

1 Supplementary Figure legends

2 **Supplementary Figure 1.** *Contraction and differentiation state of ESAT-6₄₋₁₇ specific lung CD4 T*
3 *cells prior to, during and long-term after 12 weeks treatment with Isoniacid/Rifabutin (INH/RIF) of*
4 *C57BL/6 mice infected with M. tuberculosis (Mtb) for 6 weeks.*

5 **A)** CFU levels in Mtb infected (~100 CFU/lung) C57BL/6 mice prior to, under and after a 12-week
6 INH/RIF treatment period. Total lung CFU was determined by serial plating. Data show mean \pm s.d.
7 of 4-16 mice/time-point

8 **B)** The number of ESAT-6₄₋₁₇-specific CD4 T cells in perfused lungs was determined by Tetramer
9 pulldown in Mtb infected and treated mice at week 0, 6, 12 and 40 after start of treatment.
10 Symbols, mean \pm s.d. of 3-4 mice per time point. The experiment was repeated twice at week 0 &
11 6 and once at week 12 & 40.

12 **C)** Representative flow cytometry plots depicting KLRG1, PD-1 and ICOS expression by ESAT-6
13 tetramer-binding CD4 T cells after magnetic enrichment in perfused lungs of Mtb infected and
14 treated mice at week 0 to 40 after start of INH/RIF treatment.

15

16 **Supplementary Figure 2.** *Memory cells shortly after a cleared Mycobacterium tuberculosis*
17 *infection show a higher degree of differentiation than memory cells 3-6 weeks post H56/CAF01*
18 *immunization.*

19 **A)** Quantitative data showing the expression of KLRG1 vs PD-1, KLRG1 vs ICOS and CXCR3 vs
20 CX3CR1 on ESAT-6 tetramer-specific CD4 T cells primed by a cleared Mtb infection and after
21 three bi-weekly H56/CAF01 vaccinations. Mtb memory show expression on ESAT-6₄₋₁₇-specific
22 cells after tetramer pulldown on perfused lungs following clearance of an Mtb infection by a 12
23 weeks Isoniacid/Rifabutin treatment schedule. Tetramer pulldown was carried out 0-3 weeks post
24 end of treatment (EoT). H56 memory show the expression on ESAT-6 tetramer binding spleen

25 cells 3-6 weeks after last (3rd) immunization. Bars show mean percentages of ESAT-6 tetramer +ve
26 CD4 T cells \pm s.d. expressing each combination of markers. Values from individual mice are shown
27 by black circles.

28 Two-way ANOVA with Sidak's multiple comparison test. ** P < 0.01, *** P < 0.001, **** P < 0.0001.

29

30 **Supplementary Figure 3.** *Mycobacterium bovis Bacillus Calmette-Guérin (BCG) drives CD4*
31 *memory responses of high differentiation reminiscent of the memory responses after a cleared*
32 *Mycobacterium tuberculosis infection.*

33 A), C) & E). CB6F1 (C57BL/6 x Balb/C) mice were infected with *M. tuberculosis* by the aerosol
34 route for 6 weeks and then subjected to 6 weeks treatment with Isoniacid/Rifabutin (INH/RIF) to
35 clear the infection. Ag-specific responses were analyzed after the 6 week treatment period. B), D)
36 & F) CB6F1 (C57BL/6 x Balb/C) mice were immunized once with BCG by s.c. route and Ag-
37 specific responses analyzed 8 weeks post immunization..

38 TB10.4-specific CD4 T cell responses were analyzed by MHC-II tetramer-based magnetic
39 enrichment using PE-conjugated I-A^d:TB10.4₇₀₋₈₄ tetramer.

40 **A)** Representative flow plots showing tetramer pull-down in spleen (left) and perfused lung (right) in
41 Mtb infected and cleared (6 week chemo) CB6F1 mice using MHC-II I-A^d:TB10.4₇₀₋₈₄ or irrelevant
42 control tetramer I-A^d:hCLIP.

43 **B)** Representative flow plots showing tetramer pull-down in spleen of BCG immunized CB6F1 mice
44 using MHC-II I-A^d:TB10.4₇₀₋₈₄ or irrelevant control tetramer I-A^d:hCLIP..

45 **C)** Quantitative data showing the expression of KLRG1 and PD-1 among TB10.4₇₀₋₈₄-specific CD4
46 T cells in the spleen (left) and perfused lungs (right) of Mtb infected and treated CB6F1 mice. Mean
47 \pm s.d. with individual data shown in black circles. TB10.4-specific responses in both spleen and
48 lung (~55%) are dominated by the KLRG1+PD-1- subset.(Spleen ~40%; Lung ~55%).

49

50 **D)** Quantitative data showing the expression of KLRG1 and PD-1 among TB10.4₇₀₋₈₄-specific CD4
51 T cells in the spleen of BCG-immunized CB6F1 mice. Mean \pm s.d. with individual data shown in
52 black circles. Similar to Mtb infected and treated mice, TB10.4-specific responses in BCG-
53 immunized mice are dominated by the KLRG1+PD-1- subset.

54

55 **E)** Representative flow plots showing KLRG1 vs PD-1 expression among TB10.4₇₀₋₈₄-tetramer
56 binding CD4 T cells in the spleen (left) and perfused lung (right) of Mtb infected and cleared CB6F1
57 mice.

58

59 **F)** Representative flow plots showing KLRG1 vs PD-1 expression among TB10.4₇₀₋₈₄-tetramer
60 binding CD4 T cells in the spleen of BCG-immunized CB6F1 mice.

61

62 **Supplementary Figure 4.** Figure showing gating strategy used in Figures 4 & 5.

63

64 **Supplementary Figure 5.** *Gating strategy in adoptive transfer studies.* **A)** Plot showing
65 composition of ESAT-6 Tet+ CD4 T cells after mixing donor cells from H56 and Mtb memory mice
66 prior to adoptive transfer into Mtb infected recipients. ESAT-6 specific donor cells were transferred
67 in a 1.7:1 ratio of H56 relative to Mtb memory cells. **B)** Gating strategy used for analysis of lung
68 parenchymal homing of co-adoptively transferred donor cells into infected recipients.

69

70 **Supplementary Figure 6.** *Repeat experiment – Mtb memory provides early, but transient,*
71 *protection to Mycobacterium tuberculosis infection in contrast to H56 memory.*

72 C57BL/6 mice were rested for ~half a year prior to aerosol Mtb challenge (~100 CFU/lung). Total
73 lung CFU was determined by serial plating at week 4, 9 and 16 in saline controls (black square),
74 H56 memory (white circle) and Mtb memory (black circle). Data show mean \pm s.d. of 8 mice/group
75 at week 4 & 9 and 8-12 mice/group at week 16. Two way ANOVA with Dunnett's multiple
76 comparison test against Saline group. * P < 0.05; ** P < 0.01, *** P < 0.001. ns non-significant.

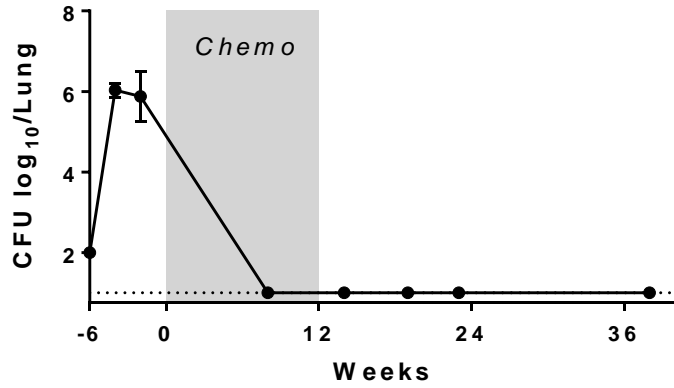
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78 **Supplementary Table 1:** Table showing the relapse rate after a 12 week Isoniacid/Rifabutin
79 (INH/RIF) treatment started 6 weeks into an Mtb infection. Last column show the number of culture
80 positive lungs (detection limit <10 CFU/lungs) out of lungs examined during treatment and after
81 end of treatment (EoT) – including an almost 1½ year follow up rest period after EoT. Culture
82 positive mice started emerging 11 weeks after end of treatment, with a relapse rate of 12.5%. NB –
83 none of the mice included in the phenotypic characterization (Figure 1 & Supplementary figure 1)
84 were found culture positive as assured by control plating lung homogenates of left lung lobes from
85 all mice included.

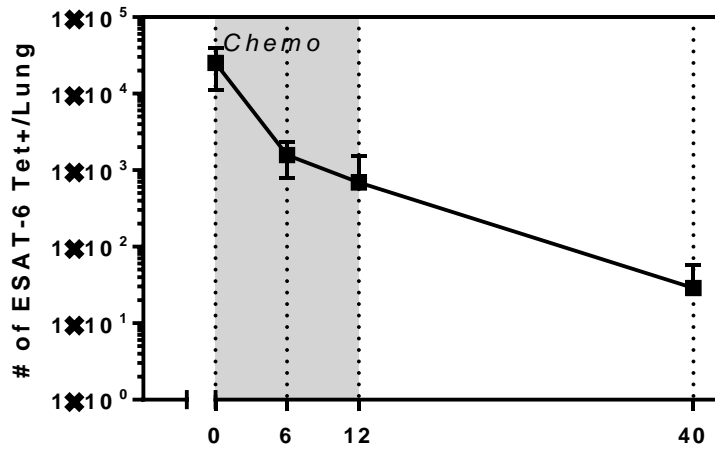
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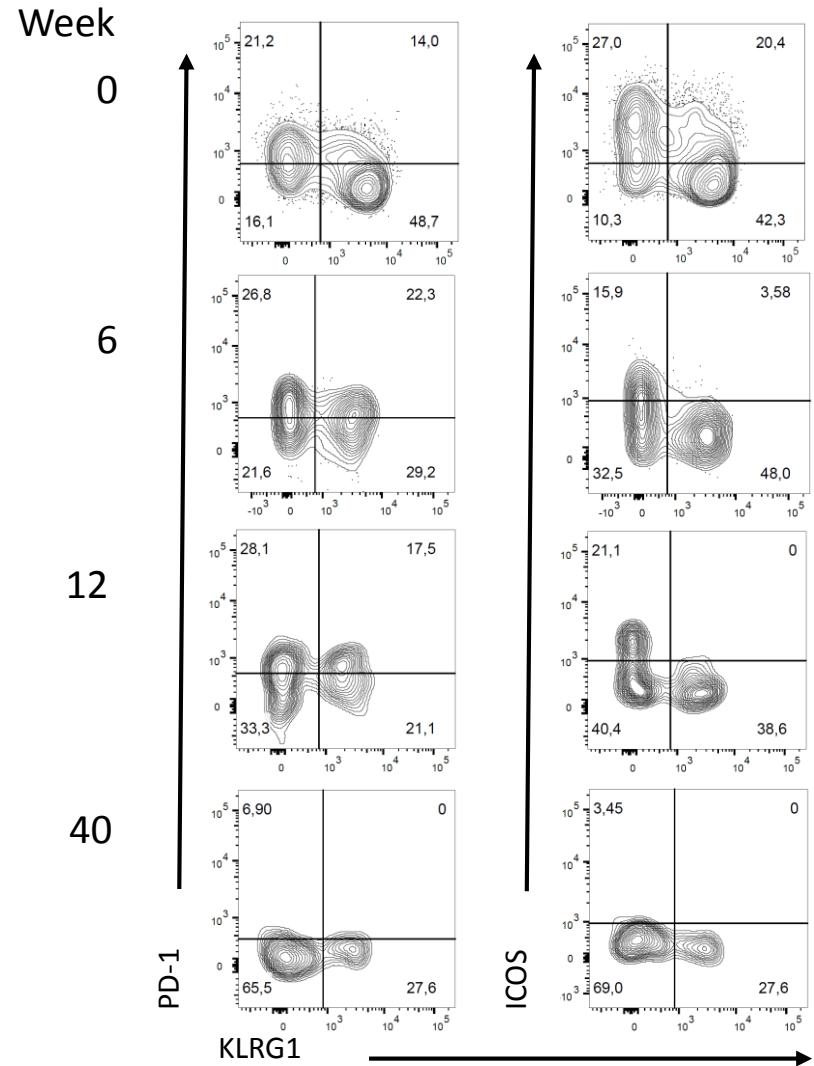
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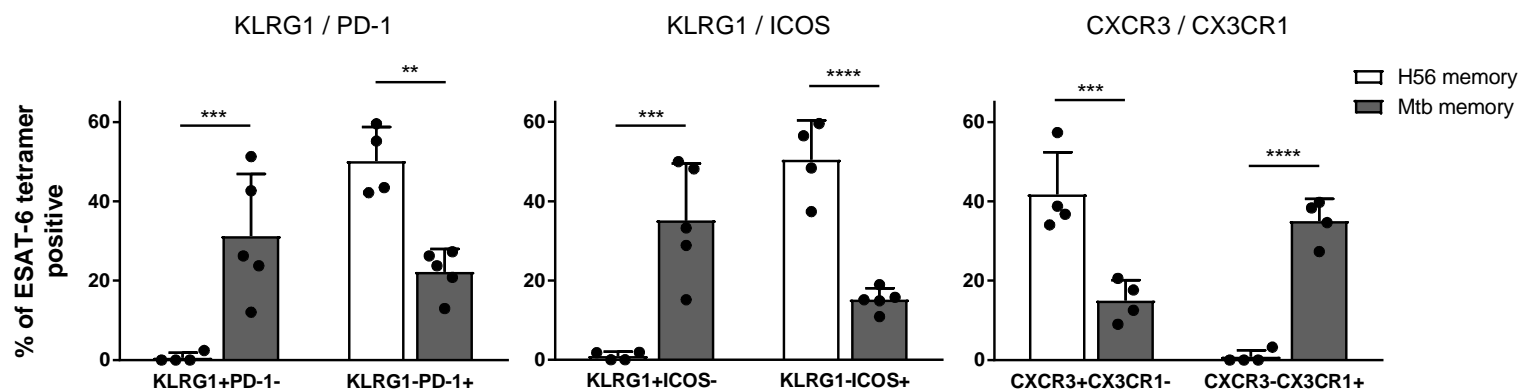
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c)

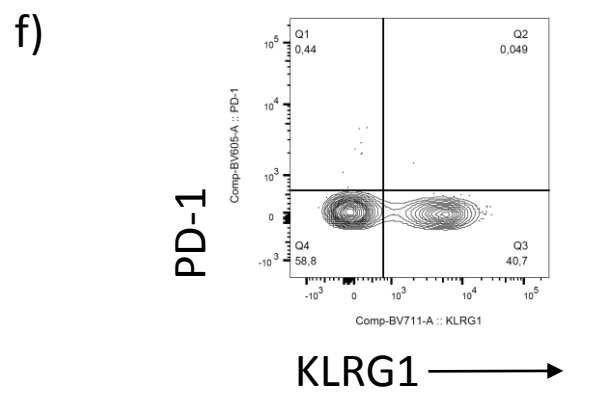
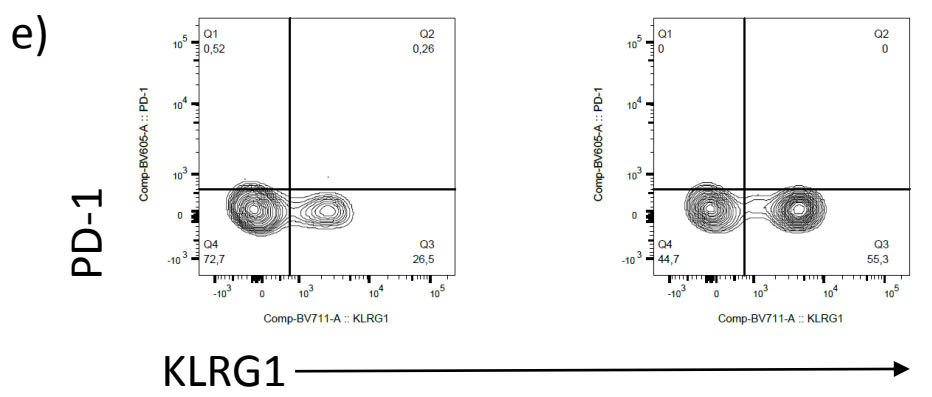
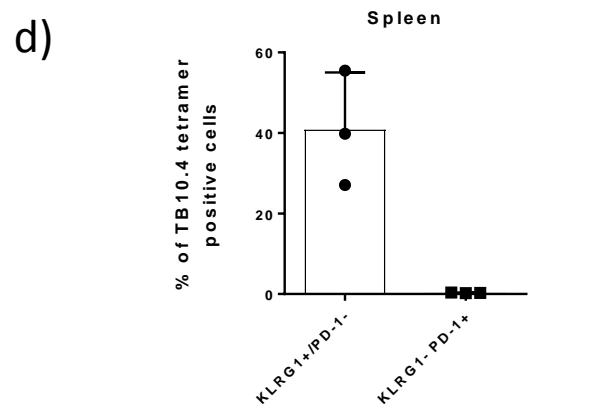
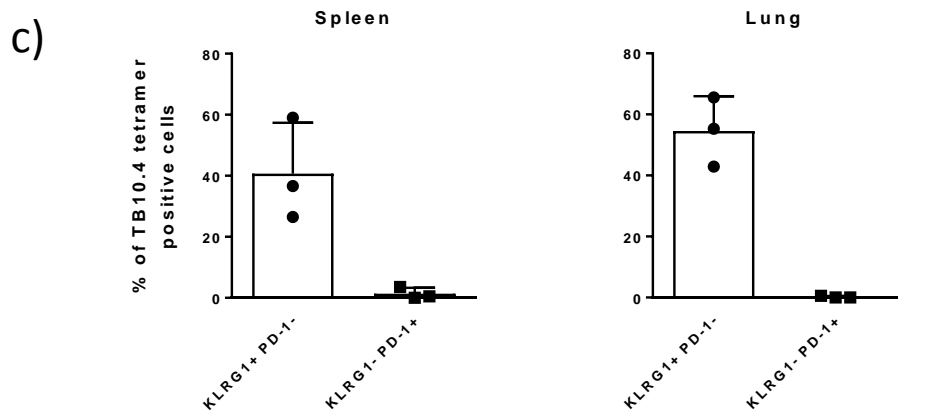
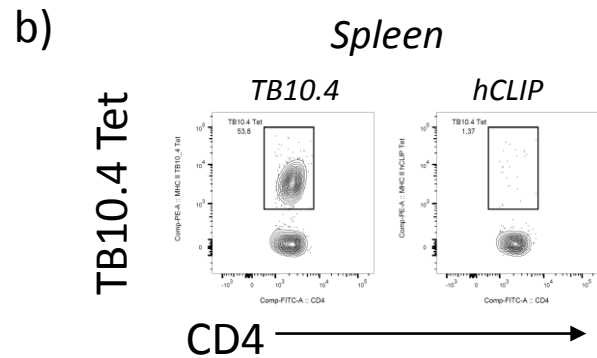
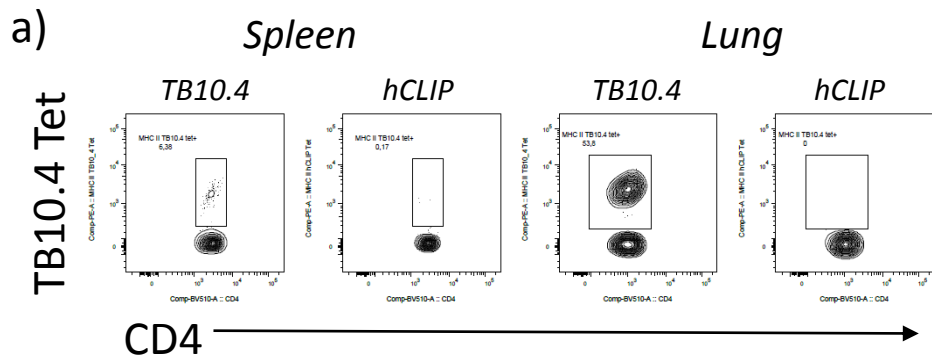


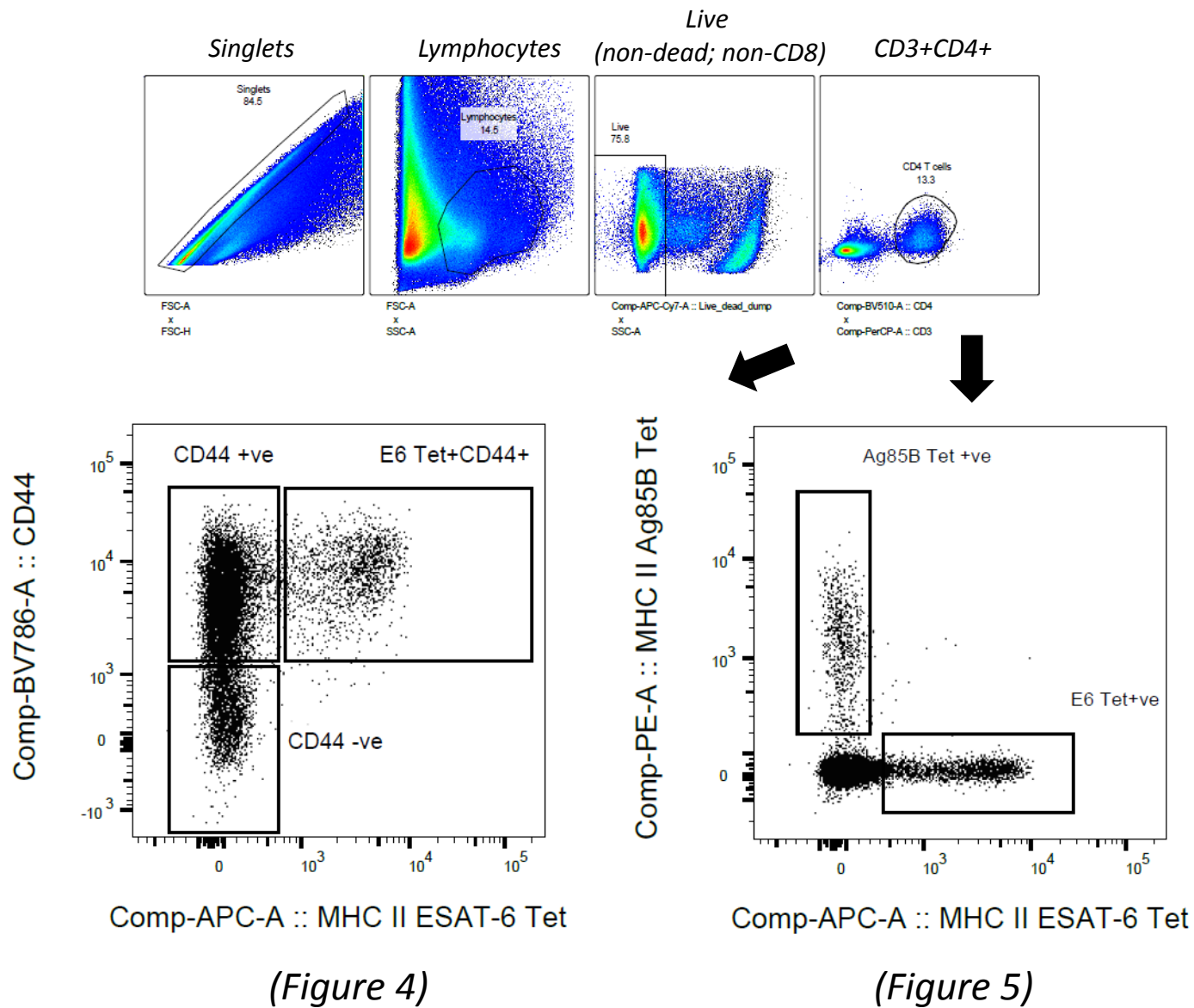
a)

ESAT-6₄₋₁₇

Mtb (6 wks inf > 6 wks chemo)

BCG (8 wks post-imm)

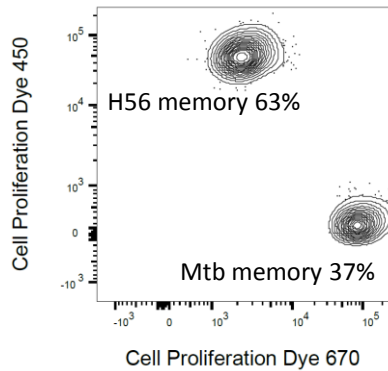




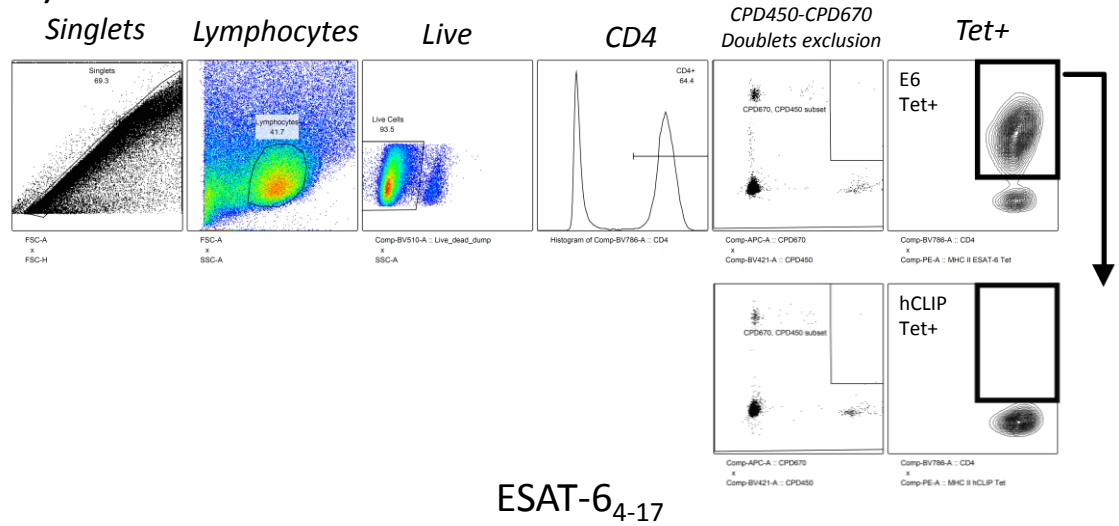
Recipient mice – Gating strategy
E6 vs hCLIP Tet+ (Pulldown)

a)

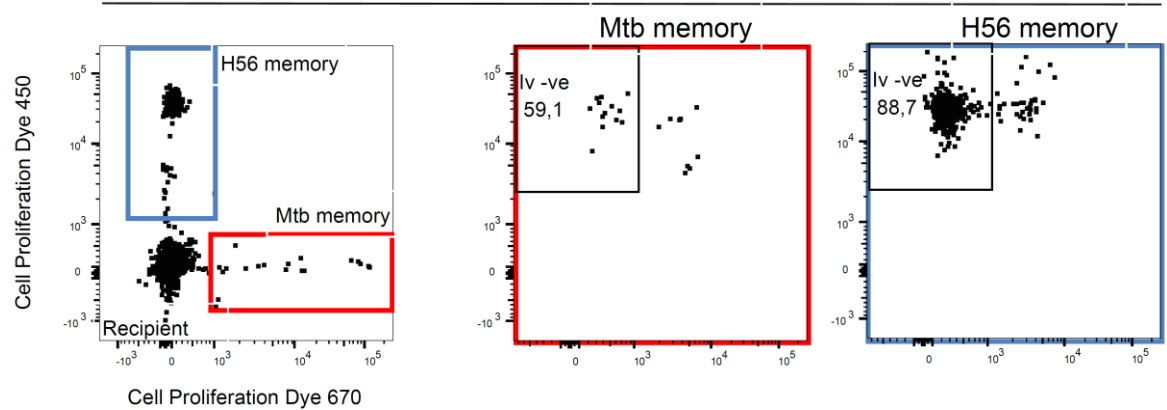
Donor cells
Live E6 Tet+ (Pulldown)
(Singlets > Lymphocytes > Live CD4s > E6 Tet+)

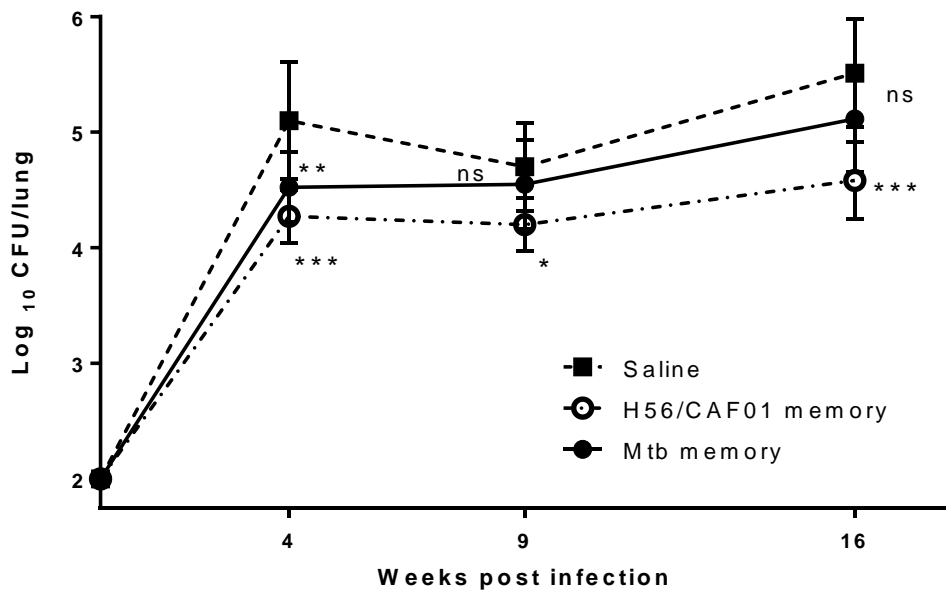
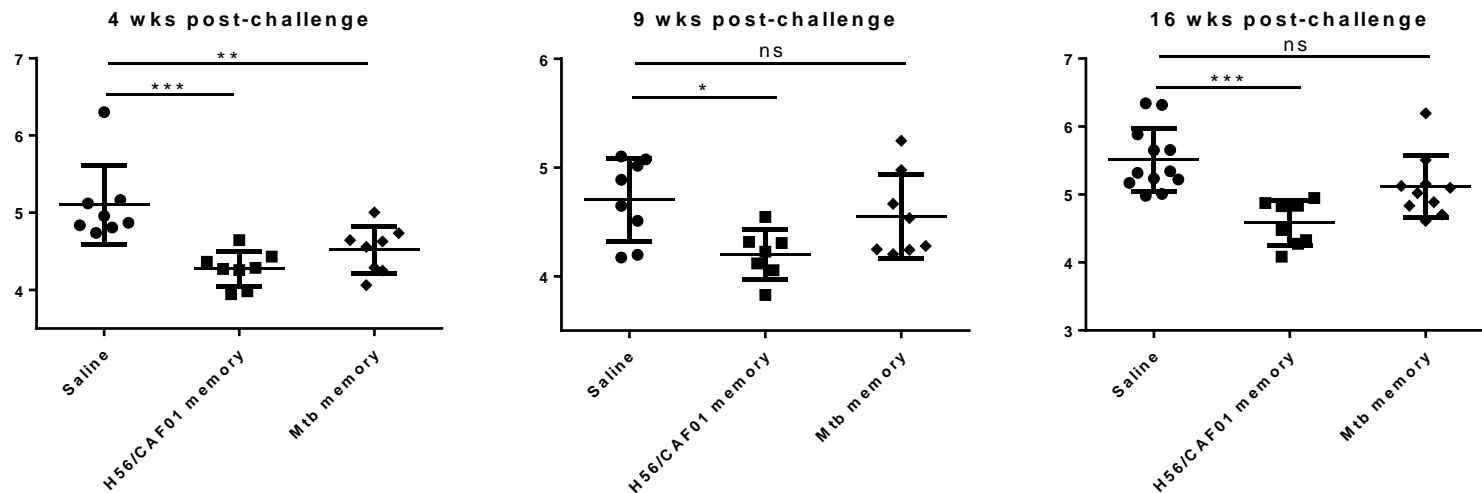


b)



ESAT-6₄₋₁₇





Table**Relapse rate after EoT**

(12 weeks INH/RIF treatment started 6 weeks into Mtb infection)

Weeks after start of 12 weeks INH/RIF treatment	Weeks after EoT (End of Treatment – 12 weeks)	# of Culture positive
6		0/8
8		0/14
12	0	0/4
14	2	0/4
19	7	0/16
23	11	2/16
41	29	2/8
84	72	3/18