

Figure S1. Flow cytometry gating strategy. Human moDCs at $T = 0, 24,$ or 48 h after MAP infection were stained, as described in the Methods, and gated sequentially on forward/side scatter, single cells (SSC-A/SSC-H), viability, and finally CD11b⁺ and CD11c⁺ cells, prior to calculation of MFIs for CD80, CD86, MHCII, CD103, CD11b, and CD11c.

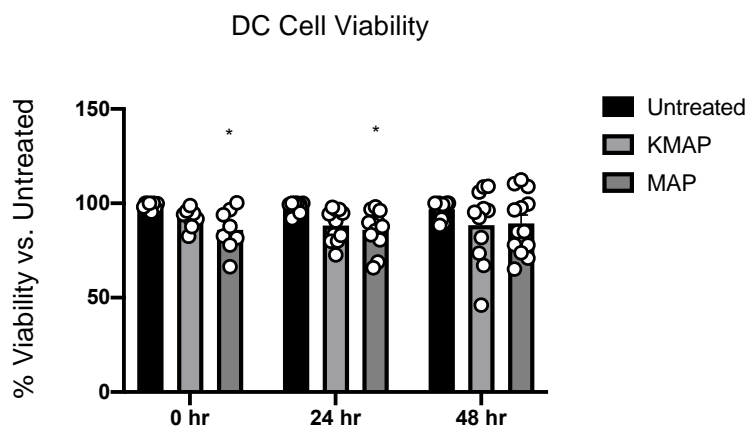


Figure S2. Cell viability post MAP infection. The percentage of live moDCs untreated or post MAP/KMAP infection was calculated following forward/side scatter, CD11b⁺ and CD11c⁺, and gated on SSC-A and BV510 (viability dye). * $p < 0.05$ as calculated using a two-way ANOVA with multiple comparisons, shown is the average \pm SEM of $n = 4$ DC blood donors in triplicates.

Fig S3

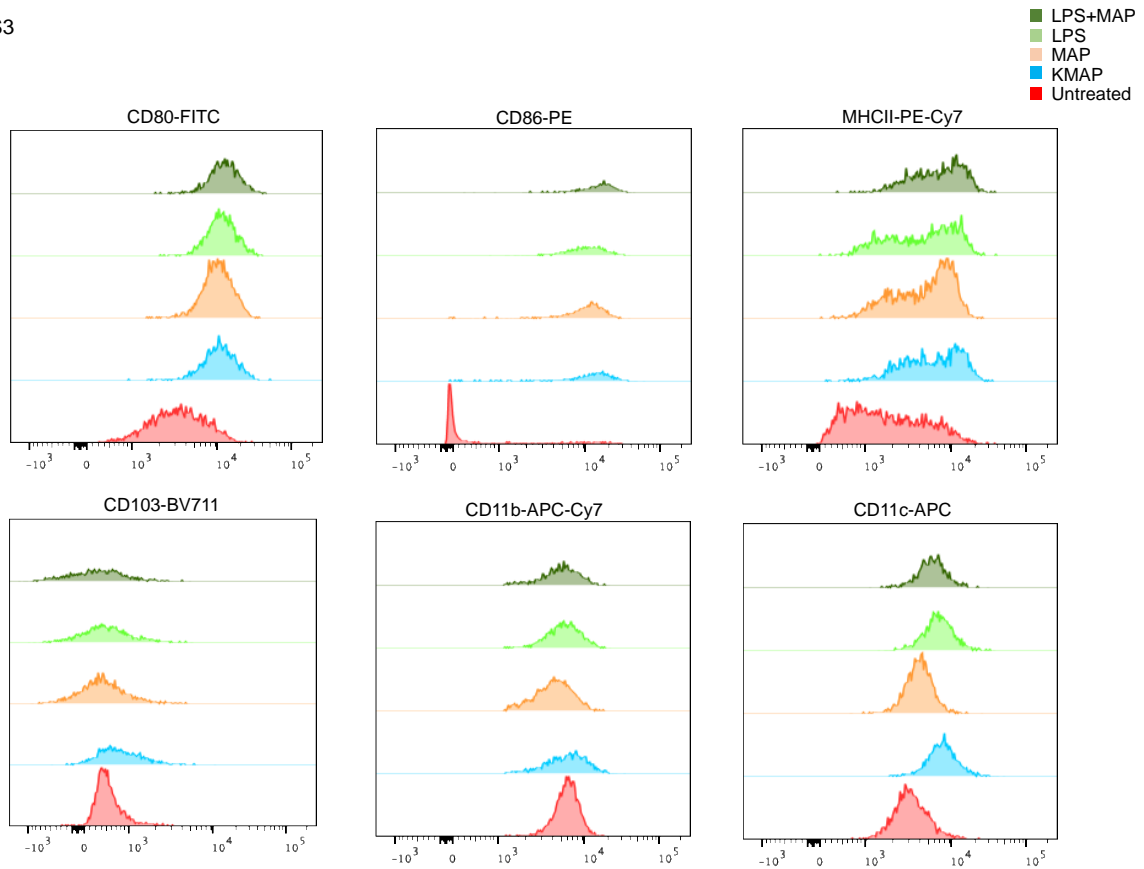


Figure S3. Flow cytometry MFI shifts. Human MoDCs at $T = 0, 24,$ or 48 h after the MAP infection were stained, as described in Methods, and gated sequentially on forward/side scatter, single cells (SSC-A/SSC-H), viability, and finally $CD11b^+$ and $CD11c^+$ cells. MFI shifts of a representative experiment at $T = 24$ are shown.