

**MESTRADO INTEGRADO EM MEDICINA**

---

2021/2022

Susana Cristina Roque Oliveira

*Mycobacterium avium* chronic infection differently affects  
the cytokine profile in the hippocampus from Balb/c,  
C57BL/6 and CD-1 mice but has no impact in behavior

junho, 2022

FMUP

**U.** PORTO

**FM  
UP** FACULDADE DE MEDICINA  
UNIVERSIDADE DO PORTO

Susana Cristina Roque Oliveira

*Mycobacterium avium* chronic infection differently affects  
the cytokine profile in the hippocampus from Balb/c,  
C57BL/6 and CD-1 mice but has no impact in behavior

**Mestrado Integrado em Medicina**

**Área:** Medicina Básica

**Tipologia:** Dissertação

**Trabalho efetuado sob a Orientação de:**

Professora Doutora Margarida Correia-Neves

**E sob a Coorientação de:**

Prof. Doutora Susana Gomes Guerreiro

**Trabalho organizado de acordo com as normas da revista:**

Brain, Behavior and Immunity

junho, 2022

**FMUP**

Eu, Susana Cristina Roque Oliveira, abaixo-assinado, nº mecanográfico 201205507, estudante do 6º ano do Ciclo de Estudos Integrado em Medicina, na Faculdade de Medicina da Universidade do Porto, declaro ter atuado com absoluta integridade na elaboração deste projeto de opção.

Neste sentido, confirmo que **NÃO** incorri em plágio (ato pelo qual um indivíduo, mesmo por omissão, assume a autoria de um determinado trabalho intelectual, ou partes dele). Mais declaro que todas as frases que retirei de trabalhos anteriores pertencentes a outros autores, foram referenciadas, ou redigidas com novas palavras, tendo colocado, neste caso, a citação da fonte bibliográfica.

Faculdade de Medicina da Universidade do Porto, 26/06/2022

Assinatura conforme cartão de identificação:

Assinado por: **SUSANA CRISTINA ROQUE DE  
OLIVEIRA**  
Num. de Identificação: 11221204  
Data: 2022.06.26 00:43:54+01'00'

NOME

Susana Cristina Roque Oliveira

NÚMERO DE ESTUDANTE

201205507

E-MAIL

[roquesusana@gmail.com](mailto:roquesusana@gmail.com)

DESIGNAÇÃO DA ÁREA DO PROJECTO

Medicina Básica

TÍTULO DISSERTAÇÃO

*Mycobacterium avium* chronic infection differently affects the cytokine profile in the hippocampus from Balb/c, C57BL/6 and CD-1 mice but has no impact in behavior

ORIENTADOR

Professora Doutora Margarida Correia-Neves

COORIENTADOR (se aplicável)

Prof. Doutora Susana Guerreiro

ASSINALE APENAS UMA DAS OPÇÕES:

É AUTORIZADA A REPRODUÇÃO INTEGRAL DESTA TRABALHO APENAS PARA EFEITOS DE INVESTIGAÇÃO, MEDIANTE DECLARAÇÃO ESCRITA DO INTERESSADO, QUE A TAL SE COMPROMETE.	<input checked="" type="checkbox"/>
É AUTORIZADA A REPRODUÇÃO PARCIAL DESTA TRABALHO (INDICAR, CASO TAL SEJA NECESSÁRIO, Nº MÁXIMO DE PÁGINAS, ILUSTRAÇÕES, GRÁFICOS, ETC.) APENAS PARA EFEITOS DE INVESTIGAÇÃO, MEDIANTE DECLARAÇÃO ESCRITA DO INTERESSADO, QUE A TAL SE COMPROMETE.	<input type="checkbox"/>
DE ACORDO COM A LEGISLAÇÃO EM VIGOR, (INDICAR, CASO TAL SEJA NECESSÁRIO, Nº MÁXIMO DE PÁGINAS, ILUSTRAÇÕES, GRÁFICOS, ETC.) NÃO É PERMITIDA A REPRODUÇÃO DE QUALQUER PARTE DESTA TRABALHO.	<input type="checkbox"/>

Faculdade de Medicina da Universidade do Porto, 26/06/2022

Assinatura conforme cartão de identificação:

Assinado por: **SUSANA CRISTINA ROQUE DE OLIVEIRA**  
Num. de Identificação: 11221204  
Data: 2022.06.26 01:05:47+01'00'

## ACKNOWLEDGEMENTS

Agradeço à Margarida e à Joana, minhas mentoras e amigas. Não tenho palavras para vos agradecer tudo o que têm feito e sido para mim. Estou muito grata por ter tido a sorte de nos termos cruzado nesta vida. Obrigada pela vossa boa disposição e pensamento positivo, pela paciência, por acreditarem em mim, me incentivarem e por terem estado sempre ao meu lado neste caminho sinuoso.

A Cláudia e à Palmira, obrigada pela amizade sem vocês nunca teria chegado até aqui. À Mirandita, à Monteiro, à Daniela, à Alice, ao Bruno, ao Cláudio eternos amigos que se cruzaram no meu caminho, sempre me ajudaram e permitiram que todo o trabalho fosse mais divertido e aminorado.

Às Azubinhas, que mesmo à distância, na terra e no céu, estão sempre por perto.

À Susana Guerreiro, amiga de longa data, cujo destino decidi que nos deveríamos cruzar inúmeras vezes na nossa caminhada. Estou muito grata por ter pessoas como tu perto de mim.

Agradeço, acima de tudo, à minha família, que sempre me incentivou a seguir os meus ideais. Mamã, Papá, Filipa, Bernardo, Diogo, tia Lina, Gonçalo, avós, que afortunada sou por ser tão acarinhada e amparada por cada um de vocês. Serei eternamente grata por tudo o que fazem por mim e por me terem ajudado a chegar até aqui.

Ao Ricardo, agradeço todo o carinho, paciência, ajuda, apoio e incentivo incondicionais. Sei que não tem sido fácil, mas “Enquanto houver estrada pra andar, A gente vai continuar”

Finalmente às minhas meninas Bia e Elis, obrigada meus amores por me terem escolhido como mamã. Vocês são uma inspiração constante e sem dúvida quem mais me ensinou nesta vida. Amo-vos.

O trabalho apresentado nesta tese foi realizado no Instituto de Investigação em Ciências da Vida e da Saúde (ICVS), Universidade do Minho, e na Faculdade de Medicina da Universidade do Porto (FMUP). O apoio financeiro foi concedido através de subsídios nacionais da Fundação para a Ciência e Tecnologia (FCT) - projeto UIDB/50026/2020 e UIDP/50026/2020.



# CONTENTS

<b>ACKNOWLEDGEMENTS .....</b>	<b>VII</b>
<b>CONTENTS.....</b>	<b>IX</b>
<b>I. DISSERTATION .....</b>	<b>2</b>
1. INTRODUCTION.....	7
2. MATERIALS AND METHODS .....	9
2.1 <i>Animals</i> .....	9
2.2 <i>Infection and quantification of bacterial load</i> .....	10
2.3 <i>Behavioral tests</i> .....	11
2.3.1 <i>Open field test</i> .....	11
2.3.2 <i>Forced swimming test</i> .....	12
2.3.3 <i>Tail suspension test</i> .....	12
2.4 <i>mRNA expression quantification by qPCR</i> .....	13
2.5 <i>Corticosterone measurement</i> .....	14
2.6 <i>Hippocampal cell proliferation: immunohistochemistry and stereological analysis</i> .....	14
2.7 <i>Dendritic structure</i> .....	15
2.8 <i>Data analyses</i> .....	16
3. RESULTS .....	17
3.1 <i>Chronic infection with Mycobacterium avium induces a distinct hippocampal cytokine profile in the three mouse strains</i> .....	17
3.2 <i>M. avium infection does not impact on hippocampal cell proliferation</i> .....	20
3.3 <i>M. avium infection does not impact neuronal plasticity</i> .....	21
3.4 <i>The basal corticosterone levels are unaltered upon M. avium infection chronic infection</i> .....	22
3.5 <i>M. avium infection does not induce alterations in locomotor, exploratory, anxious-like or depressive-like behaviors</i> .....	23
4. DISCUSSION .....	26
5. REFERENCES .....	31
<b>II. ANNEXES .....</b>	<b>38</b>
1. REPORTING GUIDELINES .....	40
2. BBI GUIDE FOR AUTHORS .....	44



# **I. DISSERTATION**



***Mycobacterium avium* chronic infection differently affects the cytokine profile in the hippocampus from Balb/c, C57BL/6 and CD-1 mice but has no impact in behavior**

Susana Roque<sup>a,b,\*</sup>, Daniela de Sá-Calçada<sup>a,b</sup>, Bruno Cerqueira-Rodrigues<sup>a,b</sup>,  
Susana Monteiro<sup>a,b</sup>, Susana G. Guerreiro<sup>c,d,e</sup>, Joana A. Palha<sup>a,b</sup>, Margarida  
Correia-Neves<sup>a,b</sup>

a) Life and Health Sciences Research Institute (ICVS), School of Medicine,  
University of Minho, Braga, Portugal.

b) ICVS/3B's - PT Government Associate Laboratory, Braga/Guimarães,  
Portugal.

c) Institute for Research and Innovation in Health (i3S), Porto, Portugal.

d) Institute of Molecular Pathology and Immunology of the University of Porto-  
IPATIMUP, Porto, Portugal.

e) Department of Biomedicine, Biochemistry Unit, Faculty of Medicine,  
University of Porto, Porto, Portugal.

\*Corresponding author. Email: sroque@med.uminho.pt.

## HIGHLIGHTS

*M. avium* chronic infection induces a cytokine imbalance in the hippocampus.

Each mouse strain presents a distinct cytokine profile upon infection.

*M. avium* chronic infection does not trigger hippocampal neuroplasticity alterations.

*M. avium* chronic infection does not induce behavioral alterations in the 3 mouse strains.

**Keywords:** Mycobacteria; infection; cytokine profile, mood behavior; hippocampus plasticity; corticosterone; Balb/c; C57BL/6; CD-1.

## ABSTRACT

One of the most remarkable findings in the immunology and neuroscience fields was the discovery of the bidirectional interaction between the immune and the central nervous systems. This interplay is tightly regulated to maintain homeostasis in physiological conditions. Disruption in this interplay has been suggested to be associated with several neuropsychiatric disorders. Most studies addressing the impact of an immune system disruption on behavioral alterations focus on acute pro-inflammatory responses. However, chronic infections are highly prevalent and associated with an altered cytokine milieu that persists over time. Studies addressing the potential impact of mycobacterial infections on depressive-like behavior originated discordant results and the subject need to be further address. To promote our understanding on the effect of chronic infections on the central nervous system, we evaluated the impact of *Mycobacterium avium* infection. Since the profile of cytokines produce vary depending on the mouse strains, three mouse strains were analyzed (Balb/c, C57BL/6 and CD-1). We used female mice and the model of peripheral chronic infection. Our results show that *M. avium* peripheral chronic infection induces alterations not just in the peripheral immune system but also in the central nervous system, namely in the hippocampus. Interestingly these cytokine alterations vary between mouse strains. These altered cytokine profiles are not accompanied by hippocampal cell proliferation or neuronal plasticity changes. Accordingly, no differences were observed in locomotor, anxious and depressive-like behavior independently on the mouse strains used. These results show that the infection-induced alterations in the cytokine profile, both in

the periphery and the hippocampus, are insufficient to alter behavior and hippocampal plasticity.

## 1. INTRODUCTION

An increasing body of evidence robustly points towards a bidirectional interaction between the immune and the central nervous systems. Behavioral alterations are often associated with an imbalance in the immune system, namely in the cytokine profile (Mesquita *et al.* 2008; Monteiro *et al.* 2016; Miller *et al.* 2017; Beurel *et al.* 2020). Since infections (acute and chronic) are very frequent and induce alterations in the immune system, namely, increasing the production of pro-inflammatory cytokines, it is reasonable to infer their contributive and potential role in the pathophysiology of mood disorders. In fact, lipopolysaccharide (LPS, a cell wall component of Gram-negative bacteria) administration or *Salmonella typhi* vaccines in mice induce a pattern of behavioral changes that share similarities with those observed in mood disorders (Dunn and Swiergiel 2005; Wright *et al.* 2005; Dantzer *et al.* 2008; Harrison *et al.* 2009; DellaGioia and Hannestad 2010). These behavioral alterations, collectively termed “sickness behavior”, result from the interaction between the immune, endocrine, and central nervous systems as a normal physiological response to a danger signal, which is very important for host survival and infection clearance. Of note, those acute behavioral alterations are rapidly restored with the normalization of the immune system balance, which occurs a few days after these stimuli. Interestingly, few reports addressed chronic infections' effect on mood disorders. Chronic infections are of particular

interest since they are widely prevalent and are accompanied by a sustained altered cytokine profile.

Mycobacterial infections are among the major health threats worldwide (WHO 2021). *Mycobacterium avium* induces a chronic infection, altering the production of many pro-inflammatory cytokines, thus representing an attractive model to address the interplay between a chronically altered cytokine profile and behavior. *M. avium* is an opportunistic microorganism, frequently present in the environment, that causes serious disseminated infection in immunosuppressed patients (Brettle 1997; Field *et al.* 2004). The mouse model of *M. avium* infection is very well characterized (Appelberg 2006). The infection can last several months with no obvious clinical signs of disease (Olsson *et al.* 2010). Moreover, *M. avium* infection has been extensively used to address specific questions related to this infection and, as a mouse model, to study general features of mycobacterial infections (Appelberg 2006). Upon mycobacterial infection, an immune response is continuously present, characterized mostly by a Th1 type of response, with increased levels of pro-inflammatory cytokines such as IFN- $\gamma$  and TNF (Roque *et al.* 2007).

The effect of mycobacterial infections on behavior has been previously studied by others, however, results from these studies are discordant (Lowry *et al.* 2007; Moreau *et al.* 2008). Studies performed with *Mycobacterium bovis bacillus Calmette-Guérin* (BCG) infection suggested that mycobacterial infection induces depressive-like behavior in CD1 (Moreau *et al.* 2008; O'Connor *et al.* 2009; Platt *et al.* 2013), in C57BL/6 (O'Connor *et al.* 2009; O'Connor *et al.* 2009; Rodriguez-Zas *et al.* 2015) and Balb/c mice (Kelley *et al.* 2013; Vijaya Kumar *et al.* 2014). In contrast, stimulation of the immune system with antigens from

*Mycobacterium vaccae*, using Balb/c mice, led the authors to conclude that mycobacterial antigens “decrease” depressive-like behavior (Lowry et al. 2007). Moreover, this immune challenge with *M. vaccae* also conferred stress resilience in mice and rats (Reber et al. 2016; Frank et al. 2018; Foxx et al. 2020; Loupy et al. 2021) and enhanced fear-extinction in rats (Fox et al. 2017). The discordant observations between studies with BCG and *M. vaccae* may originate from the different bacteria used. Thus, to further investigate the effect of the immune system imbalance occurred during mycobacterial chronic infections, we evaluated the impact of an infection by a single strain of *M. avium* using simultaneously three female mouse strains: two inbred (C57BL/6 and Balb/c) and one outbred strain (CD1). We investigated the brain cytokine profile and plasticity and mouse behavior.

## 2. MATERIALS AND METHODS

### 2.1 Animals

Specific pathogen-free Crl:CD1(ICR), C57BL/6J and BALB/cByJ 8 weeks old female mice were purchased from Charles River Laboratories (Barcelona, Spain). All mice were housed in sterile housing conditions, in groups of 5 per cage, under standard laboratory conditions (12h light/12h dark cycle, at 22°C, relative humidity of 55%; food and water *ad libitum*). Cages were environmental enriched with a soft paper as nesting material. All experimental procedures were carried out within the light period of the light/dark cycle. Even though no adverse effects were expected in this experimental procedure, mice were monitored and humanely euthanized whenever a clinical sign of a humane endpoint was observed (Burkholder *et al.* 2012).

The experiments were conducted in agreement with National guidelines (DL 113/2013 and Portaria 1005/92) and with the European Union Directive 2010/63/EU on animal care and experimentation. The study and people directly involved in animal experiments were certified by the Ethical Committee Board of the Portuguese Veterinary Directorate.

A priori power analysis for the behavioral differences between the two groups (non-infected and infected mice) were performed assuming an effect size  $d=0.95$ , an alpha of 0.05, a statistical power 0.7, a minimum of  $n=15$  mice per group must be used (t-test; G\*Power 3.1.4).

## **2.2 Infection and quantification of bacterial load**

Mice from each strain were randomly assigned for non-infected and infected groups, using a computer based random order generator. In the infected group mice were infected intravenously (i.v.) through a lateral tail vein, with 106 colony-forming units (CFU) of *M. avium* strain 2447 (smooth transparent variant, provided by Dr F. Portaels, Institute of Tropical Medicine, Antwerp, Belgium). The non-infected group were injected (i.v.) through a lateral tail vein with saline. At 4 weeks post infection (wpi), mice were submitted to behavioral tests and three days after the end of the behavioral evaluation, animals were weighed and euthanized (mice were anesthetized with a combination of ketamine 75 mg kg<sup>-1</sup> and medetomidine 1 mg kg<sup>-1</sup> and lastly euthanized by decapitation, by trained certified personnel). Half of the spleen from all animals and the brain from 8-14 mice were collected, homogenized, serially diluted, and plated onto Middlebrook 7H10 agar medium. The number of CFU was counted after 1 week of incubation at 37 °C.

### **2.3 Behavioral tests**

Behavioral tests were performed on 3 consecutive days, between 9 am and 6 pm, in the following order: open field test (OFT), forced swim test (FST) and tail suspension test (TST). All animals performed all the behavioral tests. The estrous cycle stage (proestrus, estrus, metestrus and diestrus) of each female was determined, immediately after the performance of each behavioral test (in 3 consecutive days), by vaginal smear examination for the presence of leukocytes, cornified epithelial and nucleated epithelial cells and their proportions in the smear (Byers *et al.* 2012). To evaluate the impact of the estrous cycle on the behavioral parameters analyzed, data were grouped into proestrus/estrus and metestrus/diestrus stages since it has been described that the estrogen levels of the grouped stages are very similar (Caligioni 2009). A two-way ANOVA analysis with a post hoc Fisher LSD test revealed that the estrous cycle did not impact the behavioral parameters assessed.

#### **2.3.1 Open field test**

The OFT was performed to assess locomotor and exploratory activities and anxious-like behavior. Animals were placed in the center of an arena (43.2 x 43.2 cm with transparent acrylic walls and a white floor) and their position and rearings (vertical activity) were monitored and recorded by a three 16-beam infrared system (MedAssociates, VT, USA), during 5 minutes. The total distance travelled by each animal was used to assess locomotor activity and the number and duration of rearings to determine exploratory behavior. The percentage of time spent in the central area of the OFT arena and the percentage of the distance travelled by each animal in the center of the arena (10.8 cm x 10.8 cm)

were used as an indicative measure of anxious-like behavior (Gould *et al.* 2009).

### **2.3.2 Forced swimming test**

The FST was used to evaluate the ability of mice to cope with a stressful and inescapable situation (behavioral despair). In this test, each animal was placed in a cylinder (17 cm of diameter and 30 cm of height) filled with water (25 °C) to a depth, so the mouse had no solid support for the rear paws or tail. The activity was recorded for 6 minutes, and the last 4 minutes were scored for mobility/immobility. Additionally, the latency to immobility, which corresponds to the time each animal takes from the beginning of the test to stop for the first time, was assessed. Mice displaying decreased latency to immobility and longer immobilization periods were considered to display higher behavioral despair, a sign of depressive-like behavior (Porsolt *et al.* 1977). The behavior parameters assessed were scored by, at least, 2 independent researchers, blind to the experimental condition. Since the results are consistent between raters the graphs present data from one rater.

### **2.3.3 Tail suspension test**

The TST addresses, as the FST, depressive-like behavior. Mice were suspended by the tail for 6 minutes. The activity was recorded and, subsequently, the latency, mobility and immobility time were manually scored by at least two independent researchers, blind to the experimental conditions. The data presented in the graphs are from one of the raters. Displaying decreased latency to immobility and longer immobilization periods were considered traits of depressive-like behavior (Steru *et al.* 1985).

#### 2.4. mRNA expression quantification by qPCR

Spleen and hippocampus were macroscopically dissected and stored at -80 °C for subsequent quantification of messenger RNA (mRNA) expression levels by real-time polymerase chain reaction (qPCR).

To assess the cytokine profile in the spleen and hippocampus the expression levels of genes encoding for several pro- and anti-inflammatory cytokines (*Ifn- $\gamma$* , *Tnf*, *Il-1 $\beta$* , *Il-6*, *Tgf-  $\beta$*  and *Il-10*) and for the enzyme *indoleamine 2,3-dioxygenase (Ido)* and *inducible nitric oxide synthase (iNos)* were measured by qPCR using the primer sequences described in Table 1. Total RNA (1  $\mu$ g) was reverse transcribed using iScript cDNA synthesis kit (Bio-Rad, Hercules, CA, USA). The geometric mean of the mRNA expression levels of three different genes was used as reference: *hypoxanthine guanine phosphoribosyl transferase (Hprt)*; *glyceraldehyde 3-phosphate dehydrogenase (Gapdh)* and; *18S ribosomal RNA (18S)* (Vandesompele *et al.* 2002). qPCR reactions were performed on a CFX96 Real-Time PCR Detection System (Bio-Rad, CA, USA) using EVA Green (Bio-Rad, CA, USA).

**Table 1.** Primer sequences

Gene	Sequence forward primer (5'-3')	Sequence reverse primer (5'-3')
<i>Hprt</i>	GCTGGTGAAAAGGACCTCT	CACAGGACTAGAACACCTGC
<i>Gapdh</i>	GGGCCCACTTGAAGGGTGGGA	TGGACTGTGGTCATGAGCCCTT
<i>18S RNA</i>	GTAACCCGTTGAACCCATT	CCATCCAATCGGTAGTAGCG
<i>Ifn-<math>\gamma</math></i>	CAACAGCAAGGCGAAAAAGG	GGACCACTCGGATGAGCTCA
<i>Tnf</i>	TGCCTATGTCTCAGCCTCTTC	GAGGCCATTTGGGAATTCT
<i>Il-1<math>\beta</math></i>	GTGCTGTCCGACCCATATGAG	CAGGAAGACAGGCTTGTGCTC
<i>Il-6</i>	CCGGAGAGGAGACTTCACAG	TCCACGATTTCCAGAGAAC
<i>Tgf- <math>\beta</math></i>	AGCCCGAAGCGGACTACTAT	AGCCCTGTATTCCGTCTCCT
<i>Il-10</i>	AGGACTTTAAGGGTACTTGGGTT	GCTCCACTGCCTTGCTCTTATT
<i>Ido</i>	GGCTTCTTCTCGTCTCTCTATTG	TGACGCTCTACTGCACTGGATAC
<i>iNos</i>	CTCGGAGGTTACCTCACTGT	GCTGGAAGCCACTGACACTT

### **2.5. Corticosterone measurement**

Sera corticosterone levels were measured 3 days after the last behavioral test. Blood was collected from the tip of the tail within the first 2 min after animals were removed from their home cage. Blood collection occurred between 9, and 10 am, corresponding to the beginning of the light period (the basal time-point of the corticosterone production circadian rhythm). Corticosterone concentration was assessed using a radioimmunoassay (RIA) assay kit (Corticosterone Double Antibody RIA kit, MP Biomedicals, NY, USA), following the manufacturer's guidelines. The detection limit of the assay was 15.4 ng/mL.

### **2.6. Hippocampal cell proliferation: immunohistochemistry and stereological analysis**

To analyze hippocampal cell proliferation, anesthetized mice with a combination of ketamine 75 mg kg<sup>-1</sup> and medetomidine 1 mg kg<sup>-1</sup> were transcardially perfused with saline and euthanized by decapitation and their brains removed. Brains were embedded in optimum cutting temperature compound and snap-frozen to assess cell proliferation in the dentate gyrus (DG) using stereological analysis. Serial coronal 20 µm sections were cut on a cryostat, extending over the entire length of the hippocampus. To detect Ki67, a nuclear protein expressed in all phases of the cell cycle except the resting phase G<sub>0</sub>, a mouse monoclonal anti-Ki67 (Novocastra, UK; 1:100 dilution) was used accordingly with standard procedures. The primary antibody was detected using the Ultravision Quanto Detection System (Lab Vision, CA, USA), and the reaction developed with 3,3'-diamino-benzidine substrate (Sigma Aldrich, MO, USA; DAB: 0.025% and 0.15% H<sub>2</sub>O<sub>2</sub> in Tris-HCl 0.05 M, pH 7.2). Sections were then counterstained with hematoxylin.

Hippocampal cell proliferation was measured by counting the cells expressing Ki-67 in the subgranular zone (SGZ), considered as the 3-cell-body-wide zone at the border of the DG and normalized by the respective area (results are presented as number of Ki67<sup>+</sup> cells per mm<sup>2</sup>). The use of the visiopharm integrator system software (Visiopharm, Denmark) allowed the delimitation, at low magnification (40x), of the areas of interest and the identification of the Ki67<sup>+</sup> cells within the defined areas was performed at higher magnification (400x). Counts were performed by one researcher blind to the experimental conditions.

### **2.7. Dendritic structure**

To analyze the dendritic structure, the mouse brains were collected as described above, immersed in Golgi-Cox solution, and kept in the dark for 14 days at room temperature (Glaser and Van der Loos 1981). The brains were transferred to a 30% sucrose solution and cut on a vibratome. Coronal sections (200 µm thick) were collected in 6% sucrose and blotted dry onto gelatin-coated microscope slides. They were subsequently alkalized in 18.7% ammonia, developed in Dektol (Kodak, Rochester, NY, USA), fixed in Kodak Rapid Fix, dehydrated, xylene cleared, mounted and coverslipped with entellan. All incubation steps were performed in a dark room. To minimize bias, each brain was coded to keep the experimenter blind to the experimental conditions. The arrangement of the dendritic material in the granule cells from the DG of the hippocampus was analyzed taking into consideration the following criteria: 1) full Golgi-impregnation along the dendritic tree; 2) complete dendrites without truncated branches; and 3) relative isolation from neighboring impregnated neurons, astrocytes or blood vessels to avoid interference with the analysis.

Slides containing the region of interest were randomly searched and the first 5 to 8 neurons fulfilling the criteria (maximum of 3 neurons per section) were selected.

For each selected neuron, all branches of the dendritic tree were reconstructed, at high magnification (600x), using a motorized microscope (Axioplan 2; Carl Zeiss, Germany) and the Neurolucida software (Microbrightfield, VT, USA). A 3D version of a Sholl analysis (Sholl 1956; van Pelt and Uylings 2002) of the reconstructed neurons was performed using the NeuroExplorer software (Microbrightfield, Inc.; VT, USA); the number of intersections of dendrites with concentric spheres positioned at radial intervals of 10  $\mu\text{m}$  was counted. Additionally, the total length of the dendritic tree was measured. For each group of 5 mice per strain, 30 dentate granule cells were analyzed

### **2.8. Data analyses**

Normal distribution of the variables was tested using the Shapiro-Wilk test ( $p > 0.05$ ). To compare infected with non-infected mice, the independent-sample t-test was performed for variables with normal distribution.

One-way ANOVA was used to compare the bacterial load of the 3 mouse strains. The differences between the groups were analyzed using the Tukey post-hoc test. The Sholl analysis of the reconstructed neurons was performed by ANOVA repeated measures.

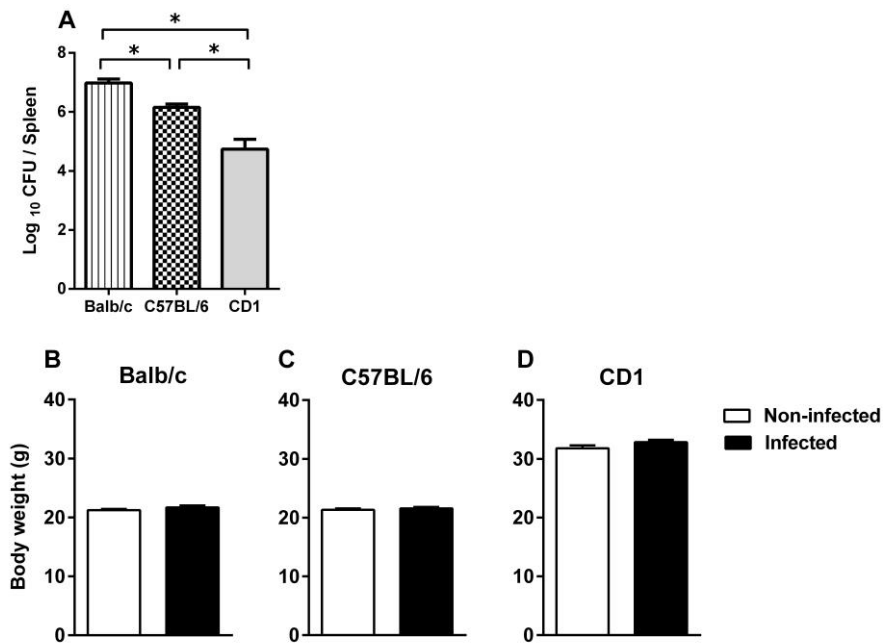
The Cohen's  $d$  ( $d$ ) effect size was calculated for all the statistical tests performed considering  $d < 0.50$  a small;  $0.50 \leq d < 0.8$  a medium; and  $\geq 0.80$  a large effect size (Cohen 1988).

The results shown are expressed as mean +SEM and correspond to 1 of at least 2 independent experiments with similar results. Sample sizes are shown in the figure legends. All data were analyzed using GraphPad Prism software (v.8, GraphPad software Inc. CA, USA) or SPSS statistics software (v.27, SPSS Inc. IL, USA). Significance at  $p < 0.05$  is indicated by an asterisk (\*)

### 3. RESULTS

#### ***3.1. Chronic infection with *Mycobacterium avium* induces a distinct hippocampal cytokine profile in the three mouse strains***

To evaluate the impact of chronic infection on the neuronal plasticity and behavior of mice we analyzed the animals at 4 wpi with *M. avium*, since it corresponds to the peak of the immune response (Pais *et al.* 2000). We infected mice from 3 mouse strains (Balb/c, C57BL/6 and CD1) also used in other studies that assessed the impact of mycobacteria infection in the brain and behavior. Moreover, these mouse strains are the most widely used in immunological and behavioral studies.

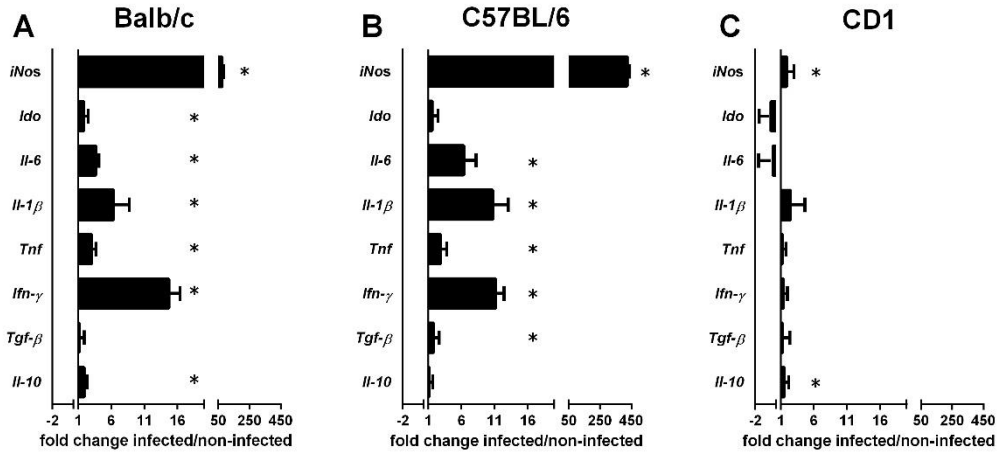


**Fig. 1 - *M. avium* chronic infection does not alter mice body weight even though different susceptibilities to infection are observed.** Spleen bacterial load was determined at 4wpi (A). Body weight of Balb/c (B), C57BL/6 (C) and CD1 (D) female mice were assessed in non-infected and 4 weeks infected mice. Each bar represents the mean + SEM of 15-24 mice per group, from 1 of 3 independent experiments. \* $p < 0.05$

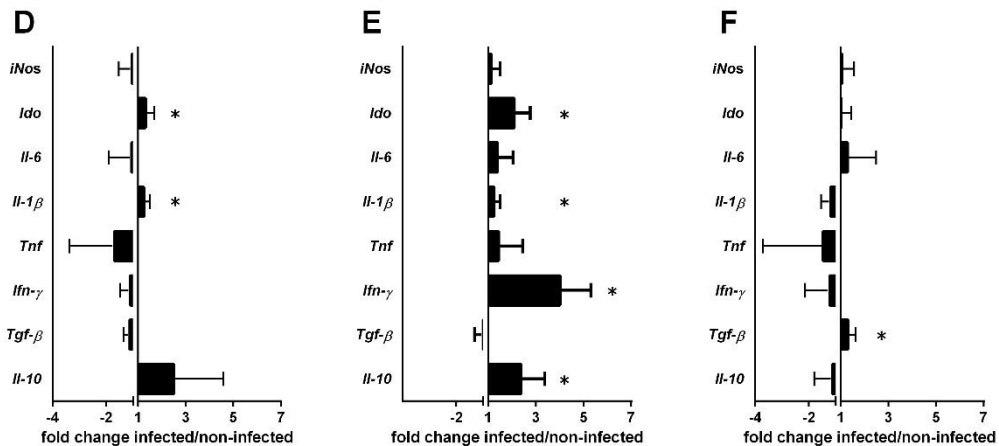
The bacterial loads in the spleen at 4 wpi differ depending on the mouse strain (Fig. 1A;  $F_{(2,57)}=530,9$ ;  $p < 0.0001$ ,  $d=0.234$ ). Interestingly, Balb/c mice are the most susceptible whereas CD1 mice are the most resistant to bacteria growth. While the bacterial load is very high in the spleen and several other organs (Nobrega *et al.* 2007; Roque *et al.* 2007) very few bacteria are present in the brain. In CD1 mice we detected, an average of 0.3 CFU per brain (with 5/7 mice below detection limit), in C57BL/6 mice, 9 CFU per brain (with 5/14 below detection limit) and 38 CFU per brain in Balb/c mice (with 1/8 below detection limit).

None of the mouse strains revealed weight loss after infection (Fig. 1 B, C and D; Balb/c:  $t(32)=-1.667$ ,  $p=0.105$ ,  $d=0.581$ ; C57BL/6  $t(43)=-0.668$ ,  $p=0.508$ ,  $d=0.200$ ; CD1:  $t(31)=-1.164$ ,  $p=0.253$ ,  $d=0.402$ ).

### Spleen



### Hippocampus

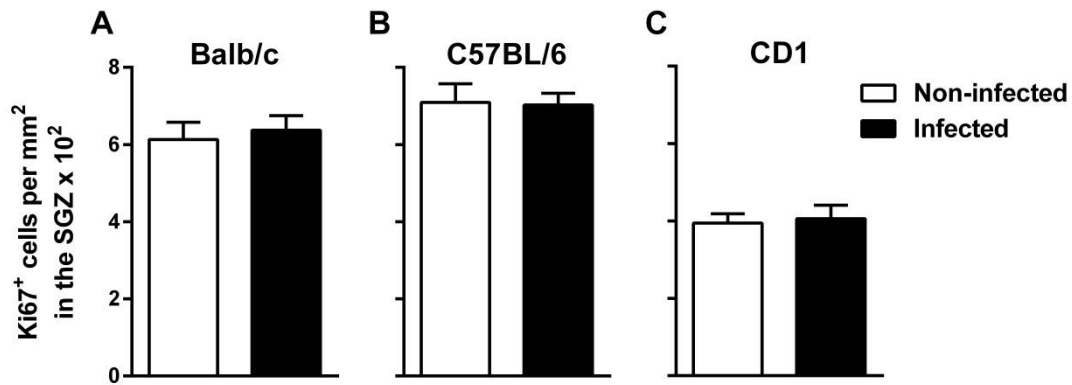


**Fig. 2 - Chronic infection with *M. avium* induces a distinct cytokine/inflammatory molecules profile in the hippocampus and spleen of the different mouse strains.** mRNA expression levels for the anti-inflammatory cytokines *Il-10* and *Tgf-β*, pro-inflammatory cytokines *Ifn-γ*, *Tnf*, *Il-1β* and *Il-6*, and the inflammatory molecules *Ido* and *iNos* were measured in the spleen (A, B and C) and hippocampus (D, E and F) of Balb/c (A and D), C57BL/6 (B and E) and CD1 (C and F) mice at 4wpi and also non-infected. The mRNA expression levels were normalized using 3 reference genes *Hprt*, *Gapdh* and *18S*. Each bar represents the mean of the fold change of the ratio infected/non-infected +SEM of 6-8 mice per strain from 1 of 2 independent experiments with similar results. \* $p < 0.05$

The same analysis in the hippocampus revealed that the 3 mouse strains present also a distinct cytokine profile (Fig. 2D, E and F). The hippocampus of both infected Balb/c and C57BL/6 mice present an increase in *Ido* mRNA expression (Fig. 2D and 2E; Balb/c:  $t(14) = -2.586$ ,  $p = 0.022$ ,  $d = 1.338$ ; C57BL/6:  $t(13) = -3.420$ ,  $p = 0.005$ ,  $d = 1.828$ ) and *Il-1 $\beta$*  (Balb/c:  $t(13) = -2.696$ ,  $p = 0.018$ ,  $d = 1.441$ ; C57BL/6:  $t(14) = -2.640$ ,  $p = 0.019$ ,  $d = 1.366$ ). Moreover *M. avium* infected C57BL/6 mice also show increased expression of *Ifn- $\gamma$*  (Fig. 2E;  $t(14) = -4.241$ ;  $p = 0.001$ ,  $d = 2.195$ ) and *Il-10* (Fig. 2E;  $t(8) = -2.423$ ;  $p = 0.042$ ,  $d = 1.625$ ). The infected CD1 mice only present increased expression of *Tgf- $\beta$*  (Fig. 2F;  $t(13) = -2.635$ ,  $p = 0.021$ ,  $d = 1.408$ ). No differences between infected and non-infected animals are observed for the other cytokines/inflammatory molecules analyzed in the hippocampus (*Il-6*, *iNos* and *Tnf*).

### **3.2. *M. avium* infection does not impact on hippocampal cell proliferation**

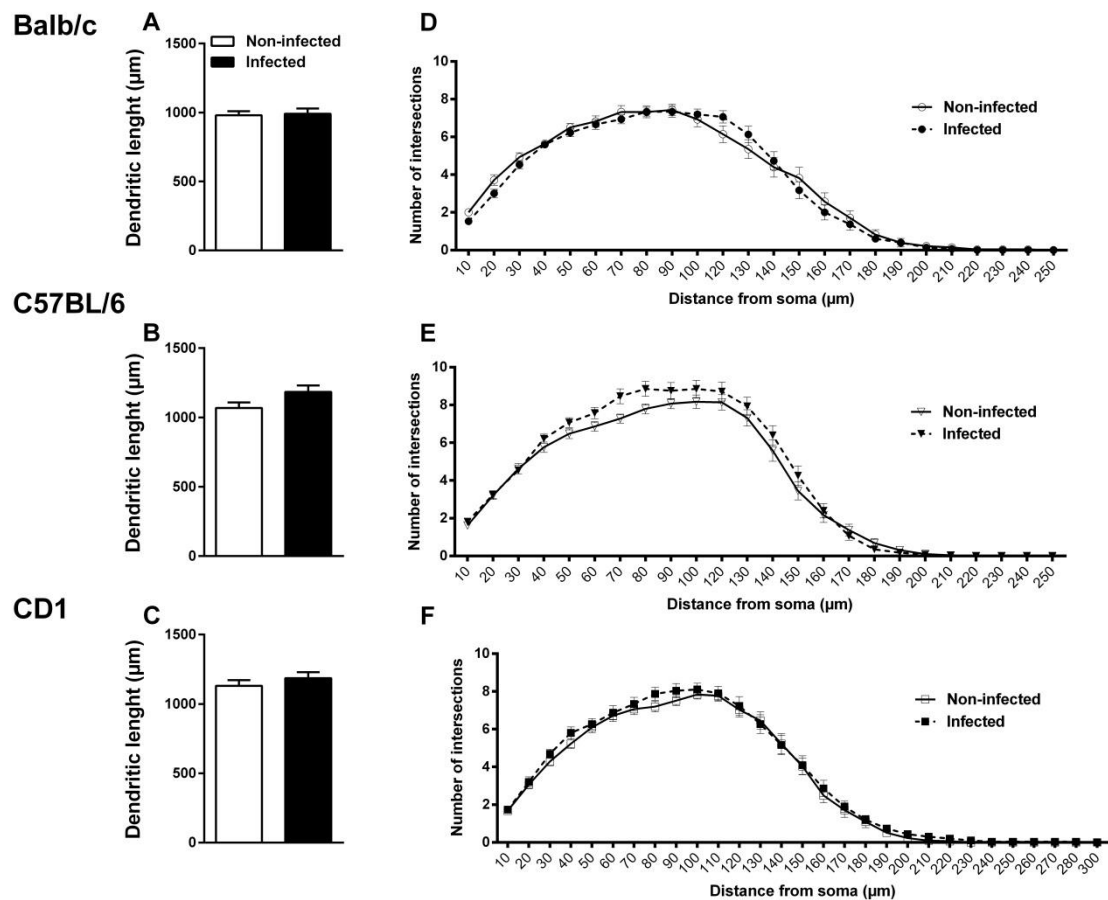
Since it has been described that inflammation can impact hippocampal neurogenesis (Zonis *et al.* 2015; Chesnokova *et al.* 2016) we next evaluated the hippocampal cell proliferation in the DG of infected and non-infected animals evaluating the expression of Ki67. *M. avium* infection does not induce alterations in hippocampal cell proliferation in none of the mouse strains analyzed Fig. 3 (Balb/c:  $t(14) = -0.470$ ,  $p = 0.690$ ,  $d = 0.243$ ; C57BL/6  $t(10) = 0.113$ ,  $p = 0.912$ ,  $d = 0.068$ ; CD1:  $t(13) = -0.258$ ,  $p = 0.8$ ,  $d = 0.138$ )



**Fig. 3 - Chronic infection with *M. avium* does not alter the hippocampal cell proliferation.** Hippocampal cell proliferation was assessed in *M. avium* infected and non-infected Balb/c (A) C57BL/6 (B) and CD1 (C) mice. The bars represent the mean +SEM of Ki67+ cells per mm<sup>2</sup> in the SGZ of each animal (6-8 mice per strain from 2 independent experiments).

### 3.3. *M. avium* infection does not impact neuronal plasticity

Even though no alterations were observed in hippocampal cell proliferation of infected animals we assessed whether infection impacts the neuronal morphology of this brain region. The morphological analysis of the DG's granule neurons revealed that infection with *M. avium* does not induce alterations in the total length of the dendrites from the 3 mouse strains (Fig. 4 A, B and C; Balb/c:  $t(9)=1.379$ ,  $p=0.201$ ,  $d=0.872$ ; C57BL/6:  $t(8)=-1.215$ ,  $p=0.259$ ,  $d=0.815$ ; CD1:  $t(8)=-0.589$ ,  $p=0.572$ ,  $d=0.395$ ). Moreover the arrangement of the dendritic material of these same neurons, assessed by the number of intersections of dendrites as a function of their distance from the soma, also does not reveal differences between infected and non-infected animals from the 3 mouse strains (Fig. 4D, E and F; Balb/c:  $F_{(1, 56)} = 0,2438$ ,  $p= 0,6234$ ,  $d=0.132$ ; C57BL/6:  $F_{(1, 55)} = 2,074$ ,  $p= 0,1555$ ,  $d=0.388$ ; CD1:  $F_{(1, 59)} = 0,8533$ ,  $p = 0,3594$ ,  $d=0.241$ ).

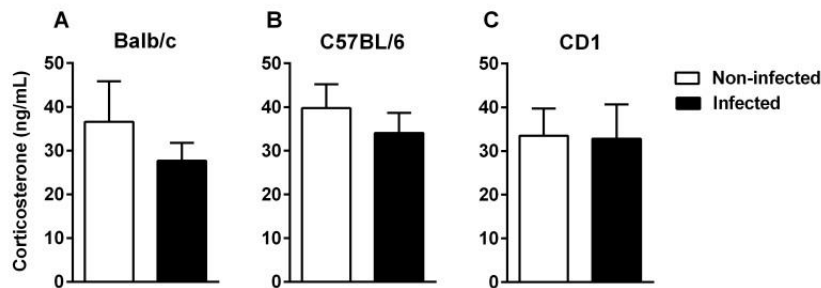


**Fig. 4 - Infection with *M. avium* does not induce morphological alterations in granule neurons of the hippocampus.** Dendritic morphology of granule neurons from the DG was analyzed in *M. avium* infected (4 wpi) and non-infected Balb/c, C57BL/6 and CD1 mice. The total length of the dendritic tree (A, B and C) and Sholl analysis of the number of intersections of dendrites at specific distances from the soma are displayed (D, E and F). Each bar represents the mean +SEM of the average length of 28-31 granule neurons per group, from 5-6 mice per group; the lines represent the average number of intersections of dendrite branches with consecutive 10 µm-spaced concentric spheres of the same neurons.

### **3.4. The basal corticosterone levels are unaltered upon *M. avium* infection chronic infection**

Alterations in cytokine levels, namely pro-inflammatory cytokines have been associated with the activation of the HPA-axis. Thus, we also analyze the basal

levels of corticosterone. Infection does not induce alterations in the basal levels of corticosterone in the 3 mouse strains (Fig. 5; Balb/c:  $t(26)=1.073$ ,  $p=0.293$ ,  $d=0.413$ ; C57BL/6:  $t(29)=0.544$ ,  $p=0.590$ ,  $d=0.199$ ; CD1: $t(29)=0.069$ ,  $p=0.946$ ,  $d=0.025$ ).

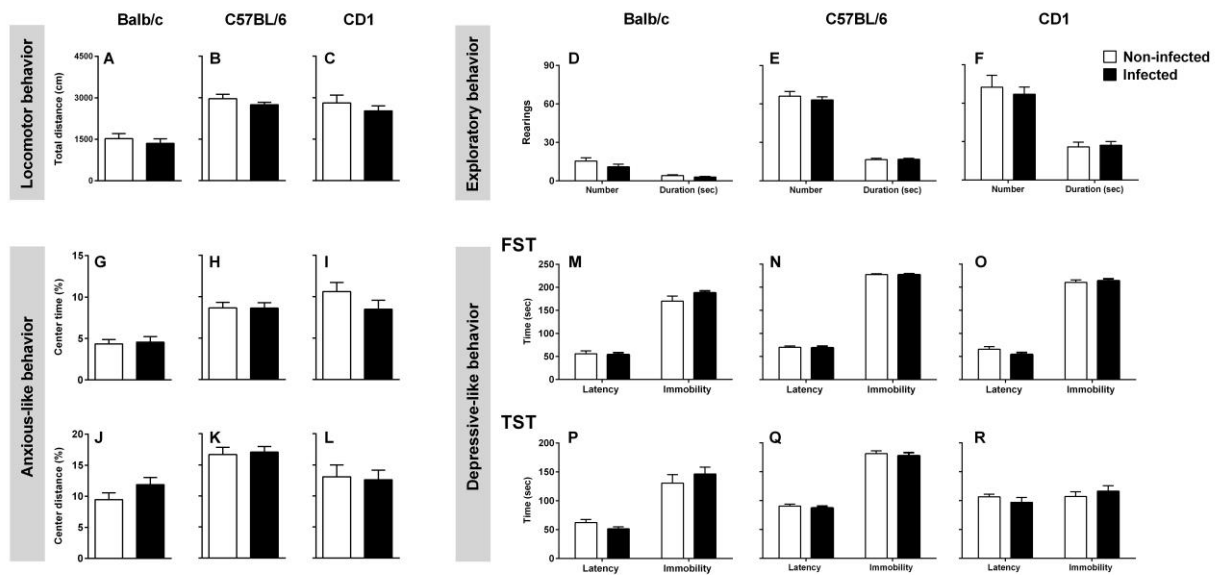


**Fig. 5 - No alterations in basal corticosterone levels were observed in *M. avium* infected mice compared to non-infected mice.** Basal serum corticosterone levels were measured in Balb/c (A), C57BL/6 (B) and CD1 (C) non-infected mice and infected with *M. avium* (4wpi). Each bar represents the mean +SEM from 15-16 mice per group from 1 of 2 independent experiments.

### **3.5 *M. avium* infection does not induce alterations in locomotor, exploratory, anxious-like or depressive-like behaviors**

To assess the role of a chronic infection in mouse behavior we first analyzed the locomotor and exploratory behavior of 3 mouse strains in the OF arena. The locomotor and exploratory abilities are not altered by *M. avium* infection in any mouse strain, as measured by the total distance travelled (Fig. 6A, B and C; Balb/c:  $t(32)=0.672$ ,  $p=0.506$ ,  $d=0.234$ ; C57BL/6:  $t(41)=1.216$ ,  $p=0.231$ ,  $d=0.375$ ; CD1: $t(31)=0.875$ ,  $p=0.388$ ,  $d=0.312$ ) and the number/duration of the rearings (Fig. 6D, E and F; number of rearings: Balb/c:  $t(31)=1.416$ ,  $p=0.167$ ,  $d=0.501$ ; C57BL/6:  $t(41)=0.660$ ,  $p=0.513$ ,  $d=0.204$ ; CD1: $t(30)=0.525$ ,  $p=0.604$ ,  $d=0.192$ ; duration of rearings: Balb/c:  $t(31)=1.264$ ,  $p=0.216$ ,  $d=0.447$ ; C57BL/6:

t(41)=-0.184, p=0.855, d=0.057; CD1:t(30)=-0.271, p=0.788, d=0.097). To evaluate anxious-like behavior we measured the time and distance spent in the center of the OF. *M. avium* infection does not alter anxious-like behavior in any of the mouse strains (Fig. 6G, H and I; center time: Balb/c: t(30)=-0.231, p=0.819, d=0.083; C57BL/6: t(41)=0.025, p=0.981, d=0.008; CD1:t(30)=1.387, p=0.176, d=0.498; Fig. 6J, K and L; center distance: Balb/c: t(30)=-1.478, p=0.150, d=0.531; C57BL/6: t(41)=-0.260, p=0.796, d=0.080; CD1:t(30)=0.202, p=0.841, d=0.073). To assess the role of chronic infection in depressive-like behavior mice were submitted to the FST (Fig. 6M, N and O) and TST (Fig. 6P, Q and R). In both tests no alteration were observed in infected compared with non-infected mice (FST: Fig. 6M, N and O; latency time: Balb/c: t(30)=0.868, p=0.392, d=0.312; C57BL/6: t(39)=0.214, p=0.832, d=0.068; CD1:t(30)=1.702, p=0.099, d=0.612; immobility time: Balb/c: t(30)=-1.780, p=0.085, d=0.640; C57BL/6: t(39)=-0.168, p=0.867, d=0.053; CD1:t(30)=-0.512, p=0.612, d=0.184); (TST: Fig. 6P, Q and R; latency time: Balb/c: t(30)=1.801, p=0.082, d=0.647; C57BL/6: t(39)=0.706, p=0.484, d=0.223; CD1:t(29)=0.897, p=0.377, d=0.328; immobility time: Balb/c: t(30)=-0.843, p=0.406, d=0.303; C57BL/6: t(39)=0.507, p=0.615, d=0.160; CD1:t(29)=-0.749, p=0.460, d=0.273).



**Fig. 6 - *M. avium* chronic infection does not induce alterations in locomotor, exploratory, anxious-like or depressive-like behaviors.** The OF, FST and TST tests were performed with non-infected and infected (4wpi) Balb/c, C57BL/6 and CD1 female mice. In the OF arena, the total distance travelled in centimeters (A, B, and C), the number and duration of rearings (D, E and F), the percentage of time in the center of the arena (G, H, and I) and center distance (J, K and L) were scored. In the FST (M, N and O) and TST (P, Q and R) the latency until the first immobility and duration of the immobility periods were assessed. Each bar represents the mean + SEM of 15-23 mice per group, from 1 of 3 independent. \*  $P < 0.05$ .

#### 4. DISCUSSION

Over the last decades, several studies demonstrated a bidirectional interaction between the immune and central nervous systems. An imbalance in the immune system is often associated with alterations in behavioral phenotypes. Taking into account the high prevalence of chronic infections, namely those caused by bacteria from the *Mycobacterium* genus (WHO 2021), we investigated whether exposure to a chronic infection with *M. avium*, during which the cytokine profile is continuously altered, triggers behavioral alterations in various mouse strains. In fact, upon infection with *M. avium*, a mouse strain specific cytokine profile is observed both in the spleen and in the hippocampus. However, this imbalanced cytokine *milieu* does not impact corticosterone production, hippocampal cell proliferation or the DG's granule neurons morphology. The chronic infection with *M. avium* does not induce alterations in locomotor, exploratory, anxious or depressive-like behaviors. Similar behavioral results were observed after 12 weeks of intravenous infection in the 3 mouse strains (with  $10^6$  CFU), 4 weeks of *M. avium* intraperitoneal infection (with  $10^7$  CFU) in C57BL/6 mice and after 4 weeks of intravenous infection (with  $10^7$  CFU) in Wistar rats (data no shown). With these results, we can conclude that even though infection with *M. avium* induces an imbalance in the immune system, it is not associated with alterations in the behavior of the animals nor neuronal plasticity of the hippocampus. The results also showed several interstrain differences that were already described in a previous study (de Sa-Calcada *et al.* 2015).

Infection of mice with *M. avium* 2447 induces an increase in bacterial load until 4 wpi, the peak of the immune response (Pais *et al.* 2000), after which the

bacterial load plateau for several months in organs such as the spleen and the liver (Nobrega *et al.* 2007; Roque *et al.* 2007). Thus, although the host can control bacterial growth, it cannot reduce or eliminate the bacteria within these organs (Nobrega *et al.* 2007; Roque *et al.* 2007). Since infection by mycobacteria results in a prolonged alteration of the cytokine profile, namely increased production of pro-inflammatory cytokines, we considered it to represent a good model to address how chronic infection interferes with mood behavior. The distinct susceptibility of different mouse strains to *M. avium* infection was previously described (Roque *et al.* 2007), here we also observed that it is accompanied by a different profile of cytokine expression both in spleen and hippocampus. These cytokine alterations, both in the periphery and brain, are not associated with alterations in hippocampal plasticity (cell proliferation or morphology in granule neurons of the hippocampus) as usually described (Chesnokova *et al.* 2016). Other authors have also shown that peripheral inflammation in a human TNF transgenic mouse model could be associated with hippocampal cytokine milieu and cellular plasticity (Suss *et al.* 2015). To our knowledge, these parameters of hippocampal plasticity were not previously investigated in other mycobacterial infections.

The absence of behavioral alterations in the different strains of infected mice, all with an imbalance in the cytokine *milieu* both in spleen and hippocampus, clearly indicates that increased production of pro-inflammatory molecules is insufficient to trigger changes in behavior. This evidence supports the notion that other factors contribute to triggering mood disorders. Previous studies performed in mice infected with BCG showed that infection-induced depression was associated with increased production of TNF and IFN- $\gamma$ , and with IDO

activation (Moreau *et al.* 2008; O'Connor *et al.* 2009; O'Connor *et al.* 2009; Kelley *et al.* 2013). Activation of this enzyme has been proposed as one of the events responsible for the transition from a sickness state into a depressive disorder (Moreau *et al.* 2008; O'Connor *et al.* 2009; O'Connor *et al.* 2009; Kelley *et al.* 2013). In the present work, we also observed increased expression levels of *Ido* in the hippocampus at least in C57BL/6 and Balb/c mice. However, no behavioral alterations were detected which led us to hypothesize that other pathways could be involved. One consistent observation in the BCG infection model is an initial sickness behavior, accompanied by alterations in locomotion and body weight loss that were recovered after a few days (Moreau *et al.* 2008; O'Connor *et al.* 2009; O'Connor *et al.* 2009; Kelley *et al.* 2013; Platt *et al.* 2013; Vijaya Kumar *et al.* 2014; Rodriguez-Zas *et al.* 2015). However, mice can be infected with *M. avium* for several months without clinical signs of disease nor weight loss. Accordingly, it was also observed that upon *M. avium* infection, besides the absence of alterations in body weight, no variations in body temperature were present (Olsson *et al.* 2010).

Supporting the idea that other mechanisms orchestrate with the imbalance of the immune system to induce mood disorders are also the results showing a mouse-to-mouse variation within BCG-inoculated animals (Platt *et al.* 2013; Rodriguez-Zas *et al.* 2015). Actually, up to 30% of BCG-inoculated mice, despite the evidence of an activated immune system, did not exhibit increased depressive-like behavior and were categorized as “resilient” to BCG induced behavioral changes (Platt *et al.* 2013). Curiously, the “resilient” group does not present alterations in corticosterone levels whereas the mice “susceptible” to BCG induced behavioral changes showed elevated plasma corticosterone

levels when compared with control animals (Platt *et al.* 2013). The fact that cytokines influence the HPA axis and that increased levels of corticosterone are associated with depression, guides us to hypothesize that the imbalance in the cytokine profile should be accompanied by activation in the HPA axis to induce behavioral alterations. Our results showed that even though an increased inflammatory profile upon *M. avium* infection is present, no alterations in corticosterone levels were observed.

The relation between infection and behavioral alterations is far from being understood. It seems to be a complex interplay that could be influenced by several factors such as host, pathogen or environment, and mediated by different mechanisms (Ashley and Demas 2017; Lopes *et al.* 2021). In the opposite direction of the studies with BCG inoculation, studies with *M. vaccae* showed that this mycobacteria induces decreased depressive-like behavior and stress resilience (Lowry *et al.* 2007; Reber *et al.* 2016; Fox *et al.* 2017; Frank *et al.* 2018; Foxx *et al.* 2020; Loupy *et al.* 2021). The mechanisms underlying behavior alterations upon infection might be highly variable. Antidepressant-like behavioral alterations observed after administration of *M. vaccae* antigens are due to activation of a serotonergic subpopulation of neurons within the interfascicular part of the dorsal raphe nucleus (Lowry *et al.* 2007) and on the dorsal raphe nucleus, ventrolateral part/ventrolateral periaqueductal gray (Siebler *et al.* 2018).

In summary, with this study we conclude that peripheral chronic infection with *M. avium* leads to an altered inflammatory milieu in the hippocampus, that does not trigger neuroplasticity nor behavioral alterations in 3 mouse strains. These results highlight that other pathway(s) must synergize with the imbalance of the

immune system to trigger mood disorders. HPA axis activation and alterations in neurotransmitter homeostasis, are strong candidates that should be addressed in the future.

### **Acknowledgements**

Scientific Employment Stimulus to Monteiro, S. (CEECIND/01902/2017).

### **Funding**

This work has been funded by National funds, through the Foundation for Science and Technology (FCT) - project UIDB/50026/2020 and UIDP/50026/2020.

This work has been funded by ICVS Scientific Microscopy Platform, member of the national infrastructure PPBI - Portuguese Platform of Bioimaging (PPBI-POCI-01-0145-FEDER-022122; by National funds, through the Foundation for Science and Technology (FCT) - project UIDB/50026/2020 and UIDP/50026/2020.

### **Data statement**

The data that support the findings of this study are available upon request.

### **Declaration of interest**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## 5. REFERENCES

- Appelberg, R., 2006. Pathogenesis of *Mycobacterium avium* infection: typical responses to an atypical mycobacterium? *Immunol Res* 35(3), 179-190. DOI: 10.1385/IR:35:3:179
- Ashley, N. T. and G. E. Demas, 2017. Neuroendocrine-immune circuits, phenotypes, and interactions. *Horm Behav* 87, 25-34. DOI: 10.1016/j.yhbeh.2016.10.004
- Beurel, E., M. Toups, et al., 2020. The Bidirectional Relationship of Depression and Inflammation: Double Trouble. *Neuron* 107(2), 234-256. DOI: 10.1016/j.neuron.2020.06.002
- Brettle, R. P., 1997. *Mycobacterium avium intracellulare* infection in patients with HIV or AIDS. *J Antimicrob Chemother* 40(2), 156-160. DOI: 10.1093/jac/40.2.156
- Burkholder, T., C. Foltz, et al., 2012. Health Evaluation of Experimental Laboratory Mice. *Curr Protoc Mouse Biol* 2, 145-165. DOI: 10.1002/9780470942390.mo110217
- Byers, S. L., M. V. Wiles, et al., 2012. Mouse estrous cycle identification tool and images. *PLoS One* 7(4), e35538. DOI: 10.1371/journal.pone.0035538
- Caligioni, C. S., 2009. Assessing reproductive status/stages in mice. *Curr Protoc Neurosci Appendix 4*, Appendix 4I. DOI: 10.1002/0471142301.nsa04is48
- Chesnokova, V., R. N. Pechnick, et al., 2016. Chronic peripheral inflammation, hippocampal neurogenesis, and behavior. *Brain Behav Immun* 58, 1-8. DOI: 10.1016/j.bbi.2016.01.017

Cohen, J., 1988. *Statistical Power Analysis for the Behavioral Sciences*. New York, NY: Routledge Academic.

Dantzer, R., J. C. O'Connor, et al., 2008. From inflammation to sickness and depression: when the immune system subjugates the brain. *Nat Rev Neurosci* 9(1), 46-56. DOI: 10.1038/nrn2297

de Sa-Calçada, D., S. Roque, et al., 2015. Exploring Female Mice Interstrain Differences Relevant for Models of Depression. *Front Behav Neurosci* 9, 335. DOI: 10.3389/fnbeh.2015.00335

DellaGioia, N. and J. Hannestad, 2010. A critical review of human endotoxin administration as an experimental paradigm of depression. *Neurosci Biobehav Rev* 34(1), 130-143. DOI: 10.1016/j.neubiorev.2009.07.014

Dunn, A. J. and A. H. Swiergiel, 2005. Effects of interleukin-1 and endotoxin in the forced swim and tail suspension tests in mice. *Pharmacol Biochem Behav* 81(3), 688-693. DOI: 10.1016/j.pbb.2005.04.019

Field, S. K., D. Fisher, et al., 2004. *Mycobacterium avium complex* pulmonary disease in patients without HIV infection. *Chest* 126(2), 566-581. DOI: 10.1378/chest.126.2.566

Fox, J. H., J. E. Hassell, Jr., et al., 2017. Preimmunization with a heat-killed preparation of *Mycobacterium vaccae* enhances fear extinction in the fear-potentiated startle paradigm. *Brain Behav Immun* 66, 70-84. DOI: 10.1016/j.bbi.2017.08.014

Foxx, C. L., J. D. Heinze, et al., 2020. Effects of Immunization With the Soil-Derived Bacterium *Mycobacterium vaccae* on Stress Coping Behaviors and

Cognitive Performance in a "Two Hit" Stressor Model. *Front Physiol* 11, 524833.

DOI: 10.3389/fphys.2020.524833

Frank, M. G., L. K. Fonken, et al., 2018. Immunization with *Mycobacterium vaccae* induces an anti-inflammatory milieu in the CNS: Attenuation of stress-induced microglial priming, alarmins and anxiety-like behavior. *Brain Behav Immun* 73, 352-363. DOI: 10.1016/j.bbi.2018.05.020

Glaser, E. M. and H. Van der Loos, 1981. Analysis of thick brain sections by obverse-reverse computer microscopy: application of a new, high clarity Golgi-Nissl stain. *J Neurosci Methods* 4(2), 117-125. DOI: 10.1016/0165-0270(81)90045-5

Gould, T. D., D. T. Dao, et al., 2009. OPEN FIELD - Mood and Anxiety Related Phenotypes in Mice. 42. DOI: 10.1007/978-1-60761-303-9

Harrison, N. A., L. Brydon, et al., 2009. Neural origins of human sickness in interoceptive responses to inflammation. *Biol Psychiatry* 66(5), 415-422. DOI: 10.1016/j.biopsych.2009.03.007

Kelley, K. W., J. C. O'Connor, et al., 2013. Aging leads to prolonged duration of inflammation-induced depression-like behavior caused by *Bacillus Calmette-Guerin*. *Brain Behav Immun* 32, 63-69. DOI: 10.1016/j.bbi.2013.02.003

Lopes, P. C., S. S. French, et al., 2021. Sickness behaviors across vertebrate taxa: proximate and ultimate mechanisms. *J Exp Biol* 224(9). DOI: 10.1242/jeb.225847

Loupy, K. M., K. E. Cler, et al., 2021. Comparing the effects of two different strains of mycobacteria, *Mycobacterium vaccae* NCTC 11659 and *M. vaccae*

ATCC 15483, on stress-resilient behaviors and lipid-immune signaling in rats. *Brain Behav Immun* 91, 212-229. DOI: 10.1016/j.bbi.2020.09.030

Lowry, C. A., J. H. Hollis, et al., 2007. Identification of an immune-responsive mesolimbocortical serotonergic system: potential role in regulation of emotional behavior. *Neuroscience* 146(2), 756-772. DOI: 10.1016/j.neuroscience.2007.01.067

Mesquita, A. R., M. Correia-Neves, et al., 2008. IL-10 modulates depressive-like behavior. *J Psychiatr Res* 43(2), 89-97. DOI: 10.1016/j.jpsychires.2008.02.004

Miller, A. H., E. Haroon, et al., 2017. The Immunology of Behavior-Exploring the Role of the Immune System in Brain Health and Illness. *Neuropsychopharmacology* 42(1), 1-4. DOI: 10.1038/npp.2016.229

Monteiro, S., F. M. Ferreira, et al., 2016. Absence of IFN $\gamma$  promotes hippocampal plasticity and enhances cognitive performance. *Transl Psychiatry* 6, e707. DOI: 10.1038/tp.2015.194

Moreau, M., C. Andre, et al., 2008. Inoculation of *Bacillus Calmette-Guerin* to mice induces an acute episode of sickness behavior followed by chronic depressive-like behavior. *Brain Behav Immun* 22(7), 1087-1095. DOI: 10.1016/j.bbi.2008.04.001

Nobrega, C., P. J. Cardona, et al., 2007. The thymus as a target for mycobacterial infections. *Microbes Infect* 9(14-15), 1521-1529. DOI: 10.1016/j.micinf.2007.08.006

O'Connor, J. C., C. Andre, et al., 2009. Interferon-gamma and tumor necrosis factor-alpha mediate the upregulation of indoleamine 2,3-dioxygenase and the induction of depressive-like behavior in mice in response to *Bacillus Calmette-*

Guerin. J Neurosci 29(13), 4200-4209. DOI: 10.1523/JNEUROSCI.5032-08.2009

O'Connor, J. C., M. A. Lawson, et al., 2009. Induction of IDO by bacille Calmette-Guerin is responsible for development of murine depressive-like behavior. J Immunol 182(5), 3202-3212. DOI: 10.4049/jimmunol.0802722

Olsson, I. A., A. Costa, et al., 2010. Environmental enrichment does not compromise the immune response in mice chronically infected with *Mycobacterium avium*. Scand J Immunol 71(4), 249-257. DOI: 10.1111/j.1365-3083.2010.02371.x

Pais, T. F., J. F. Cunha, et al., 2000. Antigen specificity of T-cell response to *Mycobacterium avium* infection in mice. Infect Immun 68(8), 4805-4810. DOI: 10.1128/IAI.68.8.4805-4810.2000

Platt, B., J. Schulenberg, et al., 2013. A depressive phenotype induced by Bacille Calmette Guerin in 'susceptible' animals: sensitivity to antidepressants. Psychopharmacology (Berl) 226(3), 501-513. DOI: 10.1007/s00213-012-2923-6

Porsolt, R. D., A. Bertin, et al., 1977. Behavioral despair in mice: a primary screening test for antidepressants. Arch Int Pharmacodyn Ther 229(2), 327-336.

Reber, S. O., P. H. Siebler, et al., 2016. Immunization with a heat-killed preparation of the environmental bacterium *Mycobacterium vaccae* promotes stress resilience in mice. Proc Natl Acad Sci U S A 113(22), E3130-3139. DOI: 10.1073/pnas.1600324113

Rodriguez-Zas, S. L., S. E. Nixon, et al., 2015. Advancing the understanding of behaviors associated with Bacille Calmette Guerin infection using multivariate analysis. *Brain Behav Immun* 44, 176-186. DOI: 10.1016/j.bbi.2014.09.018

Roque, S., C. Nobrega, et al., 2007. IL-10 underlies distinct susceptibility of BALB/c and C57BL/6 mice to *Mycobacterium avium* infection and influences efficacy of antibiotic therapy. *J Immunol* 178(12), 8028-8035. DOI: 10.4049/jimmunol.178.12.8028

Sholl, D. A., 1956. The measurable parameters of the cerebral cortex and their significance in its organization. *Prog Neurobiol*(2), 324-333.

Siebler, P. H., J. D. Heinze, et al., 2018. Acute Administration of the Nonpathogenic, Saprophytic Bacterium, *Mycobacterium vaccae*, Induces Activation of Serotonergic Neurons in the Dorsal Raphe Nucleus and Antidepressant-Like Behavior in Association with Mild Hypothermia. *Cell Mol Neurobiol* 38(1), 289-304. DOI: 10.1007/s10571-017-0564-3

Steru, L., R. Chermat, et al., 1985. The tail suspension test: a new method for screening antidepressants in mice. *Psychopharmacology (Berl)* 85(3), 367-370. DOI: 10.1007/BF00428203

Suss, P., L. Kalinichenko, et al., 2015. Hippocampal structure and function are maintained despite severe innate peripheral inflammation. *Brain Behav Immun* 49, 156-170. DOI: 10.1016/j.bbi.2015.05.011

van Pelt, J. and H. B. Uylings, 2002. Branching rates and growth functions in the outgrowth of dendritic branching patterns. *Network* 13(3), 261-281. DOI: 10.1088/0954-898x/13/3/302

Vandesompele, J., K. De Preter, et al., 2002. Accurate normalization of real-time quantitative RT-PCR data by geometric averaging of multiple internal control genes. *Genome Biol* 3(7), RESEARCH0034. DOI: 10.1186/gb-2002-3-7-research0034

Vijaya Kumar, K., A. Rudra, et al., 2014. Bacillus Calmette-Guerin vaccine induces a selective serotonin reuptake inhibitor (SSRI)-resistant depression like phenotype in mice. *Brain Behav Immun* 42, 204-211. DOI: 10.1016/j.bbi.2014.06.205

WHO, 2021. Global tuberculosis report 2021. Geneva: World Health Organization; 2021.

Wright, C. E., P. C. Strike, et al., 2005. Acute inflammation and negative mood: mediation by cytokine activation. *Brain Behav Immun* 19(4), 345-350. DOI: 10.1016/j.bbi.2004.10.003

Zonis, S., R. N. Pechnick, et al., 2015. Chronic intestinal inflammation alters hippocampal neurogenesis. *J Neuroinflammation* 12, 65. DOI: 10.1186/s12974-015-0281-0

## **II. ANNEXES**



---

## **1. REPORTING GUIDELINES**



## The ARRIVE Essential 10

These items are the basic minimum to include in a manuscript. Without this information, readers and reviewers cannot assess the reliability of the findings.

Item	Recommendation	Section/line number, or reason for not reporting
<b>Study design</b>	1 For each experiment, provide brief details of study design including: <ol style="list-style-type: none"> <li>The groups being compared, including control groups. If no control group has been used, the rationale should be stated.</li> <li>The experimental unit (e.g. a single animal, litter, or cage of animals).</li> </ol>	
<b>Sample size</b>	2 <ol style="list-style-type: none"> <li>Specify the exact number of experimental units allocated to each group, and the total number in each experiment. Also indicate the total number of animals used.</li> <li>Explain how the sample size was decided. Provide details of any <i>a priori</i> sample size calculation, if done.</li> </ol>	
<b>Inclusion and exclusion criteria</b>	3 <ol style="list-style-type: none"> <li>Describe any criteria used for including and excluding animals (or experimental units) during the experiment, and data points during the analysis. Specify if these criteria were established <i>a priori</i>. If no criteria were set, state this explicitly.</li> <li>For each experimental group, report any animals, experimental units or data points not included in the analysis and explain why. If there were no exclusions, state so.</li> <li>For each analysis, report the exact value of <i>n</i> in each experimental group.</li> </ol>	
<b>Randomisation</b>	4 <ol style="list-style-type: none"> <li>State whether randomisation was used to allocate experimental units to control and treatment groups. If done, provide the method used to generate the randomisation sequence.</li> <li>Describe the strategy used to minimise potential confounders such as the order of treatments and measurements, or animal/cage location. If confounders were not controlled, state this explicitly.</li> </ol>	
<b>Blinding</b>	5 Describe who was aware of the group allocation at the different stages of the experiment (during the allocation, the conduct of the experiment, the outcome assessment, and the data analysis).	
<b>Outcome measures</b>	6 <ol style="list-style-type: none"> <li>Clearly define all outcome measures assessed (e.g. cell death, molecular markers, or behavioural changes).</li> <li>For hypothesis-testing studies, specify the primary outcome measure, i.e. the outcome measure that was used to determine the sample size.</li> </ol>	
<b>Statistical methods</b>	7 <ol style="list-style-type: none"> <li>Provide details of the statistical methods used for each analysis, including software used.</li> <li>Describe any methods used to assess whether the data met the assumptions of the statistical approach, and what was done if the assumptions were not met.</li> </ol>	
<b>Experimental animals</b>	8 <ol style="list-style-type: none"> <li>Provide species-appropriate details of the animals used, including species, strain and substrain, sex, age or developmental stage, and, if relevant, weight.</li> <li>Provide further relevant information on the provenance of animals, health/immune status, genetic modification status, genotype, and any previous procedures.</li> </ol>	
<b>Experimental procedures</b>	9 For each experimental group, including controls, describe the procedures in enough detail to allow others to replicate them, including: <ol style="list-style-type: none"> <li>What was done, how it was done and what was used.</li> <li>When and how often.</li> <li>Where (including detail of any acclimatisation periods).</li> <li>Why (provide rationale for procedures).</li> </ol>	
<b>Results</b>	10 For each experiment conducted, including independent replications, report: <ol style="list-style-type: none"> <li>Summary/descriptive statistics for each experimental group, with a measure of variability where applicable (e.g. mean and SD, or median and range).</li> <li>If applicable, the effect size with a confidence interval.</li> </ol>	

# The Recommended Set

These items complement the Essential 10 and add important context to the study. Reporting the items in both sets represents best practice.

Item	Recommendation	Section/line number, or reason for not reporting
<b>Abstract</b>	11 Provide an accurate summary of the research objectives, animal species, strain and sex, key methods, principal findings, and study conclusions.	
<b>Background</b>	12 a. Include sufficient scientific background to understand the rationale and context for the study, and explain the experimental approach. b. Explain how the animal species and model used address the scientific objectives and, where appropriate, the relevance to human biology.	
<b>Objectives</b>	13 Clearly describe the research question, research objectives and, where appropriate, specific hypotheses being tested.	
<b>Ethical statement</b>	14 Provide the name of the ethical review committee or equivalent that has approved the use of animals in this study, and any relevant licence or protocol numbers (if applicable). If ethical approval was not sought or granted, provide a justification.	
<b>Housing and husbandry</b>	15 Provide details of housing and husbandry conditions, including any environmental enrichment.	
<b>Animal care and monitoring</b>	16 a. Describe any interventions or steps taken in the experimental protocols to reduce pain, suffering and distress. b. Report any expected or unexpected adverse events. c. Describe the humane endpoints established for the study, the signs that were monitored and the frequency of monitoring. If the study did not have humane endpoints, state this.	
<b>Interpretation/ scientific implications</b>	17 a. Interpret the results, taking into account the study objectives and hypotheses, current theory and other relevant studies in the literature. b. Comment on the study limitations including potential sources of bias, limitations of the animal model, and imprecision associated with the results.	
<b>Generalisability/ translation</b>	18 Comment on whether, and how, the findings of this study are likely to generalise to other species or experimental conditions, including any relevance to human biology (where appropriate).	
<b>Protocol registration</b>	19 Provide a statement indicating whether a protocol (including the research question, key design features, and analysis plan) was prepared before the study, and if and where this protocol was registered.	
<b>Data access</b>	20 Provide a statement describing if and where study data are available.	
<b>Declaration of interests</b>	21 a. Declare any potential conflicts of interest, including financial and non-financial. If none exist, this should be stated. b. List all funding sources (including grant identifier) and the role of the funder(s) in the design, analysis and reporting of the study.	

---

## **2. BBI GUIDE FOR AUTHORS**





### TABLE OF CONTENTS

●	<b>Description</b>	<b>p.1</b>
●	<b>Audience</b>	<b>p.2</b>
●	<b>Impact Factor</b>	<b>p.2</b>
●	<b>Abstracting and Indexing</b>	<b>p.2</b>
●	<b>Editorial Board</b>	<b>p.2</b>
●	<b>Guide for Authors</b>	<b>p.6</b>



ISSN: 0889-1591

### DESCRIPTION

*Brain, Behavior, and Immunity*, founded in 1987, is the official journal of the [Psychoneuroimmunology Research Society](#) (PNIRS). This innovative journal publishes peer-reviewed basic, experimental, and clinical studies dealing with **behavioral, neural, endocrine, and immune system** interactions in humans and animals. It is an international, interdisciplinary journal devoted to original research in neuroscience, immunology, integrative physiology, behavioral biology, psychiatry, psychology, and clinical medicine and is inclusive of research at the molecular, cellular, social, and whole organism level. The journal features online [submission](#) and review. Manuscripts are typically peer-reviewed and returned to authors within 30 days of submission, leading to timely publication of experimental results. There are no submission fees or page charges for *Brain, Behavior, and Immunity*, which is published eight times a year. Detailed instructions for authors can be found at <http://www.elsevier.com/journals/brain-behavior-and-immunity/0889-1591/guide-for-authors>.

Research areas include: Physiological mechanisms that convey messages between the immune and nervous systems and regulate their functions Stress and immunity, including the role of stress-related hormones and neurotransmitters on the immune system. Actions of cytokines, growth factors and PAMP activation on neuronal and glial cells that regulate behavior, learning, memory and neurogenesis Role of hormones, growth factors and cytokines in the immune and central or peripheral nervous systems Interactions between the immune system and brain that are involved in development of neurological, psychiatric, and mental health disorders Role of immunological processes in neurodegenerative disorders The effects of psychotropic medications on immunological mechanisms and their potential relevance to therapeutic interventions Neuroimaging studies examining how immunological mechanisms affect brain structure and function Clinical trials and experimental studies testing the effects on both immune stimulation and immune suppression on brain and behavior The role of microglia in pain, psychological processes and in psychiatric disorders Immunological mechanisms involved in traumatic brain injury and its resolution Immunologic disorders, infection and behavior Role of the immune system in development and maintenance of inflammatory and chronic pain Immune mechanisms that regulate the blood-brain-interface (BBI) Immune factors that affect health psychology Sleep, exercise, immunity and health Immune system interactions that affect behavior following use of psychotropic drugs, alcohol and other drugs of abuse Healthy aging of the immune system and brain Role of inflammation and stress during perinatal development Cancer and its treatment, stem cells and their effects on brain behavior and immunity Reciprocal communication between the microbiome, immune and nervous systems Regulation of nerve injury and repair by the immune system Psychosocial, behavioral, and neuroendocrine influences on immunity and on the development and progression of immunologically-mediated diseases Nutrition, inflammation, obesity and behavior Genomics of behavior and immunity

Manuscripts exploring translational relevance in these research areas can be submitted to the journal? s open access companion title, [Brain, Behavior, and Immunity - Health](#)

## AUDIENCE

---

Neuroscientists, Immunologists, Endocrinologists, Physiologists, Psychiatrists, Rheumatologists, Clinicians

## IMPACT FACTOR

---

2020: 7.217 © Clarivate Analytics Journal Citation Reports 2021

## ABSTRACTING AND INDEXING

---

Scopus

## EDITORIAL BOARD

---

### *Editor-in-Chief*

**C. M. Pariante**, King's College London Institute of Psychiatry Psychology and Neuroscience The Maurice Wohl Clinical Neuroscience Institute, Cutcombe Road, SE5 9RT, London, United Kingdom

### *Associate Editors*

**R. Barrientos**, The Ohio State University, Columbus, Ohio, United States of America

**J. C. Felger**, Emory University School of Medicine, Atlanta, Georgia, United States of America

**N. Harrison**, Cardiff University Brain Research Imaging Centre, Cardiff, United Kingdom

**M. R. Hutchinson**, The University of Adelaide Adelaide Medical School, Adelaide, South Australia, Australia

**S.F. Maier**, University of Colorado Boulder Department of Psychology and Neuroscience, Boulder, Colorado, United States of America

**V. Mondelli**, King's College London Institute of Psychiatry Psychology and Neuroscience The Maurice Wohl Clinical Neuroscience Institute, London, United Kingdom

**Q.J. Pittman**, Hotchkiss Brain Institute, Calgary, Alberta, Canada

**T.M. Reyes**, University of Cincinnati College of Medicine, Cincinnati, Ohio, United States of America

**S. J. Spencer**, RMIT University, Melbourne, Victoria, Australia

**K.-P. Su**, China Medical University, Shenyang, China

**L.R. Watkins**, University of Colorado Boulder, Boulder, Colorado, United States of America

### *Social Media Editor*

**M. Kose**, King's College London Institute of Psychiatry Psychology and Neuroscience, London, United Kingdom

### *Editorial Board*

**S. Allan**, The University of Manchester, Manchester, United Kingdom

**P. Ashwood**, University of California Davis MIND Institute, Sacramento, California, United States of America

**M.T. Bailey**, The Ohio State University, Columbus, Ohio, United States of America

**W. A. Banks**, University of Washington, Veterans Affairs Medical Center, Seattle, Washington, United States of America

**R. Barrientos**, The Ohio State University, Columbus, Ohio, United States of America

**M.E. Bauer**, Pontifical Catholic University of Rio Grande do Sul, School of Health and Life Sciences, PORTO ALEGRE, Brazil

**S. Ben-Eliyahu**, Tel Aviv University Sagol School of Neuroscience, Tel Aviv, Israel

**R. von Bernhardi**, Pontifical Catholic University of Chile, Santiago de Chile, Chile

**S.D. Bilbo**, Duke University, Durham, North Carolina, United States of America

**A. Borsini**, King's College London Institute of Psychiatry Psychology and Neuroscience, London, United Kingdom

**J. E. Bower**, University of California Los Angeles, Los Angeles, California, United States of America

**E. Brietzke**, Queen's University Department of Psychology, Kingston, Ontario, Canada

**L. Brundin**, Van Andel Research Institute, Grand Rapids, Michigan, United States of America

**C. Buss**, Charite University Hospital Berlin Institute of Clinical Psychology, Berlin, Germany

**J. P. C. CHANG**, China Medical University Hospital, Taichung, Taiwan

**L. Capuron**, Nutrition and Integrative Neurobiology, Bordeaux, France

**M.J. Carson**, University of California Riverside, Riverside, California, United States of America

**L. Carvalho**, Queen Mary University of London, London, United Kingdom

**A. Cattaneo**, King's College London, London, United Kingdom  
**J. Cavanagh**, University of Glasgow, Glasgow, United Kingdom  
**L.M. Christian**, The Ohio State University Wexner Medical Center, Columbus, Ohio, United States of America  
**L. Coe**, University of Wisconsin-Madison, Madison, Wisconsin, United States of America  
**B. Conti**, The Scripps Research Institute, La Jolla, California, United States of America  
**E. S. Costanzo**, University of Wisconsin-Madison, Madison, Wisconsin, United States of America  
**F. Cryan**, University College Cork, Cork, Ireland  
**E. Cullen**, King's College London Institute of Psychiatry Psychology and Neuroscience, London, United Kingdom  
**C. Cunningham**, University of Dublin Trinity College School of Biochemistry and Immunology, Dublin 2, Ireland  
**C. D'Mello**, University of Calgary, Calgary, Alberta, Canada  
**A-M. van Dam**, Amsterdam UMC Location VUMC Department of Anatomy & Neuroscience, Amsterdam, Netherlands  
**A. Danese**, King's College London Institute of Psychiatry Psychology and Neuroscience, London, United Kingdom  
**A.C. DeVries**, Ohio State University, Columbus, Ohio, United States of America  
**T. Deak**, Binghamton University Department of Psychology, Binghamton, New York, United States of America  
**K. Dev**, The University of Dublin Trinity College, Dublin, Ireland  
**B.N. Dittel**, Medical College of Wisconsin, Department of Microbiology and Immunology, Wauwatosa, Wisconsin, United States of America  
**N. Eijkelkamp**, University Medical Centre Utrecht, Utrecht, Netherlands  
**D. Engblom**, Linköping University, Linköping, Sweden  
**C. Engeland**, The Pennsylvania State University, University Park, Pennsylvania, United States of America  
**S. Entringer**, Charite University Hospital Berlin Institute of Clinical Psychology, Berlin, Germany  
**J. Felger**, Emory University School of Medicine, Atlanta, Georgia, United States of America  
**R. Fernandez-Botran**, University of Louisville, Louisville, Kentucky, United States of America  
**L. K. Fonken**, The University of Texas at Austin Department of Pharmacology and Toxicology, Austin, Texas, United States of America  
**J.A. Foster**, McMaster University Department of Psychiatry and Behavioural Neurosciences, Hamilton, Ontario, Canada  
**M.G. Frank**, University of Colorado Boulder Department of Psychology and Neuroscience, Boulder, Colorado, United States of America  
**G. Freund**, Roswell Park Comprehensive Cancer Center, Department of Pathology, Buffalo, New York, United States of America  
**I. Galea**, University of Southampton Faculty of Medicine, Southampton, United Kingdom  
**D. Ganea**, Temple University, Philadelphia, Pennsylvania, United States of America  
**A. Gaultier**, University of Virginia, Charlottesville, Virginia, United States of America  
**D. Goldsmith**, Emory University School of Medicine, Atlanta, Georgia, United States of America  
**R.M. Gorczynski**, University of Toronto, Toronto, Ontario, Canada  
**P.M. Grace**, The University of Texas MD Anderson Cancer Center, Houston, Texas, United States of America  
**L. Harden**, University of the Witwatersrand School of Physiology, Parktown, South Africa  
**A. Harkin**, Trinity College Institute of Neuroscience, Dublin, Ireland  
**E. Haroon**, Emory University, Atlanta, Georgia, United States of America  
**K. Hashimoto**, Chiba University Center for Forensic Mental Health, Chiba, Japan  
**C.J. Heijnen**, The University of Texas MD Anderson Cancer Center Department of Symptom Research, Houston, Texas, United States of America  
**C.M. Heim**, Charite University Hospital Berlin, Berlin, Germany  
**R. Hill**, Monash University, Clayton, Victoria, Australia  
**S. Hong**, University of California San Diego Department of Family Medicine and Public Health, La Jolla, California, United States of America  
**M.R. Irwin**, UCLA Jane and Terry Semel Institute for Neuroscience and Human Behavior, Los Angeles, California, United States of America  
**L. Janusek**, Loyola University Chicago Marcella Niehoff School of Nursing, Maywood, Illinois, United States of America  
**D.S. Jessop**, University of Bristol, Bristol, United Kingdom  
**C. Jiang**, Naval Medical University, Shanghai, China  
**J. D. Johnson**, Kent State University, Kent, Ohio, United States of America  
**R.W. Johnson**, University of Illinois Urbana-Champaign, Champaign, Illinois, United States of America  
**I. Johnston**, The University of Sydney, Sydney, New South Wales, Australia  
**A. Kavelaars**, The University of Texas MD Anderson Cancer Center, Houston, Texas, United States of America  
**A. Kentner**, MCPHS University, Boston, Massachusetts, United States of America  
**G. M. Khandaker**, University of Bristol, Bristol, United Kingdom  
**M. A. Kingsbury**, Massachusetts General Hospital, Boston, Massachusetts, United States of America  
**J. P. Kinsman**, UMR 5248 CNRS-Université de Bordeaux-IPB, Pessac, France  
**E. Kouassi**, University of Montreal Department of Medicine and Medical specialties, Montréal, Quebec, Canada  
**A.W. Kusnecov**, Rutgers University Department of Psychology, Piscataway, New Jersey, United States of America  
**J. Lasselín**, Stockholm University, Stockholm, Sweden  
**D.A. Lawrence**, Wadsworth Center, Albany, New York, United States of America  
**S. Layé**, University of Bordeaux, Bordeaux, France

**Y. Li**, Shanghai Jiao Tong University School of Medicine, Shanghai, China  
**Q. Liu**, Dalian University of Technology, Dalian, China  
**D.J. Loane**, University of Maryland School of Medicine, Baltimore, Maryland, United States of America  
**F.E. Lotrich**, University of Pittsburgh, Pittsburgh, Pennsylvania, United States of America  
**A. Lovett-Racke**, The Ohio State University Department Cancer Biology and Genetics, Columbus, Ohio, United States of America  
**C. Lowry**, University of Colorado Boulder, Boulder, Colorado, United States of America  
**J.R. Lukens**, University of Virginia, Charlottesville, Virginia, United States of America  
**K Lutgendorf**, The University of Iowa, Iowa City, Iowa, United States of America  
**K. Madden**, University of Rochester, Rochester, New York, United States of America  
**A.L. Marsland**, University of Pittsburgh Department of Psychology, Pittsburgh, Pennsylvania, United States of America  
**H. Mathews**, Loyola University Chicago Stritch School of Medicine, Maywood, Illinois, United States of America  
**D. Mehta**, Queensland University of Technology, Brisbane, Queensland, Australia  
**U. Meyer**, University of Zurich, Zurich, Switzerland  
**V. Michopoulos**, Emory University School of Medicine, Atlanta, Georgia, United States of America  
**G.E. Miller**, Northwestern University, Evanston, Illinois, United States of America  
**P.J. Mills**, University of California San Diego Department of Family Medicine and Public Health, La Jolla, California, United States of America  
**D.M. Nance**, University of California Irvine Susan Samueli Integrative Health Institute, Santa Ana, California, United States of America  
**Y. Nolan**, University College Cork, Cork, Ireland  
**M.R. Opp**, University of Colorado Boulder, Boulder, Colorado, United States of America  
**B.K. Ormerod**, University of Florida, Gainesville, Florida, United States of America  
**T. Pace**, The University of Arizona, Tucson, Arizona, United States of America  
**C. Pae**, Catholic University of Korea Bucheon Saint Mary's Hospital Department of Psychiatry, Bucheon, South Korea  
**M.O. Parat**, The University of Queensland School of Pharmacy, Woolloongabba, Queensland, Australia  
**R. Pekelmann Markus**, University of Sao Paulo Institute of Biosciences, SAO PAULO, Brazil  
**Y. Peng**, Nantong University, Nantong, China  
**A.R. Prossin**, The University of Texas Health Science Center at Houston John P and Katherine G McGovern Medical School, Houston, Texas, United States of America  
**L.M. Pyter**, The Ohio State University Wexner Medical Center, Columbus, Ohio, United States of America  
**N. Quan**, Florida Atlantic University, Boca Raton, Florida, United States of America  
**C.L. Raison**, Emory University, Atlanta, Georgia, United States of America  
**A. Reaux Le Goazigo**, Institute of Vision, Paris, France  
**L Redwine**, University of California San Diego, La Jolla, California, United States of America  
**J.S. Rhodes**, University of Illinois Urbana-Champaign Beckman Institute for Advanced Science and Technology, Urbana, Illinois, United States of America  
**N. Rohleder**, Brandeis University, Waltham, Massachusetts, United States of America  
**A. Rolls**, Technion Israel Institute of Technology The Ruth and Bruce Rappaport Faculty of Medicine, Haifa, Israel  
**C. Rummel**, University of Giessen, Gießen, Germany  
**B Savitz**, University of Tulsa, Tulsa, Oklahoma, United States of America  
**P.E. Sawchenko**, Salk Institute for Biological Studies, La Jolla, California, United States of America  
**M. Schedlowski**, University Hospital Essen Institute of Medical Psychology and Behavioral Immunobiology, Essen, Germany  
**S.J. Schleifer**, Rutgers New Jersey Medical School, Newark, New Jersey, United States of America  
**J.F. Sheridan**, The Ohio State University Wexner Medical Center, Columbus, Ohio, United States of America  
**R.J. Simpson**, The University of Arizona, Tucson, Arizona, United States of America  
**G.M. Slavich**, University of California Los Angeles, Los Angeles, California, United States of America  
**C. Song**, Dalhousie University, Halifax, Nova Scotia, Canada  
**A. K. Srivastava**, The University of Texas Health Science Center at Houston Department of Pediatrics, Houston, Texas, United States of America  
**H. Su**, University of Macau, Taipa, Macao  
**J.L. Teeling**, Southampton General Hospital, Southampton, United Kingdom  
**F. Turkheimer**, King's College London, London, United Kingdom  
**J. Van De Water**, University of California Davis, Davis, California, United States of America  
**V. Vorhees**, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, United States of America  
**J. Wang**, Johns Hopkins University School of Medicine, Baltimore, Maryland, United States of America  
**Z.M. Weil**, The Ohio State University Wexner Medical Center, Columbus, Ohio, United States of America  
**E. Wohleb**, University of Cincinnati College of Medicine, Cincinnati, Ohio, United States of America  
**J. Woods**, University of Illinois Urbana-Champaign, Champaign, Illinois, United States of America  
**L. J. Wu**, Mayo Clinic Rochester, Rochester, Minnesota, United States of America  
**R. Yirmiya**, Hebrew University of Jerusalem Department of Psychology, Jerusalem, Israel  
**T. Yuan**, Shanghai Mental Health Center, Shanghai, China  
**P.A. Zunszain**, King's College London Institute of Psychiatry Psychology and Neuroscience, London, United Kingdom

***Editor-in-Chief Emeritus***

**Robert Ader (1987–2002)**, University of Rochester Medical Center

**Keith W. Kelley (2003–2017)**, University of Illinois Urbana-Champaign

## GUIDE FOR AUTHORS

---

### *Your Paper Your Way*

We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

**To find out more, please visit the Preparation section below.**

### INTRODUCTION

*Brain, Behavior, and Immunity*, founded in 1987, is the official journal of the Psychoneuroimmunology Research Society (PNIRS). This innovative journal publishes peer-reviewed basic, experimental, and clinical studies dealing with behavioral, neural, endocrine, and immune system interactions in humans and animals. It is an international, interdisciplinary journal devoted to original research in neuroscience, immunology, integrative physiology, behavioral biology, psychiatry, psychology, and clinical medicine and is inclusive of research at the molecular, cellular, social, and whole organism level. The journal features online submission and review. Manuscripts are typically peer-reviewed and returned to authors within 30 days of submission, leading to timely publication of experimental results. There are no submission fees or page charges for *Brain, Behavior, and Immunity*, which is published eight times a year. Detailed instructions for authors can be found at <https://www.editorialmanager.com/bbi/default.aspx>.

Research areas include: Physiological mechanisms that convey messages between the immune and nervous systems and regulate their functions Stress and immunity, including the role of stress-related hormones and neurotransmitters on the immune system. Actions of cytokines, growth factors and PAMP activation on neuronal and glial cells that regulate behavior, learning, memory and neurogenesis Role of hormones, growth factors and cytokines in the immune and central or peripheral nervous systems Interactions between the immune system and brain that are involved in development of neurological, psychiatric and mental health disorders Role of immunological processes in neurodegenerative disorders The effects of psychotropic medications on immunological mechanisms and their potential relevance to therapeutic interventions Neuroimaging studies examining how immunological mechanisms affect brain structure and function Clinical trials and experimental studies testing the effects on both immune stimulation and immune suppression on brain and behavior The role of microglia in pain, psychological processes and in psychiatric disorders Immunological mechanisms involved in traumatic brain injury and its resolution Immunologic disorders, infection and behavior Role of the immune system in development and maintenance of inflammatory and chronic pain Immune mechanisms that regulate the blood-brain-interface (BBI) Immune factors that affect health psychology Sleep, exercise, immunity and health Immune system interactions that affect behavior following use of psychotropic drugs, alcohol and other drugs of abuse Healthy aging of the immune system and brain Role of inflammation and stress during perinatal development Cancer and its treatment, stem cells and their effects on brain behavior and immunity Reciprocal communication between the microbiome, immune and nervous systems Regulation of nerve injury and repair by the immune system Psychosocial, behavioral, and neuroendocrine influences on immunity and on the development and progression of immunologically-mediated diseases Nutrition, inflammation, obesity and behavior Genomics of behavior and immunity

#### *Types of Article*

Original full-length research reports, full-length review articles, short communications, brief commentaries, and letters to the editor will be considered for publication.

*Full-length research reports:* The chief criteria for the acceptance of submitted papers are the quality, originality, and clarity of the work reported, addressing one or more of the research areas reported above. There is no word limit on full length research reports, but papers should be concisely written and most should be able to articulate their findings within approximately 6,000 words.

*Reviews:* The journal publishes invited or unsolicited reviews on a contemporary topic, discussed authoritatively with the aim of providing a solid, and often novel, interpretation of research evidence, and of integrating a mechanistic model when applicable. Reviews consist of approximately 6,000 words of text and no more than 100 scientific references. Reviews must contain at least one figure highlighting the key aspects of the article, complete with explanatory figure legends. If appropriate,

a color version of the figure can be published in the online publication, with a black-and-white figure in the print version. If the author chooses this option, the figure legend must be self-explanatory in the absence of color-coding.

*Short communications:* Manuscripts published as short communications are, primarily, reports of novel, solid, important findings on contemporary, fast-moving topics. Small replication studies or incomplete data that do not move the field forward, and descriptions of methods and techniques, are not appropriate for this format. Papers will be considered short communications if the text, references, and a maximum of two tables or figures (or one of each) are limited to 3,500 words. Authors may elect to include additional illustrations, but the limitation to 3,500 words will remain.

*Commentaries:* These are short pieces written to accompany the publication of impactful full-length research reports. Invited by the Editor, they are limited to 900-1000 words and 5-10 references (including a reference to the relevant published report).

*Viewpoints:* These are opinion pieces that provide a personal view on broad, contemporary topics relevant to the interaction between health, brain, behaviour and immunity. Invited by the Editor, they are limited to 900-1000 words and 5-10 references, and will generally be immediately 'open-access' at no costs to the authors.

*Letters to the editor:* These should be of high scientific quality, contain less than 500 words, and cite no more than 5 scientific references. If the letter is directed to a paper published in *Brain, Behavior, and Immunity*, the author of that paper will be provided an opportunity to respond. Both the letter to the editor and the author's response will be published simultaneously.

*Announcements:* *Brain, Behavior, and Immunity* will consider for publication announcements of interest to the readership such as notices of scientific meetings.

#### *Language (usage and editing services)*

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Poor standard of grammar or spelling will lead to the paper being sent back to Authors without peer-review. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop.

#### *Study design and statistical reporting*

BBI aspires to publish papers with the highest standards of reporting and presentation of methodological details, including the study design and the statistics used.

*Study Design:* State whether: 1) samples/animals were assigned randomly to various experimental groups (and the specific method of randomization); 2) the data collected was processed randomly and appropriately blocked; 3) experimenters were blind to group assignment and outcome assignment; and 4) an appropriate sample size was computed when the study was being designed.

*Data Handling:* Clearly state the numbers of participants, animals, or samples included in the study. Provide detailed explanations of the reasons for any attrition in the study. Explain how outliers are defined and handled and any data removed before analysis must be reported. Report how often each experiment was performed and whether the results were substantiated by repetition under a range of conditions. Sufficient information about sample collection must be provided to distinguish between independent biological data points and technical replicates.

*Statistical reporting:* Authors should identify the precise statistical tests used. In addition, planned comparisons, details of controls and power analyses to determine sample sizes, if applicable, should be reported. Complete results of the statistical analyses, including p values (rather than ranges), degrees of freedom and any estimates of effects size, should be reported in full in the Results section, including all within- and between-subject factors. For multiple comparisons and multiple correlations, define measures taken to reduce Type 1 errors. For neuroimaging studies, methods for controlling for multiple comparisons and the cluster-forming statistical threshold used must be reported. For ANOVAs, and

other multivariate analyses, define measures taken to control for violation of the sphericity assumption and how you report results of corrected degrees of freedom statistics. Finally, state the name and version of the statistical software that was used.

*Addressing Sex as a Biological Variable:* We ask all authors to ensure proper consideration of sex as a biological variable. For example, any papers utilizing subjects (cells, animals, humans) of only one sex must state the sex of the samples in the title and abstract of the paper, with the obvious exception of sex-specific issues (e.g., prostate or ovarian function). Authors must also state the rationale for using samples from one sex rather than from both. For cellular work, the sex of origin of cells used should be reported, or if cells or tissue from both sexes were used without regard to sex, this fact should be indicated. Finally, the inability for any reason to study sex differences where they may exist should be discussed as a study limitation.

### **Format**

Manuscripts should be prepared using a 12-point font, double-spaced throughout (including tables, footnotes, references, and figure captions) with 1-in. margins on all sides. Unusual typeface is acceptable only if it is clear and legible. For initial submission, all manuscripts must be prepared and submitted in one of the following formats: Microsoft Word (.doc), WordPerfect (.wps), or Rich Text Format (.rtf). All figures and tables should be clearly labeled at the top.

Revised manuscripts should not be marked using underlined or bolded words to indicate changes from the original submission. Instead, changes in the revised manuscript must be explained in a rebuttal letter. Submission of all revised manuscripts requires both figures and tables to be submitted separately from the manuscript text: do not insert figures and tables at the end of the text for revised manuscripts. Instead, the electronic submission system requires identification and submission of figures and tables separate from the text of revised manuscripts (see information below for graphs, scans, and illustrations). For more information, please also see the Author Gateway Web page for *Brain, Behavior, and Immunity* available through the journal home page at <https://www.elsevier.com/locate/ybrbi>.

### **Contact details for submission**

Manuscripts must be written in English and submitted electronically at <https://www.editorialmanager.com/bbi/default.aspx>. New contributors should first register at this site and then log into Editorial Manager with their user name and password. There are eight steps that must be completed to submit a manuscript: Enter Article Title; Select Article Type; Add/Edit Remove Author (corresponding author does not need to be the person who submits the paper); Submit Abstract; Enter Key Words; Select Document Classification; Enter Comments (recommend expert reviewers); Attach Files. All sections except the last one can be 'copied and pasted' into text boxes from existing files. The files that must be attached separately are: cover letter to the Editor-in-Chief, manuscript, figures, and tables. An introductory cover letter must outline the most important research findings and their significance. Complete legends (captions) for both figures and tables should be placed at the end of the manuscript. Figures must be attached as separate files or as a single file. Tables must also be attached as either individual tables or a single file with all the tables. All files containing figures or tables must clearly identify each figure or part of figure by adding, at the top of each figure or table, the name of the first author and abbreviated title of the manuscript. Authors can also upload supplementary material such as video, audio, movie and other files (which will be available as a link in the PDF file that the system generates). After the files are attached, the Editorial Managersystem will create a PDF file, which may require a few minutes. You will then be asked to approve the PDF file, a step that must be completed before the new submission is sent to the Editor-in-Chief who will initiate the review process.

### **Submission checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

#### **Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

*Manuscript:*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

## **BEFORE YOU BEGIN**

### ***Ethics in publishing***

Please see our information on [Ethics in publishing](#).

### ***Studies in humans and animals***

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Research Council's [Guide for the Care and Use of Laboratory Animals](#) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

### ***Declaration of interest***

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information](#).

### ***Submission declaration and verification***

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in

English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

### **Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

### *Authorship*

While the journal does not request details of authors contribution, in accordance with the Consensus Statement on Surgery Journals Authorship (2005) we expect that all authors meet all three of the following conditions: 1) Authors make substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data; 2) Authors participate in drafting the article or revising it critically for important intellectual content; and 3) Authors give final approval of the version to be submitted and any revised version.

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

### *Reporting clinical trials*

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

### *Registration of clinical trials*

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or

participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

#### *Article transfer service*

This journal is part of our Article Transfer Service. This means that if the Editor feels your article is more suitable in one of our other participating journals, then you may be asked to consider transferring the article to one of those. If you agree, your article will be transferred automatically on your behalf with no need to reformat. Please note that your article will be reviewed again by the new journal.

[More information](#).

#### **Copyright**

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see [more information](#) on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. [Permission](#) of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has [preprinted forms](#) for use by authors in these cases.

For gold open access articles: Upon acceptance of an article, authors will be asked to complete a 'License Agreement' ([more information](#)). Permitted third party reuse of gold open access articles is determined by the author's choice of [user license](#).

#### **Author rights**

As an author you (or your employer or institution) have certain rights to reuse your work. [More information](#).

#### *Elsevier supports responsible sharing*

Find out how you can [share your research](#) published in Elsevier journals.

#### **Role of the funding source**

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, it is recommended to state this.

#### **Open access**

Please visit our [Open Access page](#) for more information.

#### **Submit your article**

Please submit your article via <https://www.editorialmanager.com/bbi/default.aspx>

#### *Suggesting reviewers*

Please submit the names and institutional e-mail addresses of several potential reviewers.

You should not suggest reviewers who are colleagues, or who have co-authored or collaborated with you during the last three years. Editors do not invite reviewers who have potential competing interests with the authors. Further, in order to provide a broad and balanced assessment of the work, and ensure scientific rigor, please suggest diverse candidate reviewers who are located in different countries/regions from the author group. Also consider other diversity attributes e.g. gender, race and ethnicity, career stage, etc. Finally, you should not include existing members of the journal's editorial team, of whom the journal are already aware.

Note: the editor decides whether or not to invite your suggested reviewers.

#### *Additional information*

## **PREPARATION**

## Queries

For questions about the editorial process (including the status of manuscripts under review) or for technical support on submissions, please visit our [Support Center](#).

## NEW SUBMISSIONS

Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.

As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.

### References

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

### Formatting requirements

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.

If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.

Divide the article into clearly defined sections.

### Figures and tables embedded in text

Please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file. The corresponding caption should be placed directly below the figure or table.

## REVISED SUBMISSIONS

### Use of word processing software

Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

## Article structure

### Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

### Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

### Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

### Results

Results should be clear and concise.

## Discussion

This should explore the significance of the results of the work, not repeat them. Avoid extensive citations and discussion of published literature.

## Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion.

## Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

## Essential title page information

**Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author. **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes. **Word count.** Please include a word count, excluding references and tables.

## Highlights

Highlights are mandatory for this journal as they help increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: [example Highlights](#).

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

## Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

## Keywords

A list of up to 10 **keywords** or phrases suitable for indexing should be provided.

## Abbreviations

Do not use periods after abbreviations of measure (cm, s, kg, mA, etc.) in text or tables, except for "in." (inch). The American Chemical Society *Style Guide* should be used as a reference for proper abbreviations.

## Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

### *Formatting of funding sources*

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, it is recommended to include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### *Units*

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

### *Math formulae*

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

### *Footnotes*

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

### *Electronic artwork*

#### *General points*

- Make sure you use uniform lettering and sizing of your original artwork.
- Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
- Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed [guide on electronic artwork](#) is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

#### *Formats*

Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.

TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.

TIFF (or JPG): Bitmapped line drawings: use a minimum of 1000 dpi.

TIFF (or JPG): Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.

#### **Please do not:**

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
- Supply files that are too low in resolution.
- Submit graphics that are disproportionately large for the content.

### *Color artwork*

Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. **For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article.** Please indicate your preference for color: in print or online only. [Further information on the preparation of electronic artwork.](#)

### *Illustration services*

[Elsevier's Author Services](#) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

### *Figure captions*

Ensure that each illustration has a caption. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

### **Tables**

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

### **References**

#### *Citation in text*

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

#### *Web references*

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

#### *Data references*

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

#### *Preprint references*

Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

#### *References in a special issue*

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

### Reference management software

Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support [Citation Style Language styles](#), such as [Mendeley](#). Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. [More information on how to remove field codes from different reference management software.](#)

### Reference formatting

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

### Reference style

*Text:* All citations in the text should refer to:

1. *Single author:* the author's name (without initials, unless there is ambiguity) and the year of publication;
2. *Two authors:* both authors' names and the year of publication;
3. *Three or more authors:* first author's name followed by 'et al.' and the year of publication.

Citations may be made directly (or parenthetically). Groups of references can be listed either first alphabetically, then chronologically, or vice versa.

Examples: 'as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999)... Or, as demonstrated (Jones, 1999; Allan, 2000)... Kramer et al. (2010) have recently shown ...'

*List:* References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

### Examples:

Reference to a journal publication:

Van der Geer, J., Hanraads, J.A.J., Lupton, R.A., 2010. The art of writing a scientific article. *J. Sci. Commun.* 163, 51–59. <https://doi.org/10.1016/j.Sc.2010.00372>.

Reference to a journal publication with an article number:

Van der Geer, J., Hanraads, J.A.J., Lupton, R.A., 2018. The art of writing a scientific article. *Heliyon.* 19, e00205. <https://doi.org/10.1016/j.heliyon.2018.e00205>.

Reference to a book:

Strunk Jr, W., White, E.B., 2000. *The Elements of Style*, fourth ed. Longman, New York.

Reference to a chapter in an edited book:

Mettam, G.R., Adams, L.B., 2009. How to prepare an electronic version of your article, in: Jones, B.S., Smith, R.Z. (Eds.), *Introduction to the Electronic Age*. E-Publishing Inc., New York, pp. 281–304.

Reference to a website:

Cancer Research UK, 1975. Cancer statistics reports for the UK. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/> (accessed 13 March 2003).

Reference to a dataset:

[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T., 2015. Mortality data for Japanese oak wilt disease and surrounding forest compositions. *Mendeley Data*, v1. <https://doi.org/10.17632/xwj98nb39r.1>.

Reference to software:

Coon, E., Berndt, M., Jan, A., Svyatsky, D., Atchley, A., Kikinzon, E., Harp, D., Manzini, G., Shelef, E., Lipnikov, K., Garimella, R., Xu, C., Moulton, D., Karra, S., Painter, S., Jafarov, E., & Molins, S., 2020. *Advanced Terrestrial Simulator (ATS) v0.88 (Version 0.88)*. Zenodo. <https://doi.org/10.5281/zenodo.3727209>.

### Journal abbreviations source

Journal names should be abbreviated according to the [List of Title Word Abbreviations](#).

## **Video**

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including [ScienceDirect](#). Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our [video instruction pages](#). Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

## **Data visualization**

Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions [here](#) to find out about available data visualization options and how to include them with your article.

## **Supplementary material**

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

## **Research data**

This journal requires and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. When sharing data in one of these ways, you are expected to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data page](#).

### *Data linking*

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](#).

For [supported data repositories](#) a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

### *Data in Brief*

You have the option of converting any or all parts of your supplementary or additional raw data into a data article published in *Data in Brief*. A data article is a new kind of article that ensures that your data are actively reviewed, curated, formatted, indexed, given a DOI and made publicly available to all upon publication (watch this [video](#) describing the benefits of publishing your data in *Data in Brief*). You are encouraged to submit your data article for *Data in Brief* as an additional item directly alongside the revised version of your manuscript. If your research article is accepted, your data article will automatically be transferred over to *Data in Brief* where it will be editorially reviewed, published open access and linked to your research article on ScienceDirect. Please note an [open access fee](#) is payable for publication in *Data in Brief*. Full details can be found on the [Data in Brief website](#). Please use [this template](#) to write your *Data in Brief* data article.

### *Data statement*

To foster transparency, we require you to state the availability of your data in your submission if your data is unavailable to access or unsuitable to post. This may also be a requirement of your funding body or institution. You will have the opportunity to provide a data statement during the submission process. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](#).

### *Additional information*

## **AFTER ACCEPTANCE**

### **Online proof correction**

To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors.

If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

### **Offprints**

The corresponding author will, at no cost, receive a customized [Share Link](#) providing 50 days free access to the final published version of the article on [ScienceDirect](#). The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Author Services](#). Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

### *Additional information*

## **AUTHOR INQUIRIES**

Visit the [Elsevier Support Center](#) to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.

You can also [check the status of your submitted article](#) or find out [when your accepted article will be published](#).

© Copyright 2018 Elsevier | <https://www.elsevier.com>