1

# Direct visualization of bacterial multispecies infection and symbiotic interactions within human bladder epithelial cells

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**Summary**

Urinary tract infections (UTIs) are a worsening global health problem. Multispecies

bacterial UTIs are common but are poorly recognized and understood. Here we

developed host cell co-infection models combined with high resolution imaging to

compare single- and multi-species infections with common uropathogens,

uropathogenic *Escherichia coli* (UPEC), *Klebsiella pneumoniae* and *Enterococcus*

*faecalis*. We demonstrate cooperation and direct interactions specifically between

UPEC and *E. faecalis* within host cells that corresponded to an increased frequency

of host cell infection. 3D imaging showed UPEC rods orientated perpendicular to the

major host cell axis within single-species intracellular bacterial communities (IBCs),

whereas UPEC cells often enveloped *E. faecalis* in multispecies IBCs. Furthermore,

during dispersal from host cells, only the Gram-negative bacteria underwent infection-

related filamentation (IRF) in multispecies infections. These first insights into intra-

species synergies during UTIs at a single cell level should provide research pathways

towards better diagnosis and treatment.

## Introduction

Urinary tract infections (UTIs) are amongst the most common bacterial infections globally (Antimicrobial Resistance, 2022). With an estimated 150 million people experiencing an UTI annually, they are the primary cause of GP visits (Flores-Mireles et al., 2015). Clinically, UTIs are normally attributed to only one species of bacteria at a time, with Uropathogenic *Escherichia coli* (UPEC) being the most commonly diagnosed infectious agent at a reported prevalence between 70 and 95% (Foxman, 2014; Klein and Hultgren, 2020; Kucheria et al., 2005; Shah et al., 2019; Xia et al., 2017). However at the same time, it is well established that there are a multitude of different bacterial species present in the bladder environment at any given time (Gaston et al., 2021), and it is known that in acute UTIs, polymicrobial infections are common, with both Gram-negative and Gram-positive pathogens present (Croxall et al., 2011; Stickler, 2008).

It has been observed indirectly that *Enterococcus faecalis* (a Gram-positive cocci) and UPEC are often associated with each other during outgrowth of cultures from UTIs (de Vos et al., 2017; Fourcade et al., 2015) and that *E. faecalis* can suppress the immune activation promoting UPEC virulence (Tien et al., 2017). However, multispecies UTI are clinically underdiagnosed, especially if they contain Gram-positive species (*e.g.*, enterococci), and are often disregarded as sample contamination (Kline and Lewis, 2016). An early study investigating UTIs from 80 female patients with cystitis found that UPEC was over twenty-fold more common than *E. faecalis* as the causative agent of the infections (Rosen et al., 2007). Conversely, another study found that when UPEC and *E. faecalis* were introduced simultaneously to urothelial cells that were shed from lower urinary tract symptom (LUTS) patients, only *E. faecalis* displayed cellular invasion while UPEC were found exclusively extracellular (Horsley et al., 2013).

These observations suggested that only one bacterial species would invade a given

bladder cell at a time, however those experiments were done under conditions where

*E. faecalis* had a much higher abundance than other species, including UPEC (Horsley

et al., 2013). While these studies suggest a difference in frequency of invasion

between Gram-negative and Gram-positive pathogens depending on different

environmental conditions (*e.g.,* varying urine flow rates), very limited information

regarding this event and the potential influence of co-existing bacteria on infection is

available at a single cell level.

Here we compared cellular invasion rates between continuous-flow and culture dish

UTI models, and used high-resolution fluorescence microscopy to determine whether

more than one species of bacteria would invade and form intracellular bacterial

communities (IBC) the same bladder cells, and, if so, whether or not they would

cooperate or compete for survival once intracellular. The pathogens used in this study

were Gram-negative Uropathogenic *Escherichia coli* (UPEC) and *Klebsiella*

*pneumoniae*, as well as the Gram-positive *Enterococcus faecalis,* as they are the three

most commonly found organisms in healthcare-associated UTIs (HAUTIs) (Tandogdu

et al., 2016), and are commonly co-isolated in clinical settings (Galvan et al., 2016),

especially in samples from catheter-associated urinary tract infections(Desai et al.,

2001; Ganderton et al., 1992; Macleod and Stickler, 2007; Wang et al., 2010).

**Results**

*Flow affects the invasion rates of the Gram-positive bacteria more than for the Gram-*

*negative bacteria.*

We established monospecies infections simulating uncomplicated UTIs using PD07i

human epithelial bladder cells, with either UPEC (strain UTI89 expressing cytoplasmic

mOrange2), *K. pneumoniae* (strain TOP52 expressing cytoplasmic mCerulean3) or *E.*

*faecalis* (strain SD234 expressing cytoplasmic GFP), to ascertain whether they were

capable of infecting host cells in a previously established *in-vitro* UTI flow-chamber

model and to establish base line infection rates (Iosifidis and Duggin, 2020;

Söderström et al., 2022). This model is based on a commercial flow-chamber system

(IBIDI $I^{0.2}$ $\mu$-Slides connected to NewEra syringe pumps) where constant flow is

applied throughout the infection cycle to simulate bladder flow. We also used a semi-

static infection model using 35 mm glass-bottom Petri dishes under constant shaking

(50 rpm), to determine differences in invasion rates between situations of constant

flow and circular agitation. In both models, the bladder cells were exposed a total

~ $10^7$ cells of each bacterial species, as routinely done in murine models (Rosen et al.,

2008; Tien et al., 2017). All three pathogens invaded the epithelial bladder cells both

in the flow-chamber and Petri-dish conditions (Figure 1A - C).

*Figure 1. Single-species model infections using Gram-negative and Gram-positive*

*uropathogens.*

*PD07i human epithelial bladder cells (cytoplasmic membranes labelled with*

*CellBright650, magenta) grown on a 35-mm glass bottom petri-dish or in a flow*

*chamber were infected by either **A**, UPEC (UTI89 expressing cytoplasmic mOrange2);*

***B**, K. pneumoniae (TOP52 expressing cytoplasmic mCerulean3); or **C**, E. faecalis*

*(SD234 expressing cytoplasmic GFP). White arrows indicate internalised bacteria. **D**,*

*Proportion of bladder cells infected (colour) and uninfected (grey) in various conditions and bacterial species. K. p = K. pneumoniae. E. f = E. faecalis. Dish = 35 mm glass bottom petri-dish. Flow = 15 $\mu$l min$^{-1}$ in flow chamber (IBIDI $\mu$-Slide I$^{0.2}$). Scale bars = 20 $\mu$m.*

At 20 h post inoculation, UPEC had invaded the most bladder cells of the tested Gram-negative species ($23.9 \pm 10\%$ of the bladder cells in the semi-static petri dish model and $20.5 \pm 7.4\%$ in the flow model, Mean $\pm$ S.D., n > 432 from 3 infection experiments), while *K. pneumoniae* only invaded approximately half of this number ($8.49 \pm 3\%$ in the dish model and $10.1 \pm 6.8\%$ in the flow model, n > 321 from 3 infections of each condition) (Figure 1D). On average $27.9 \pm 15\%$ of the bladder cells contained intracellular *E. faecalis* in the dish model (n = 335, from 3 experiments) (Figure 1D). In contrast, *E. faecalis* invaded less than 1% of the bladder cells under the flow-chamber conditions (n = 462, from 3 independent experiments).

*The Gram-negative bacteria were predominantly organised vertically in IBCs.*

Upon closer inspection of Gram-negative IBCs, the peripheral bacterial cells showed a tendency to orientate perpendicular to the xy-plane, with the overall IBC shape resembling an irregular sphere (Figure2A – D). A similar IBC structure has been observed for UPEC IBCs harvested from mice bladders (Justice et al., 2004), where many of the bacteria were also reported as coccoid in shape. Since those observations (Justice et al., 2004), were made using 2D microscopy there may have been an overestimation of the amount of coccid shaped cells; 3D microscopy results confirmed that vertically oriented rod cells appear roundish in 2D projections (Figure 2B, 2D and 2F).

It has been observed that some intracellular bacteria do not grow into large IBCs but

remained in small clusters over time (Figure 2E) (Justice et al., 2004). Similar to larger

IBCs, we found that the individual cells in the clusters and small IBCs predominantly

were oriented vertically (Figure 2F). These non-growing clusters of cells and

transiently stalled IBCs, reminiscent of quiescent intracellular reservoirs (QIRs), are

seemingly protected from the effects of antibiotics and appears undetected by the host

cell immune system (Mulvey et al., 2001; Mysorekar and Hultgren, 2006). These small

IBCs were always encapsulated by membrane (Figure 2G). Inspecting confocal Z-

stacks we observed multiple distinct UPEC IBCs encapsulated clusters in single

bladder cells (Figure 2G). Other bacteria have been found in cellular cavities and

encapsulated by internal membranes during invasion in model infection systems

suggesting that this is a general feature (Prudent et al., 2021).

*Figure 2. Structure of Gram-negative intracellular bacterial communities.*

***A**, Cellular orientation of UPEC in IBCs. The cells tend to organise vertically at the*

*periphery of an IBC. **B**, Depth coded 3D reconstruction of an UPEC IBC. A cut out*

*(dotted lines) section turned 90° is shown to the right. **C**, An IBC cut optically in half to*

*show orientation of internal bacteria. Most internally localised UPEC cells orient*

*vertically to the xy-plane when in IBCs. Inset show x-y view of the same 3D*

*reconstruction. **D**, 3D reconstruction (left) and 2D confocal image (right) of K.*

*pneumoniae IBCs. Cells organise vertically at the periphery of the IBCs. **E**, Multiple*

*UPEC clusters not expanding over time. T indicates time since inoculation. Note cells*

*are alive and thus move intracellularly between time points. **F**, Cellular clusters and*

*small IBCs orient vertically when intracellular. **G**, Two distinct planes from a Z-stack*

*taken from a single cell at T = 40 h (post inoculation) showing multiple UPEC IBCs*

*localized in membrane pockets. Distance between consecutive Z planes was ΔZ =*

*0.250 μm. Scale bars A - D and F = 2 μm. Scale bar E = 4 μm. Scale bar G = 10 μm.*

*Elevated infection rates for UPEC in dual species infection with* E. faecalis.

Because very few bladder cells were infected by *E. faecalis* in the flow-chamber model,

the culture-dish model was used to study multispecies UTIs (mUTIs). We co-

inoculated the bladder cells with equal numbers of UPEC and *E. faecalis* (a combined

total of ~ $10^7$ bacteria (Tien et al., 2017)). Based on images of more than 560 randomly

inspected bladder cells (regions of interest [ROIs] were chosen based on fluorescence

signal from bladder cell membranes) from three independent experiments, almost half

(~ 45%, Figure 3B) were invaded by at least one type of bacterial species. Most

infected bladder cells were only invaded by one species (Figure 3A, arrows).

*Figure 3. Increased bladder cell invasion during* UPEC *and* E. faecalis *coinfections.*

***A**, PD07i (membranes labelled with CellBright 405 or 650) cells co-infected with* UPEC

*(orange) and* E. faecalis *(green). Scale bar 20 = μm. **B**, ratio of invaded PD07i cells.*

*E. f =* E. faecalis ***C**, Typical intracellular* UPEC *(orange) and* E. faecalis *(green) clusters.*

UPEC *appeared more tightly packed than* E. faecalis. *Scale bar 1 μm. **D** and **E**, Low*

*resolution Z-stacks showing* UPEC *surrounding* E. faecalis *in dual-infected PD07i cells.*

*The graph in E shows fluorescence intensity traces for the white dash line in the image*

*above. UPEC (orange) and* E. faecalis *(green). **F**, **G** and **H**, Representative images*

*and confocal 3D reconstructions of* E. faecalis *(green) surrounded by UPEC (orange).*

*Scale bar **F** = 10 μm. Scale bars **G**, **H** = 2 μm. **I**, Percentage of dual invaded PD07i*

*cells with UPEC cells enclosing* E. faecalis *cells (as shown in **H**). Note various*

*orientations of reconstructed Z-stacks.*

In these dual-species infections, UPEC was internalised in 33% of cells, whereas

*E. faecalis* was internalised in only 4% (Figure 3B). Interestingly, a relatively high

number, 44 of 564 or approximately 8% of the bladder cells were invaded by both

bacterial species at the same time (Figure 3A, arrow heads). While the percent of bladder cells invaded by *E. faecalis* alone decreased roughly 7-fold compared to the single-species infection (Figure 1), the overall percentage of invasions during dual-species infections increased to almost 45% (43.6 $\pm$ 19.3% (n = 564 cells, from 3 experiments)), suggesting a cooperative regulation and symbiosis.

As noticed for single species infections, the arrangement of the internalised bacteria was distinct for each species; UPEC formed condensed IBCs while *E. faecalis* were often individual cells or in loosely organised clusters in which single cells were readily resolved (Figure 3C). Remarkably, in co-infected cells we noticed that UPEC was often closely associated with *E. faecalis* (Figure 3D - F). With increased resolution, it became clear that tightly packed UPEC cells formed multicellular communities that frequently surrounded one or a few *E. faecalis* cells (Figure 3G - H). UPEC encapsulation of the *E. faecalis* cells was evident in 32% of all bladder cells with dual species invasion (Figure 3I). We speculate that this observation strengthens the notion that *E. faecalis* enhances *E. coli* invasion and intracellular proliferation to collectively increase the likelihood of prolonged infection (Tien et al., 2017).

K. pneumoniae *decreases the overall infection rates of bacteria in dual and multi-species infections.*

To investigate whether other species would coinfect the PD07i cells and exhibit similar interactions as seen above, we carried out experimental infections with other combinations of bacteria, *E. faecalis* and *K. pneumoniae* (Gram-positive/Gram-negative pair)*,* UPEC and *K. pneumoniae* (Gram-negative/Gram-negative pair) or all three species. We detected host cells containing all combinations of the bacteria

220 investigated (Figure 4A – C), but the intracellular arrangement and frequencies of the

221 infecting bacteria varied substantially.

*Figure 4. Prevalence of bacterial invasion during dual- and triple-species infections.*

*Representative PD07i cells invaded by* ***A****,* UPEC and K. pneumoniae *(2D confocal*

*image);* ***B****,* E. faecalis *and* K. pneumoniae *(deconvolved 3D-reconstruction of a*

*confocal Z-stack); and* ***C****,* UPEC, E. faecalis and K. pneumonia*e (deconvolved 3D-*

*reconstruction of a confocal Z-stack). PD07i membranes labelled with CellBright 650.*

*Scale bars = 4* $\mu$*m.* ***D****, Percentage of invaded bladder cells.* UPEC and/or

K. pneumoniae *invaded 11.8 ($\pm$ 9) % of PD07i cells in dishes and 7.6 ($\pm$ 2) % in flow.*

E. faecalis *and* K. pneumoniae *invaded 12.8 ($\pm$ 8) % of PD07i cells in dishes.* UPEC,

E. faecalis *and* K. pneumoniae *together invaded 29.8 ($\pm$ 10.3) % of PD07i.* ***E****,*

*Distribution of species in invaded bladder cells. E. f* = E. faecalis*. K. p* = K. pneumoniae.

In contrast to the UPEC / *E. faecalis* case, encapsulation was not observed when *E.*

*faecalis* was co-infected with *K. pneumoniae,* nor when the two Gram-negative

species (*i.e.* UPEC and *K. pneumoniae)* were co-inoculated. UPEC and *K.*

*pneumoniae* often formed dense IBCs adjacent to one another but did not mix with

each other (Figure 4A). In the case of *E. faecalis* and *K. pneumoniae* we noticed that

while they were capable to co-invade bladder cells, they did not form dense IBCs and

were largely spread out inside the bladder cells (Figure 4B). *E. faecalis* has previously

been shown to antagonize *K. pneumoniae* biofilm formation during mixed growth albeit

under different settings to the intracellular conditions in present study (Ballen et al.,

2020). For three species infections (UPEC, *E. faecalis* and *K. pneumoniae)*, the UPEC

/ *E. faecalis* pair again showed similar organizational patters as they did in two species

infections, while *K. pneumoniae* was predominately localized separate from the other

two (Figure 4C).

Based on 4 independent infection experiments (n > 100 for each) performed in the 35

mm dishes, UPEC and *K. pneumoniae* coinfected 2% bladder cells (Figure 4D - E).

When running UPEC and *K. pneumoniae* together in the flow channel model each

species invaded around 5 % of the bladder cells (combined did UPEC and *K.*

*pneumoniae* invade $11.8 \pm 0.9\%$), while more than in the static model, a significant

reduction from the single species infection situation (Figure 4D - E). This suggests a

possible competition between UPEC and *K. pneumoniae* when they are together in a

UTI environment. The total percentage of invaded bladder cells in a *E. faecalis* and *K.*

*pneumoniae* dual species combination was ~ 13%, with 3.7% of all observed of

bladder cells invaded by both (n = 463 cells from 4 independent experiments). Finally,

in the three species infections roughly 30% of bladder cells were invaded by at least

one species, with 3.7% invaded by all three (Figure 4D - E). This was less than the

invasion rate in UPEC / *E. faecalis* dual infections where ~ 45% of the bladder cells

were invaded (Figure 3B), again suggesting that *K. pneumoniae* has an inhibitory

effect on invasion efficiency during multi-species infections.

*Gram-negative bacteria undergo infection-related filamentation, while Gram-positive*

*do not.*

During murine model UTIs, UPEC have been seen to undergo morphological changes

during intracellular bacterial community (IBC) formation and dispersal, where UPEC

grow into long filamentous cells (Justice et al., 2006). These morphologies were later

also seen in female patents with cystitis (Rosen et al., 2007) and more recently also

confirmed in flow-chamber models using human bladder cells and urine (Andersen et

al., 2012; Iosifidis and Duggin, 2020; Klein et al., 2015; Söderström et al., 2022). To

determine whether single or multi-species infections undergo the same morphological

changes under the established conditions, we next visualized cells sampled after the

dispersal stage of infection by exposing infections to human urine (~20 h) (Iosifidis

and Duggin, 2020; Söderström et al., 2022). Both UPEC and *K. pneumoniae* formed

filaments of several hundreds of microns long (Figure 5A - B). For *K. pneumoniae*,

similar morphology cycles have been previously observed in murine models (Rosen

et al., 2008), but not in *in-vitro* models using human bladder cells and urine. The

average length of *K. pneumoniae* filaments from infections in petri dishes was $47.3 \pm$

$45.3~\mu m$ (n = 98) and $54 \pm 57.8~\mu m$ (n = 156) in flow-chambers. For UPEC was the

average length of the filaments $56.0 \pm 59.9~\mu m$ (n = 158) and $43.3 \pm 40.05~\mu m$ (n =

122) in dishes and flow-chambers, respectively (Figure 4D). By comparison, UPEC

and *K. pneumoniae* rods grown in LB medium were on average $3.46 \pm 0.69~\mu m$ (n =

187) and 3.62 ± 0.76 μm (n = 192), respectively (Figure 5D). We classified cells

filaments if they are two times the average WT cell length, *i.e.,* 7 μm. It is worth noting

that the percentage of cells that underwent filamentation (but not the average length

of filaments) was lower in the dish model compared to the flow-chamber model,

suggesting that proficiency of morphology changes is connected to flow and shear-

force dynamics (Andersen et al., 2012).

In contrast to the Gram-negative species, and as expected, *E. faecalis* did not filament

upon exposure to human urine (Figure 4C), average lengths after an infection were

1.42 ± 0.4 μm (n = 215) from petri-dish infection and 1.59 ± 0.41 μm (n = 102) from

flow chambers which was marginally shorter than lengths for *E. faecalis* cells grown

in BHI medium only (1.74 ± 0.31 μm (n = 238)) (Figure 5D). Similar results for

filamentation were observed during mixed infections (Figure 5E). Overall, this shows

that infection-related filamentation is a broadly occurring phenomenon as it also

transpire during multispecies infections.

*Figure 5. Gram-negative, but not Gram-positive, species undergo infection-related filamentation in both single and multi-species infections.*

*Representative images of bacteria after being exfoliated from PD07i cells during single species infections. **A**, UPEC, **B**, K. pneumoniae **C**, E. faecalis. **D**, Average lengths of bacterial filaments* (UPEC and K. pneumoniae*) and cells* (E. faecalis*) after 20 h of urine exposure during infections. The average length of UPEC filaments was 56.0 ± 59.9 μm (n = 158) in dishes, and 43.3 ± 40.05 μm (n = 122) in flow.* K. pneumoniae *filaments were 47.3 ± 45.3 μm (n = 98) in dishes and 54 ± 57.8 μm (n = 156) in flow and. UPEC and* K. pneumoniae *rods grown in LB media were on average 3.46 ± 0.69 μm (n = 187) and 3.62 ± 0.76 μm (n = 192), respectively. Average lengths of* E. faecalis *after an infection were 1.42 ± 0.4 μm (n = 215) from petri-dish infection and 1.59 ± 0.41 μm (n = 102) from flow chambers. Lengths for* E. faecalis *cells grown in BHI media only was 1.74 ± 0.31 μm (n = 238). Dish = 35-mm glass bottom petri-dish. Flow = 15 μl min$^{-1}$ in flow chamber (IBIDI I$^{0.2}$). **E**, Filamentation of UPEC and* K. pneumoniae *but not* E. faecalis *during three species infections. Scale bars **A**, **B** and **E** = 10 μm, **C** = 4 μm.*

Discussion

We have established a set of multi-species urinary tract infection models. We visually compared invasion frequencies of three common urinary tract pathogens, Uropathogenic *Escherichia coli*, *Klebsiella pneumoniae* and *Enterococcus faecalis,* using a human bladder cell *in-vitro* infection model under two different conditions ('flow' and 'dish'). UPEC showed highest overall invasion frequency, followed by *K. pneumoniae*. *E. faecalis* predominantly invaded bladder cells only in the culture dish model. UPEC and *K. pneumoniae* invasion frequency were only marginally impacted

by switching from continuous flow to circular agitation. Differences in invasion

frequency between UPEC and *K. pneumoniae* has been observed previously in

murine models, and has been attributed differences in adhesion capabilities through

lower type 1 pilus expression (Rosen et al., 2008). *E. faecalis* exhibited a large

variation in invasion frequency between the models tested in this study. While *E.*

*faecalis* is a well-established uropathogen (Ch'ng et al., 2019; Garsin et al., 2014), our

observations suggest a weakened ability to adhere and invade bladder cells under the

relatively higher flow conditions in our model. At this point we do not fully understand

the molecular details resulting in the large variation in bladder cell invasion of

*E. faecalis* between our flow and dish models, but similar behaviours have previously

been linked to the reduced adherence capabilities of *E. faecalis* (Ch'ng et al., 2019;

Kau et al., 2005; Kline and Lewis, 2016; Shankar et al., 2001).

UPEC bladder cell invasion has been extensively studied and its efficiency depends

on type-1 fimbriae (*fim* operon genes, e.g. *fimH* for adhesion) and specific bacterial

lipopolysaccharide O-antigen (WaaL) expression as well as TLR4 signalling

mechanisms within the host cells (Billips et al., 2007; Billips et al., 2008; Duncan et al.,

2004; Eto et al., 2007; Martinez et al., 2000; Mulvey et al., 1998; Song et al., 2007).

The overall higher rate of invaded bladder cells from all tested bacterial species in the

dish model was somewhat surprising as FimH has previously been shown increase

the binding affinity during flow induced stress in model systems and molecular

dynamics simulations (Sauer et al., 2016). In our experimental system the cells

experience overall less stress in the dishes and there is less sheer force to compete

against compared to in a constant flow. In our model geometry using 15 µl min$^{-1}$ flow

rate and dynamic viscosity of 0.0072 dyn * s * cm$^{-2}$ results in a shear stress of $\tau$ =

0.055 dyn cm$^{-2}$ and shear rate of ~ 7.64 s$^{-1}$, this is higher than in other *in-vitro* flow

models simulating a resting bladder (Andersen et al., 2012).

Overall, the vertical orientation of cells within Gram-negative IBCs is in contrast to

previous observations of subcellular bacterial organization in environmental biofilms

where peripheral cells tend to orient with the xy-plane and internally located cells orient

vertically due to mechanical forces (Qin et al., 2020; Yan et al., 2016), and it was found

that shorter cells produced a higher degree of verticalization of the biofilms (Beroz et

al., 2018). It should be noted that while these studies focused on *Vibrio cholerae*

growing on a surface, *V. cholerae* are similar in shape to UPEC and *K. pneumoniae*

and from a purely physical viewpoint it would therefore stand to reason that they would

produce biofilms of comparable geometrical dimensions. One possibility is that the

dissimilarity in biochemical composition and intracellular space constraints are instead

the main drivers for the difference in cellular orientation and architecture between IBC

growth and externally grown biofilms (Flemming and Wingender, 2010).

In our multispecies infection experiments, we demonstrated cooperation, here defined

as overall increased invasion frequency, between UPEC and *E. faecalis* at a single

cell level using fluorescence microscopy. While details governing intracellular

coexistence of bacteria during UTIs remains elusive, our results indicate that

whenever UPEC and *E. faecalis* are introduced together the overall rate of infection

increases on the expense of *E. faecalis* alone infections. Similar cooperation and

increase in pathogenicity by UPEC and *E. faecalis* have been indirectly demonstrated

in murine models (Tien et al., 2017). This commensalism is not universal however,

whenever *K. pneumoniae* was introduced into a multispecies infection situation was

the average invasion frequency always lower than in the corresponding single species

infections. *E. faecalis* has previously been implicated in suppressing *K. pneumoniae*

growth during polymicrobial biofilm formation in human urine (Ballen et al., 2020). This

suppression by *E. faecalis* seems also be extended to other Gram-negative species

(*i.e.*, *Pseudomonas aeruginosa*) (Zhu Tan et al., 2022). All data taken together

suggests that the effect of introducing additional species in a UTI does not have a

linear accumulative effect on invasion frequencies but is rather governed by specific

biochemical responses of the particular species present.

We hope that the data presented in this study initiate a spark for further investigation

into detailed genetics studies exploring dedicated signalling pathways in multispecies

UTIs at a single cell level as this will undoubtably play an increasingly important role

in understanding competing or cooperative behaviours of bacteria during infections as

antimicrobial resistance continue to rise.

**Materials and Methods**

**Human Ethics**

This study was approved by the UTS Human Research ethics committee with approval numbers HRCH REF No. 2014000452 and HREC ETH22-7590. All urine doners gave their approval to participate in this study by informed consent under this study's ethics approval number above.

**Plasmid construction**

pCAK1 and pAP1 plasmids were constructed by replacing the GFP sequence in pGI5 (Iosifidis and Duggin, 2020) with mCerulean3 and mOrange2 sequences, respectively. The mCerulean3 and mOrange2 gene fragments were amplified from pEB1-mCerulean3 and mOrange2-pBAD plasmids, both obtained from Addgene (Addgene plasmids #103973 and #54531) (Balleza et al., 2018; Shaner et al., 2008). To construct pCAK1 and pAP1, pGI5 was digested with *Nco*I and *Bam*HI, and assembled with mCerulean3 and mOrange2 PCR products containing 20-30 bp homologous regions from pGI5 on both the ends. This was performed using a *in vivo* DNA assembly method (Watson and Garcia-Nafria, 2019). The final products were confirmed by Sanger sequencing and fluorescence microscopy.

**List of Primers**

| mCerulean3_FW | GCC CGG TCT AGA GGA GGT ACT ACC ATG AGT AAA GGA GAA GAA CTT TTC ACT |
|---|---|
| mCerulean3_RV | GGT CGA CGG ATC TTT AGG ATC CTT TTA TTT GTA TAG TTC ATC CAT GCC ATG |

| mOrange2_FW | CGG TCT AGA GGA GGT ACT ACC ATG GTG AGC AAG GGC GAG GAG |
|---|---|
| mOrange2_RV | CAG GTC GAC GGA TCT TTA GGA TCC TTA CTT GTA CAG CTC GTC CAT GCC |

## Bacterial growth

Bacterial strains were used as follows: Uropathogenic *Escherichia coli* UTI89

transformed with mOrange2 (pAP1) or mCherry (pGI6) (Wright et al., 2021), *Klebsiella*

*pneumoniae* TOP52 transformed with mCerulean3 (pCAK1) or sfGFP (pGI5), and

*Enterococcus faecalis* OG1RF expressing GFP from the chromosome (Debroy et al.,

2012). All fluorescent proteins were produced as constitutively expressed freely

diffusing molecules in the cytoplasms of the corresponding strain. A single colony of

respective bacterial strain was grown overnight in a 20 ml Luria Broth (*E. coli* and *K.*

*pneumoniae*) or Brain Heart Infusion (*E. faecalis*) culture at 37°C without shaking to

induce expression of type-1 pili which facilitates adhesion to the bladder cells during

infection. Antibiotics were added when needed (Spectinomycin 50 µg ml$^{-1}$, Rifampicin

100 µg ml$^{-1}$). The following morning, the cultures were pelleted and resuspended in 1

x PBS added to the infection model.

Table 1: Bacterial species used in this study

| Species | Strain | Fluorescent Protein | Plasmid Or Chromosome | Source |
|---------|--------|---------------------|------------------------|--------|
| *E. faecalis* | OG1RF | GFP | Chromosome | Prof. Garsin (Uni Texas) |
| *UPEC* | UTI98 | mOrange2 | Plasmid (pAP1) | Lab strain |
| *UPEC* | UTI98 | mCherry | Plasmid (pGI6) | Lab strain |
| *K. pneumoniae* | TOP52 | mCerulean3 | Plasmid (pCAK1) | Prof. Hultgren (Uni Washington) |
| *K. pneumoniae* | TOP52 | sfGFP | Plasmid (pGI5) | Prof. Hultgren (Uni Washington) |

**Bladder cell growth**

Immortalized Epithelial bladder cells (PD07i (Berry et al., 2009; Klumpp et al., 2001)) were grown and maintained in EPILIFE media supplemented with Human Keratinocyte Growth supplement (HKGS) in 5% $CO_2$ at 37 °C. Cells were split as required using standard Trypsinization methods upon reaching 80% confluency.

**Human urine preparation**

Human urine was collected from both male and female donors. Samples were collected in the mornings and stored at 4 °C for at least 2 days before further processing. Samples were pelleted at 3000 rpm, the supernatant filtered through a 0.2 $\mu$m filter and aliquoted into 50 ml falcon tubes before placed in – 20 °C for storage until use. Urine was only used if the pH was between 5-6.5 and the Urine Specific Gravity (USG) was in the range between 1.024 to 1.030, values that has been shown

to produce high degree of filamentation (Iosifidis and Duggin, 2020; Söderström et al.,

2022).

**Infection models**

The *in-vitro* UTI flow channel models have been described previously (Andersen et al.,

2012; Iosifidis and Duggin, 2020). Briefly, μ-Silde I$^{0.2}$ Luer (IBIDI #80166) flow

channels were seeded with bladder cells according to the manufacturer's

recommendations. The channels were connected to a New Era pump system for

continuous flow of nutrients, this was left to run until a confluent layer of bladder cells

formed (Söderström et al., 2022). Bacterial cells resuspended in PBS at an OD$_{600}$ of

0.2 - 0.4 were introduced fully in the flow channels and flushed at a flow rate of 15 μl

min$^{-1}$ for 10-15 minutes (resulting in a total of ~$10^7$ bacterial cells run over the bladder

cells depending on concentration and species, as determined by CFU counts. For the

dish models the total amount of bacteria (~$10^7$) was distributed evenly over the bladder

cells at one time point only), before fresh EPILIFE media again was flown over the

cells for 7 hours to allow for invasion. After this, the media was exchanged to EPILIFE

containing antibiotics (Gentamycin and Ampicillin, f.c. 200 μg ml$^{-1}$) for 13 hours to

eliminate all extracellular bacteria. To monitor formation of intracellular bacterial

communities, channels were taken to the microscope for imaging at this point.

To generate filaments, after subjecting samples to the EPILIFE/antibiotics mixture,

human urine was added to the flow system (15 μl min$^{-1}$) for 20 hours. Bacterial

samples were collected through the back-end of the flow channels, washed once in 1

x PBS, resuspended in LB or BHI. 4 μl of respective cultures were placed on 2 %

agarose pads (w/w) and directly taken for imaging. In the semi-static infection model

the same experimental workflow was followed with the same time intervals in changing

media, with the exception that all steps were carried out in a 35 mm Petri dish (IBIDI

glass bottom dish with glass coverslip bottom (#1.5), pre-sterilized, cat number

#81218-200) placed in a $CO_2$ incubator at 37 °C with 50 rpm shaking (instead of

continuous flow). To generate filaments in the Petri dish model, 1 ml urine was added

and manually exchanged for the first 4-5 hours before a final resuspension of 3 ml was

done and left in the incubator for 15 hours. In the static model, just prior to imaging

were bladder cell membranes stained with CellBrite405 or 650 in PBS (f.c. 1:100, with

the addition of CellBrite Enhancer to mask intracellular fluorescence according to the

manufacturer's recommendations) for 40 minutes, washed twice and again covered

with EPILIFE to sustain cell health during imaging.

**Imaging**

Imaging was performed on a Leica Stellaris confocal microscope equipped with a 63x

oil objective enclosed in an environmental chamber operated at 37 °C and 5 % $CO_2$

(Oko-Lab). The fluorophores were excited by a white laser at optimized wavelengths,

and emission was collected in pre-set system optimised detector intervals for

AlexFluor405, mCerulean3, EGFP, mOrange2 and AlexaFluor647 depending on

experiment, to minimize channel crosstalk. Z-stacks were captured to validate that the

bacteria in fact were inside the blabber cells. Image size was either 2048 x 2048 or

4096 x 4096, with pixel size 90 and 45 nm, respectively. The pinhole was set to 1 AU

and Z-stacks were collected with software optimized step length of either 125 or 250

nm (30-99 images per stack, depending on step length and thickness of the bladder

cells). Reconstruction and deconvolution of Z-stacks were performed in the Leica LAS

software or in FIJI (ImageJ).

**Quantification and statistical analysis**

Raw microscopy images, deconvoluted Z-stacks and movies were transferred to FIJI (ImageJ) for final analysis and processing. Fluorescence traces were analysed in OriginPro 2021 (V. 9.8.0.200 [Academic]). Note that all fluorescence traces were generated from raw microscopy data and not deconvoluted data. Cell lengths were extracted from MicrobeJ (rod and cocci) (Ducret et al., 2016) or by manual tracing in Fiji (filaments). Averages and errors bars in plots from multispecies infection represent the overall change in infections regardless of what species that contributed to the change. Evaluations of statistical significance were performed using students T-tests using GraphPad Prism software (v.9.2). Levels of significance are indicated as follows: ns, not significant; *, $P < 0.05$; **, $P < 0.01$; ***, $P < 0.001$;****, $P < 0.0001$.

**Data availability**

- Data reported in this paper will be shared by the lead contact upon request.
- This paper does not report original code.
- Any additional information required to reanalyse the data reported in this paper is available from the lead contact upon request.

**Acknowledgments**

The authors want to thank Prof. Danielle Garsin (University of Texas) for the *E. faecalis* OG1RF strain and Prof. Scott Hultgren (University Washington in St. Louis) for the *K. pneumoniae* TOP52 strain. This study received funding from internal UTS and Australian Institute for Microbiology and Infection (AIMI) funding schemes to S.R. and B.S. The authors acknowledge the use of the Stellaris confocal microscope in the

Microbial Imaging Facility at AIMI in the Faculty of Science, the University of

Technology Sydney.

**Author contributions**

B.S. conceptualised the study, and conduced the experiments together with C.A-K.

C.A-K and A.P constructed plasmids. I.D., C.A-K and B.S. analysed the data. S.A.R.

and B.S. raised funding from UTS and AIMI for this project. All authors contributed to

the manuscript (writing and editing) and approved the final version.

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