

# Supporting Information

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## SI Materials and Methods

**Salmonellae.** The two strains of nontyphoidal *Salmonella* used in the study were isolated from blood cultures taken from children admitted to Queen Elizabeth Central Hospital, Blantyre, Malawi, in 2004. *S. Typhimurium* D23580 was from a 26-month-old girl and has resistance to ampicillin, chloramphenicol, and co-trimoxazole. This strain undergoes a two- to three-log<sub>10</sub> kill in serum from healthy adults over a 3-h time course (Fig. S2) (1). The strain is representative of more than 90% of recent *S. Typhimurium* strains studied from Malawi (1, 2) and has been sequenced by the Sanger Core Sequencing Facility at the Wellcome Trust Sanger Institute (ref. 2; see also <http://www.sanger.ac.uk/Projects/Salmonella/>).

*S. Typhimurium* D26104 was from an 11-month-old girl. It has resistance to ampicillin and co-trimoxazole, but not chloramphenicol, and multiplies in serum from healthy adults (Fig. S2). This strain was identified as serum-resistant by screening invasive NTS isolates from children admitted to Queen Elizabeth Central Hospital using the serum bactericidal assay with pooled serum from 10 healthy HIV-uninfected Malawian adults (log<sub>10</sub> growth at 180 min in pooled serum of 0.81 compared with log<sub>10</sub> kill of D23580 at 180 min of 2.30). The basis of serum resistance is not an absence of antibody to this strain (titer of anti-D26104 IgG in pooled serum of 687 U, compared with titer of anti-D23580 IgG of 352 U) and is the subject of ongoing investigation.

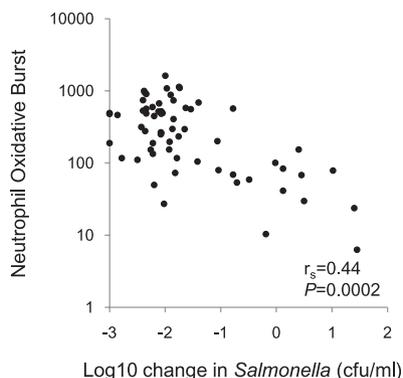
**Sera and Ig Preparations.** Antibody-deficient serum from Malawian children was as described previously (1). This serum lacked anti-

*S. Typhimurium* D23580 IgG and IgM antibodies measured by flow cytometry (titer < 1.5 U) and was unable to kill *S. Typhimurium* D23580 in the serum bactericidal assay. Immune serum from Malawian adults effected normal killing of *S. Typhimurium* D23580 in the serum bactericidal assay (>1.2 log<sub>10</sub> kill at 180 min) (1) and contained anti-*S. Typhimurium* D23580 IgG and IgM antibodies (titers > 1.5 U). C6-deficient serum from a patient with genetic C6 deficiency contained anti-*S. Typhimurium* D23580 antibodies. Heat-inactivated serum had been incubated at 56 °C for 30 min to remove functional complement activity.

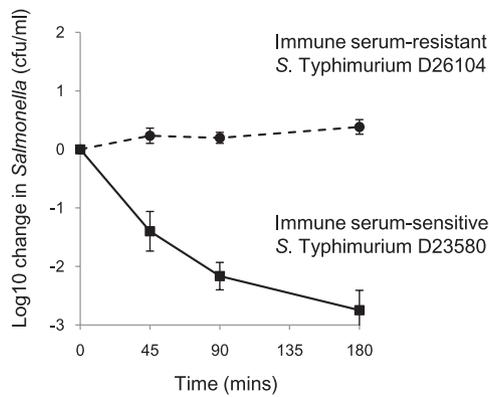
**Salmonella Antibody Assays and Complement Assays.** For anti-whole *Salmonella* antibody titers and complement deposition on *Salmonella*, 5 μL *Salmonellae* in log-growth phase was mixed with 45 μL 10% serum for antibody determination or undiluted serum for complement deposition (final *Salmonella* concentration, 2 × 10<sup>8</sup>/mL). FITC-conjugated anti-IgG/IgM/C3 antibody were used for detection before analysis on a FACSCalibur flow cytometer (Becton Dickinson). Antibodies to *Salmonella* LPS were measured using a fluorescent-bead-based immunoassay. *S. Typhimurium* LPS was conjugated to fluorescent microbeads (Bio-Rad) via a poly-L-lysine linker. Beads were incubated with serum at a 1:100 dilution and PE-conjugated anti-human IgG (Southern Biotech) used as the secondary antibody. Antibody-binding to beads was analyzed using a Luminex flow-cytometric instrument (Bio-Rad). Total and alternative pathway hemolytic complement assays were performed by radial immunodiffusion assays (Binding Site).

1. MacLennan CA, et al. (2008) The neglected role of antibody in protection against bacteremia caused by nontyphoidal strains of *Salmonella* in African children. *J Clin Invest* 118:1553–1562.

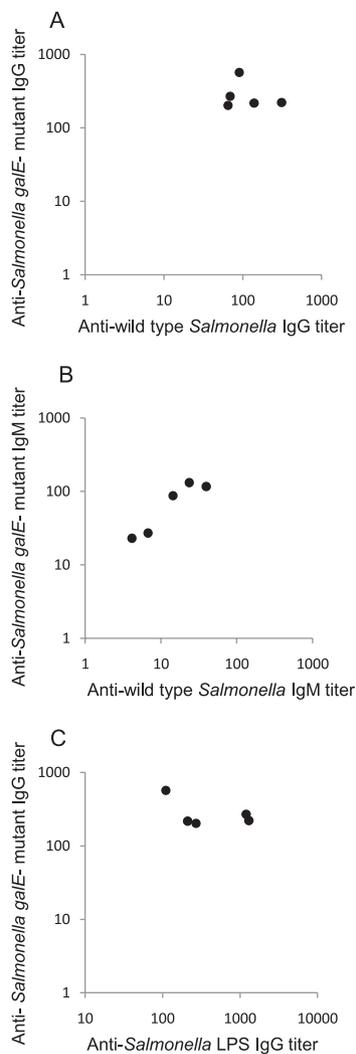
2. Kingsley RA, et al. (2009) Epidemic multiple drug resistant *Salmonella* Typhimurium causing invasive disease in sub-Saharan Africa have a distinct genotype. *Genomes Res* 19:2279–2287.



**Fig. S1.** Neutrophil oxidative burst activity in whole blood from Malawian children following stimulation with unopsonized *S. Typhimurium* D23580 (y axis) compared with in vitro serum killing of unopsonized *S. Typhimurium* D23580 (x axis). Each point corresponds with blood and serum from one child. Correlation coefficient is for respiratory burst and killing of *Salmonellae* (expressed as negative values on x axis), hence positive value given ( $N = 64$ ).



**Fig. S2.** In vitro killing of immune serum-sensitive *S. Typhimurium* D23580 (squares) and immune serum-resistant *S. Typhimurium* D26104 (circles) by serum from three healthy African adults at 45, 90, and 180 min. Negative values correspond with a decrease in viable *Salmonellae* compared with the initial concentration of  $10^6$  *Salmonellae*/mL. Data are mean  $\pm$  1 SD of three experiments.



**Fig. S3.** Antibody to WT and rough *galE* mutants of *S. Typhimurium* and *S. Typhimurium* LPS in Malawian adult sera. Comparison of IgG (A) and IgM (B) antibody titers measured by flow cytometry versus WT *S. Typhimurium* D23580 and rough *galE*<sup>-</sup> mutant of *S. Typhimurium* D23580 that does not express O-antigen of LPS. (C) Comparison of anti-*S. Typhimurium* LPS IgG titer measured by fluorescent beads versus anti-*S. Typhimurium* D23580 *galE* IgG titer. Sera from five healthy HIV-uninfected Malawian adults. Scales are not comparable for C as different methods were used to assess the two antibody titers.





