

Listeriosis, a model infection to study host-pathogen interactions in vivo

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1	Listeriosis, a model infection to study host-pathogen interactions in vivo
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16	
17	Highlights
18	• Humanized animal models allow deciphering L. monocytogenes interactions with host
19	tissues.
20	• L. monocytogenes adapts to challenging environments inside and outside the host.
21	• Sequence-tagged L. monocytogenes are instrumental to study infection within-host
22	dynamics.
23	• L. monocytogenes evades immune responses, favoring its systemic dissemination.
24	
25	Key future questions
26	- What are the mechanism(s) of L. monocytogenes immune escape at the mucosal
27	level?
28	- What are the respective roles of microbiota, host and Listeria factors involved in L.
29	monocytogenes fecal carriage and shedding in the environment?
30	- What are the mechanism(s) underlying <i>L. monocytogenes</i> hypervirulence?
31	
32	

33 Abstract

34 Listeria monocytogenes (Lm) is a foodborne pathogen and the etiological agent of listeriosis. 35 This facultative intracellular Gram-positive bacterium has the ability to colonize the intestinal 36 lumen, cross the intestinal, blood-brain and placental barriers, leading to bacteremia, 37 neurolisteriosis and maternal-fetal listeriosis. *Lm* is a model microorganism for the study of the 38 interplay between a pathogenic microbe, host tissues and microbiota in vivo. Here we review 39 how animal models permissive to Lm-host interactions allow deciphering some of the key 40 steps of the infectious process, from the intestinal lumen to the crossing of host barriers and 41 dissemination within the host. We also highlight recent investigations using tagged Lm and 42 clinically relevant strains that have shed light on within-host dynamics and the purifying 43 selection of Lm virulence factors. Studying Lm infection in vivo is a way forward to explore 44 host biology and unveil the mechanisms that have selected its capacity to closely associate 45 with its vertebrate hosts.

46 Introduction

47 Listeria monocytogenes (Lm) is a Gram-positive bacterium and the etiological agent of 48 listeriosis, one of the deadliest foodborne infections. Listeriosis manifests as bacteremia and 49 neurolisteriosis in elderly and immunocompromised patients, with a high fatality rate of 20 to 50 30% even with appropriate antibiotic treatment, and maternal-fetal infection in pregnant 51 women [1]. Lm is a highly diverse species that can be classified into clonal complexes (CCs) 52 of uneven virulence [2.3] (reviewed in [4]). The CCs most prevalent in food samples and under-53 represented in clinical cases tend to be hypovirulent compared to reference strains, invading 54 less efficiently host tissues in a mouse model of infection, while they form more biofilm on 55 food-processing environments [2,5]. In contrast, CCs over-represented in clinical cases tend 56 to be hypervirulent compared to reference strains, colonize better the gut lumen, invade more 57 efficiently host tissues and lead to higher fecal shedding [2,5,6].

58

59 Lm is widespread in the environment where it can thrive as a saprophyte, and is able to infect 60 a wide range of hosts including vertebrates, from birds to mammals [7]. Importantly, Lm is 61 frequently isolated from domestic ruminants, in which it can lead to rhombencephalitis and 62 abortion, and be a source of contamination of dairy products [5,8-10]. Even though Lm host 63 range is wide, murine laboratory animals are not permissive to orally-acquired listeriosis, due 64 to the species specificities of *Lm* interactions with mammalian cells. Indeed, the *Lm* surface 65 protein internalin (InIA), which mediates Lm internalization in epithelial cells [11], interacts with 66 its receptor E-cadherin (Ecad) [12] in a species-specific manner that relies on the nature of its 16th amino-acid [13]. It is a proline in permissive species and a glutamic acid in non-permissive 67 species [13]. Mouse and rat Ecad exhibit a glutamic in position 16 and are therefore not able 68 69 to serve as a receptor for InIA, in contrast to human, guinea pig, rabbit and gerbil [13,14]. InIB, 70 another virulence factor of Lm, interacts with c-Met, the hepatocyte growth factor receptor [15], 71 in human, gerbils and mice but not guinea pigs and rabbits [16]. Ideally, human listeriosis 72 should therefore be studied in animals that are naturally permissive to both InIA and InIB, such 73 as ruminants, gerbils, or non-human primates [14,17,18]. However, ethical considerations and 74 the relative unavailability of molecular tools limits the use of these models. To circumvent 75 these limitations, two genetically modified mouse models have been generated: iFABP-hEcad 76 transgenic mice, which express human Ecad under the control of the enterocyte specific 77 promoter iFABP [19], and the KIE16P knock-in mouse line in which mouse Ecad is specifically 78 modified and harbors a proline at position 16 in place of a glutamic acid [14]. A "murinized" 79 Lm expressing a modified version of InIA (InIA^m) so that it interacts with mouse Ecad has also 80 been generated [20] to overcome InIA-Ecad species specificity. However, InIA^m happens to 81 interact with both mouse E-cad and N-cadherin, which modifies Lm cell tropism at the intestinal 82 level, leading to gut inflammation that delays and decreases Lm systemic dissemination [21].

83 Upon ingestion of contaminated food, Lm colonizes the gut lumen and can cross the intestinal 84 barrier. Lm has the ability to spread systemically to the spleen and liver, and breach the blood-85 brain and placental barriers, leading to neurolisteriosis and maternal-fetal listeriosis, 86 respectively [22]. Recent studies have shown that Lm is shed back from infected tissues to 87 the gut lumen, in particular via the bile duct, favoring its release in the feces and the 88 environment [23,24]. Investigating how Lm crosses host barriers, amplifies in host tissues and 89 is shed back to the environment is critical to understand the pathophysiology of listeriosis and 90 the forces that have shaped its genome and selected its virulence factors.

91

92 *Lm* adaptation to the host environment

93 Sensing and adapting to the host — Once in the intestinal lumen, Lm has to adapt to the 94 physical and chemical conditions of the gut. Sensing its environment is key for Lm to switch 95 from saprophytism to a host-adapted phenotype [25]. The alternative sigma factor B (SigB) is 96 the major Lm transcriptional factor of the general stress response and is activated through the 97 stressosome, a multi-protein complex linked to the membrane by Prli42, a small protein 98 essential for stress sensing by the stressosome [26] (reviewed in [27]). SigB has been shown 99 to be required for Lm adaptation to the gut lumen [25]. It activates bsh transcription, which 100 gene product allows bacteria to hydrolyze bile salts [28], and inIA and inIB transcription [29]. 101 These genes, as well as the major virulence genes hly (encoding Listeriolysin O, LLO) 102 and actA from Listeria pathogenicity island 1 (LIPI-1), are also under the control of the 103 transcriptional factor PrfA, which is itself regulated by SigB, and is key to allow Lm transition 104 from an extracellular to an intracellular environment (reviewed in [30]). prfA translation is 105 activated at 37°C via an RNA thermosensor in its 5'UTR [31]. Activation of PrfA also requires 106 the presence of its co-factor glutathione (GSH) synthetized by the host or the Lm glutathione 107 synthase GshF [32,33]. GSH synthesis by GshF requires sensing the intracellular environment and host metabolites, as Lm is auxotrophic for cysteine, a precursor of GSH. It 108 109 has been recently shown that methylglyoxal, a toxic byproduct of metabolism produced by the 110 host and *Lm*, induces the expression of *gshF* [34]. The Opp *Lm* transporter imports peptides 111 from the host cell cytosol that provides cysteine for GSH synthesis [35]. Another ABC 112 transporter, TcyKLMN, is a cystine/cysteine importer also involved in GSH synthesis and 113 activation of PrfA in infected cells [36]. Lm can also adapt to the redox state of its 114 environment [37]. The transcriptional regulator Rex senses the ratio of reduced and oxidized 115 nicotinamide adenine dinucleotides (NADH/and NAD+). It represses the fermentative 116 metabolism and allows Lm to adapt to an intracellular oxygen-rich environment. Rex is 117 dispensable for gut lumen colonization but is involved in spleen, liver and gallbladder 118 infection [38].

119

120 Interaction with the host microbiota — The gut microbiota, which is constituted of >100 bacterial species and $>10^{13}$ bacterial cells per individual [39], exerts a protective role against 121 122 orally acquired pathogens, a process called colonization resistance (reviewed in [40]). 123 Conditions associated with an immature or disbalanced microbiota (e.g. young age or after 124 antibiotic treatment) can increase host susceptibility to incoming pathogens such as group B 125 streptococcus [41], Enterococcus faecium [42], Salmonella [43] or Clostridium difficile [44,45]. 126 The microbiota can act directly through competition for nutrients, the production of 127 bacteriocins, contact-dependent killing [46-48], or indirectly through stimulation of the host 128 immune system [49,50].

129 The gut microbiota also plays a protective role against Lm infection in mice [23,51]: microbiota 130 depletion by antibiotics increases susceptibility to Lm, but this effect can be rescued by a group 131 of four *Clostridia* species, potentially by directly inhibiting or killing *Lm* [51]. Depleting the 132 microbiota with antimicrobials can however also increase host protection against a second 133 infectious challenge. Indeed, it leads to an increase in tissue resident memory CD8+ T cells, 134 which protects the host against a second encounter with Lm [52]. It has also been shown that 135 antibiotic-resistant commensal E. coli can indirectly protect sensitive Lm from anti-bacterial 136 treatment, by favoring antibiotic degradation in the intestine [53]. The impact of microbiota 137 composition on listeriosis has also been observed in aged mice, in which age-related dysbiosis 138 favors Lm inflammation and infection [54].

Some *Lm* isolates, mostly belonging to Lineage I, also express bacteriocins which are active on the host microbiota and potentially decrease colonization resistance. Two *Lm* bacteriocins have been described so far: the bacteriocin LLS (encoded by LIPI-3), synthetized by strains from hypervirulent CCs [55,56], which induces membrane permeabilization of Gram-positive bacteria by direct contact [57] and Lmo2776, which targets *Prevotella* species, and is, for reasons which are not fully understood, associated to a decrease in *Lm* intestinal colonization [58] (Figure 1).

Lm might also compete with the microbiota when it is shed back into the intestinal lumen from host tissues after infection. Indeed, recent results show that *Lm*, but not its non-pathogenic related species can establish asymptomatic carriage in humans and other animals, being present in up to 10% of asymptomatic human stool samples. This process depends on the composition of the microbiota: *Lm* abundance in feces positively correlates with the ratio of abundance of (*i*) Firmicutes and (*ii*) Actinobacteria to Bacteroidetes phyla [59].

152 Considering the wide range of interactions between this model microorganism and the host 153 microbiota, *Lm* stands as a powerful model to further investigate the tripartite interplay 154 between foodborne pathogens, their host and microbiota.

155

156 Intestinal barrier crossing

157 Transcytosis across goblet cells at the intestinal villus level — In vitro studies have 158 demonstrated that Lm enters epithelial cells upon the interaction of InIA with its receptor E-159 cadherin (Ecad) [11]. The critical role of InIA in crossing the intestinal barrier was shown in 160 vivo in animal models naturally permissive to InIA-Ecad interaction (guinea pig, gerbils) and in 161 genetically modified iFabp-hEcad and KIE16P mice [14,19]. However, Ecad forms adherens 162 junctions, which are located below tight junctions on polarized epithelia, and is therefore 163 inaccessible from the intestinal lumen. This apparent paradox was addressed by whole mount 164 tissue imaging, which showed that Ecad can be luminally accessible around mucus-expelling 165 goblet cells [60]. Upon inoculation of Lm into the intestinal lumen, Lm specifically associates 166 with goblet cells and is transferred across these cells within vacuoles and is released in the 167 lamina propria. This translocation is solely dependent on InIA, and is in particular independent 168 of LLO and ActA, involved respectively in escape from the vacuole and intracytosolic 169 movement (Figure 1). Moreover, the translocation of Lm-containing vacuole also requires host 170 microtubule dynamics and the exocytic machinery [60]. These results collectively indicate that 171 *Lm* breaches the intestinal epithelium by transcytosis through goblet cells [60]. The molecular 172 mechanism of Lm transcytosis has been studied in intestinal organoids in which Lm can be 173 microinjected. The advantage of intestinal organoids also referred to as "minigut" is that it 174 allows the differentiation in an in vitro context of goblet cells surrounded by classical 175 enterocytes, and that they are easily genetically amenable [61]. In this experimental setting, 176 Lm translocation across the intestinal epithelium can be imaged in real-time, and has been 177 shown to last less than 12 minutes [62]. Lm-containing vesicle remains associated with the 178 cell apex when endocytosis is inhibited, while transcytosis towards the cell basal pole requires 179 functional host microtubules, in line with in vivo studies [60,62]. Finally, in organoids 180 expressing a dominant-negative version of Rab11 (Rab11DN), Lm is stuck at the basal pole 181 of goblet cells, enwrapped with mucus material, and fails to finalize its translocation [62]. 182 These results collectively indicate that Lm hijacks the recycling of its receptor Ecad to cross 183 the intestinal barrier through goblet cells [62] (Figure 1).

184

185 Crossing of the intestinal barrier via M cells — The gut-associated lymphoid tissue (GALT) 186 is distributed along the gastrointestinal tract. It consists of Peyer's patches (PP) in the small 187 intestine, cecal and colonic patches, and isolated lymphoid follicles. These immune structures 188 sample luminal antigens and orchestrate the induction of mucosal immune responses. 189 Microfold cells (M cells) are specialized epithelial cells that overlay the GALT, which 190 phagocytic activity allows sampling luminal antigens.

Lm can cross PP through M cells in InIA-independent manner, and this has been shown to be
 sufficient to trigger *Lm* intestinal tissue response to infection [63-65] (Figure 1). An *in vitro* study has reported that M cell infection by *Lm* may also propagate to neighboring enterocytes

194 [66]. Once translocated *via* M-cells, *Lm* infects $CX3CR1^+$ myeloid cells in PP, leading to the 195 expression of IL-12 and IL-23 and subsequent decrease in the number of mature goblet cells. 196 As a consequence, it locks InIA-dependent entry, while sensitizing the host to colitis [67]. 197 Adaptive immune response to *Lm* at the PP level has been recently shown to be complement-198 dependent. Indeed, lysozyme-expressing dendritic cells close to M cells in PPs express the 199 complement C5a receptor (C5aR), and induce *Lm*-specific CD8⁺ T cells response in a C5a-200 dependent manner [68].

201 As indicated above, *Lm* expressing a murinized version of InIA (InIA^m) interacts not only with 202 mouse Ecad [20], but also with luminally accessible N-cadherin expressed by villus M cells 203 [21,64]. This artefactual entry elicits host immune responses at the villus level and epithelial 204 damage, which are not observed with wild-type *Lm* infection [21]. This indicates a role for villus 205 M cells in the induction of immune responses, in contrast to goblet cells [21,65]. Comparison 206 of the mechanisms by which Lm-InIA^m- and wt-Lm-dependent host responses are either 207 triggered or prevented is therefore a way forward to investigate how host responses are 208 differentially induced by M cells and goblet cells.

209

210 Systemic dissemination

Within-host dynamics of Lm infection — Once Lm has crossed the intestinal barrier, it spreads to inner organs (Figure 2). The standard method to follow a bacterial infection is to dissect animals at sequential time points post inoculation and count CFUs, and also to image bacteria in host tissues [69]. Use of bioluminescent bacteria allows following qualitatively and over time *Lm* infection within individual animals [14,70,71]. In order to follow and model the spatiotemporal dynamics of infection within the host, several methods based on tagged clones have been developed (reviewed in [72]).

218 Lm within-host dynamics has been studied based on sequence tag-based analysis of 219 microbial populations (STAMP), a methodology initially set up to study Vibrio cholerae 220 intestinal phase of infection [73]. This technique makes use of hundreds of individually tagged 221 bacterial clones, whose numbers and relative proportions are measured over time in various 222 anatomical locations by high throughput DNA sequencing. This, combined to mathematical 223 modelling allows evaluating the barrier exerted by each organ (bottleneck effect), by analyzing 224 the clonality and the number of bacteria from the inoculum that reach the organs (founding 225 population). It also allows comparing clones retrieved from various host organs and retrace 226 their dissemination routes along the infectious process.

The modelling of *Lm* infection was performed using STAMP with the 10403S reference strain modified so that it expressed InIA^m, upon oral and intravenous (iv) inoculation. The founding populations in liver and spleen were relatively high, but decreased drastically in the gallbladder, which collects the bile produced by the liver to release it in the duodenum, the

- proximal part of the intestine. Comparison of the tags between the gallbladder and the gut upon iv inoculation indicates that the gallbladder is a reservoir fueling Lm fecal shedding in this model [24], a phenomenon which is dependent on both LLO and ActA, two core virulence genes of Lm [3,23]. The observation of the low number of tags and the implication of LLO and ActA in gallbladder-mediated shedding of Lm in the gut suggests that Lm release by the biliary treat is involved in the purifying collection of virulence genes [2,22]
- tract is involved in the purifying selection of virulence genes [3,23].
- 237

Infection of mesenteric lymph nodes and spleen — The mesenteric lymph nodes (MLN) are lymphoid organs that drain lymph irrigating the intestinal mucosa. As such, they become rapidly infected upon oral inoculation of *Lm* [19] (Figure 2). A recent study using *Lm* InIA^m suggests that migration to and bacterial accumulation into MLN occurs in a dendritic cell- (DC) dependent manner and triggers a robust CD8⁺ T cell response [74]. However, it remains to be determined where *Lm* mostly disseminates from (intestinal villi *vs.* PPs *vs.* cecum *vs.* colon), and if the infection route plays a role in host responses.

245 The spleen is the major lymphoid organ filtering the systemic circulation and plays a critical 246 role in controlling bloodborne infections (reviewed in [75]). The histological structure of the 247 spleen includes the red and white pulps and marginal zone (MZ), which contain different 248 populations of immune cells. Upon crossing the intestinal barrier, Lm disseminates rapidly 249 from the bloodstream to the spleen (Figure 2). It is taken up mainly by MZ macrophages. 250 Depletion of MZ macrophages leads to the spread of Lm to the red pulp and exacerbation of 251 the infection [76]. These cells are therefore crucial for early bacterial control and represent a 252 critical line of defense against Lm, in line with their strategic location in the spleen [77]. MZ 253 macrophages closely interact with MZ CD8 α^+ DCs to initiate *Lm* transfer to T cell zones and 254 induce effective adaptive immune responses, while the mechanism of Lm transmission from 255 MZ macrophages to DCs remains to be elucidated [77]. In infected phagocytes, Lm escape 256 from the vacuole induces the production of prostaglandin E₂ (PGE₂), which is necessary for 257 an effective T-cell priming [78]. Splenic DCs can also initiate innate immune responses by 258 inducing TNF and iNOS to clear bacteria through CCR2-dependent signaling [79].

259 While the spleen plays a major role in inducing protective immunity to Lm, splenectomized 260 mice are actually more resistant to infection and have less bacteria in the liver compared to 261 non-splenectomized controls [80]. This paradoxical phenotype reflects the fact that *Lm* takes 262 advantage of the splenic environment to increase its survival and replication and promote 263 infection. Indeed, Lm can grow exponentially in MZ CD8 α^+ DCs during the first 18 hours of 264 infection, and the lack of these cells leads to a rapid bacterial clearance in MZ [81]. This growth 265 is at least partly due to the release of the regulatory cytokine IL-10 upon Lm infection by MZ 266 B cells in the spleen. IL-10 exerts multiple suppressive effects on myeloid and T cells [82]. In Lm infected spleen, IL-10 inhibits iNOS production and favors the bacterial burden in MZ macrophages, which in turn transfer Lm to $CD8\alpha^+ DCs$, as described above. This leads to two opposite effects: a high bacterial load in the spleen, but also a strong CD8 T⁺ cell response induced by infected $CD8\alpha^+ DCs$ [83]. In addition, Lm can also take advantage of IL-10 produced by regulatory NK cells to promote host susceptibility, by blocking the accumulation and activation of inflammatory myeloid cells [84] [85].

273

Liver invasion — In the liver, *Lm* is rapidly taken up by tissue-resident macrophages called Kupffer cells, leading to their rapid death [86]. This triggers monocyte recruitment and induces a type-1 antimicrobial inflammatory response that controls the infection. In addition, Kupffer cell death also induces secretion of IL-33 by hepatocytes, which induce IL-4 expression in basophils that orchestrates the switch from an inflammatory type-1 to a type-2 response that dampens inflammation, allowing the replacement of embryo derived Kupffer cells by myeloidderived macrophages and return to homeostasis [86].

- 281 As for the spleen, *Lm* may benefit from the immune response elicited in the liver to promote 282 infection. Indeed, it has been observed that mice lacking type I interferon receptor are 283 paradoxically more resistant to Lm infection, highlighting its role in promoting Lm pathogenesis 284 [87]. Further studies reviewed in [88] have investigated the mechanisms involved in this 285 atypical facilitating effect of type I IFN on infection. Recently, it has been shown that type-I IFN 286 expressed by myeloid cells impairs the degradation of *Lm* virulence factors (ActA and LLO) in 287 phagosomes, which promotes intracellular bacterial growth and cell-to-cell spread in the liver 288 [89,90]. It also inhibits proinflammatory cytokine signaling and immune cell recruitment via the 289 IFN-induced transmembrane protein 3 (IFITM3) [90].
- Liver, as the producer of bile, also fuels the bile duct with *Lm* [23,24,70], even though *Lm* clinically patent bile infection in human is extremely rare [91].
- 292

293 Brain and placenta infection

Neurolisteriosis and maternal-fetal listeriosis are the two most severe presentations of humanlisteriosis [1,92,93].

Brain infection — Crossing of the blood-brain barrier is considered as the way by which *Lm*enters the CNS in human, while retrograde nervous infection is likely to be at play in ruminants
[9]. The blood-brain barrier is actually highly efficient to prevent brain infection [24] and several
mechanisms of neuroinvasion have been proposed, using rodents as animal models. Infection
of monocytes by *Lm* is involved in brain infection with reference strains in mice non-permissive
to InIA-Ecad interaction [94,95]. Extracellular bacteria have also been proposed to cross the
blood-brain barrier, and InIF, expressed by some but not all *Lm* strains, has been reported to

be involved in brain infection in mice, by interacting with Vimentin present on the surface ofendothelial cells [96,97] (Figure 2).

305 Seminal studies on Lm pathogenesis have been performed with commonly used laboratory 306 reference strains EGD, 10403S, EGDe or L028. However, strains from the CCs most 307 associated to neurolisteriosis and maternal-fetal listeriosis (CC1, 4 and 6) are hypervirulent 308 compared to these reference Lm, which are actually very poorly neuroinvasive [2]. In contrast, 309 hypervirulent strains infect the brain and fetal-placental unit to a high level in humanized mice, 310 suggesting that factors specific to these strains are involved in neuro- and placental invasion 311 [2]. A comparative genomic analysis has shown that the LIPI-4 locus coding for a putative 312 cellobiose-family phosphotransferase system (PTS) is involved in hypervirulence and 313 neuroinvasiveness of CC4 [2] (Figure2). However, the mechanism by which LIPI-4 mediates 314 hypervirulence remains unknown and ongoing studies are under way to decipher the 315 neuroinvasion of Lm.

316

317 Placenta infection — The maternal-fetal interface is constituted by the syncytiotrophoblast, 318 a tight syncytial epithelial barrier of fetal origin in direct contact with the maternal blood 319 (reviewed in [98]). As for the intestine, InIA is involved in the crossing of this barrier by 320 interacting with Ecad apically accessible at the surface of the syncytiotrophoblast [99]. 321 However, in contrast to the intestine, InIA acts in a conjugated manner with InIB for placental 322 invasion [14]. Indeed, InIA-dependent entry requires phosphoinositide 3-kinase (PI3-K) 323 activity, which is induced by InIB-c-Met interaction [64]. Goblet cells targeted by Lm exhibit a 324 detectable basal level of PI3-K activity (PI3K is involved in mucus production), which makes 325 InIB-c-Met interaction dispensable for intestinal barrier crossing [64]. In contrast, PI3-K activity 326 is low at the syncytiotrophoblast level, and InIB stimulates, via c-Met, PI3-K activation and 327 therefore allows InIA-dependent entry, leading to placental and fetus invasion [64]. InIP is 328 another Lm factor reported as involved in Lm crossing of the placental barrier, through its 329 interaction with Afadin and is also involved in other steps of listeriosis, including spleen and 330 liver infection [100,101]. As for the CNS infection, the LIPI-4 locus, which is associated with 331 CC4 hypervirulence, is also involved in placental invasion [2] (Figure 2).

332

333 Concluding remarks

As illustrated in this review, many steps of listeriosis, from ingestion of contaminated food, intestinal barrier crossing to brain and placenta infection, have been thoroughly investigated and deciphered *in vivo*. This allowed to deepen knowledge in infection biology, and also revealed unexpected properties of host tissues (as previously reviewed in [4,22,102,103]).

338 However, many questions remain unanswered, for which animal models of listeriosis will be

instrumental, especially regarding the natural history of *Lm* association with its hosts and the

- 340 forces that have shaped and select its core and accessory genes. *Ex vivo* models such as
- 341 organoids will also help to further study the cell biology of the successive steps of *Lm* infection
- of mammalian cells.

343 **Figure legends**:

344

345 **Figure 1: Interaction of** *Lm* with the intestine

- 346 *Lm* competes with the microbiota for survival by producing bacteriocins.
- 347 *Lm* crosses the intestinal barrier via mucus-producing goblet cells in villi and M cells in Peyer's
- 348 patches.
- 349

350 **Figure 2:** *Lm* dissemination within the host

- 351 Lm crosses the intestinal barrier, spreads systemically and crosses the placental and blood-
- brain barriers to induce maternal-fetal listeriosis and neurolisteriosis, respectively. It is
- 353 released via the biliary tract back into the intestinal lumen.
- *Lm* virulence factors are indicated in red, followed by their host receptor in black.

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359

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