



## 35 **Abstract**

36 Small colony variants (SCVs) of *Staphylococcus aureus* typically lack a functional electron transport chain  
37 and cannot produce virulence factors such as leukocidins, hemolysins or the anti-oxidant staphyloxanthin.  
38 Despite this, SCVs are associated with persistent infections of the bloodstream, bones and prosthetic  
39 devices. The survival of SCVs in the host has been ascribed to intracellular residency, biofilm formation and  
40 resistance to antibiotics. However, the ability of SCVs to resist host defences is largely uncharacterised. To  
41 address this, we measured survival of wild-type and SCV *S. aureus* in whole human blood, which contains  
42 high numbers of neutrophils, the key defense against staphylococcal infection. Despite the loss of  
43 leukocidin production and staphyloxanthin biosynthesis, SCVs defective for heme or menquinone  
44 biosynthesis were significantly more resistant to the oxidative burst than wild-type bacteria in a whole  
45 human blood model. Supplementation of the culture medium of the heme-auxotrophic SCV with heme, but  
46 not iron, restored growth, hemolysin and staphyloxanthin production, and sensitivity to the oxidative burst.  
47 Since *Enterococcus faecalis* is a natural heme auxotroph and cause of bloodstream infection, we explored  
48 whether restoration of the electron transport chain in this organism also affected survival in blood.  
49 Incubation of *E. faecalis* with heme increased growth and restored catalase activity, but resulted in  
50 decreased survival in human blood via increased sensitivity to the oxidative burst. Therefore, the lack of  
51 functional electron transport chains in SCV *S. aureus* and wild-type *E. faecalis* results in reduced growth  
52 rate but provides resistance to a key immune defence mechanism.

53

## 54 **Introduction**

55 *Staphylococcus aureus* is responsible for a raft of different infections of humans and animals [1-3]. The key  
56 host defence against infection is the neutrophil, which phagocytoses *S. aureus* and exposes it to a cocktail  
57 of reactive oxygen species (ROS) during a process known as the oxidative (or respiratory) burst [4-6]. Whilst  
58 this is often sufficient to clear infection, invasive staphylococcal diseases frequently lead to persistent or  
59 recurrent infections of the bones, joints, heart or implanted devices [1, 7-9]. The development of these  
60 hard to treat infections is often associated with the presence of small colony variants (SCVs) [10-17]. As the  
61 name suggests, SCVs form small colonies on agar plates, typically due to metabolic defects caused by  
62 mutations that abrogate the electron-transport chain or biosynthetic pathways [16-21]. For example,  
63 several clinical studies have isolated SCVs with mutations in genes required for heme or menaquinone  
64 biosynthesis, including from the bloodstream [17-20]. The slow growth of SCVs provides a strong selection  
65 pressure for reversion to the wild-type, either by repair of the causative mutation or the acquisition of a  
66 suppressor mutation [18,19,22]. This presents challenges to their study and so targeted deletion of genes  
67 within the *hem* or *men* operons, which confer a phenotype that is identical to that of clinical SCVs, has been  
68 used to enable their study without the problem of reversion to the wild-type [23-26]. SCVs can also arise in  
69 the absence of mutation, resulting in a very unstable phenotype, although the molecular basis for this is  
70 unknown [27]. The emergence of SCVs is a rare but consistent consequence of *S. aureus* replication, which

71 generates a small sub-population of the variants [22]. However, SCV emergence is significantly increased in  
72 response to diverse environmental stresses including antibiotics, reactive oxygen species, low pH within  
73 host cell vacuoles and exoproducts from *Pseudomonas*, which frequently causes co-infections with *S.*  
74 *aureus* [26-33].

75 Despite their diverse molecular basis, most SCVs have similar phenotypic characteristics. For  
76 example, activity of the Agr quorum-sensing system is weak or absent, and therefore cytolytic toxin  
77 production is negligible whilst surface proteins are strongly expressed [25,34-36]. These properties enable  
78 SCVs to persist in non-immune host cells and form robust biofilms, which has been hypothesised to  
79 contribute to their ability to persist in host tissues [27,37-39]. Furthermore, SCVs are typically resistant to  
80 antibiotics including the aminoglycosides, sulphonamides or fusidic acid and are often less susceptible to  
81 other antibiotics compared to wild-type bacteria [40-44].

82 Whilst these phenotypic properties very likely contribute to staphylococcal persistence in the host,  
83 the ability of SCVs to resist phagocytic cells, the key host defence against *S. aureus*, is poorly understood.  
84 Although SCVs are resistant to the ROS H<sub>2</sub>O<sub>2</sub>, they lack several defences used by wild-type bacteria to  
85 protect against immune cells [26]. For example, staphyloxanthin pigment, which promotes wild-type  
86 survival of both the oxidative burst and antimicrobial peptides, is absent in SCVs [15,18,45-47].  
87 Furthermore, wild-type bacteria secrete numerous cytolytic toxins that kill neutrophils and enable bacterial  
88 survival, but this is absent in SCVs [15,18,25,34]. SCVs also exhibit reduced coagulase activity and some  
89 isolates lack catalase, both of which have been linked to survival of wild-type bacteria in the host  
90 [15,18,26,48-50]. Therefore, the effect of a defective electron transport chain on the susceptibility of SCV *S.*  
91 *aureus* to the oxidative burst of neutrophils is unclear.

92 *Enterococcus faecalis*, another major cause of bloodstream infections, shares some of the  
93 phenotypic properties of *S. aureus* SCVs since it is naturally defective for heme production and therefore  
94 lacks a functional electron-transport chain [51-53]. However, *E. faecalis* encodes type *a* and *b* cytochromes,  
95 and the presence of exogenous heme promotes *E. faecalis* growth in air, confirming the presence of an  
96 otherwise intact respiratory chain [51-53]. Exogenous heme also restores catalase activity, which has been  
97 shown to promote H<sub>2</sub>O<sub>2</sub> resistance [54-55]. As such, it is unclear what whether *E. faecalis* gains an  
98 advantage from being defective for heme biosynthesis, particularly with respect to host defences that  
99 generate reactive oxygen species such as neutrophils.

100 Therefore, the aim of this work was to determine how the absence of the electron transport chain  
101 affects the survival of *S. aureus* and *E. faecalis* exposed to the oxidative burst of neutrophils.

102

103

104

105

106

107

## 108 **Methods**

109

### 110 **Bacterial strains and culture conditions**

111 The bacterial strains used in this study are detailed in table 1. Staphylococci were grown in tryptic soy broth  
112 (TSB) at 37 °C with shaking (180 RPM) for 18 h to late stationary phase. Enterococci were grown in Todd-  
113 Hewitt broth supplemented with 0.5% yeast extract (THY) at 37 °C with shaking (180 RPM) for 18 h to late  
114 stationary phase. For assays involving human blood, bacteria were plated onto Columbia blood agar (CBA)  
115 or THY supplemented with 5% sterile defibrinated sheep's blood to neutralise any remaining oxidants from  
116 the assay. For some experiments iron (and other cations) was removed from TSB (100 ml) by incubation  
117 with Chelex resin (6 g) for 16 h at 4 °C with stirring. The following individual metals were then replaced:  
118 ZnCl<sub>2</sub> (25 µM), CaCl<sub>2</sub> (1 mM), MgCl<sub>2</sub> (1 mM), MnCl<sub>2</sub> (25 µM). Iron was added in the form of FeCl<sub>3</sub> (1 or 10  
119 µM) or heme (10 µM).

120

### 121 **Genetic manipulation of *S. aureus***

122 The construction of  $\Delta menD$ ,  $\Delta hemB$   $\Delta agrA$ ,  $\Delta agrC$  and  $\Delta RNAIII$  mutants was achieved using pIMAY as  
123 described previously [25,26,56]. To construct the double  $\Delta hemB\Delta agr$  mutants, the three *agr* mutants  
124 ( $\Delta agrA$ ,  $\Delta agrC$  and  $\Delta RNAIII$ ) were made electrocompetent and the *hemB* gene deleted using pIMAY as  
125 described previously [25].

126 Mutants lacking  $\Delta hemB$  or  $\Delta menD$  were complemented with pCL55 containing the relevant gene  
127 under the control of the *hem* or *men* operon promoters respectively [26]. To control for pleiotropic effects  
128 of plasmid insertion into *geh*, pCL55 alone was transformed into *hemB* and *menD* mutant strains. The  
129  $\Delta agrC$  mutant was complemented with pCN34 containing a copy of the *agrC* gene under the control of the  
130 *agr* P3 promoter, and pCN34 alone (pEmpty) was used to control for pleiotropic effects of the plasmid. In  
131 addition to wild-type *agrC*, plasmids containing mutated forms of *agrC* which confer a constitutively active  
132 phenotype were also transformed into the  $\Delta agrC$  mutant strain [57].

133

### 134 **Whole human blood survival assay**

135 The survival of bacteria in whole human blood was done as described previously [58]. Ethical approval for  
136 drawing and using human blood was obtained from the Regional Ethics committee and Imperial NHS trust  
137 tissue bank (REC Wales approval: 12/WA/0196, ICHTB HTA licence: 12275). Blood was drawn from healthy  
138 human donors into tubes containing EDTA and used immediately in assays based on a previously described  
139 protocol [4]. Suspensions of bacteria ( $10^5$  CFU in 10 µl PBS) were mixed with blood (90 µl) and incubated for  
140 up to 6 h at 37 °C with mixing. At indicated time points aliquots were taken, diluted serially in PBS and  
141 plated onto CBA plates to enumerate CFU. In some assays blood was pre-treated (10 min) with  
142 Diphenyliodonium (DPI) or an identical volume of DMSO alone to control for solvent effects [4].

143

#### 144 **Measurement of bacterial growth**

145 Stationary-phase bacteria were diluted 1:50 into a final volume of 200  $\mu$ l TSB in microtitre plates (Corning)  
146 before incubation at 37 °C with shaking (500 RPM) in a POLARstar Omega multiwell plate reader. Bacterial  
147 growth was measured using OD<sub>600</sub> measurements every 30 min for a total of 17 h [57].

148

#### 149 **Hemolysin production**

150 The hemolytic activity of bacterial culture supernatants was determined as described previously [25].  
151 Briefly, culture supernatants were recovered by centrifugation (13,000 X *g*, 10 min) of stationary-phase  
152 cultures. The supernatant was then diluted in 2-fold steps using fresh TSB. Aliquots from each dilution (100  
153  $\mu$ l) were mixed with an equal volume of 2 % sheep blood suspension in PBS and incubated at 37 °C for 1 h  
154 in a static incubator. Subsequently, unlysed blood cells were removed by centrifugation and the  
155 supernatant containing lysed erythrocytes transferred to a new microtitre plate. The degree of erythrocyte  
156 lysis was quantified by measuring the absorbance of the supernatant at A<sub>450</sub> and reference to controls.  
157 Erythrocytes incubated with TSB alone or TSB containing 1 % TX-100 served as negative and positive  
158 controls respectively.

159

#### 160 **Measurement of phagocytosis and immune cell viability**

161 Phagocytosis of bacteria in whole human blood was determined using a protocol based on that described  
162 previously [59]. Stationary-phase bacteria (1 ml) were pelleted (17,000 X *g*, 3 min) and washed twice with  
163 PBS. The pellet was then resuspended in 200  $\mu$ l of 1.5 mM Fluorescein isothiocyanate (FITC) dissolved in  
164 freshly prepared carbonate buffer (0.05 M NaCO<sub>3</sub> and 0.1 M NaCl). Bacteria were then incubated for 60 min  
165 (room-temperature with tumbling) in the dark. FITC-labelled bacteria were then washed three times in  
166 carbonate buffer and adjusted to 1 X 10<sup>6</sup> CFU ml<sup>-1</sup> in PBS. FITC-labelled bacteria (10  $\mu$ l, 1 X 10<sup>4</sup> CFU) were  
167 added to 96-well plates prior to the addition of 90  $\mu$ l of freshly isolated blood, as described for the whole  
168 blood killing assay. At each time point (0, 2, 4 and 6 h), the blood/bacteria mixture (100  $\mu$ l) was added to  
169 900  $\mu$ l red blood cell lysis solution (eBioscience) and incubated at room temperature in the dark for 10 min.  
170 Samples were then centrifuged (500 X *g*, 10 min) and the resulting pellet washed once in PBS (1 ml) before  
171 a final centrifugation step (500 X *g*, 10 min) and then the pellet containing immune cells and bacteria was  
172 resuspended in 100  $\mu$ l PBS or 1% paraformaldehyde (PFA; Affymetrix) if no further staining was required.  
173 Where samples were to be analysed for host cell death, samples were incubated in PBS containing the  
174 Zombie Violet live-dead dye (Biolegend) at a 1:500 dilution in the dark. Free primary amine groups were  
175 quenched using 1.4 ml 1% bovine serum albumin (BSA) and samples were centrifuged (500 X *g*, 10 min)  
176 before resuspension in 100  $\mu$ l 1% PFA. Positive controls were generated by heat-killing host cells (100 °C, 10  
177 min) prior to Zombie staining. Samples were then fixed overnight (12-16 h) in 1% paraformaldehyde at 4 °C.  
178 Immune cell/bacteria samples were analysed on a Fortessa flow cytometer (BD) and at least 10,000 events

179 were captured. Green (FITC-bacteria) and violet (Zombie-labelled host cells) fluorescence were detected at  
180 488/530 (30) nm and 404/450 nm, respectively. Based on preliminary analyses and using the methodology  
181 of Surewaard *et al.* (2013) [60], free bacteria (i.e. bacteria not phagocytosed) were identified as events with  
182 a side scatter of < 50K. By contrast, host cells were identified as events with a side scatter of > 50K. Samples  
183 were analysed alongside controls, which consisted of bacteria without FITC labelling, host cells with or  
184 without Zombie stain, uninfected host cells and heat-killed host cells as appropriate. Data were analysed  
185 using FlowJo software (Version 10). Compensation was not necessary as the spectra of the fluorescent  
186 signals did not overlap.

187

### 188 **Catalase assay**

189 Catalase activity of bacterial cells was determined as described previously [26]. Overnight bacterial cultures  
190 (1 ml) were washed three times in PBS and  $10^7$  CFU added to 100  $\mu$ M  $H_2O_2$  in PBS (1 ml). Bacteria were  
191 incubated in the  $H_2O_2$  in the dark at 37 °C. At the start of the assay and every 15 min, 200  $\mu$ l of sample was  
192 pelleted (17,000 x g) and 20  $\mu$ l added to a 96 well microtitre plate. The concentration of remaining  $H_2O_2$  was  
193 determined using a Pierce Quantitative Peroxide Assay (Aqueous Compatible) kit.

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

## 215 **Results**

### 216 **The loss of the electron transport chain promotes survival of *S. aureus* in human blood**

217 To study the susceptibility of electron transport chain-deficient SCVs to the oxidative burst, we employed  
218 the well-established *ex vivo* whole human blood model of infection. This model is appropriate because *S.*  
219 *aureus* is a major cause of bacteraemia and blood contains a high density of neutrophils, as well as the  
220 required opsonins and other relevant immune factors such as platelets [4,61,62]. In this model system, *S.*  
221 *aureus* is rapidly phagocytosed by neutrophils and exposed to the oxidative burst [4,61,62].

222 Freshly-drawn human blood containing anti-coagulant (EDTA) was incubated with wild-type *S.*  
223 *aureus* USA300, or mutants with deletions of *hemB* or *menD*, and survival determined over time by CFU  
224 counts. Preliminary experiments determined that individual donors had slightly different anti-  
225 staphylococcal activity and so at least 3 different donors were used for each experiment (Fig. 1A). However,  
226 for each of the 5 donors we observed a consistent decrease in CFU counts of wild-type bacteria over time  
227 with just 1-5% of the inoculum surviving after 6 h (Fig. 1A). By contrast, SCVs defective for heme- or  
228 menaquinone-biosynthesis survived at much higher levels than the wild type over the entire duration of  
229 the assay with 70% of the  $\Delta hemB$  mutant inoculum and 69% of  $\Delta menD$  viable after 6 h incubation in blood  
230 (Fig. 1B,C).

231 Complementation of the *hemB* or *menD* mutations conferring the SCV phenotype restored the  
232 wild-type phenotype for growth and staphyloxanthin production, and resulted in significantly decreased  
233 survival in blood (Fig. 1B,C,D,E,F). This confirmed that enhanced SCV survival in blood was due to the loss of  
234 heme or menaquinone biosynthesis, rather than the acquisition of adventitious mutations during genetic  
235 manipulation. Therefore, despite the lack of staphyloxanthin pigment and cytolysin production, loss of the  
236 electron transport chain confers a survival advantage to *S. aureus* in blood.

237

### 238 **Wild-type *S. aureus* is more sensitive to the oxidative burst than SCVs**

239 Having demonstrated that survival of SCVs in blood is greater than that of the wild-type, we sought to  
240 understand why. Several previous studies have shown that incubation of *S. aureus* in whole human blood  
241 results in rapid phagocytic uptake of the bacterium by polymorphonuclear leukocytes (PMNs) [4,61,62]. We  
242 confirmed those findings and found no differences in the phagocytosis of wild-type,  $\Delta hemB$  or  $\Delta menD$   
243 mutants (Fig. 2A). We also demonstrated that the viability of neutrophils that phagocytosed *S. aureus* did  
244 not vary between wild-type and SCVs (Fig. 2B). Therefore, both immune evasion and killing of immune cells  
245 by SCVs were ruled out as an explanation for their ability to survive in human blood.

246 The principle mechanism by which neutrophils kill *S. aureus* is the oxidative burst [4-6]. To confirm  
247 that this was the case in our model system we measured bacterial viability in human blood treated with  
248 diphenyliodonium (DPI), which blocks the oxidative burst, or the DMSO solvent alone. Suppression of

249 NADPH with DPI, but not DMSO alone, resulted in significantly elevated survival of wild-type *S. aureus*,  
250 confirming that the oxidative burst is the key defence against *S. aureus* in human blood (Fig. 2C) [4-6]. The  
251 addition of DPI to blood did not significantly alter SCV CFU counts, since survival was already very high (Fig.  
252 2C). Therefore, SCV *S. aureus* appears to be significantly less susceptible to the oxidative burst than wild-  
253 type bacteria. This is in agreement with our previously reported finding that both the  $\Delta hemB$  and  $\Delta menD$   
254 SCVs were more resistant to H<sub>2</sub>O<sub>2</sub> than wild-type bacteria, and provides an explanation for the increased  
255 survival of SCVs in blood [26].

256

### 257 **Agr activity promotes the survival of wild-type but not SCV *S. aureus* in blood**

258 Although Agr-regulated toxins have been shown to kill neutrophils, several clinical studies have shown an  
259 association of Agr dysfunction with persistent bacteremia [63]. Therefore, we considered the possibility  
260 that the weak Agr activity of SCVs contributed to their survival in blood.

261 To test this, we compared the survival of wild-type and Agr-defective strains in whole human blood.  
262 This revealed a significantly greater loss of viability of *agr* mutants compared with the wild-type (Fig. 3A). In  
263 particular, mutants lacking quorum-sensing components of Agr ( $\Delta agrA$  or  $\Delta agrC$ ) were approximately 4-fold  
264 more susceptible to immune cells in blood than the wild-type, whilst the RNAIII mutant was 2-fold more  
265 susceptible than the wild-type (Fig. 3A). This finding is in keeping with previous work that showed that  
266 AgrA-regulated PSMs contribute to survival of *S. aureus* within the phagocytic vacuole of neutrophils, in  
267 addition to RNAIII-regulated toxins [60]. Therefore, a functional Agr system promotes the survival of wild-  
268 type bacteria in human blood.

269 Complementation of the  $\Delta agrC$  mutant with a wild-type copy of the gene increased survival in  
270 blood (Fig. 3B). However, complementation of  $\Delta agrC$  with mutant copies of *agrC* which confer constitutive  
271 Agr activity, even in the presence of serum [57], did not promote bacterial survival above that of the wild-  
272 type gene (Fig. 3B).

273 Although Agr activity is extremely weak in SCVs, we explored whether this contributed to their  
274 survival by generating  $\Delta hemB$  mutants defective for *agrA*, *agrC* or RNAIII, and measuring their survival in  
275 blood (Fig. 3C). This revealed that survival of each of the  $\Delta hemB\Delta agr$ -mutants was as high as for the  $\Delta hemB$   
276 mutant with an intact *agr* operon. Therefore, whilst loss of Agr activity in the wild-type reduces survival in  
277 human blood, the lack of Agr activity in SCVs is not detrimental for their survival. This indicates that toxin  
278 production is an important mechanism by which wild-type *S. aureus* survives phagocytosis. By contrast,  
279 since SCVs can survive the oxidative burst they do not need toxins to survive phagocytosis.

280

### 281 **Restoration of the electron transport chain with heme results in decreased survival of SCVs in blood**

282 During infection, *S. aureus* acquires iron from the host, predominantly via the acquisition of heme liberated  
283 from erythrocytes via hemolytic toxins [64]. In addition to acting as an iron source, heme can also be  
284 utilised by heme-auxotrophic SCVs to restore the electron transport chain [18,26]. To determine how heme



285 influenced the phenotype of heme- and menquinone-defective SCVs, and their susceptibility to the  
286 oxidative burst, we grew wild-type or SCV *S. aureus* in media deficient for heme and containing minimal  
287 free iron (1  $\mu\text{M}$   $\text{FeCl}_3$ ), abundant iron (10  $\mu\text{M}$   $\text{FeCl}_3$ ), or in the presence of heme (10  $\mu\text{M}$ ).

288 The growth rate of wild-type *S. aureus* was not significantly affected by the presence of the higher  
289 concentration of  $\text{FeCl}_3$  or heme, although the latter led to a slight increase in the length of the lag phase  
290 (Fig. 4A). Similarly, abundant iron did not affect growth of the  $\Delta\text{menD}$  SCV, but heme caused slight growth  
291 retardation (Fig. 4A). By contrast, abundant iron slightly promoted the growth rate of the  $\Delta\text{hemB}$  SCV,  
292 whilst heme enhanced the growth almost to wild-type levels (Fig. 4A). In addition to the growth rate, heme  
293 supplementation restored hemolytic activity and staphyloxanthin biosynthesis to the  $\Delta\text{hemB}$  mutant (Fig.  
294 4B). However, heme supplementation of the  $\Delta\text{hemB}$  mutant also resulted in significantly increased  
295 susceptibility to the oxidative burst of neutrophils in blood (Fig. 4C), which is in keeping with our previous  
296 finding that heme supplementation renders heme-auxotrophic SCVs sensitive to  $\text{H}_2\text{O}_2$  [26]. By contrast,  
297 supplementation of the medium with iron had no effect on susceptibility of the  $\Delta\text{hemB}$  mutant to the  
298 oxidative burst or  $\text{H}_2\text{O}_2$  (Fig. 4C). This is in agreement with previous work showing that iron-loading of *S.*  
299 *aureus* does not alter susceptibility to the oxidative burst of neutrophils [65,66]

300 By contrast to the  $\Delta\text{hemB}$  mutant, the susceptibility of both the wild-type and  $\Delta\text{menD}$  mutant to  
301 the oxidative burst was unchanged by growth in the presence of heme. Therefore, at the concentration  
302 used (10  $\mu\text{M}$ ), heme does not directly sensitise *S. aureus* to the oxidative burst. Rather, it is the restoration  
303 of the electron-transport chain in the  $\Delta\text{hemB}$  mutant that confers sensitivity to the oxidative burst.

304

### 305 **The absence of an electron-transport chain enables survival of *Enterococcus faecalis* in human blood.**

306 The elevated survival of the *S. aureus*  $\Delta\text{hemB}$  mutant, relative to wild-type, led us to consider whether a  
307 similar phenomenon occurred with *Enterococcus faecalis*, which despite producing cytochromes lacks a  
308 functional electron transport chain due to an inability to synthesise heme [51-53]. However, *E. faecalis*  
309 employs heme uptake systems to scavenge heme from the environment and therefore supplementation of  
310 the culture medium with heme results in increased growth under aerobic conditions. We confirmed this in  
311 two different *E. faecalis* strains (Fig. 5A,B), which grew to a higher optical density in the presence of heme.  
312 In addition, *E. faecalis* grown in the presence of heme produce a functional catalase, which we observed in  
313 both of the strains examined (Fig. 5C,D). However, as observed for the  $\Delta\text{hemB}$  SCV, growth of *E. faecalis* in  
314 the presence of heme led to significantly diminished survival in human blood by increasing sensitivity to the  
315 oxidative burst (Fig. 5E,F). Therefore, as for SCV *S. aureus*, the absence of the electron-transport chain in *E.*  
316 *faecalis* promotes survival in the bloodstream by reducing sensitivity to oxidative stress generated by host  
317 immune cells.

318

319

320

321

322

323

## 324 Discussion

325 During infection *S. aureus* faces two major threats: host defences and antibiotic therapy. Previous work has  
326 shown that SCVs of *S. aureus* are less susceptible to antibiotics than wild-type bacteria. Our data  
327 demonstrate that the SCV *S. aureus* is also less susceptible to host immune defences. These data fit with a  
328 previous study that revealed that SCVs are less sensitive than wild-type to host-derived antimicrobial  
329 peptides [67]. However, the resistance of SCVs to both the oxidative burst and AMPs is surprising given the  
330 lack of staphyloxanthin pigment, which contributes to resistance of wild-type *S. aureus* to both ROS and  
331 AMPs [4,68].

332 We do not currently understand the molecular basis of ROS resistance in SCVs. However, the  
333 damaging effects of ROS are proposed to occur via the Fenton reaction, which involves the reaction of H<sub>2</sub>O<sub>2</sub>  
334 with free iron leading to the generation of highly-reactive hydroxyl radicals [69,70]. The lack of an electron-  
335 transport chain, together with the associated decreased TCA activity (which utilises iron-containing  
336 enzymes such as aconitase) in SCVs is hypothesised to result in decreased iron content relative to wild-type  
337 bacteria. Furthermore, there is evidence that the electron transport chain generates superoxide radicals  
338 that liberate iron from iron-sulphur clusters, making it available for the Fenton reaction [71].

339 The ability of *S. aureus* SCVs to survive the oxidative burst comes at a cost. The electron-transport  
340 chain enables aerobic respiration, rapid bacterial growth and toxin production. These toxins include  
341 hemolysins that enable *S. aureus* to access heme, the bacterium's primary source of iron during infection  
342 [72]. Therefore, the absence of hemolysin production by the  $\Delta hemB$  mutant enables maintenance of the  
343 SCV phenotype in the presence of red blood cells. The menaquinone-defective SCV cannot restore the wild-  
344 type phenotype using host-derived materials and therefore maintains its phenotype regardless of  
345 hemolysin production.

346 *E. faecalis* lacks the necessary biosynthetic machinery to synthesise heme making it a heme  
347 auxotroph [51-53]. However, some strains secrete a cytolysin with hemolytic activity that provides a  
348 mechanism of heme acquisition[73]. The liberation of heme from erythrocytes would be expected to  
349 promote growth and restore catalase activity, but would also increase susceptibility to host defences. The  
350 maintenance of cytochromes and catalase that are restored by exogenous heme suggests that heme  
351 acquisition is a consistent and beneficial event during colonisation and/or infection. What is not clear  
352 however, is when and where heme acquisition occurs. For example, isolates recovered from patients with  
353 infective endocarditis, an infection of the heart valves that persists despite a robust immune response, are  
354 typically defective for hemolysin production [73,74]. This may indicate that hemolysin production, and thus  
355 heme acquisition, is undesirable at this site. By contrast, 30-40% of *E. faecalis* isolates carried in the gut or

356 isolated from urinary-tract infections are hemolytic [74]. However, further work is needed to understand  
357 the basis for this observation and whether heme-mediated susceptibility to the oxidative burst plays a role.

358 Previous work reported that heme supplementation enabled *E. faecalis* to survive H<sub>2</sub>O<sub>2</sub> challenge  
359 by restoring catalase activity [54-55]. However, whilst we also observed restoration of catalase activity in *E.*  
360 *faecalis* supplied with heme, this did not correlate with increased resistance to the oxidative burst. We  
361 have shown previously that the  $\Delta hemB$  mutant is catalase-deficient but was much less susceptible to the  
362 oxidative burst than wild-type bacteria [26]. This indicates that catalase is not required for survival of the  
363 oxidative burst, a finding that is supported by previous work with *S. aureus* that showed a catalase mutant  
364 was as virulent as the wild-type [75].

365 In summary, SCV *S. aureus* sacrifices fast growth and toxin production for enhanced resistance to  
366 host defences and antibiotics. This dramatic change in phenotype may enable the transition from highly-  
367 damaging, acute infection to a less pathogenic but persistent infection type. Our data indicate that the lack  
368 of heme production in *E. faecalis* also promotes survival in human blood, suggesting a common survival  
369 mechanism between these two pathogens.

370

371

372

### 373 **Acknowledgements**

374 The following are gratefully acknowledged for providing bacterial strains, phage or reagents: Ruth Massey  
375 (University of Bath), Malcolm Horsburgh (University of Liverpool), Tim Foster (Trinity College Dublin),  
376 Angela Nobbs (University of Bristol), and the Network on Antimicrobial Resistance in *Staphylococcus aureus*  
377 (NARSA) Program: under NIAID/ NIH Contract No. HHSN272200700055C. A.M.E. acknowledges funding  
378 from the Royal Society, Department of Medicine (Imperial College), and from the Imperial NIHR Biomedical  
379 Research Centre, Imperial College London. K.L.P. was supported by a PhD studentship from the Faculty of  
380 Medicine, Imperial College London. K.P.H. is supported by an MRC-funded PhD studentship awarded to the  
381 Centre for Molecular Bacteriology and Infection, Imperial College London.

382

383

### 384 **References**

- 385 1. Lowy FD. 1998. *Staphylococcus aureus* infections. *N Engl J Med* **339**:520–532.
- 386 2. Gordon RJ, Lowy FD. 2008. Pathogenesis of methicillin-resistant *Staphylococcus aureus* infection.  
387 *Clin Infect Dis.* **5**:S350-359.
- 388 3. Aires-de-Sousa M. 2017. Methicillin-resistant *Staphylococcus aureus* among animals: current  
389 overview. *Clin Microbiol Infect* **23**:373-380.

- 390 4. Liu GY, Essex A, Buchanan JT, Datta V, Hoffman HM, Bastian JF, Fierer J, Nizet V. 2005.  
391 *Staphylococcus aureus* golden pigment impairs neutrophil killing and promotes virulence through  
392 its antioxidant activity. *J Exp Med* **202**:209-215.
- 393 5. Buvelot H, Posfay-Barbe KM, Linder P, Schrenzel J, Krause KH. 2017. *Staphylococcus aureus*,  
394 phagocyte NADPH oxidase and chronic granulomatous disease. *FEMS Microbiol Rev* **41**:139-157.
- 395 6. Ellson CD, Davidson K, Ferguson GJ, O'Connor R, Stephens LR, Hawkins PT. 2006. Neutrophils from  
396 p40phox<sup>-/-</sup> mice exhibit severe defects in NADPH oxidase regulation and oxidant-dependent  
397 bacterial killing. *J Exp Med*. **203**:1927-1937.
- 398 7. Chen CJ, Su LH, Lin TY, Huang YC. 2010. Molecular analysis of repeated methicillin-resistant  
399 *Staphylococcus aureus* infections in children. *PLoS ONE* **5**: e14431.
- 400 8. Sreeramoju P, Porbandarwalla NS, Arango J, Latham K, Dent DL, Stewart RM, Patterson JE. 2011.  
401 Recurrent skin and soft tissue infections due to methicillin-resistant *Staphylococcus aureus*  
402 requiring operative debridement. *Am J Surg* **201**:216-220.
- 403 9. Peyrani P, Allen M, Seligson D, Roberts C, Chen A, Haque N, Zervos M, Wiemken T, Harting J,  
404 Christensen D, Ramirez R. 2012. Clinical outcomes of osteomyelitis patients infected with  
405 methicillin-resistant *Staphylococcus aureus* USA-300 strains. *Am J Orthop* **41**:117-122.
- 406 10. Abele-Horn M, Schupfner B, Emmerling P, Waldner H, Göring H. 2000. Persistent wound infection  
407 after herniotomy associated with small-colony variants of *Staphylococcus aureus*. *Infection* **2**: 53-  
408 54.
- 409 11. Acar JF, Goldstein FW, Lagrange P. 1978. Human infections caused by thiamine- or menadione-  
410 requiring *Staphylococcus aureus*. *J Clin Microbiol* **8**:142-147.
- 411 12. Agarwal H, Verrall R, Singh SP, Tang YW, Wilson G. 2007. Small colony variant *Staphylococcus*  
412 *aureus* multiorgan infection. *Pediatr Infect Dis J* **26**:269-271.
- 413 13. Besier S, Ludwig A, Ohlsen K, Brade V, Wichelhaus TA. 2007. Molecular analysis of the thymidine-  
414 auxotrophic small colony variant phenotype of *Staphylococcus aureus*. *Int J Med Microbiol* **297**:217-  
415 225.
- 416 14. Kahl B, Herrmann M, Everding AS, Koch HG, Becker K, Harms E, Proctor RA, Peters G. 1998.  
417 Persistent infection with small colony variant strains of *Staphylococcus aureus* in patients with  
418 cystic fibrosis. *J Infect Dis* **177**:1023-1029.
- 419 15. Kahl BC. 2014. Small colony variants (SCVs) of *Staphylococcus aureus* - A bacterial survival strategy.  
420 *Infect Genet Evol* **21**:515-522.
- 421 16. Proctor RA, van Langevelde P, Kristjansson M, Maslow JN, Arbeit RD. 1995. Persistent and  
422 relapsing infections associated with small-colony variants of *Staphylococcus aureus*. *Clin Infect Dis*  
423 **20**:95-102.

- 424 **17. Kim NH, Kang YM, Han WD, Park KU, Park KH, Yoo JI, Lee DG, Park C, Song KH, Kim ES, Park SW,**  
425 **Kim NJ, Oh MD, Kim HB. 2016.** Small-Colony Variants in Persistent and Recurrent *Staphylococcus*  
426 *aureus* Bacteremia. *Microb Drug Resist* **22**:538-544.
- 427 **18. Proctor RA, von Eiff C, Kahl BC, Becker K, McNamara P, Herrmann M, Peters G. 2006.** Small colony  
428 variants: a pathogenic form of bacteria that facilitates persistent and recurrent infections. *Nat Rev*  
429 *Microbiol* **4**:295-305.
- 430 **19. Dean MA, Olsen RJ, Long SW, Rosato AE, Musser JM. 2014.** Identification of Point Mutations in  
431 Clinical *Staphylococcus aureus* Strains that Produce Small Colony Variants Auxotrophic for  
432 Menadione. *Infect Immun* **82**:1600-1605.
- 433 **20. Lannergård J, von Eiff C, Sander G, Cordes T, Seggewiss J, Peters G, Proctor RA, Becker K, Hughes**  
434 **D. 2008.** Identification of the genetic basis for clinical menadione-auxotrophic small-colony variant  
435 isolates of *Staphylococcus aureus*. *Antimicrob Agents Chemother* **52**:4017-4022.
- 436 **21. Kriegeskorte A, Block D, Drescher M, Windmüller N, Mellmann A, Baum C, Neumann C, Lorè NI,**  
437 **Bragonzi A, Liebau E, Hertel P, Seggewiss J, Becker K, Proctor RA, Peters G, Kahl BC. 2014.**  
438 Inactivation of *thyA* in *Staphylococcus aureus* attenuates virulence and has a strong impact on  
439 metabolism and virulence gene expression. *MBio* **5**:e01447-14.
- 440 **22. Edwards AM. 2012.** Phenotype switching is a natural consequence of *Staphylococcus aureus*  
441 replication. *J Bacteriol* **194**:5404-5412.
- 442 **23. von Eiff C, Heilmann C, Proctor RA, Woltz C, Peters G, Götz F. 1997.** A site-directed *Staphylococcus*  
443 *aureus hemB* mutant is a small-colony variant which persists intracellularly. *J Bacteriol* **179**:4706-  
444 4012.
- 445 **24. Bates DM, von Eiff C, McNamara PJ, Peters G, Yeaman MR, Bayer AS, Proctor RA. 2003.**  
446 *Staphylococcus aureus menD* and *hemB* mutants are as infective as the parent strains, but the  
447 menadione biosynthetic mutant persists within the kidney. *J Infect Dis* **187**:1654-1661.
- 448 **25. Pader V, James EH, Painter KL, Wigneshweraraj S, Edwards AM. 2014.** The *agr* quorum-sensing  
449 system regulates fibronectin binding but not hemolysis in the absence of a functional electron  
450 transport chain. *Infect Immun* **82**:4337-4347.
- 451 **26. Painter KL, Strange E, Parkhill J, Bamford KB, Armstrong-James D, Edwards AM. 2015.**  
452 *Staphylococcus aureus* adapts to oxidative stress by producing H<sub>2</sub>O<sub>2</sub>-resistant small-colony variants  
453 via the SOS response. *Infect Immun*. **83**:1830-1844.
- 454 **27. Tuchscher L, Medina E, Hussain M, Völker W, Heitmann V, Niemann S, Holzinger D, Roth J,**  
455 **Proctor RA, Becker K, Peters G, Löffler B. 2011.** *Staphylococcus aureus* phenotype switching: an  
456 effective bacterial strategy to escape host immune response and establish a chronic infection.  
457 *EMBO Mol Med* **3**:129-141.

- 458 **28. Vesga O, Groeschel MC, Otten MF, Brar DW, Vann JM, Proctor RA.** 1996. *Staphylococcus aureus*  
459 small colony variants are induced by the endothelial cell intracellular milieu. *J Infect Dis* **173**:739-  
460 742.
- 461 **29. Hoffman LR, Déziel E, D'Argenio DA, Lépine F, Emerson J, McNamara S, Gibson RL, Ramsey BW,**  
462 **Miller SI.** 2006. Selection for *Staphylococcus aureus* small-colony variants due to growth in the  
463 presence of *Pseudomonas aeruginosa*. *Proc Natl Acad Sci U S A* **103**:19890-19895.
- 464 **30. Massey RC, Buckling A, Peacock SJ.** 2001. Phenotypic switching of antibiotic resistance circumvents  
465 permanent costs in *Staphylococcus aureus*. *Curr Biol* **11**:1810-1814.
- 466 **31. Schaaff F, Bierbaum G, Baumert N, Bartmann P, Sahl HG.** 2003. Mutations are involved in  
467 emergence of aminoglycoside-induced small colony variants of *Staphylococcus aureus*. *Int J Med*  
468 *Microbiol* **293**:427-435.
- 469 **32. Vestergaard M, Paulander W, Ingmer H.** 2015. Activation of the SOS response increases the  
470 frequency of small colony variants. *BMC Res Notes*. **8**:749.
- 471 **33. Leimer N, Rachmühl C, Palheiros Marques M, Bahlmann AS, Furrer A, Eichenseher F, Seidl K, Matt**  
472 **U, Loessner MJ, Schuepbach RA, Zinkernagel AS.** 2016. Nonstable *Staphylococcus aureus* Small-  
473 Colony Variants Are Induced by Low pH and Sensitized to Antimicrobial Therapy by Phagolysosomal  
474 Alkalinization. *J Infect Dis* **213**:305-313.
- 475 **34. Moisan H, Brouillette E, Jacob CL, Langlois-Bégin P, Michaud S, Malouin F.** 2006. Transcription of  
476 virulence factors in *Staphylococcus aureus* small-colony variants isolated from cystic fibrosis  
477 patients is influenced by SigB. *J Bacteriol* **188**:64-76.
- 478 **35. Mitchell G, Fugère A, Pépin Gaudreau K, Brouillette E, Frost EH, Cantin AM, Malouin F.** 2013. SigB  
479 is a dominant regulator of virulence in *Staphylococcus aureus* small-colony variants. *PLoS One* **8**:  
480 e65018.
- 481 **36. Vaudaux P, Francois P, Bisognano C, Kelley WL, Lew DP, Schrenzel J, Proctor RA, McNamara PJ,**  
482 **Peters G, Von Eiff C.** 2002. Increased expression of clumping factor and fibronectin-binding  
483 proteins by *hemB* mutants of *Staphylococcus aureus* expressing small colony variant phenotypes.  
484 *Infect Immun* **70**:5428-5437.
- 485 **37. von Eiff C, Becker K, Metze D, Lubritz G, Hockmann J, Schwarz T, Peters G.** 2001. Intracellular  
486 persistence of *Staphylococcus aureus* small-colony variants within keratinocytes: a cause for  
487 antibiotic treatment failure in a patient with Darier's disease. *Clin Infect Dis* **32**:1643-1647.
- 488 **38. Singh R, Ray P, Das A, Sharma M.** 2010. Enhanced production of exopolysaccharide matrix and  
489 biofilm by a menadione-auxotrophic *Staphylococcus aureus* small-colony variant. *J Med Microbiol*  
490 **59**: 521-527.
- 491 **39. Tuscherr L, Heitmann V, Hussain M, Viemann D, Roth J, von Eiff C, Peters G, Becker K, Löffler B.**  
492 2010. *Staphylococcus aureus* small-colony variants are adapted phenotypes for intracellular  
493 persistence. *J Infect Dis* **202**:1031-1040.

- 494 **40. Baumert N, von Eiff C, Schaaff F, Peters G, Proctor RA, Sahl HG.** 2002. Physiology and antibiotic  
495 susceptibility of *Staphylococcus aureus* small colony variants. *Microb Drug Resist* **8**:253-260.
- 496 **41. Brouillette E, Grondin G, Lefebvre C, Talbot BG, Malouin F.** 2004. Mouse mastitis model of  
497 infection for antimicrobial compound efficacy studies against intracellular and extracellular forms  
498 of *Staphylococcus aureus*. *Vet Microbiol* **101**:253-262.
- 499 **42. Norstrom T, Lannergard J, Hughes D.** 2007. Genetic and phenotypic identification of fusidic acid-  
500 resistant mutants with the small-colony-variant phenotype in *Staphylococcus aureus*. *Antimicrob*  
501 *Agents Chemother* **51**:4438-4446.
- 502 **43. Tsuji BT, von Eiff C, Kelchlin PA, Forrest A, Smith PF.** 2008. Attenuated vancomycin bactericidal  
503 activity against *Staphylococcus aureus* *hemB* mutants expressing the small-colony-variant  
504 phenotype. *Antimicrob Agents Chemother* **52**:1533-1537.
- 505 **44. Garcia LG, Lemaire S, Kahl BC, Becker K, Proctor RA, Denis O, Tulkens PM, Van Bambeke F.** 2013.  
506 Antibiotic activity against small-colony variants of *Staphylococcus aureus*: review of *in vitro*, animal  
507 and clinical data. *J Antimicrob Chemother* **68**:1455-1464.
- 508 **45. Liu CI, Liu GY, Song Y, Yin F, Hensler ME, Jeng WY, Nizet V, Wang AH, Oldfield E.** 2008. A  
509 cholesterol biosynthesis inhibitor blocks *Staphylococcus aureus* virulence. *Science* **319**:1391-1394.
- 510 **46. Clauditz A, Resch A, Wieland KP, Peschel A, Götz F.** 2006. Staphyloxanthin plays a role in the  
511 fitness of *Staphylococcus aureus* and its ability to cope with oxidative stress. *Infect Immun* **74**:4950-  
512 4953.
- 513 **47. Mishra NN, Liu GY, Yeaman MR, Nast CC, Proctor RA, McKinnell J, Bayer AS.** 2011. Carotenoid-  
514 related alteration of cell membrane fluidity impacts *Staphylococcus aureus* susceptibility to host  
515 defense peptides. *Antimicrob Agents Chemother* **55**:526-531.
- 516 **48. Cosgrove K, Coutts G, Jonsson IM, Tarkowski A, Kokai-Kun JF, Mond JJ, Foster SJ.** 2007. Catalase  
517 (KatA) and alkyl hydroperoxide reductase (AhpC) have compensatory roles in peroxide stress  
518 resistance and are required for survival, persistence, and nasal colonization in *Staphylococcus*  
519 *aureus*. *J Bacteriol* **189**:1025-1035.
- 520 **49. Gaupp R, Ledala N, Somerville GA.** 2012. Staphylococcal response to oxidative stress. *Front Cell*  
521 *Infect Microbiol* **2**:33.
- 522 **50. McAdow M, Kim HK, Dedent AC, Hendrickx AP, Schneewind O, Missiakas DM.** 2011. Preventing  
523 *Staphylococcus aureus* sepsis through the inhibition of its agglutination in blood. *PLoS Pathog*  
524 **7**:e1002307.
- 525 **51. Bryan-Jones DG, Whittenbury R.** 1969. Hematin-dependent oxidative phosphorylation in  
526 *Streptococcus faecalis*. *J Gen Microbiol* **58**:247-60.
- 527 **52. Ritchey TW, Seeley HW.** 1974. Cytochromes in *Streptococcus faecalis* var. *zymogenes* grown in a  
528 hematin-containing medium. *J Gen Microbiol* **85**:220-228.

- 529 **53. Winstedt L, Frankenberg L, Hederstedt L, von Wachenfeldt C.** 2000. *Enterococcus faecalis* V583  
530 contains a cytochrome bd-type respiratory oxidase. *J Bacteriol* **182**:3863-3866.
- 531 **54. Frankenberg L, Brugna M, Hederstedt L.** 2002. *Enterococcus faecalis* heme-dependent catalase. *J*  
532 *Bacteriol* **184**:6351-6356.
- 533 **55. Baureder M, Reimann R, Hederstedt L.** 2012. Contribution of catalase to hydrogen peroxide  
534 resistance in *Enterococcus faecalis*. *FEMS Microbiol Lett* **331**:160-164.
- 535 **56. Monk IR, Shah IM, Xu M, Tan MW, Foster TJ.** 2012. Transforming the untransformable: application  
536 of direct transformation to manipulate genetically *Staphylococcus aureus* and *Staphylococcus*  
537 *epidermidis*. *MBio* **3**:e00277-11.
- 538 **57. James EH, Edwards AM, Wigneshweraraj S.** 2013. Transcriptional downregulation of *agr*  
539 expression in *Staphylococcus aureus* during growth in human serum can be overcome by  
540 constitutively active mutant forms of the sensor kinase AgrC. *FEMS Microbiol Lett* **349**:153-162.
- 541 **58. Edwards AM, Potts JR, Josefsson E, Massey RC.** 2010. *Staphylococcus aureus* host cell invasion and  
542 virulence in sepsis is facilitated by the multiple repeats within FnBPA. *PLoS Pathogens* **6**: e1000964.
- 543 **59. Ko YP, Kuipers A, Freitag CM, Jongerius I, Medina E, van Rooijen WJ, Spaan AN, van Kessel KP,**  
544 **Höök M, Rooijackers SH.** 2013. Phagocytosis escape by a *Staphylococcus aureus* protein that  
545 connects complement and coagulation proteins at the bacterial surface. *PLoS Pathog* **9**: e1003816.
- 546 **60. Surewaard BG, de Haas CJ, Vervoort F, Rigby KM, DeLeo FR, Otto M, van Strijp JA, Nijland R.** 2013.  
547 Staphylococcal alpha-phenol soluble modulins contribute to neutrophil lysis after phagocytosis. *Cell*  
548 *Microbiol* **15**:1427-37.
- 549 **61. Smith EJ, Visai L, Kerrigan SW, Speziale P, Foster TJ.** 2011. The Sbi protein is a multifunctional  
550 immune evasion factor of *Staphylococcus aureus*. *Infect Immun.* **79**:3801-3809.
- 551 **62. Malachowa N, Whitney AR, Kobayashi SD, Sturdevant DE, Kennedy AD, Braughton KR, Shabb DW,**  
552 **Diep BA, Chambers HF, Otto M, DeLeo FR.** 2011. Global changes in *Staphylococcus aureus* gene  
553 expression in human blood. *PLoS One.* **6**:e18617
- 554 **63. Painter KL, Krishna A, Wigneshweraraj S, Edwards AM.** 2014. What role does the quorum-sensing  
555 accessory gene regulator system play during *Staphylococcus aureus* bacteremia? *Trends Microbiol.*  
556 **22**:676-685.
- 557 **64. Skaar EP, Humayun M, Bae T, DeBord KL, Schneewind O.** 2004. Iron-source preference of  
558 *Staphylococcus aureus* infections. *Science.* 2004 **305**:1626-8.
- 559 **65. Repine JE, Fox RB, Berger EM, Harada RN.** 1981. Effect of staphylococcal iron content on the killing  
560 of *Staphylococcus aureus* by polymorphonuclear leukocytes. *Infect Immun* **32**:407-410.
- 561 **66. Hoepelman IM, Bezemer WA, Vandenbroucke-Grauls CM, Marx JJ, Verhoef J.** 1990. Bacterial iron  
562 enhances oxygen radical-mediated killing of *Staphylococcus aureus* by phagocytes. *Infect Immun*  
563 **58**:26-31.



- 564 **67. Gläser R, Becker K, von Eiff C, Meyer-Hoffert U, Harder J.** 2014. Decreased susceptibility of  
565 *Staphylococcus aureus* small-colony variants toward human antimicrobial peptides. *J Invest*  
566 *Dermatol* **134**: 2347-2350.
- 567 **68. Mishra NN, Liu GY, Yeaman MR, Nast CC, Proctor RA, McKinnell J, Bayer AS.** 2011. Carotenoid-  
568 related alteration of cell membrane fluidity impacts *Staphylococcus aureus* susceptibility to host  
569 defense peptides. *Antimicrob Agents Chemother* **55**: 526-531.
- 570 **69. Fang FC.** 2011. Antimicrobial actions of reactive oxygen species. *MBio* **2**: e00141-11.
- 571 **70. Imlay JA.** 2013. The molecular mechanisms and physiological consequences of oxidative stress:  
572 lessons from a model bacterium. *Nat Rev Microbiol* **11**:443-454.
- 573 **71. Keyer K, Imlay JA.** 1996. Superoxide accelerates DNA damage by elevating free-iron levels. *Proc*  
574 *Natl Acad Sci U S A* **93**:13635-13640.
- 575 **72. Skaar EP, Humayun M, Bae T, DeBord KL, Schneewind O.** 2004. Iron-source preference of  
576 *Staphylococcus aureus* infections. *Science* **305**: 1626-1628.
- 577 **73. Coque TM, Patterson JE, Steckelberg JM, Murray BE.** 1995. Incidence of hemolysin, gelatinase, and  
578 aggregation substance among enterococci isolated from patients with endocarditis and other  
579 infections and from feces of hospitalized and community-based persons. *J Infect Dis* **171**: 1223-  
580 1229.
- 581 **74. Creti R, Imperi M, Bertuccini L, Fabretti F, Orefici G, Di Rosa R, Baldassarri L.** 2004. Survey for  
582 virulence determinants among *Enterococcus faecalis* isolated from different sources. *J Med*  
583 *Microbiol* **53**: 13-20.
- 584 **75. Horsburgh MJ, Clements MO, Crossley H, Ingham E, Foster SJ.** 2001. PerR controls oxidative stress  
585 resistance and iron storage proteins and is required for virulence in *Staphylococcus aureus*. *Infect*  
586 *Immun* **69**: 3744-3754.
- 587 **76. Pader V, Hakim S, Painter KL, Wigneshweraraj S, Clarke TB, Edwards AM.** 2016. *Staphylococcus*  
588 *aureus* inactivates daptomycin by releasing membrane phospholipids. *Nat Microbiol* **2**: 16194.
- 589 **77. Jacob AE, Hobbs SJ.** 1974. Conjugal transfer of plasmid-borne multiple antibiotic resistance in  
590 *Streptococcus faecalis* var. *zymogenes*. *J Bacteriol* **117**: 360-372.
- 591 **78. Ike Y, Craig RA, White BA, Yagi Y, Clewell DB.** 1983. Modification of *Streptococcus faecalis* sex  
592 pheromones after acquisition of plasmid DNA. *Proc Natl Acad Sci U S A* **80**: 5369-5373.
- 593 **79. Lee CY, Buranen SL, Ye ZH.** 1991. Construction of single-copy integration vectors for *Staphylococcus*  
594 *aureus*. *Gene* **103**: 101-105.
- 595
- 596
- 597
- 598

599

600

601

602

603

604

605

606

607

608

609

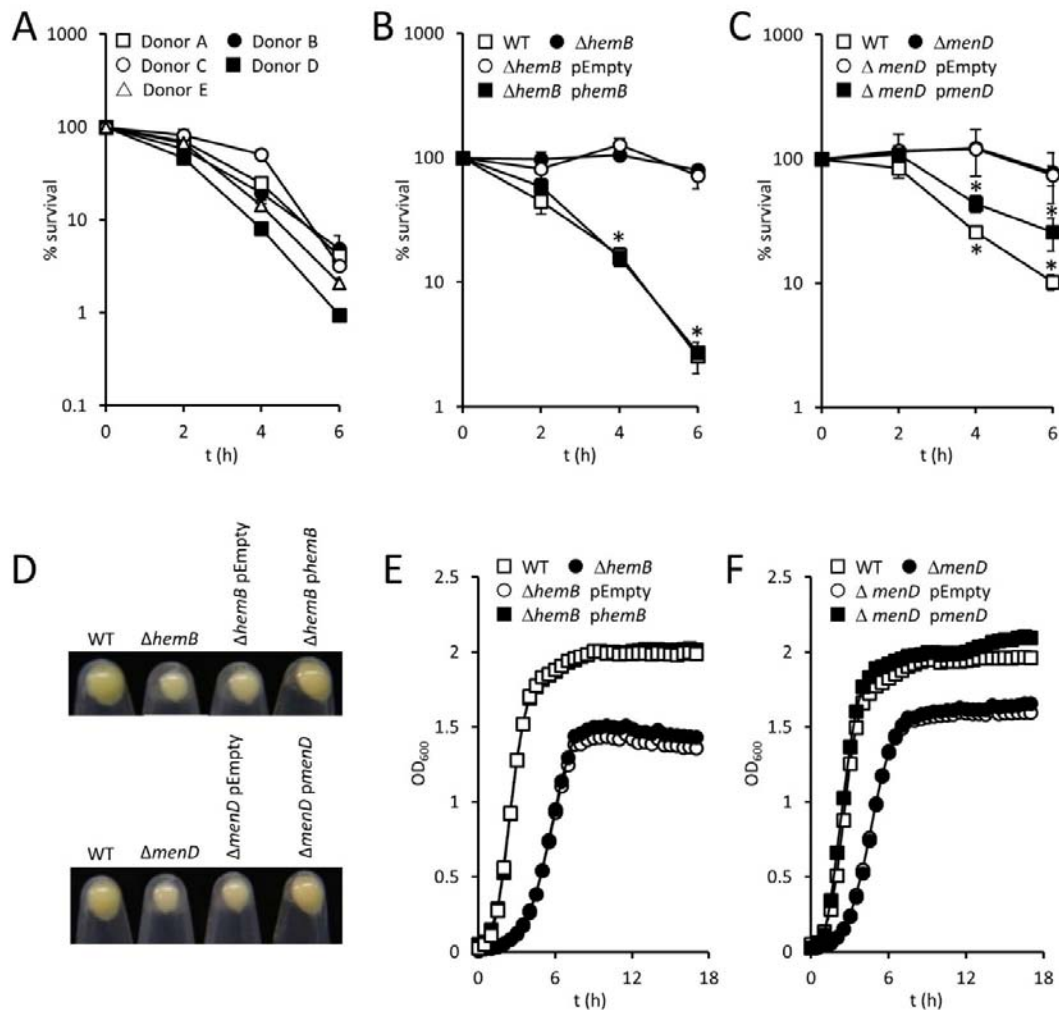
610

611

612 **Figures and figure legends**

613

614



615

616

617 **Figure 1. Survival of SCV *S. aureus* in blood is greater than that of wild-type bacteria.** (A) Survival of wild-  
 618 type *S. aureus* USA300 in blood from individual donors. Data represent the mean survival from 3  
 619 independent experiments from each donor. (B, C) Survival of wild-type *S. aureus* USA300 and  $\Delta hemB$  (B) or  
 620  $\Delta menD$  (C), and complemented strains, in human blood. Data represent the mean of 4 independent  
 621 experiments using blood from at least 3 different donors. (D) Images of pelleted stationary-phase *S. aureus*  
 622 strains highlighting differences in pigmentation. Images are representative of 3 independent assays. (E, F)  
 623 Growth profiles of *S. aureus* wild-type and  $\Delta hemB$  (E) or  $\Delta menD$  (F), and complemented strains. Data  
 624 represent the mean of 3 independent experiments. Where shown, error bars represent the standard  
 625 deviation of the mean. Data in B and C were analysed by 2-way repeated measures ANOVA and Dunnett's  
 626 post-hoc test. \*represents  $p = <0.01$  compared with wild-type.

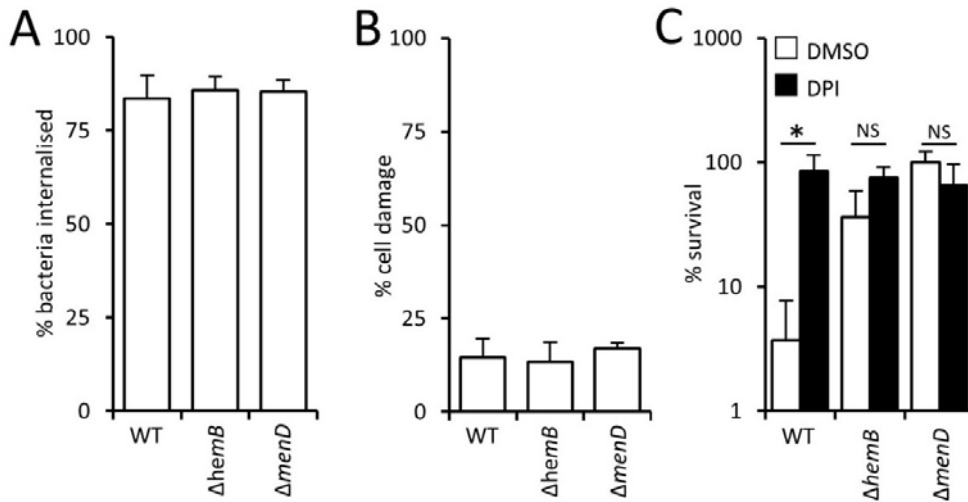
627

628

629

630

631



632

633

634 **Figure 2. SCVs survive the oxidative burst better than wild-type *S. aureus*.** (A) The percentage of *S. aureus*  
635 wild-type,  $\Delta hemB$ , or  $\Delta menD$  *S. aureus* USA300 internalised into phagocytic cells 2 h after inoculation into  
636 whole human blood. (B) The percentage of phagocytic cells that contained *S. aureus* strains, and had  
637 impaired membrane integrity, as determined using the Zombie Violet reagent after 6 h in whole human  
638 blood. (C) Survival of *S. aureus* wild-type,  $\Delta hemB$ , or  $\Delta menD$  *S. aureus* USA300 after 6 h in blood pre-treated  
639 with the NADPH oxidase inhibitor diphenyleiiodonium (DPI) or an identical volume of DMSO solvent alone  
640 (DMSO). Data were analysed via a one-way ANOVA with Tukey's post hoc test, which revealed no  
641 significant differences in (A) or (B). In (C), \* indicates  $p = < 0.01$ , NS indicates  $p = > 0.05$  when the indicated  
642 comparisons were made.

643

644

645

646

647

648

649

650

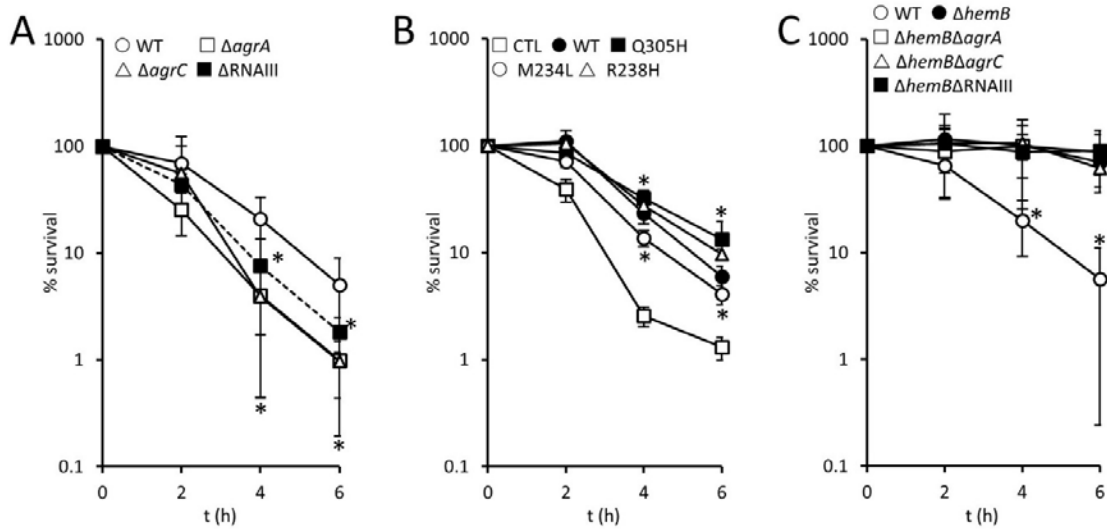
651

652

653

654

655



656

657 **Figure 3. Survival of wild-type but not SCV *S. aureus* is enhanced by Agr.** (A) Survival of wild-type (WT),  
 658  $\Delta agrA$ ,  $\Delta agrC$  or  $\Delta RNAIII$  *S. aureus* USA300 in whole human blood over 6 h. (B) Survival of *S. aureus* USA300  
 659  $\Delta agrC$  mutant transformed with pCL55 (CTL), pCL55 containing the wild-type *agrC* gene (WT), or 3 mutated  
 660 variants of *agrC* that result in Q305H, M234L or R238H substitutions conferring a constitutively-active  
 661 phenotype. (C) Survival of wild-type (WT),  $\Delta hemB$ ,  $\Delta hemB\Delta agrA$ ,  $\Delta hemB\Delta agrC$  or  $\Delta hemB\Delta RNAIII$  *S. aureus*  
 662 USA300 in whole human blood over 6 h. For all panels, data represent the mean of 4 independent  
 663 experiments using blood from at least 3 different donors. Data were analysed by 2-way repeated measures  
 664 ANOVA with Dunnett's post-hoc test to compare strains to WT (A), CTL (B) or to  $\Delta hemB$  (C). \* indicates  $p <$   
 665 0.01. In panel A, all mutants were significantly more susceptible to immune defences than the wild-type at  
 666 4 and 6 h. In panel B, all strains expressing *agrC* (wild-type or mutated) survived better than the  $\Delta agrC$   
 667 mutant at the 4 and 6 h time points. In panel C, all  $\Delta hemB$  mutants (+/- *agr*) survived equally well and  
 668 significantly better than the wild-type.

669

670

671

672

673

674

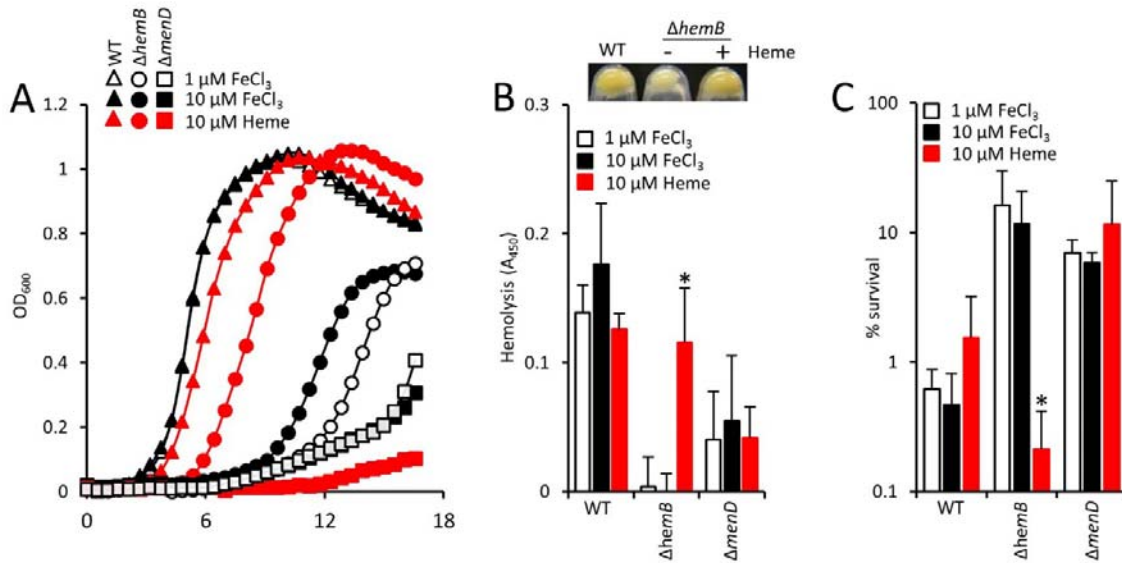
675

676

677

678

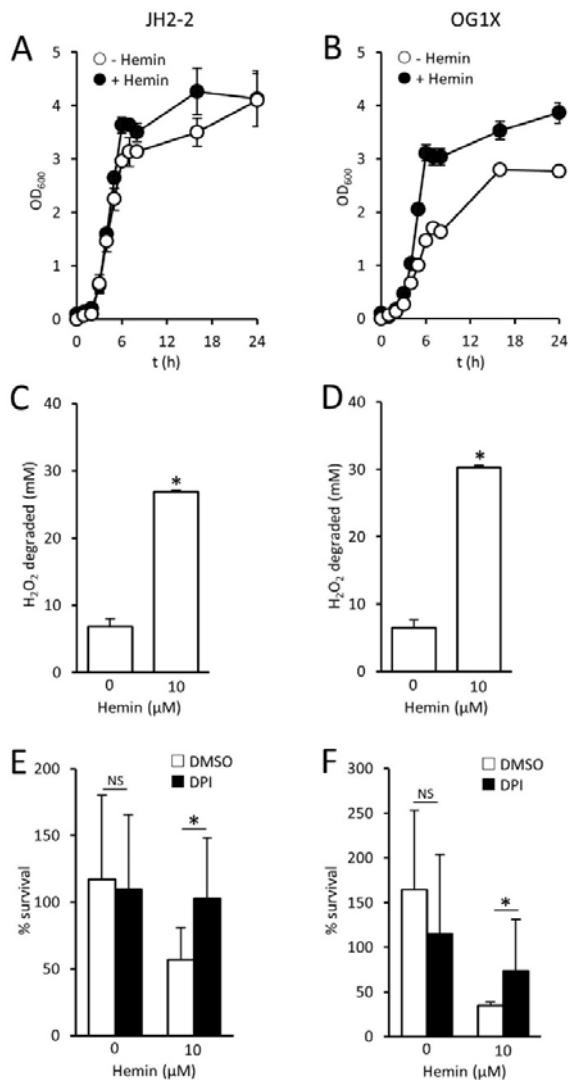
679  
680  
681  
682



683  
684

685 **Figure 4. Heme promotes growth and virulence factor production of the  $\Delta hemB$  mutant but decreases**  
686 **survival in blood.** (A) growth profiles (as determined by OD<sub>600</sub> readings) of WT,  $\Delta hemB$  and  $\Delta menD$  in  
687 metal-adjusted TSB containing iron in the form of 1 or 10  $\mu M$  FeCl<sub>3</sub> or 10  $\mu M$  heme. Please note that the  
688 open triangles are largely obscured by the filled triangles. (B) the graph shows hemolytic activity of WT,  
689  $\Delta hemB$  and  $\Delta menD$  grown in the presence of 1 or 10  $\mu M$  FeCl<sub>3</sub> or 10  $\mu M$  heme. The panel illustrates the  
690 pigmentation of the  $\Delta hemB$  mutant grown in the absence or presence of 10  $\mu M$  heme. WT is shown for  
691 comparison. There was no effect of heme on the pigmentation of the WT or  $\Delta menD$  strain. (C) Survival of  
692 WT,  $\Delta hemB$  and  $\Delta menD$ , grown in the presence of 1 or 10  $\mu M$  FeCl<sub>3</sub> or 10  $\mu M$  heme, after 6 h incubation in  
693 whole human blood. Data (B) and (C) were analysed via a one-way ANOVA with Tukey's post hoc test. For  
694 each strain, comparisons were made between 1  $\mu M$  FeCl<sub>3</sub> and 10  $\mu M$  FeCl<sub>3</sub> or 10  $\mu M$  heme. \* indicates  $p =$   
695  $< 0.01$ .

696  
697  
698  
699  
700  
701  
702  
703



704

705

706 **Figure 5. Heme promotes susceptibility of *E. faecalis* to host defences.** (A,B) growth profiles (as  
 707 determined by OD<sub>600</sub> readings) of *E. faecalis* JH2-2 (A) or OG1X (B) grown in the absence or presence of 10  
 708 μM heme. (C,D) Catalase activity (expressed as mM H<sub>2</sub>O<sub>2</sub> degraded in 1 hr by 10<sup>7</sup> CFU) of *E. faecalis* JH2-2  
 709 (C) or OG1X (D) grown in the absence or presence of 10 μM heme. (E,F) Survival of *E. faecalis* JH2-2 (E) or  
 710 OG1X (F) after 6 h in blood pre-treated with DPI or an identical volume of DMSO solvent alone. Data were  
 711 analysed by one-way ANOVA with Tukey's post hoc test, which revealed no significant differences ( $p = <$   
 712 0.01) in (A) and (B) between bacteria grown in the absence or presence of heme. In (E) and (F), \* indicates  $p = <$   
 713 0.01, NS indicates  $p = > 0.05$  when the indicated comparisons were made.

714

715

716

717 **Table 1. Bacterial strains and plasmids used in this study.**

| Bacterial strain                                | Relevant characteristics   | Source/ reference |
|---|--|-------------------|
| <b><i>S. aureus</i></b>                         |  |                   |
| USA300 LAC                                      | LAC strain of the USA300 CA-MRSA lineage   |                   |
| USA300 $\Delta hemB$                            | USA300 in which <i>hemB</i> has been deleted. Heme-auxotroph, SCV phenotype.   | 25                |
| USA300 $\Delta hemB$ <i>geh</i> ::pCL55         | USA300 <i>hemB</i> mutant with pCL55 integrated into the <i>geh</i> locus. Heme-auxotroph, SCV phenotype.  | 26                |
| USA300 $\Delta hemB$ <i>geh</i> :: <i>phemB</i> | USA300 <i>hemB</i> mutant with <i>phemB</i> integrated into the <i>geh</i> locus, restoring wild-type phenotype  | 26                |
| USA300 $\Delta hemB$ $\Delta agrA$              | USA300 in which <i>hemB</i> and <i>agrA</i> have been deleted. Agr-defective, SCV phenotype.   | This study        |
| USA300 $\Delta hemB$ $\Delta agrC$              | USA300 in which <i>hemB</i> and <i>agrC</i> have been deleted. Agr-defective, SCV phenotype.   | This study        |
| USA300 $\Delta hemB$ $\Delta RNAIII$            | USA300 in which <i>hemB</i> and RNAIII have been deleted. SCV phenotype and defective for most secreted cytolytins.  | This study        |
| USA300 $\Delta menD$                            | USA300 in which <i>menD</i> has been deleted. Menadione-auxotroph, SCV phenotype.  | 25                |
| USA300 $\Delta menD$ <i>geh</i> ::pCL55         | USA300 <i>menD</i> mutant with pCL55 integrated into the <i>geh</i> locus. Menadione-auxotroph, SCV phenotype.   | 26                |
| USA300 $\Delta menD$ <i>geh</i> :: <i>pmenD</i> | USA300 <i>menD</i> mutant with <i>pmenD</i> integrated into the <i>geh</i> locus, restoring wild-type phenotype.   | 26                |
| USA300 $\Delta agrA$                            | USA300 in which <i>agrA</i> has been deleted. Agr-defective phenotype.   | 76                |
| USA300 $\Delta agrC$                            | USA300 in which <i>agrC</i> has been deleted. Agr-defective phenotype.   | 76                |
| USA300 $\Delta agrC$ pCN34                      | USA300 in which <i>agrC</i> has been deleted, transformed with pCN34.  | 76                |
| USA300 $\Delta agrC$ <i>pagrCWT</i>             | USA300 $\Delta agrC$ transformed with <i>pagrCWT</i>   | 76                |
| USA300 $\Delta agrC$ <i>pagrCM234L</i>          | USA300 $\Delta agrC$ transformed with <i>pagrCM234L</i>  | This study        |
| USA300 $\Delta agrC$ <i>pagrCR238H</i>          | USA300 $\Delta agrC$ transformed with <i>pagrCR238H</i>  | This study        |
| USA300 $\Delta agrC$ <i>pagrCQ305H</i>          | USA300 $\Delta agrC$ transformed with <i>pagrCQ305H</i>  | This study        |
| <b><i>E. faecalis</i></b>                       |  |                   |
| JH2-2   | Gelatinase-deficient.  | 77                |
| OG1X  | Gelatinase-deficient.  | 78                |
| <b>Plasmids</b>                                 |  |                   |
| pEmpty  | pCL55 <i>E. coli-S. aureus</i> shuttle vector that inserts as a single copy at the staphylococcal <i>geh</i> locus. Amp <sup>r</sup> Chl <sup>r</sup> .      | 79                |
| <i>phemB</i>                                    | pCL55 containing the <i>hemB</i> gene under the control of the <i>hem</i> operon promoter.   | 26                |
| <i>pmenD</i>                                    | pCL55 containing the <i>menD</i> gene under the control of the <i>men</i> operon promoter.   | 26                |
| pCN34   | <i>E. coli-S. aureus</i> shuttle vector Amp <sup>r</sup> Kan <sup>r</sup> .  |                   |
| <i>pagrCWT</i>                                  | pCN34 containing a wild-type copy of <i>agrC</i> under the control of the P3 promoter, restoring wild-type Agr phenotype.                                    | 57                |
| <i>pagrCM234L</i>                               | pCN34 containing a mutated copy of <i>agrC</i> resulting in M234L substitution, under the control of the P3 promoter, conferring constitutive Agr phenotype. | 57                |
| <i>pagrCR238H</i>                               | pCN34 containing a mutated copy of <i>agrC</i> resulting in R238H substitution, under the control of the P3 promoter, conferring constitutive Agr phenotype. | 57                |
| <i>pagrCQ305H</i>                               | pCN34 containing a mutated copy of <i>agrC</i> resulting in Q305H substitution, under the control of the P3 promoter, conferring constitutive Agr phenotype. | 57                |

718

719