLR) family pyrin domain containing 12/ PYRIN-containing Apaf-1-like proteins; S100A9, S100 calcium-binding protein A9.

Supplementary Figure 4



Analysis of plasma HNP1-3 levels in TB-IRIS and Non IRIS controls for the whole Ugandan cohort. Human Neutrophil Peptides (HNP) 1-3 plasma concentrations were quantified using ELISA in the whole Ugandan cohort (TB-IRIS patients (n =39 at ART initiation, n = 39 at W2, n = 33 at Month (M) 3 and n = 30 at M6) and non-IRIS controls (n =39 at ART initiation, n = 35 at W2, n = 30 at Month (M) 3 and n = 30 at M6)). Lines represent medians and p-values (***) $p < 0.001$, **** $p < 0.0001$) were derived from Mann-Whitney and Wilcoxon tests.