Use of untargeted magnetic beads to capture *Mycobacterium smegmatis* and *Mycobacterium*

***avium paratuberculosis* prior detection by mycobacteriophage D29 and Real-Time-PCR**

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ABSTRACT

Untargeted magnetic beads were evaluated to capture *Mycobacterium smegmatis* and *Mycobacterium*

avium subspecies *paratuberculosis* (MAP) from spiked feces, milk, and urine. Untargeted magnetic

beads recovered more *M. smegmatis* cells from PBS suspension than the typical centrifugation method;

96.31% of 1.68 x 10^4 CFU/mL viable *M. smegmatis* were recovered by beads and 0% by centrifugation.

Likewise, the *F57*-qPCR detection of MAP cells was different whether they were recovered by beads or

centrifugation; cycle threshold (Ct) was lower (p<0.05) for the detection of MAP cells recovered by

beads than centrifugation, indicative of higher sensitivity. Magnetic separation of MAP cells from milk,

urine, and feces specimens were detected by *F57* and *IS900* sequences. Ct values demonstrated that

beads captured no less than 10^9 CFU/mL from feces and no less than 10^4 CFU/mL from milk and urine

suspensions. In another detection strategy, *M. smegmatis* coupled to magnetic beads were infected by

mycobacteriophage D29. Plaque forming units were observed after 24 h of incubation from urine

samples containing 2 x 10^5 and 2 x 10^3 CFU/mL *M. smegmatis*. The results of this study provide a

promising tool for diagnosis of Johne's disease and other mycobacterial diseases such as tuberculosis.

    1. Introduction

The genus *Mycobacterium* is grouped in *Mycobacterium tuberculosis* complex (MTBC) and non-

tuberculosis mycobacteria (NTM) (1) and can cause multiple diseases in humans and animals (2,3). *M.*

tuberculosis (MTB), the etiological agent of tuberculosis (TB) in humans causes millions of deaths every

year, mainly in developing countries (4), can be isolated from sputum (5), lavage fluid (6,7), gastric

lavage (8,9), urine (10–12), and stools (13,14). *M. avium* subspecies *paratuberculosis* (MAP), a NTM that

cause Johne's disease (JD) or paratuberculosis, has been isolated from intestinal samples of domestic

animals (e.g., cattle, sheep, goats, and farmed deer), wildlife (e.g., rabbit, hare, fox, stoat, weasel, crow,

rook); and human beings (15)(16)(17).

Definitive diagnostic of TB and JD is based on the isolation of MTB and MAP from human and

animal's specimens on culture media. For that, the specimen, which can be contaminated with normal

flora organisms, should be decontaminated and centrifuged (18). Classical decontamination methods to

isolate MTB and MAP using the culture method are based on the use of *N*-acetyl-L-cysteine–sodium

hydroxide (NALC-NaOH) (18) and hexadecylpyridinium chloride (HPC) (19), respectively for MTB and

MAP, and incorporate the concentration of the specimen by centrifugation at 3,000 *x g* at 4°C for 15-20

min (18–20). Given that these chemical decontaminants can kill a portion of mycobacteria present in the

specimen (19–22), and that the availability of refrigerated centrifuges with sealed safety cups and

aerosol-tight rotors may be challenging in laboratories from low- and middle-income countries (23),

additional efforts should be focused on the development of new and simple methods that enable the

separation of MTB and MAP from specimens without affecting their viability to grow on culture media or

be detected.

Magnetic-separation methods, already established as routine methods to detect *Listeria*

monocytogenes (24), *Salmonella* spp. (25), and *Escherichia coli* O157:H7 (26) (27) in food and veterinary

clinical samples, are promising alternatives to selectively separate and concentrate MTB (28–32) and

MAP (33,34). Magnetic bead characteristics (composition, size, concentration, and surface modification)

and the nature of coating ligands (antibodies, peptides, chemicals) are important factors enabling the

concentration of the target bacteria and increasing the performance of further complementary

detection methods such as culture, PCR, microscopy, antigen detection immunoassay, or phage assay

(33,35,36).

Tosyl-activated magnetic beads (e.g., Dynabeads M-280 Tosylactivated) can bind covalently to

primary amine and sulfhydryl groups in proteins and peptides (37). Importantly, some surface proteins

have been identified on mycobacteria (38–40). As per their characteristics, we postulate that Tosyl-

activated magnetic beads may interact with these surface proteins enabling the capture of *M.*

smegmatis and MAP cells in suspension. Because the use of untargeted beads to capture MAP cells

would diminish laboratory work and costs, and would increase affordability in countries with a high

burden of TB and JD, this study determined the potential of Tosyl-activated Dynabeads M-280

(untargeted magnetic beads) to capture *M. smegmatis* and MAP from spiked urine, feces, and milk

samples prior to detection by real-time PCR (qPCR) and phage D29.

2.   Material and Methods

2.1. Bacterial cultures

MAP ATCC 19698 was cultured in Middlebrook 7H9 broth (BD Biosciences, San Jose, CA, USA)

supplemented with an oleic acid–albumin–dextrose–catalase mixture (BD Biosciences) and mycobactin J

(Allied Monitor, Fayette, MO, USA) at 37°C with constant shaking at 200 rpm for 60 d. *M. smegmatis*

mc2155 cells were cultured under the same conditions but without mycobactin and for 7 d. *Escherichia*

coli BL21 (DE3) was cultured in Luria–Bertani (LB) broth at 37°C for 24 h with shaking. Stock *M.*

smegmatis and *E. coli* cells suspensions were adjusted to an optical density at 600 nm (OD$_{600}$; measured

using a UV-visible spectrophotometer, Cytation 5, Biotek Inc.) measurement of 1. Then four serial 10-

fold dilutions of the stock suspension were made for CFU counting on LB agar plates.

2.2. Magnetic beads assay

Tosyl-activated Dynabeads™ M-280 (Invitrogen)(37) were used for cell capture. Briefly, 21 µl of

beads was transferred to one sterile microcentrifuge tube of 2-ml capacity (microtube) and washed

twice with 1 ml of PBS (pH 7.4) for 1 min each time. The microtube was placed on a magnet (Magna grip

rack, Millipore) for removing supernatant. Washed beads were then added to microtubes containing 1

mL of PBS, milk, urine, and feces suspensions spiked with various levels of *M. smegmatis* or MAP cells.

These tubes were placed in a microtube rotator (Thermo Scientific™ Labquake™, Edmonton, AB,

Canada) at room temperature for 1 h. The microtubes were then placed on a magnetic rack for 1 min to

carefully remove the supernatant to another microtube. Magnetic beads coupled to *M. smegmatis* or

MAP were washed twice with 1 mL PBS for 1 min before moving on to the detection assays using qPCR

or phage D29.

2.3. Recovery of viable M. smegmatis and E. coli cells by magnetic beads

M. smegmatis. Suspensions of *M. smegmatis* cells were prepared from a stock. It was adjusted to

OD$_{600}$ ~1 (microtube#1), and then serial 10-fold dilutions in PBS were performed (microtube#2,

microtube#3, and microtube#4) to obtain different cell concentrations for assays. Determination of

viable *M. smegmatis* recovered by beads and centrifugation was determined based on the number of

cells isolated from the supernatant, as sedimenting cells may form clumps which can lead to an

underestimation of *M. smegmatis* cells isolated on LB plates. To ensure all cells remained in the entire

volume of supernatant, the experiments were optimized for 2-mL microtubes. Two aliquots (1 mL) of

each microtube were transferred to two microtubes for centrifugation (control) and beads methods.

Microtube#1 (control) was centrifuged at 3,000 *x g* at 4°C for 16 min, and the total volume of

supernatant was cultured on LB agar plates for counting cells that were not sedimented. Another

microtube#1 was assayed for magnetic capture, and the total volume of supernatant was carefully

removed and transferred to one plastic cuvette for measuring turbidity via OD_{600} and for colony counts

on LB-agar plates. The same procedure, except measuring turbidity, was applied for microtube#2 and

microtube#3. From microtube#4, *M. smegmatis* cells recovered by beads and centrifugation were

resuspended in 1 mL PBS, vortexed vigorously and plated on LB agar plates. Likewise, the total

supernatant volume was plated on LB agar for CFU count. The experiment was repeated 3 times.

E. coli. From a stock of *E. coli* suspension (adjusted to OD_{600} ~1), 2 aliquots (1 mL each) were transferred

to 2 microtubes to evaluate the concentration of cells by centrifugation (2,000 *x g*, 4°C, 16 min) and

capture by magnetic beads. Recovery of cells by centrifugation (control) was done following the

procedure described for the microtube#1 with *M. smegmatis*. The experiment was repeated 3 times.

2.4. MAP cells DNA extraction

DNA extraction was performed using a GenoLyse® kit (Hain Lifescience, Nehren, BW, Germany)

as per manufacturer's instructions with some modifications. Briefly, MAP cells concentrated by

centrifugation or magnetic beads were resuspended in 100 µl of A-Lys, vortexed, centrifuged at 10,000 *x*

g for 1 min, and incubated for 5 min at 95°C in a water bath. Then, 100 µl of A-NB buffer was added to

the lysate, vortexed, and centrifuged at 10,000 *x g* for 5 min. Supernatant was transferred to sterile 1.5-

ml microtubes. Concentration of isolated DNA was determined by measuring sample absorbance at 260

nm using a NanoDrop ND-1000 spectrophotometer (NanoDrop Technologies Inc., Wilmington, DE, USA).

2.5. Quantitative qPCR assay

This procedure was done as per Singh et al. (36). Briefly, qPCR amplification targeting *IS900* and

F57 genes was done using Taqman specific probes and StepOnePlus Real Time PCR System (Applied

Biosystems). The 10-µL PCR mixture comprised 5 µL of TaqMan® Universal Master Mix II (Applied

Biosystems) with uracil-N-glycosylase (UNG), 200 nM of each primer and 250 nM of fluorogenic probe

specific to *IS900* and *F57*; the sequence of the primers and probes used were described elsewhere (36).

For each template DNA sample, 4 µL was added in the reaction mixture. qPCR conditions were as

follows: 50°C for 2 min for UNG treatment, initial denaturation at 95°C for 10 min, 40 cycles at 95°C for

15 sec, and at 60°C for 1 min. Each qPCR amplification targeting *IS900* and *F57* genes was run in

triplicate with negative and positive controls. Obtained data were analyzed in the form of threshold

cycle (Ct) values.

2.6. Detection of MAP cells by qPCR

This experiment was done to evaluate the recovery of MAP cells by beads and centrifugation

through the detection of DNA of the total, viable and non-viable, cells sedimented. Efficiency of beads

and centrifugation to capture and sediment cells, respectively, was determined by using two referential

MAP concentrations (5 x 10^7 CFU/ml and 5 x 10^5 CFU/mL). Briefly, two serial 10-fold dilutions were

prepared from the stock (5 x 10^7 CFU/mL) of MAP suspension in PBS. Two aliquots (1 mL) of the stock

were transferred to two microtubes to evaluate the recovery of MAP by centrifugation (control) and

magnetic beads. MAP cells recovered by beads and centrifugation (3,000 *x g*, 4°C, 16 min) were analyzed

by *F57* qPCR. The same procedure was performed for the second serial dilution containing 5 x 10^5

CFU/mL. Each condition was repeated three times.

2.7. Capture of MAP in milk, urine and feces by beads

From milk and urine suspension. Three sterile microtubes containing 0.9 mL of PBS (pH 7.4), 0.9 mL of

urine from an apparently healthy human or 0.9 ml of skim milk (Dairyland®) were spiked with 0.1 mL of

10^8 CFU/mL MAP cells. Proteinase K (Pk) was added to the microtube containing milk and incubated at

70°C for 10 min before performing the magnetic beads assay. MAP cells recovered using beads were

analyzed by qPCR. The same procedure was applied to other microtubes containing fewer MAP cells

(10^6, 10^5, 10^4 CFU/mL). The experiment was run in triplicate and repeated twice.

From feces suspension. Cow feces of a known MAP-shedding calf (41) was provided by the University of

Calgary. Feces suspension was prepared by mixing 3 g of apparently healthy cattle feces and 6 ml of PBS

in a 15-ml centrifuge microtube. After keeping the microtube in an upright position for 20 min, 0.9 mL of

supernatant was transferred to another microtube and spiked with 0.1 mL of 10^8 CFU/mL MAP

suspended in PBS. One microtube with 0.9 mL PBS was spiked with 0.1 mL of 10^8 CFU/mL MAP. Both

microtubes were used for magnetic beads assays and analyzed by *F57* qPCR. The experiment was run in

triplicate and repeated twice.

2.8. Quantification of MAP cells recovered by beads

MAP cell counts were assessed using qPCR based upon the single copy fragment *F57* (42).

Briefly, DNA calibration curves were prepared for each experiment by preparing serial 10-fold dilutions

of DNA sample obtained from MAP cell (adjusted to OD_{600} ~1). The initial DNA concentration of the first

serial dilution was measured through optical absorbance at 260 nm using a NanoDrop ND 1000

spectrophotometer (NanoDrop Technologies Inc.). DNA molecule copy number (reported as equivalent

CFU/mL) was determined using the formula: (ng DNA × 6,023 × 10^{23})/(4,829,781 × 10^9 × 660)(43). The

number of *F57* (equivalent CFU) detected in each MAP sediment recovered by beads and control was

determined by using the respective threshold cycle (Ct) values.

(36)

2.9. Magnetic separation of M. smegmatis from urine for mycobacteriophage D29 infection

The experimental procedure was adjusted as per infection of MTB by phage D29 (44) and

doubling time (3 to 4 hours) of *M. smegmatis* (45). Two urine aliquots of 1 ml containing 2.0 x 10^5 and

2.0 x 10^3 CFU/mL *M. smegmatis* were transferred to two sterile microtubes. *M. smegmatis* captured by

beads from urine were detected by phage D29 (44,46) with some modifications. Briefly, *M. smegmatis*

cells captured by beads were resuspended in 150 µL of LB with 1 mM $CaCl_2$ (LB-S) and infected with 50

µL of phage D29 stock at 10^8 PFU/mL and 37°C. Extracellular phage D29 was eliminated with 0.03 M

ferrous ammonium sulfate (FAS) for 10 min; then 0.5 mL of LB-$CaCl_2$ was added to the microtube to stop

FAS virucide activity. The total volume suspension was mixed with 4 mL of sterile molten agar (0.8%) and

1 mL of 10^8 CFU/mL *M. smegmatis* suspension before pouring onto Petri dishes with LB agar. Petri

dishes were incubated for 24 h at 37°C and the number of infection plaques was counted. The

experiment was repeated 3 times.

2.10.   Statistical analyses

Number of *IS900* and *F57* gene copies, determined in triplicate per each sediment recovered by

u-TDbeads and control, were plotted and analyzed by the Kruskal-Wallis test (GraphPad Instat, version

8; GraphPad Prism, La Jolla, CA). *P*-values < 0.05 were considered statistically significant.

3. **Results**

3.1. Capture of M. smegmatis and E. coli by magnetic beads

Magnetic beads captured *M. smegmatis* cells in PBS with greater capture efficiency compared to

E. coli cells (*P* <0.05). This is evident by visual inspection of supernatant remaining in cuvettes after

capture by beads (Fig. 1). Cuvette B2 shows low remaining *M. smegmatis* cell contents, unlike cuvette

A2 which contained *E. coli*, indicating that beads efficiently removed cells from suspension (Fig. 1). The

number of viable *M. smegmatis* cells isolated from the supernatant of each suspension showed higher

recovery of viable cells by beads (> 90%) than centrifugation. *E. coli* cells were not recovered by beads;

approximately 94% of cells remained in the supernatant (Table 1).

The effect of the centrifugation and magnetic beads methods on the viability of *M. smegmatis*

was confirmed by assessing suspensions at 1.68 x 10^4 CFU/mL (Fig. 2). As per one experiment results, 17

CFU of *M. smegmatis* isolated from the supernatant and 337 CFU recovered from sedimented beads,

337 CFU compressed 1326 CFU of *M. smegmatis* as consequence of the formation of clumps during the

magnetic separation (Fig. 2). Thus, the magnetic beads recovered more viable *M. smegmatis* from the

suspension (96%) than the centrifugation (0%). An electron microscopy image of the capture of *M.*

smegmatis cells by beads is presented in Fig. 3.

3.2. Detection of MAP cells by qPCR

The initial concentration of MAP cells in the first and second PBS suspensions (2.93 x 10^9 and

1.43 x 10^7 equivalent CFU/mL, respectively) was estimated by detecting *F57* sequence from all MAP cells

collected by centrifugation, which is used to concentrate 95% mycobacteria (18). Using *F57*-qPCR, there

was a difference (p=0.04) in recovery of MAP cells between the magnetic beads and centrifugation

methods: from the first suspension 2.8 x 10^9 CFU/mL (Ct = 17.89) were recovered by magnetic beads

and 3.2 x 10^9 CFU/mL (Ct 17.68) by centrifugation, whereas 3.9 x 10^7 CFU/mL (Ct = 23.94) were

recovered by magnetic beads and 1.4 x 10^7 CFU/mL (Ct = 25.43) by centrifugation ((p<0.0001); Table 2).

3.3. Milk, urine, and feces suspension.

Ct values demonstrated that magnetic beads captured no less than 10^9 CFU/mL from feces and

no less than 10^4 CFU/mL of MAP cells from milk and urine suspensions (Fig. 4). From milk suspensions,

the recovery rates, confirmed by *F57*-qPCR, were 6.11% of 8.92 x 10^9 CFUL/mL, 5.96% of 6.25 x 10^7

CFU/mL, and 0.62% of 3.80 x 10^4 CFU/mL. Pk was incorporated in milk suspensions as preliminary

experiments showed that its activity increased the capture of MAP cells by beads (data not shown).

Recovery rates of MAP cells from urine suspensions using *F57*-qPCR was 30.93% of 8.92 x 10^9, 43.25% of

6.25 x 10^7, 44.56% of 6.11 x 10^6 CFU/mL, and 8.60% of 4.92 x 10^5 CFU/mL. *IS900*-qPCR, unlike the *F57*

method, was more sensitive to detect the lowest (10^4 CFU/mL) MAP cells concentration from milk and

urine (Fig. 4 and Table 3). From feces, 0.66% of 8.92 x 10^9 CFU/mL MAP cells were captured and

detected by beads and *F57*-qPCR (*IS900* was not done). MAP cells in feces suspensions at lower

concentrations were not detected.

3.4. Magnetic separation of M. smegmatis from urine for mycobacteriophage D29 infection

The combination of magnetic beads and phage D29 enabled the detection of *M. smegmatis*

spiked in urine within 24 h (Fig. 5). Although the number of plaques observed for samples from urine

spiked with 2 x 10^5 CFU/mL and 2 x 10^3 CFU/mL *M. smegmatis* was lower than the respective cell counts

(Table 4), the PFU detected from the samples at higher cell concentration clearly prove the detection of

M. smegmatis within 24 h.

4. Discussion

Untargeted Tosyl-activated Dynabeads™ M-280 recovered more viable *M. smegmatis* cells

(>90%) from spiked PBS suspension with 10^7, 10^6, 10^5 and 10^4 CFU/mL than the typical centrifuge-based

method. Capture efficiency was estimated by counting unbound *M. smegmatis* cells (in supernatant)

that were not captured nor sedimented by beads. Counting cells sedimented by beads, even after

resuspending them in 1 mL before plating (47), could underestimate the real number of cells recovered

by beads due to formation of cell clumps during the sedimentation process. With regards to cell

viability, untargeted magnetic beads did not affect the viability of *M. smegmatis,* supported by growth

on LB agar plate and infection by phage D29. On the other hand, centrifugation had a negative effect on

the viability of *M. smegmatis* cells, regardless of cell concentration. Moreover, qPCR detection of MAP

cells, after sedimentation by centrifugation and magnetic beads, indicates that the use of the latter

would be preferable to precipitate cells from PBS suspension. Although the centrifugation method

(3,000 *x g* at 4°C for 16 min) has been established as a referential method for the recovery of 95% of

cells from suspension (18,48), we agree with others (49–51) that centrifugation may not be an

appropriate method to concentrate specimens containing small numbers of microorganisms. The

inefficiency of the centrifuge method may be related to the physiology of the bacteria; low recovery of

MAP cells from a stationary culture is expected as the majority of cells have a lower buoyant density due

to the presence of lipid bodies (52). Likewise, as others have reported for other bacteria undergoing

centrifugation (53), the low number of *M. smegmatis* colonies growing on LB agar may be explained by

the damage of some bacterial cells, including DNA, during the centrifugation.

Since detection of MAP cells from milk improved after treating samples with Pk, we postulate

that Tosyl groups can be blocked by milk proteins which would, therefore, affect the capture of MAP

cells. The positive effect of Pk on capture of MAP from milk was not observed in urine nor feces,

perhaps, due to the higher protein concentration (1.87%) of milk (54) compared to urine (55) and feces.

With regards to the magnetic separation of captured MAP cells from urine and feces, we postulate that

the differences observed in qPCR sensitivity when detecting MAP cells in milk, urine and feces can be

explained by the number of copies of the targeted genes *F57* (1 per genome) (56,57) and *IS900* (14-20

per genome)(57,58). Urea amine group, and other inhibitors such as polysaccharides originated from

vegetable material in the diet (59), gut flora, bile salts, and glucolipids (60), may react with Tosyl groups

and could explain decreases in the capture of cells by beads. Likewise, these inhibitors could be

transferred with the beads coupled to MAP cells and reduce the amplification efficiency of *F57* and

IS900 sequences during PCR.

263   Magnetic beads combined with phage D29 infection detected viable *M. smegmatis* from urine

suspension containing at least 10^3 CFU/mL. Since our experiments have shown that centrifugation can

affect the viability of *M. smegmatis* cells from a suspension with 10^6 CFU/mL to the point where no

viable cells remained, and considering that the decontamination of samples may damage the

mycobacteria and reduce the sensitivity of phage-based assays for detecting mycobacteria cells (61), our

method based on magnetic bead-mediated capture followed by phage D29 infection shows potential to

detect low amounts of MAP cells from cow's milk, and even MTB from urine samples, within 24 h.

However, since the number of plaques (02 PFU) obtained from urine suspension spiked with 2×10^3

CFU/mL of *M. smegmatis* may raise questions on reliability, the addition of an incubation step, enabling

growth of recovered *M. smegmatis* at 37°C for 24 h, prior to phage addition could improve sensitivity by

increasing the number of cells infected by phages, and by extension the number of plaques on the

indicator plate. Despite that the final concentration of phages in PBS and urine suspensions (2.5×10^7

PFU/mL) should ensure an infection rate of 1% (maximum infection rate) (44), the presence of beads in

PBS and of urea in urine would explain the low infection rate (<1%) of cells by phages. Beads may

interfere with the interaction between cells and phages, while the amino group of urea may interact

with Tosyl groups and reduce the number of cells captured by beads.

279   Another variable that positively contributed to the capture of mycobacteria by beads was

related to the technical steps required to take aliquots of beads in stock suspension, remove the

supernatant after capturing beads coupled to mycobacteria and washing beads. Before taking an aliquot

of the stock beads suspension, it was homogenized by pipetting 3 – 4 times carefully. The supernatant

was removed without taking out the microtube from the magnetic rack to avoid removing beads

coupled to mycobacteria. PBS washing was done carefully despite the fact that strong interactions are

expected between beads and mycobacteria surface proteins. PBS was added slowly and carefully along

the inner wall of the microtube and not directly onto the beads. The microtube should be slightly

inverted 5 times to ensure that all beads were distributed homogenously and were not making visible

clumps that could carry debris present in the sample. The use of 2-mL microcentrifuge tubes with

attached flat top cap ensured a) homogenous mixing of suspensions for increasing interaction between

beads and cells, b) removal of supernatant while the tube was placed in the magnetic rack, and c)

addition of PBS to the tube for washing cells coupled to beads.

A previous study (62) demonstrating the use of Tosyl-activated Dynabeads™ M-280 coupled to

Gp10, a recombinant lysin from the mycobacteriophage L5, in combination with qPCR, did not present

data about the capture efficiency of uncovered magnetic beads. Another study (47) showed that other

types of magnetic beads coupled to peptides and antibodies, and complemented with phages, detected

approximately 0.03% and 0.003% of 10^3 to 10^4 CFU/mL MAP cells from milk, respectively. However,

unlike the method presented in the present study, which recovered MAP cells directly from milk, the

MAP cells were sedimented from milk by centrifugation and were then transferred to one microtube

containing 7H9-OADC media for magnetic separation of MAP cells. Moreover, the authors (47) showed

that other types of uncoated beads recovered a moderate percentage (around 10%) of nontarget

mycobacteria.

A limitation of the present study was that MAP cells recovered by beads were not cultured.

Although the two log10 lower counts of MAP cells between theoretical concentration determined using

OD_{600} and $F57$-qPCR can be explained by clumps present in suspension and not detected using optical

density, our results were in line with another study (42) that also reported a difference of two log10

counts between colony counts on culture media and $F57$-qPCR. Counting recovered cells before qPCR

could further help infer the presence of death and live cells recovered by beads and centrifugation.

Another variable that could not be controlled in this study was the effect of calcium as chelating agent in

milk. Removing calcium from milk could reduce the formation of MAP clumps and keep a homogenous

distribution of cells in suspension to be captured by beads. This study did not evaluate the effect of less

amount of feces (1 g (19,63), 2g (64,65)) on the capture of MAP cells; even though this could reduce the

presence and impact of inhibitors. The evaluation of these variables, and the use of target magnetic

beads, in further studies would further define the potential to use untargeted magnetic beads to

capture MAP cells from milk and feces.

The results of this study encourage further effort to evaluate the utility of Dynabeads® M-280

Tosylactivated, with and without specific ligand, in real animals' samples with a presumptive diagnosis

of paratuberculosis. Likewise, the use of these untargeted beads, in combination with a microbiological

(e.g., DS6A phage, culture media, colorimetric method) or a molecular test (e.g., HAIN-MTBDRplus,

HAIN-MTBDRsl, GeneXpert), would have high potential to be used as a simple and rapid tool for

diagnosis of TB.

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Author contributions:

GRP designed the study and conducted the experiments. GRP, DS and RZ led the data analysis and

interpretation with input from all authors. GRP wrote the manuscript and all authors edited the

manuscript.

Declaration of competing interest:

None.

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References

[1] Baliga S, Murphy C, Sharon L, Shenoy S, Biranthabail D, Weltman H, et al. Rapid method for detecting

and differentiating Mycobacterium tuberculosis complex and non-tuberculous mycobacteria in sputum

by fluorescence in situ hybridization with DNA probes. Int J Infect Dis. 2018;75:1–7.

[2] Palmer M V., Welsh MD, Hostetter JM. Mycobacterial diseases of animals. Vet Med Int.

2011;2011:292469.

[3] Li H, Turhan V, Chokhani L, Stratton CW, Dunbar SA, Tang YW. Identification and differentiation of

clinically relevant Mycobacterium species directly from acid-fast Bacillus-positive culture broth. J Clin

Microbiol. 2009;47:3814–20.

[4] WHO. Global tuberculosis report 2020. 2020. Available from:

https://www.who.int/publications/i/item/9789240013131

[5] Narvaiz de Kantor, Isabel, Kim, Sang Jae, Frieden, Thomas R, Laszlo, Adalbert, Luelmo F et al.

Laboratory services in tuberculosis control culture. Part III: Culture. World Health Organization. 1998.

Available from:

https://apps.who.int/iris/bitstream/handle/10665/65942/WHO_TB_98.258_%28part3%29.pdf?sequenc

e=3&isAllowed=y.

[6] Nikbakhsh N, Bayani M, Siadati S. The value of bronchoalveolar lavage in the diagnosis of sputum

smear-negative pulmonary tuberculosis. Iran J Pathol. 2015;10:35–40.

[7] Baughman RP, Dohn MN, Loudon RG, Frame PT. Bronchoscopy with bronchoalveolar lavage in

tuberculosis and fungal infections. Chest. 1991;99:92–7.

[8] DiNardo AR, Detjen A, Ustero P, Ngo K, Bacha J, Mandalakas AM. Culture is an imperfect and

heterogeneous reference standard in pediatric tuberculosis. Tuberculosis. 2016;101:S105–8.

[9] Ruiz Jiménez M, Guillén Martín S, Prieto Tato LM, Cacho Calvo JB, Álvarez García A, Soto Sánchez B,

et al. Induced sputum versus gastric lavage for the diagnosis of pulmonary tuberculosis in children. BMC

Infect Dis. 2013;13:222.

[10] Gopinath K, Singh S. Urine as an adjunct specimen for the diagnosis of active pulmonary

tuberculosis. Int J Infect Dis. 2009;13:374–9.

[11] Peter J, Green C, Hoelscher M, Mwaba P, Zumla A, Dheda K. Urine for the diagnosis of tuberculosis:

Current approaches, clinical applicability, and new developments. Curr Opin Pulm Med. 2010;16:262-70.

[12] Turbawaty DK, Sugianli AK, Soeroto AY, Setiabudiawan B, Parwati I. Comparison of the performance

of urinary Mycobacterium tuberculosis antigens cocktail (ESAT6, CFP10, and MPT64) with culture and

microscopy in pulmonary tuberculosis patients. Int J Microbiol. 2017;2017:3259329.

[13] Walters E, Demers AM, Van Der Zalm MM, Whitelaw A, Palmer M, Bosch C, et al. Stool culture for

diagnosis of pulmonary tuberculosis in children. J Clin Microbiol. 2017;55:3355–65.

[14] Oramasionwu GE, Heilig CM, Udomsantisuk N, Kimerling ME, Eng B, Nguyen HD, et al. The utility of

stool cultures for diagnosing tuberculosis in people living with the human immunodeficiency virus. Int J

Tuberc Lung Dis. 2013;17:1023–8.

[15] Harris NB, Barletta RG. Mycobacterium avium subsp. paratuberculosis in veterinary medicine. Clin

Microbiol Rev. 2001;14:489–512.

[16] de Juan L, Alvarez J, Romero B, Bezos J, Castellanos E, Aranaz A, et al. Comparison of four different

culture media for isolation and growth of type II and type I/III Mycobacterium avium subsp.

paratuberculosis strains isolated from cattle and goats. Appl Environ Microbiol. 2006;72:5927–32.

[17] Rangel SJ, Paré J, Doré E, Arango JC, Côté G, Buczinski S, et al. A systematic review of risk factors

associated with the introduction of Mycobacterium avium spp. paratuberculosis (MAP) into dairy herds.

Can Vet J. 2015;56:169-77.

[18] Kent P T KGP. Public health mycobacteriology: a guide for the level III laboratory. US Department of

Public Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, GA,. 1985.

p. 31-67.

[19] Sattar A, Zakaria Z, Abu J, Aziz SA, Gabriel RP. Evaluation of six decontamination procedures for

isolation of Mycobacterium avium complex from avian feces. PLoS One. 2018;13:e0202034.

[20] Ganoza CA, Ricaldi JN, Chauca J, Rojas G, Munayco C, Agapito J, et al. Novel hypertonic saline-

sodium hydroxide (HS-SH) method for decontamination and concentration of sputum samples for

Mycobacterium tuberculosis microscopy and culture. J Med Microbiol. 2008;57:1094–8.

[21] Chatterjee M, Bhattacharya S, Karak K, Dastidar SG. Effects of different methods of

decontamination for successful cultivation of Mycobacterium tuberculosis. Indian J Med Res.

2013;138:541–8.

[22] Addise D, Bitew A, Yaregal Z, Yenew B, Mollalign H, Diriba G, et al. Effect of 1.5% sodium hydroxide

final concentration on recovery rate of mycobacterial species and decontamination of other bacterial

and fungal contaminants on sputum. Ethiop J public Heal Nutr. 2016;1:57.

[23] Parsons LM, Somoskövi Á, Gutierrez C, Lee E, Paramasivan CN, Abimiku A, et al. Laboratory

diagnosis of tuberculosis in resource-poor countries: Challenges and opportunities. Clin Microbiol Rev.

2011;24:314-50.

[24] Hsih H-Y, Tsen H-Y. Combination of immunomagnetic separation and polymerase chain reaction for

the simultaneous detection of Listeria monocytogenes and Salmonella spp. in food samples. J Food Prot.

2001;64:1744–50.

[25] Rijpens N, Herman L, Vereecken F, Jannes G, De Smedt J, De Zutter L. Rapid detection of stressed

Salmonella spp. in dairy and egg products using immunomagnetic separation and PCR. Int J Food

Microbiol. 1999;46:37–44.

[26] Karch H, Janetzki-Mittmann C, Aleksic S, Datz M. Isolation of enterohemorrhagic Escherichia coli

O157 strains from patients with hemolytic-uremic syndrome by using immunomagnetic separation,

DNA-based methods, and direct culture. J Clin Microbiol. 1996;34:516–9.

[27] Possé B, De Zutter L, Heyndrickx M, Herman L. Quantitative isolation efficiency of O26, O103, O111,

O145 and O157 STEC serotypes from artificially contaminated food and cattle faeces samples using a

new isolation protocol. J Appl Microbiol. 2008;105:227–35.

[28] Ghodbane R, Drancourt M. Magnetic bead protocol for culturing mycobacterium tuberculosis from

sputum specimens. J Clin Microbiol. 2013;51:1578–9.

[29] Intorasoot S, Tharinjaroen CS, Phunpae P, Butr-Indr B, Anukool U, Intachai K, et al. Novel potential

diagnostic test for Mycobacterium tuberculosis complex using combined immunomagnetic separation

(IMS) and PCR-CTPP. J Appl Microbiol. 2016;121:528–38.

[30] Yoshimatsu S, Kato-Matsumaru T, Aono A, Chikamatsu K, Yamada H, Mitarai S. Factors contribute to

efficiency of specimen concentration of Mycobacterium tuberculosis by centrifugation and magnetic

beads. Int J Mycobacteriology. 2015;4:245–9.

[31] Albert H, Ademun PJ, Lukyamuzi G, Nyesiga B, Manabe Y, Joloba M, et al. Feasibility of magnetic

bead technology for concentration of mycobacteria in sputum prior to fluorescence microscopy. BMC

Infect Dis. 2011;11:1–9.

[32] Saad J, Loukil A, Drancourt M. Bead-captured Mycobacterium tuberculosis for next-generation

sequencing diagnosis of uncultured tuberculosis. Eur J Clin Microbiol Infect Dis. 2020;39:205-7.

[33] Foddai A, Elliott CT, Grant IR. Maximizing capture efficiency and specificity of magnetic separation

for Mycobacterium avium subsp. paratuberculosis cells. Appl Environ Microbiol. 2010;76:7550–8.

[34] Husakova M, Dziedzinska R, Slana I. Magnetic separation methods for the detection of

Mycobacterium avium subsp. paratuberculosis in various types of matrices: A review. Biomed Res Int.

2017;2017:5869854.

[35] Ekong MO. A review on laboratory diagnosis of Mycobacterium tuberculosis. Asian J Res Infect Dis.

2019;2:1–7.

[36] Singh U, Arutyunov D, Basu U, Santos Seckler H Dos, Szymanski CM, Evoy S. Mycobacteriophage

lysin-mediated capture of cells for the PCR detection of Mycobacterium avium subspecies

paratuberculosis. Anal Methods. 2014;6:5682–9.

[37] Invitrogen. Magnetic Separation Technology Surface-activated Dynabeads ® A wide product

portfolio for flexible molecular separations [Internet]. [cited 2019 Apr 26]. Available from:

https://assets.thermofisher.com/TFS-Assets/LSG/brochures/Surface_Activated_Dynabeads.PDF

[38] He Z, De Buck J. Localization of proteins in the cell wall of Mycobacterium avium subsp.

paratuberculosis K10 by proteomic analysis. Proteome Sci. 2010;8:21.

[39] Beatty WL, Russell DG. Identification of mycobacterial surface proteins released into subcellular

compartments of infected macrophages. Infect Immun. 2000;68:6997–7002.

[40] He Z, De Buck J. Cell wall proteome analysis of Mycobacterium smegmatis strain MC2 155. BMC

Microbiol. 2010;10:121.

[41] Mortier RAR, Barkema HW, Bystrom JM, Illanes O, Orsel K, Wolf R, et al. Evaluation of age-

dependent susceptibility in calves infected with two doses of Mycobacterium avium subspecies

paratuberculosis using pathology and tissue culture. Vet Res. 2013;44:1–9.

[42] Kralik P, Beran V, Pavlik I. Enumeration of Mycobacterium avium subsp. paratuberculosis by

quantitative real-time PCR, culture on solid media and optical densitometry. BMC Res Notes.

2012;5:114.

[43] Sevilla IA, Molina E, Elguezabal N, Pérez V, Garrido JM, Juste RA. Detection of mycobacteria,

Mycobacterium avium subspecies, and Mycobacterium tuberculosis complex by a novel tetraplex real-

time PCR assay. J Clin Microbiol. 2015;53:930–40.

[44] McNerney R, Kambashi BS, Kinkese J, Tembwe R, Godfrey-Faussett P. Development of a

bacteriophage phage replication assay for diagnosis of pulmonary tuberculosis. J Clin Microbiol.

2004;42:2115–20.

[45] Klann AG, Belanger AE, Abanes-de Mello A, Lee JY, Hatfull GF. Characterization of the dnaG locus in

Mycobacterium smegmatis reveals linkage of DNA replication and cell division. J Bacteriol. 1998;180:65–

72.

[46] Chauca JA, Palomino JC, Guerra H. Evaluation of rifampicin and isoniazid susceptibility testing of

Mycobacterium tuberculosis by a mycobacteriophage D29-based assay. J Med Microbiol. 2007;56:360–

4.

[47] Foddai A, Elliott CT, Grant IR. Maximizing capture efficiency and specificity of magnetic separation

for Mycobacterium avium subsp. paratuberculosis. Cells. 2010;76:7550–8.

[48] Ratnam S, March SB. Effect of relative centrifugal force and centrifugation time on sedimentation of

mycobacteria in clinical specimens. J Clin Microbiol. 1986;23:582–5.

[49] WAYNE LG. The use of millipore filters in clinical laboratories. Am J Clin Pathol. 1957;28:565–7.

[50] Smithwick RW, Stratigos CB. Acid-fast microscopy on polycarbonate membrane filter sputum

sediments. J Clin Microbiol. 1981;13:1109–13.

[51] Ratnam S, March SB. Effect of relative centrifugal force and centrifugation time on sedimentation of

mycobacteria in clinical specimens. J Clin Microbiol. 1986;23:582–5.

[52] Kennedy JA, Baron VO, Hammond RJH, Sloan DJ, Gillespie SH. Centrifugation and decontamination

procedures selectively impair recovery of important populations in Mycobacterium smegmatis.

Tuberculosis. 2018;112:79–82.

[53] Peterson BW, Sharma PK, van der Mei HC, Busscher HJ. Bacterial cell surface damage due to

centrifugal compaction. Appl Environ Microbiol. 2012;78:120–5.

[54] Górska-Warsewicz H, Rejman K, Laskowski W, Czeczotko M. Milk and dairy products and their

nutritional contribution to the average polish diet. Nutrients. 2019;11:1771.

[55] Black CE, Berg RL, Urquhart AC. 24-Hour urinary calcium in primary hyperparathyroidism. Clin Med

Res. 2013;11:219–25.

[56] Tasara T, Stephan R. Development of an F57 Sequence-based real-time PCR assay for detection of

Mycobacterium avium subsp. paratuberculosis in milk. Appl Environ Microbiol. 2005;71:5957–68.

[57] Donaghy JA, Johnston J, Rowe MT. Detection of Mycobacterium avium ssp. paratuberculosis in

cheese, milk powder and milk using IS900 and F57-based qPCR assays. J Appl Microbiol. 2011;110:479–

89.

[58] Cunha MV., Rosalino LM, Leão C, Bandeira V, Fonseca C, Botelho A, et al. Ecological drivers of

Mycobacterium avium subsp. paratuberculosis detection in mongoose (Herpestes ichneumon) using

IS900 as proxy. Sci Rep. 2020;10:1–14.

[59] Monteiro L, Bonnemaison D, Vekris A, Petry KG, Bonnet J, Vidal R, et al. Complex polysaccharides as

PCR inhibitors in feces: Helicobacter pylori model. J Clin Microbiol. 1997;35:995–8.

[60] Schrader C, Schielke A, Ellerbroek L, Johne R. PCR inhibitors - occurrence, properties and removal J

Appl Microbiol. 2012;113:1014-26.

[61] Kalantri S, Pai M, Pascopella L, Riley L, Reingold A. Bacteriophage- based tests for the detection of

Mycobacterium tuberculosis in clinical specimens: A systematic review and meta-analysis. BMC Infect

Dis. 2005;5:59.

[62] Singh U, Arutyunov D, Basu U, Dos H, Seckler S, Szymanski CM, et al. Mycobacteriophage lysin-

mediated capture of cells for the PCR detection of Mycobacterium avium subspecies paratuberculosis.

Anal Meth 2014; 6:5682-9.

[63] Zhang MZ, Zhang S. An efficient DNA extraction method for polymerase chain reaction-based

detection of Mycobacterium avium subspecies paratuberculosis in bovine fecal samples. J Vet Diagn

Invest. 2011;23:41–8.

[64] Keller SM, Stephan R, Kuenzler R, Meylan M, Wittenbrink MM. Comparison of fecal culture and F57

real-time polymerase chain reaction for the detection of Mycobacterium avium subspecies

paratuberculosis in Swiss cattle herds with a history of paratuberculosis. Acta Vet Scand. 2014;56:68.

[65] Bauman CA, Jones-Bitton A, Jansen J, Kelton D, Menzies P. Evaluation of fecal culture and fecal RT-

PCR to detect Mycobacterium avium ssp. paratuberculosis fecal shedding in dairy goats and dairy sheep

using latent class Bayesian modeling. BMC Vet Res. 2016;12:212.

Table 1. *Escherichia coli* and *Mycobacterium smegmatis* remaining in supernatant after centrifugation and magnetic beads methods.

Method	% E. coli (mean, ±SD) in supernatant from (CFU/mL)	% M. smegmatis (mean, ±SD) in supernatant from (CFU/mL)			
	$1{,}8 \times 10^7$	1.68×10^7	1.68×10^6	1.68×10^5	1.68×10^4
Centrifugation	0	0.66 $(1.12 \times 10^5, \pm 7.64 \times 10^3)$	0	0	0
Magnetic beads	94.63 $(1.7 \times 10^7, \pm 5.75 \times 10^4)$	4.04 $(6.79 \times 10^5, \pm 2.16 \times 10^4)$	3.07 $(5.17 \times 10^4, \pm 2.96 \times 10^3)$	6.71 $(1.13 \times 10^4, \pm 9.57 \times 10^2)$	3.69 $(6.21 \times 10^2, \pm 1.22 \times 10^2)$

508   **Table 2. Recovery and detection of MAP cells by magnetic beads and *F57*-qPCR**

PBS suspension	OD$_{600}$, 1.0 (theoretical)[a] CFU/mL ($\pm$SD)	Initial MAP cells concentration CFU/mL[b]	MAP cells recovered by centrifugation* and quantified by *F57*-qPCR		MAP cells recovered by beads and quantified by *F57*-qPCR	
			CFU/mL ($\pm$SD)	Ct	CFU/mL ($\pm$SD)	Ct
First	3.17×10^7 ($\pm 2.02 \times 10^7$)	2.93×10^9	2.8×10^9 ($\pm 4.1 \times 10^8$)	17.89[c]	3.2×10^9 ($\pm 4.5 \times 10^8$)	17.68[c]
Second	3.17×10^5 ($\pm 2.02 \times 10^5$)	1.43×10^7	1.4×10^7 ($\pm 1.8 \times 10^6$)	25.43[d]	3.9×10^7 ($\pm 5.5 \times 10^6$)	23.94[d]

[a] Approximation of CFU in each suspension was assessed by OD$_{600}$ measurements.

[b] Initial concentration (100%) of MAP cells in the first and second PBS suspensions was estimated by detecting *F57* sequence from MAP cells

recovered by centrifugation (in theory 95%)*.

[c] *F57*-qPCR showed that there was a statistically significant difference (p=0.04) in the recovery of MAP cells by magnetic beads and

centrifugation.

[d] *F57*-qPCR showed that there was a statistically significant difference (p<0.0001) in the recovery of MAP cells by magnetic beads and

centrifugation.

Table 3. Recovery rate of *M. avium paratuberculosis* from milk, urine, and feces sample

Medium	Initial Concentration (CFU/mL)	*F57*-qPCR			*IS900*-qPCR
		CFU/mL (mean; ± SD)	Recovery (%)	Ct (mean; ±SD)	Ct (mean; ±SD)
Milk	8.92×10^9	5.45×10^8; $\pm 8.31 \times 10^7$	6.11	20.45; ±0.22	16.30; ±0.18
	6.25×10^7	3.73×10^6; $\pm 1.01 \times 10^6$	5.96	27.61; ±0.38	23.89; ±0.13
	6.11×10^6	3.80×10^4; $\pm 2.44 \times 10^4$	0.62	36.44; ±1.11	32.14; ±1.74
	4.92×10^5	UND	NA	NA	35.45; ±0.78
	5.19×10^4	UND	NA	NA	36.59; NA
Urine	8.92×10^9	2.76×10^9; $\pm 4.46 \times 10^8$	30.93	18.12; ±0.23	13.84; ±0.08
	6.25×10^7	2.70×10^7; $\pm 6.85 \times 10^6$	43.25	24.77; ±0.34	20.53; ±0.06
	6.11×10^6	2.72×10^6; $\pm 2.81 \times 10^6$	44.56	31.72; ±2.71	26.63; ±2.93
	4.92×10^5	4.23×10^4; $\pm 2.70 \times 10^4$	8.60	36.24; ±0.82	32.42; ±2.01
	5.19×10^4	UND	NA	NA	35.74; ±1.18
Feces	8.92×10^9	5.93×10^7; $\pm 1.54 \times 10^7$	0.66	28.27; ±0.35	ND
	6.25×10^7	UND	UND	UND	ND
	6.11×10^6	UND	UND	UND	ND
	4.92×10^5	UND	UND	UND	ND
	5.19×10^4	UND	UND	UND	ND

518   **Table 4. Detection of *M. smegmatis* from PBS and urine by beads and phage D29**

	PFU (mean* ±SD) detected from spiked *M. smegmatis* (CFU/mL)	
	2×10^5 CFU/mL	2×10^3 CFU/mL
PBS (control)	259.33 ±34.08	12.33 ±2.52
Urine	56 ±8.54	2 ±1

519   *Mean of three experiments.

Fig. 1. Capture of *E. coli* and *M. smegmatis* cells in PBS suspension by magnetic beads.

A. Capturing *E. coli* in PBS by beads. Cuvette A1: Concentration (1,8 x 10^7 CFU/ml) of *E. coli* before

capture; cuvette A2: Concentration (1,7 x 10^7 CFU/ml) of *E. coli* suspension after beads capture.

Microtube A3: Magnetic beads bound to *E. coli* cells and separated in a magnetic rack; B. Capturing *M.*

smegmatis in PBS by beads. Cuvette B1: Concentration (1,68 x 10^7 CFU/ml) of *M. smegmatis* suspension

before beads capture; cuvette B2: Concentration (6.56 x 10^5 CFU/ml) of *M. smegmatis* suspension after

beads capture; microtube B3: Magnetic beads bound to *M. smegmatis* cells and separated in a magnetic

rack.

531 **Fig. 2. *M. smegmatis* cells recovered by magnetic beads and centrifugation.** From a suspension of

532 1.68x10⁴ CFU/mL of *M. smegmatis*, A and B show cells captured (precipitated) and not captured

533 (supernatant) by beads, respectively. As per the *M. smegmatis* cells remaining in the supernatant (3.7%),

534 the estimated number of cells recovered from the beads was 96.3%. C and D show that no viable cells

535 were recovered from the supernatant or pellet after centrifugation.

541 **Fig. 3. A scanning electron microscope image of a M. smegmatis cell captured by magnetic beads.**

542 Capturing *M. smegmatis* cell in PBS by magnetic beads.

Fig. 4. Detection of the *F57* sequence by qPCR from MAP cells recovered by magnetic beads.

Ct values showed that magnetic beads captured MAP cells from milk, urine, and feces. From feces, milk,

and urine, *F57* sequences were detected up to 8.92 x 10^9, 6.11 x 10^6, and 4.92 x 10^5 CFU/mL,

respectively. *IS900*, unlike *F57*, showed better sensitivity to detect lowest (10^4 CFU/mL) MAP cells

concentration from milk and urine. Other feces suspensions containing lower concentrations were not

detected by qPCR. Detection of IS sequence from feces sample was not done.

Fig. 5. Detection of *M. smegmatis* from urine suspensions by mycobacteriophage D29.

Detection of *M. smegmatis* captured from PBS suspensions (A and B) and urine suspensions (C and D) by

mycobacteriophage D29 in 24 hours.