

Supplementary Figure 1. Antibiotic partially rescues mice from sepsis. (ab) BALB/c mice under CLP were treated with antibiotic or PBS. (a) Survival curves. WT Sham (n=5), WT CLP or WT CLP antibiotic (n=20). (b) Bacterial load in the blood after CLP. (c-d) Serum and lungs of C57BL/6J mice under CLP were collected at the indicated times points. IL-1 β , IL-6 and IL-10 concentrations in serum (c) and lung tissue (d) were determined by ELISA.(e) Serum endocan concentration was determined by ELISA and the levels of creatine kinase-MB (CK-MB), alanine aminotransferase (ALT) and blood urea nitrogen (BUN) were determined by colorimetric assays. ND, not detected. *p < 0.05 compare with naïve control or day 0 (b) (Mantel-Cox log-rank test in a, Mann-Whitney U test in b and one-way ANOVA result with Dunnett posthoc tests in c-e). Data are representative of three (a-b) or two (a, b, g) (mean ± s.e.m. in c-e and median in b).



Supplementary Figure 2. Kinetics of type-2 cytokines production during CLP. Lungs and bronchial lavage (BAL) fluids of mice under CLP and treated with antibiotic were collected at the indicated times points. (a) IL-4 and IL-13 concentrations in the lung tissues of C57BL/6J were determined by ELISA. (b) IL-33 concentrations in the BAL of BALB/c and *ll1rl1*^{-/-} at day 15 after CLP were determined by ELISA. *p < 0.05 and **p < 0.01, comparing groups as indicated or with day 0 (one-way ANOVA result with Dunnett posthoc tests in **a** and two-tailed unpaired Student's *t*-test in **b**). Data are mean ± sem of 3-10 mice/group.



Supplementary Figure 3. Proinflammatory cytokines production during secondary infection in sepsis-surviving mice. C57BL/6J mice were subjected to CLP and challenged i.n. 15 days later with *L. pneumophila.* TNF and IL-6 concentrations in the BAL were determined by ELISA 12 h after challenge. ND, not detected. *p < 0.05 (two-tailed unpaired Student's *t*-test), ns, not significant. Data are mean \pm sem of 3-5 mice/group.



Supplementary Figure 4. Repeated administration of IL-33 impaired bacterial clearance and increased type-2 cytokines production. BALB/c mice were inoculated i.n. with 1 or 3 µg of IL-33 or PBS for 4 consecutive days and challenged i.n. 2 days later with *L. pneumophila*. (a) Bacterial load in the lung tissue 48 h after challenge (n = 5 mice per group). (b) IL-4 and IL-13 concentrations in the lung tissue 48 h after challenge (n = 5 mice per group). (b) IL-4 and IL-13 concentrations in the lung tissue 48 h after challenge (n = 5 mice per group). *p < 0.05 (Mann-Whitney U test in **a** and two-tailed unpaired Student's *t*-test in **b**), ns, not significant. Data are median (**a**) and mean ± sem (**b**) of 5 mice/group.



Supplementary Figure 5. WT, *II1rI1^{-/-}*, *Stat6^{-/-}* and *II10^{-/-}* mice show similar survival curves following CLP and antibiotic treatment. Survival curves after CLP of (a) BALB/c and *II1rI1^{-/-}* mice (n = 40 for WT group and n = 45 mice for *II1rI1^{-/-}* CLP group), (b) BALB/c mice treated with sST2 or PBS (n = 15 mice per group), (c) BALB/c and *Stat6^{-/-}* mice (n = 40 for WT group and n = 42 mice for *Stat6^{-/-}* CLP group), and (d) C57BL/6J *and II10^{-/-}* mice (n = 40 for WT group and n = 36 mice for *II10^{-/-}* CLP group). Data are percentage of survival from 1 experiment (b) or pooled from three (d), five (c) or six (a) experiments.



Supplementary Figure 6. Induction of ILC2 in *Rag1^{-/-}* sepsis-surviving mice. Lungs of C57BL/6J and *Rag1^{-/-}* mice under CLP and antibiotic treatment were collected on day 3 after CLP. (a) Representative FACS plots of ILC2⁺ cells (Sca1⁺ in Lin⁻CD45⁺ cells) from BALB/c and C57BL/6J mice was determined by FACS ($n \ge 3$ mice per group). Representative FACS plots from one experiment. (b) Representative FACS plots and frequency of ILC2⁺ cells (Sca1⁺ in Lin⁻CD45⁺ cells) from C57BL/6J and *Rag1^{-/-}* mice was determined by FACS ($n \ge 3$ mice per group). *p < 0.05 (two-tailed unpaired Student's *t*-test in **b**), ns, not significant. Data are mean ± sem of 3-5 mice/group.



Supplementary Figure 7. M2 polarization with IL-4 ± IL-33 was abolished in *Stat6^{-/-}* BMDM *in vitro*. BMDM from BALB/c, BALB/c *Stat6^{-/-}* or BALB/c *II1rI1^{-/-}* mice were cultured for 2 days in the presence of IL-4 and/or IL-33, or medium alone. (a) Percentage of F4/80⁺CD206⁺ cells was analysed by FACS (each cell type was pooled from 2 mice and from 2 well per group). (b) Concentrations of CCL22 in the 2 days culture supernatants determined by ELISA (each cell type was pooled from 2 mice and 3-5 well per group). ND, not detected. *p < 0.05 (two-tailed unpaired Student's *t*-test in **b**), ns, not significant.



Supplementary Figure 8. Production of urea, IGF-1 and TGF- β of macrophages from sepsis-surviving mice. Peritoneal lavage fluid and lungs from BALB/c, *ll1rl1^{-/-}* and *Stat6^{-/-}* mice under CLP and antibiotic treatment were collected on day 15 after CLP. (**a-b**) Urea concentrations in the peritoneal lavage (**a**) and BAL (**b**) were determined by colorimetric assays. (**c**) IGF-1 concentrations in the lung tissue were determined by ELISA. *p < 0.05 and **p < 0.01 (two-tailed unpaired Student's *t*-test). Data are representative of two independent experiments (mean ± sem of 3–8 mice/group).

a Transfer of M2



b Transfer of M2



Supplementary Figure 9. M2 macrophage induces expansion of Treg cell population in sepsis-surviving mice. PBS or M2 macrophages were adoptively transferred (4x10⁶ cells, i.v., on day 3 after CLP) into BALB/c or *Stat6^{-/-}* sepsis-surviving mice. The surviving mice were either sacrificed or challenged with *L. pneumophila* on day 15 after CLP. (a) Representative FACS plots, frequency and number of Foxp3⁺ CD4⁺T cells (n = 3 mice per group). (b) Survival curves of mice after *L. pneumophila* challenge (n = 10 mice per group). *p < 0.05 and **p < 0.01 (two-tailed unpaired Student's *t* test in **a**, Mantel-Cox log-rank test in **b**). Data are representative of two (**a**) independent experiments or are pooled of two (**b**) experiments (mean ± s.e.m. in **a**).



Supplementary Figure 10. IL-10 production in the lungs of sepsissurviving mice. (a) Lung tissues from C57BL/6J mice under CLP and antibiotic treatment were collected at the indicated times points and IL-10 concentrations determined by ELISA.(b-d) Lung tissues of C57BL/6J, $Rag1^{-/-}$ (b), BALB/c, *II1rI1*^{-/-} and *Stat6*^{-/-} (c-d) mice under CLP and antibiotic treatment were collected on day 15 after CLP and IL-10 concentrations determined by ELISA. *p < 0.05, ***p < 0.001 comparing groups as indicated or day 0 (a) (one-way ANOVA result with Dunnett posthoc tests in a and two-tailed unpaired Student's *t*-test in b-d). Data are representative of two independent experiments (mean ± sem of 3–10 mice/group).



Supplementary Figure 11. C57BL/6J and *II10^{-/-}* mice produced similar levels of type-2 cytokines and frequency of M2 macrophages during sepsis. Lungs and peritoneal lavage fluids from C57BL/6J and *II10^{-/-}* mice under CLP and antibiotic treatment were collected on day 15 after CLP. IL-4 (**a**) and IL-33 (**b**) concentrations in the lung tissue were determined by ELISA. (**c**) Frequency of peritoneal F4/80⁺CD206⁺ macrophages was determined by FACS. *p < 0.05 (two-tailed unpaired Student's *t*-test), ns, not significant. Data are representative of two independent experiments (mean ± sem of 3–12 mice/group).



Supplementary Figure 12. Differential cell counts of the peripheral blood of septic patients. Peripheral blood from sepsis-surviving patients (n=11) and healthy controls (n = 14) was examined for (**a**) leukocytes, (**b**) granulocytes, (**c**) monocytes and (**d**) lymphocytes. Data are mean ± s.e.m. *p < 0.05 (two-tailed unpaired Student's *t*-test), ns, not significant.



Supplementary Figure 13. Full scan of the original uncropped western **blot.** Original Western blots used in Fig. 4e. (a) Western blot for Arg1. (b) Western blot for GAPDH. (c) Protein Ladder. n, naïve mice (n=9 mice). c, CLP mice (n=5 mice).



Supplementary Figure 14. Representative gating strategies used for flow cytometry analysis. Doublets were excluded by FSC-H and FSC-A gating for all flow cytometry analysis. (a) Proportion of ILC2 cells stained for ST2⁺Lin⁻ (CD3⁻CD11c⁻CD19⁻F4/80⁻) among CD45⁺ cells in single cell suspensions of lung cells. (b) Proportion of M2 macrophages stained for CD206⁺ and F4/80⁺ in peritoneal cells. (c) Proportion of Treg cells stained for FOXP3⁺ among CD4⁺ cells in spleen cells.

Patients	n=11
Age (years) - mean (SD)	60.2 (±12.83)
Female/Male	4/7
APACHE II - mean (SD)	17.72 (±9.73)
SOFA - mean (SD)	9.81 (±4.87)
SAP3 - mean (SD)	45.7 (±23.98)

Demographic and clinical characteristics of septic patients

SD: standard deviation, APACHE II: Acute Physiology and Chronic Health Evaluation II, SOFA: Sepsis-related Organ Failure Assessment, SAP3: Simplified Acute Physiology score 3.

Patients	Site of Infection	Time after sepsis (months)	Severity of sepsis	Microorganisms isolated
1	Respiratory	5	Septic Shock	Staphylococcus haemolyticus
2	Respiratory	7	Severe Sepsis	Enterococcus faecium
3	Respiratory	7	Severe Sepsis	Escherichia coli
4	Respiratory	10	Septic Shock	Streptococcus pneumoniae
5	Respiratory	9	Severe Sepsis	Negative
6	Respiratory	7	Septic Shock	Negative
7	Respiratory	6	Severe Sepsis	Negative
8	Respiratory	5	Septic Shock	Staphylococcus haemolyticus
9	Skin	5	Septic Shock	Negative
10	Urinary	9	Severe Sepsis	Staphylococcus aureus
11	Respiratory	7	Severe Sepsis	Negative

Clinical characteristics of septic patients