Extensive re-modelling of the cell wall during the development of *Staphylococcus*

***aureus* bacteraemia.**

Edward J.A. Douglas[1,2]*, Nathanael Palk[1]*, Tarcisio Brignoli[1,3], Dina Altwiley[1], Marcia Boura[1],

Maisem Laabei[2], Mario Recker[4,5], Gordon Y.C. Cheung[6], Ryan Liu[6], Roger C. Hsieh[6],

Michael Otto[6], Eoin O'Brien[7], Rachel M. McLoughlin[7] and Ruth C. Massey[1,8,#].

1: School of Cellular and Molecular Medicine, University of Bristol, Bristol, BS8 1TD, UK.

2: Department of Life Sciences, University of Bath, BA2 7AY, UK.

3: Department of Biosciences, Università degli Studi di Milano, Milan, Italy.

4: Centre for Ecology and Conservation, University of Exeter, Penryn Campus, TR10 9FE,

UK.

5: Institute of Tropical Medicine, University of Tübingen, Tübingen, Germany.

6: Laboratory of Bacteriology, National Institute of Allergy and Infectious Diseases (NIAID),

US National Institutes of Health (NIH), Bethesda, Maryland, USA.

7: Host Pathogen Interactions Group, School of Biochemistry and Immunology, Trinity

College Dublin, Dublin 2, Ireland.

8: Schools of Microbiology and Medicine, University College Cork, and APC Microbiome

Ireland, Cork, Ireland.

* These authors contributed equally to this work.

For correspondence: ruth.massey@bristol.ac.uk; orcid id: https://orcid.org/0000-0002-

8154-4039

Introductory Paragraph / Abstract

The bloodstream represents a hostile environment that bacteria must overcome to cause bacteraemia. To understand how the major human pathogen *Staphylococcus aureus* manages this we have utilised a functional genomics approach to identify a number of new loci that affect the ability of the bacteria to survive exposure to serum, the critical first step in the development of bacteraemia. The expression of one of these genes, *tcaA,* was found to be induced upon exposure to serum, and we show that it is involved in the elaboration of a critical virulence factor, the wall teichoic acids (WTA), within the cell envelope. The activity of this protein alters the sensitivity of the bacteria to cell wall attacking agents, including antimicrobial peptides, human defence fatty acids, and several antibiotics. This protein also affects the autolytic activity and lysostaphin sensitivity of the bacteria, suggesting that in addition to changing WTA abundance in the cell envelope, it also plays a role in peptidoglycan crosslinking. With TcaA rendering the bacteria more susceptible to serum killing, while simultaneously increasing the abundance of WTA in the cell envelope, it was unclear what effect this protein may have during infection. To explore this, we examined human data and performed murine experimental infections. Collectively, our data suggests that whilst mutations in *tcaA* are selected for during bacteraemia, this protein positively contributes to the virulence of *S. aureus* through its involvement in altering the cell wall architecture of the bacteria, a process that appears to play a key role in the development of bacteraemia.

Main Text

Staphylococcus aureus is an important human pathogen and a significant global health concern[1,2]. The most common interaction with its human host is as an asymptomatic coloniser; however, it frequently transitions to a pathogenic state with the ability to cause a wide range of diseases, ranging from relatively minor skin and soft tissue infections (SSTI) to more life-threatening incidents of endocarditis or bacteraemia[1,2]. *S. aureus* is notorious for producing a plethora of virulence factors ranging from pore forming toxins to various immune evasion strategies[3]. The toxicity of *S. aureus* is generally accepted as playing an important role during infection, with high toxicity isolates typically causing more severe symptoms and disease progression[4,5]. However, for the more invasive diseases such as bacteraemia and pneumonia, it has been shown that the causative isolates are often impaired in their toxin production and instead rely on alternative virulence approaches to cause disease, such as being able to better survive exposure to host immune defences[6,7].

As the most severe type of infection caused by *S. aureus*, bacteraemia has a mortality rate of between 20 and 30%[8], and despite infection control measures that have reduced the incidence of MRSA bacteraemia, the incidence of MSSA bacteraemia continues to increase in several countries, suggesting we have much to learn about this disease process. Entry into the bloodstream is the first step in the development of bacteraemia and represents a major bottle neck for the bacteria, whether they seed from an infection elsewhere in the body, or take a more direct route through an intravenous device. As a heavily protected niche, the bloodstream contains numerous humoral immune features with potent anti-staphylococcal activity, including antimicrobial peptides (AMPs) and host defence fatty acids (HDFAs)[9-12]. However, the fact that cases of *S. aureus* bacteraemia occur demonstrates that these do not represent an impregnable force and that the bacteria can adapt to resist these defensive features.

In previous work we have pioneered the application of genome wide association studies (GWAS) to characterise bacterial virulence, where it has proven to be a powerful approach to define complex regulatory pathways[7, 13-17]. In related work we have also begun to characterise a new category of *S. aureus* genes we refer to as MALs (mortality associated loci) and found that many of these are involved in serum survival[18]. Given the outstanding research questions surrounding the development of bacteraemia we performed a GWAS on a collection of 300 clinical isolates with respect to serum resistance. We found significant variability in how well individual isolates survive exposure to serum and identified seven novel effectors of this activity. Of particular note was the TcaA protein, which we have further characterised and demonstrate that it is a critical protein for the bacteria involved in the remodelling of the bacterial cell wall during the development of bacteraemia.

Results

Survival of S. aureus upon exposure to human serum is a variable trait. The human bloodstream is a highly protected niche, and so to establish an infection in this environment the bacteria must evade many aspects of host immunity, such as the bacterial membrane damaging antimicrobial peptides (AMP) and host defence fatty acids (HDFAs) found in serum[9-12,19-22]. To examine the level of variability that exists in serum-susceptibility in natural populations of *S. aureus*, we exposed 300 clinical isolates to pooled human serum and quantified the proportion of each culture that survived. These 300 isolates represent the two major clones, as defined by multi-locus sequence typing: clonal complex 22 (CC22) and clonal complex 30 (CC30), that are responsible for the majority of MRSA cases in the UK and Ireland[14]. This collection is a unique resource as each strain has been sequenced, extensively phenotyped, and we have clinical metadata for many of the patients the bacteria were isolated from[14]. We found there to be similar levels of variability in the ability of the bacteria to survive exposure to human serum across the two CCs, both with a $>10^3$ fold difference between the most and least susceptible isolate with respect to the number of bacteria that survived (Fig. 1a &b).

Figure 1: Serum susceptibility is multifactorial and varies widely across closely related *S. aureus* isolates. (**a & b**) The susceptibility of 300 bacteraemia isolates from clonal complexes CC22 and CC30 were exposed to human serum and their ability to survive this exposure quantified. The survival of each isolate was quantified in triplicate and dot represents the mean of these data. (**c & d**) Manhattan plots representing the statistical associations (on the y axis) between individual SNPs across the genome (on the x axis) and serum survival. The dotted red line represents the uncorrected significance threshold, and the dotted blue line represents the Sidak corrected (for multiple comparisons) threshold.

Survival of S. aureus upon exposure to human serum is a polygenic trait. As the genome sequence for each of the 300 clinical *S. aureus* isolates was available we performed a GWAS (genome wide association study) to identify polymorphic loci or single nucleotide polymorphisms (SNPs) that associated with the level of susceptibility of isolates to serum. For this, the data from the two distinct clones were analysed independently, with population structure within the clones being accounted for (Fig. 1c & d, Tables 1a & 1b). We applied

both uncorrected and corrected (for multiple comparisons) significance thresholds to this

analysis, as our previous work has demonstrated that the stringency of multiple correction

approaches increases the likelihood of type II errors (i.e. false negative results). For the

CC22 collection 12 loci were associated with serum survival and for the CC30s there were

32 associated loci (Fig. 1c & d, Tables 1a & 1b).

Tables 1: Loci associated with serum survival in the CC22 (Table 1a) and

CC30 (Table 1b) collections. The SNP position is relative to the origin of

replication in the reference genomes: HO 5096 0412 (CC22 and MRSA252

(CC30). Locus tags and where available gene names or putative protein

functions have been provided. NTML refers to the mutant available in the

Nebraska transposon library.

Table 1a

SNP position	CC22 locus tag	Description	p Value	Ref base	SNP base	Mutation	NTML
1945336	SAEMRSA15_RS09605	Intergenic	6.854	A	G	N/A	N/A
375179	SAEMRSA15_03110	*metE*	5.606	C	A	Arg-Leu	NE944
728154	SAEMRSA15_06310	*saeS*	5.553	T	A	Thr-Ser	ME1296
1053036	N/A	Intergenic	3.609	A	T	N/A	N/A
219764	SAEMRSA15_01760	putatative oxidoreductase	3.576	G	A	Gly-Asp	NE312
2280500	SAEMRSA14_20910	alcohol dehydrogenase	2.257	A	T	Phe-Leu	NE1147
1196127	SAEMRSA15_10750	*yfhO*	2.212	C	T	Met-Ile	NE1597
408213	SAEMRSA15_03430	*guaA*	1.876	G	A	Ala-Thr	N/A
2492381	SAEMRSA15_23120	*tcyB*	1.645	A	G	Val-Ala	NE228
1514441	SAEMRSA15_13420	hypothetical protein	1.6	G	A	Thr-Ile	NE1349
2430758	SAEMRSA15_22540	*tcaA*	1.572	A	G	Phe-Ser	NE285
134276	SAEMRSA15)01100	hypothetical protein	1.358	A	g	N/A	NE599

145   **Table 1b**

SNP position	CC30 locus tag	Description	p Value	Ref base	SNP base	Mutation	NTML
101174	SAR0097	putative DNA binding protein	18.466	G	A	Asp-Asn	N/A
1188605	SAR1143	arcC	12.786	C	A	Pro-His	NE1719
900409	SAR0856	phosphoglycerate mutase	11.226	C	T	Arg-Cys	NE1422
2667418	SAR2584	gntR	10.263	C	T	Arg-Gln	NE1124
2421610	SAR2347	putative membrane protein	10.160	C	T	Leu-Phe	N/A
1687821	SAR1615	aroK	9.793	C	A	Arg-Ile	N/A
532944	SAR0495	veg	9.751	G	T	Ala-Ser	NE1703
1252982	SAR1203	recG	8.502	C	T	Ala-Val	NE1344
1816815	SAR1754	clpX	8.064	C	T	Gly-Ser	N/A
2206190	SAR2143	ilvC	8.050	G	A	Gly-Asp	NE1177
1443567	SAR1386	trpA	6.647	G	T	Ser-Ile	NE304
1167449	SAR1119	uvrC	6.439	A	G	Glu-Gly	NE1212
2442306	SAR2374	ureC	6.425	C	A	Ser-Arg	NE410
1784580	SAR1719	tgt	6.396	C	T	N/A	NE1885
880082	SAR0835	est	6.354	G	C	Gly-Ala	NE1122
1116463	SAR1070	pdhD	5.600	C	T	Ala-Val	NE1610
289265	SAR0248	tarK	5.324	T	A	Stop	NE362
1442353	SAR1385	trpB	4.910	C	T	Stop	NE310
364861	SAR0319	NADH flavin oxidoreductase	4.373	C	A	Ala-Ser	N/A
1963781	SAR1877	menE	4.315	T	C	Ser-Gly	N/A
1946567	SAR1856	arsB2	4.122	G	C	Gly-Ala	NE1484
1416353	SAR1364	iron-sulfur cluster biosynthesis protein	2.829	C	A	Trp-Vys	NE1910
1887414	SAR1810	fhs	2.741	C	T	Ala-Thr	NE706
1133886	SAR1088	pcyA	2.725	A	G	N/A	N/A
30969	SAR0023	sasH	2.507	A	C	Asn-Thr	NE295
330358	SAR0284	essC	2.486	C	T	Ala-Val	NE1484
2220348	SAR2151	tex	1.704	C	A	Asp-Tyr	NE1079
1468392	SAR1410	hipO	1.569	G	A	Arg-His	NE1688
1652613	SAR1582	zwf	1.556	A	G	Ile-Val	N/A
2744774	SAR2656	nrmA	1.549	G	A	Ser-Ile	NE1223
2370812	SAR2287	lacR	1.392	T	C	Glu-Gly	NE346

Functional validation of the GWAS results identifies seven novel genes that affect serum survival. Of the 44 loci associated with serum survival, there were transposon mutants available for 32 in the Nebraska library[23]. To functionally verify our GWAS findings, each of these mutants were tested for their ability to survive exposure to human serum. We found seven mutants were significantly affected in this ability, and this effect was complemented by expressing the inactivated gene *in trans* (Fig. 2). The seven genes were *tcaA*, a gene associated with resistance to the antibiotic teicoplanin[24]; *tarK*, a gene involved in wall teichoic acid (WTA) biosynthesis[25]; *gntR*, which encodes gluconate kinase[26]; *ilvC*, which encodes ketol-acid reductoisomerase[27]; *arsB*, which is an efflux pump involved in arsenic resistance[28]; *yfhO*, which is involved in the glycosylation of lipoteichoic acid[28]; and *pdhD*, which encodes a lipoamide dehydrogenase[30].

Figure 2: Functional verification of loci involved in serum sensitivity of *S. aureus*. The effect of the inactivation of the genes associated serum sensitivity was examined using transposon mutants of strain JE2. Of the 32 mutants tested seven were significantly affected: (**a**) *tcaA*, (**b**) *tarK*, (**c**) *gntK*, (**d**) *ilvC*, (**e**) *arsB*, (**f**) *yhfO* and (**g**) *pdhD*. The effect of the mutations on serum sensitivity was complemented by expressing the gene from the expression plasmid pRMC2 (e.g. the *tcaA* complementing plasmid is called p*tcaA*). The dots represent individual data points, the bars the mean value, and the error bars the standard deviation. Significance was determined as * <0.05, ** <0.01, *** <0.001.

The SNPs in the tcaA *gene of the clinical isolates are associated with decreased serum sensitivity.* The *tcaA* gene has previously been reported to be involved in conferring increased sensitivity to the antibiotic teicoplanin[24], and our findings suggest it also confers increased sensitivity to serum (Fig. 2a). To visualise the signal detected by the GWAS for this gene we have mapped the position of the clinical isolates with the *tcaA* SNPs onto a figure displaying the range of serum sensitivities of the collection (Fig. 3a). The majority of

the isolates with the SNPs were less sensitive to serum, suggesting the SNPs negatively

affects the activity of the protein. The most common SNP in the *tcaA* gene amongst the

clinical isolates conferred a Phe (290) to Ser change in the protein sequence. Using

AlphaFold[31] we generated a structure for TcaA where it is predicted to be membrane bound

with a single membrane spanning domain; to have a zinc finger presented intracellularly;

with the majority of the protein including the Phe290 displayed extracellularly (Fig. 3b).

Given that phenylalanines are frequently involved in protein-protein interactions[32] we

examined the effect this change has on the activity of TcaA by cloning the *tcaA* gene with

this SNP into the complementing pRMC2 plasmid and comparing its ability to confer serum

resistance relative to that of the *tcaA* gene without the SNP. The TcaA protein with Ser at

position 290 instead of Phe were slightly more resistant to serum killing, but not as affected

as when the entire protein was inactivated, suggesting this change has a subtle effect on the

serum sensitising activity of the protein (Fig. 3c).

Figure 3: *TcaA mutations affect resistance to both teicoplanin and serum across*
multiple S. aureus backgrounds. **(a)** The individual clinical isolates with
polymorphism in the *tcaA* gene are indicated (in red) on a graph displaying the
range of serum survival of the collection. **(b)** The structure of the TcaA protein as
predicted by AlphaFold. **(c)** The most common *tcaA* SNP decreases the sensitivity
of *S. aureus* to serum. The dots represent individual data points, the bars the
mean value, and the error bars the standard deviation.

TcaA confers increased sensitivity to multiple antibacterial components of serum. To

examine whether the effect of TcaA on serum resistance was specific to the JE2 background

we transduced the *tcaA::tn* mutation from JE2 into *S. aureus* strains SH1000 and Newman.

Attempts were made to transduce this mutation into a clinical CC22 isolate, but this lineage

was refractory to any of the available transducing phage[33,34]. In all three backgrounds TcaA

increased the sensitivity of the bacteria to serum (Fig. 4a) verifying that the effect was not

limited to the JE2 background. To determine which aspects of human serum TcaA was

conferring increased sensitivity to, we measured the relative ability of the wild type and

mutant to survive exposure to some of the anti-bacterial factors found in serum: to the HDFA

arachidonic acid, and to two AMPs: HNP-1 and LL37. The strains producing TcaA (i.e. the

WT and complemented strain) were more sensitive to all three components of human serum

(Fig. 4b-d). For the AMPs this sensitivity was significant after only 90 min exposure, whereas

for arachidonic acid sensitivity was also evident after 90 minute, but was more prominent

after overnight incubation.

Although none of the individual antibacterial components of serum tested here are involved

in *S. aureus* cell clumping, it is a possibility that some of the effects seen in serum is as a

result of this activity, artificially amplifying the effect. To examine this the wild type and *tcaA*

mutant were visually examined by microscopy in both PBS and serum where no differences

in clumping was observed (Supplementary Fig. 1). Of the other GWAS identified genes, the

ilvC mutant was less sensitive to arachidonic acid, the *yfhO* mutant was more resistant to

HNP-1 and LL-37, while the *tarK, gntK, arsB and phdD* mutants were all more sensitive to

HNP-1 and LL37 when compared to the JE2 wild type strain (Supplementary Fig. 2).

Figure 4: TcaA production confers increased sensitivity to several antibacterial

components of serum. **(a)** The inactivation of the *tcaA* gene decreases the

sensitivity of three *S. aureus* strains (i.e., JE2, Newman and SH1000) to serum.

(b) TcaA production by the wild type and p*tcaA* complemented strain confers

increased sensitivity to arachidonic acid (100µM), **(c)** TcaA production by the JE2

wild type and p*tcaA* complemented strain confers increased sensitivity to LL37

(5µg/ml) and **(d)** TcaA production by the wild type and p*tcaA* complemented

strain confers increased sensitivity to HNP-1 (5µg/ml).   The dots represent

individual data points, the bars the mean value, and the error bars the standard

deviation. Significance was determined as * <0.05, ** <0.01, *** <0.001.

Wall teichoic acids contribute to the arachidonic acid sensitivity of TcaA producing strains.

The antibacterial properties of HDFAs and AMPs share some common features in that they

both penetrate through the cell wall and attack the bacterial membrane[9-12,19-22]. AMPs are

positively charged molecules that rely on the relatively negative charge across the bacterial

cell envelope to penetrate, and thus resistance is frequently acquired by changing the

charge across the cell wall such that the AMPs are repelled[20,21]. Less is known about how

HDFAs penetrate the cell wall; however, resistance is associated with changes in the

abundance of wall teichoic acids (WTA) in the bacterial cell walls[22]. WTA are hydrophilic and

when present in the cell wall they are believed to be protective by interfering with the

penetration of the hydrophobic HDFAs through to the bacterial membrane[22]. It has also been

shown that when the ligation of WTA to the cell wall is affected, such that they are instead

released into the environment, this also decreases the sensitivity of the bacteria to HDFAs[11].

With distinct modes of action and means of accessing their target, it is intriguing to consider

how TcaA may be contributing to increasing the sensitivity of *S. aureus* to both these types

of anti-bacterial molecules.

To examine whether the TcaA associated increase in sensitivity to arachidonic acid is a

result of an increase in the abundance of WTA in the bacterial cell we extracted and

quantified WTA from the wild type and *tcaA* mutant, where we found that the cell wall of the

wild type had significantly more WTA when compared to the *tcaA* mutant cell extract (Fig. 5a

& b; densitometric analysis of triplicate extractions can be seen in Supp. Fig. 3). We next

quantified WTA in the bacterial supernatant, as recent work on a *S. aureus lcpA* mutant

demonstrated that another WTA related means of altering sensitivity to arachidonic acid is to

release the WTA the bacteria surface[11]. We found significantly less WTA in the extract of the

TcaA producing wild type strain compared to that of the *tcaA* mutant (Fig. 5a; densitometric

analysis of triplicate extractions can be seen in Supp. Fig. 3), which could explain the

observed difference in sensitivity to HDFAs. It was unclear from the previous work on LcpA

how the released WTA by the *lcpA* mutant affects arachidonic acid sensitivity, and here we

demonstrate that this mutant, like the *tcaA* mutant, is also less sensitive to human serum

(Fig. 5d). One hypothesis is that the WTA can either sequester or inactivate HDFAs in the

environment surrounding the bacteria, thereby neutralising them. To test this, we harvested

the supernatant of the wild type JE2, the JE2 *tcaA* mutant, and the JE2 *lcpA* mutant from

overnight growth. These supernatants were used to supplement fresh broth (at 10%) into

which the wild type JE2 strain was inoculated. In the absence of any arachidonic acid JE2

grew equally well regardless of the supernatant supplement (Fig. 5e). However, in the

presence of the supernatant of both the *tcaA* and *lcpA* mutant (both of which contain an

abundance of released WTA), JE2 was able to grow in the presence of arachidonic acid;

whereas when the JE2 supernatant was used as the supplement the bacteria were unable to

grow (Fig. 5e). To further verify that soluble WTA can neutralise arachidonic we performed

WTA extractions from an isogenic wild type and mutant of the *S. aureus* strain LAC where

the mutant has had the *tarO* gene deleted and consequently does not produce any WTA

(Fig. 5e). The incorporation of the wild type LAC WTA extract to broth at 2% created an

environment in which JE2 could grow in the presence of arachidonic acid, whereas the

equivalent WTA extract of the *tarO* mutant, which contains no WTA, did not (Fig. 6e).

Together these data demonstrate that WTA in the environment can neutralise arachidonic

acid, and this provides a likely explanation for the increased sensitivity to HDFAs associated

with TcaA production.

Figure 5: Wall teichoic acids are released from the cell wall in the *tcaA* mutant to

affect resistance to HDFAs and AMPs. **(a)** WTA was extracted from both cells and

supernatant of the wild type and *tcaA* mutant of *S. aureus* and visualised on and

SDS-PAGE gel stained with 1 mg/ml Alcian blue. The *tcaA* mutant had significantly

less WTA in the cell wall but more in the supernatant. **(b)** The phosphate content

of the cell wall WTA extracts was quantified, which verified that the *tcaA* mutant

has significantly less WTA. **(c)** The inactivation of the *lcpA* gene increases the

sensitivity of *S. aureus* to killing by serum. **(d)** The wild type strain JE2 was grown

in broth supplemented with supernatant of either itself (JE2), with that from a *tcaA*

mutant, or with that from a *lcpA* mutant. These supernatants had no effect on the

growth of JE2 in the absence of arachidonic acid. In the presence of arachidonic

acid JE2 was unable to grow when supplemented with its own supernatant,

however, when supplemented with the supernatant of the two mutants, which both

contain soluble WTA, JE2 was able to grow. The addition of WTA extract from

another S. aureus strain (LAC) also neutralised arachidonic acid, however an

equivalent extract from an isogenic WTA mutant (LAC Δ*tarO*) did not. **(e)** The

charge across the cell wall of the wild type and *tcaA* mutant was compared using

cytochrome C, where the mutant was found to be less negatively charged. The

dots represent individual data points, the bars the mean value, and the error bars

the standard deviation. Significance was determined as * <0.05, ** <0.01, ***

<0.001, **** <0.0001.

The reduced abundance of WTA in the bacterial cell wall contributes to the resistance of S.

aureus to AMPs. In additional to being hydrophilic, WTA is also predominantly negatively

charged[25]. Given that a change in charge across the bacterial cell wall is frequently

associated with resistance to AMPs[19-21], and that the wild type strain has more WTA in its

cell wall, this may explain the increased AMP sensitivity of the TcaA producing strain. To

examine this, we incubated the bacteria with cytochrome C, which is positively charged and

through its electrostatic-related ability binds to the bacterial cells, providing a measure of the

charge across bacterial cell walls. Using this we found that the wild type strain bound

significantly more cytochrome C and is therefore more negatively charged than the *tcaA*

mutant, which explains the increase in AMP sensitivity we have found associated with TcaA

production (Fig. 5e). Together these results explain how TcaA production affects the

sensitivity of *S. aureus* to both HDFAs and AMPs. By retaining WTA within the cell wall,

there is less released to sequester or inactivate the fatty acids from the environment, and

due to their negative charge, increased amounts of WTA in the cell wall affects the charge

across the cell wall and results in increased electrostatic attraction of the positively charged

AMPs.

Serum induced tcaA expression increases both the abundance of WTA in the cell wall and

the sensitivity S. aureus to teicoplanin. As mentioned previously, an additional interesting

feature of the TcaA protein is that is has also been associated with changing the sensitivity

of the bacteria to the antibiotic teicoplanin, although this has been reported to vary between

strains[24,35]. To examine this for our strains we compared the ability of our three pairs of wild

type and *tcaA* mutants (in strains JE2, Newman and SH1000) to grow in the minimum

inhibitory concentration of teicoplanin for each wild type strain (Supp. Table 2), where TcaA

production resulted in increased sensitivity to this antibiotic across all three strains (Fig. 6a).

Minimum inhibitory concentrations (MICs) for teicoplanin have also been determined for

these, where in each case the production of TcaA halves the MIC of the antibiotic (Supp.

Table 2). To examine whether the clinical isolates with the SNPs in the *tcaA* gene

associated with increased serum resistance also had altered teicoplanin sensitivity, we

compared the ability of 12 clinical isolates containing the GWAS identified *tcaA* SNPs to

grow in teicoplanin to that of 12 isolates from the same collection with the wild type gene

sequence, i.e., without the polymorphism. The isolates with the polymorphism in the *tcaA*

gene were on average less sensitive to teicoplanin (Fig. 6b). Using the pRMC2

complementing plasmid expressing either the wild type or SNP (conferring the Phe290-Ser

substitution) containing *tcaA* gene, we demonstrated that this mutation significantly reduces

the ability of the protein to sensitize the bacteria to serum (Fig. 6c), confirming that this

mutation negatively affects the activity of the TcaA protein.

As TcaA has been shown to be upregulated when exposed to teicoplanin[24,35], we examined

whether serum would also induce its expression. The wild type JE2 strain was exposed to

either sub-inhibitory (2.5% serum and 0.5μg/ml teicoplanin) or inhibitory (10% serum and

10µg/ml teicoplanin) concentrations of either serum or teicoplanin for 20 mins, total RNA

was extracted and the transcription of the *tcaA* gene quantified by qRT-PCR. For both serum

and teicoplanin, induction of expression of the *tcaA* gene was concentration dependent (Fig.

6d). Given the association of WTA abundance in the cell wall with *tcaA* expression described

above (Fig. 5a-c) we next examined whether serum induced expression of *tcaA* would also

result in an increase in abundance of WTA in the bacteria cell wall. Both the wild type and

tcaA mutant were exposed to inhibitory concentrations of human serum for 90 mins and the

WTA extracted from the cell walls, where serum exposure resulted in an increase in WTA for

the wild type strain but not the *tcaA* mutant (Fig. 6e; densitometric analysis of triplicate

extractions can be found in Supp Fig. 3). To examine whether serum induced increased

expression of *tcaA* would affect sensitivity to teicoplanin, we exposed the wild type bacteria

to a sub-inhibitory concentrations of serum (2.5%) and then incubated these overnight in a

subinhibitory concentration of teicoplanin (0.5µg/ml). Pre-exposure to serum induced

increased sensitivity to teicoplanin suggesting that induction of *tcaA* expression by the initial

serum exposure was sufficient to induce cross-sensitivity to the antibiotic (Fig. 6f).

To verify this induction effect was not specific to the JE2 lineage a *tcaA::gfp* reporter plasmid

was constructed and electroporated into JE2, SH1000, Newman and a clinical CC22 isolate

EMRSA15. In each background serum, arachidonic acid and LL37 had a dose dependent

effect on *tcaA* expression with the exception of LL37 and the EMRSA15 strain

(Supplementary. Fig. 4). These findings suggest that upon entry into the bloodstream and

exposure to many of the antibacterial components of serum, expression of the *tcaA* gene is

induced and this sensitizes *S. aureus* to killing by these components of serum.

Figure 6: TcaA confers increased sensitivity to teicoplanin. **(a)** The inactivation of the *tcaA* gene decreases the sensitivity of three distinct *S. aureus* strains (i.e., JE2, Newman and SH1000) to teicoplanin (0.5µg/ml). **(b)** The clinical isolates with polymorphisms in the *tcaA* gene were on average less sensitive to teicoplanin than those with the wild type gene. **(c)** The most common *tcaA* SNP decreases the sensitivity of *S. aureus* to teicoplanin. **(d)** The expression of the *tcaA* gene was quantified qRT-PCR in both subinhibitory and inhibitory concentrations of serum and teicoplanin. There was a dose dependent effect on *tcaA* induction for all concentrations used. **(e)** Exposure of JE2 to inhibitory concentrations of human serum resulted in an increase in WTA abundance in the bacterial cell wall, an effect not seen when the *tcaA* mutant was exposed to serum. **(f)** Growth of JE2 in the presence of sub-inhibitory concentrations of teicoplanin (0.5 µg/ml) over a 24h period was quantified following pre-exposure to subinhibitory concentrations of human serum (2.5%), where preexposure to serum increased sensitivity to teicoplanin. The dots represent individual

data points, the bars the mean value, and the error bars the standard deviation.

Significance was determined as * <0.05, ** <0.01, *** <0.001, **** <0.0001.

The inactivation of tcaA *alters the antibiotic resistance profile of S. aureus.* There is

emerging evidence that WTA play a role in cell division and peptidoglycan biosynthesis[36]. In

support of this, it has been reported that a *tarO* mutant, devoid of WTA, confers sensitization

to β-lactam antibiotics due to mislocalization of the PBPs[37]. As the target for teicoplanin is

peptidoglycan, more specifically the terminal D-Ala-D-Ala residue of lipid II, we hypothesised

that the increased ligation of WTA into the cell wall of the TcaA producing strain may affect

peptidoglycan biosynthesis and assembly, and that this may be responsible for the change

in sensitivity to teicoplanin. To test this further, we compared the sensitivity of the wild type

and mutant to a range of peptidoglycan attacking antibiotics, where we found the TcaA

producing wild type strain to be more sensitive to vancomycin, dalbavancin and oritavancin,

all alternative members of the glycopeptide class of antibiotic, and ramoplanin, a

glycolipodepsipeptide antibiotic (Supp. Fig. 5). However, TcaA production conferred

decreased sensitivity to oxacillin, a β-lactam antibiotic that targets penicillin binding protein 2

and moenomycin a phosphoglycolipid antibiotic that inhibits the transglycosylase PBP

enzymes and prevents the formation of peptidoglycan polymers (Supp. Fig. 5). This

suggests that TcaA production affects the overall composition and structure of peptidoglycan

in the wildtype strain.

To examine whether the crosslinking of peptidoglycan is affected by TcaA production, we

tested the susceptibility of the wild type and *tcaA* mutant to lysostaphin, which is

a glycylglycine endopeptidase capable of cleaving the pentaglycine crosslinks of

peptidoglycan[38]. We found that lysostaphin cleaved the cell wall of the wild type strain more

slowly than for the *tca*A mutant (Fig. 7a). We next performed a triton X100 induced autolysis

assay where the wild type exhibited a slower rate of autolysis compared to the mutant,

suggesting that the cell wall is stronger when TcaA is produced (Fig. 7b). Together these

data suggest that the integrity of the peptidoglycan, in particular its crosslinking, is

significantly altered when TcaA is produced. This provides a likely explanation for why the

mutant is more resistant to teicoplanin, reduced crosslinking in the cell wall increases the

number of off target D-ala D-ala which teicoplanin will bind to instead of reaching lipid II in

the membrane and causing disruption to this. With changes to the quantity and composition

of WTA and peptidoglycan associated with TcaA production, we sought to visualise the cell

wall using transmission electron microscopy. We observed a clear difference in the density

and structure of the outer layer of the bacterial cell wall between the wild type and *tcaA*

mutant, confirming a role for TcaA in the structural integrity of the *S. aureus* cell wall (Fig. 7c,

additional images in Supp. Fig. 6)).

Figure 7: TcaA alters the structure of the *S. aureus* cell wall. **(a)** The rate of lysis

in the presence of lysostaphin was assayed, where the strain producing was

lysed at a slower rate than the *tcaA* mutant. A *pbp4* mutant was included as a

control. **(b)** The rate of autolysis of the bacteria in the presence of Triton x100

was assayed where the TcaA producing strain lysed at a slower rate relative to

the *tcaA* mutant. An autolysin (*atl*) mutant was included as a control. **(c)**

Transmission electron micrograph (TEM) of a wild type JE2 and *tcaA* mutant cell

at two magnifications showing the smooth and consistent density of the cell wall

when TcaA is produced, compared to the rough and patchy density of the mutant

cell wall.

Once established, TcaA contributes positively to the development of bacteraemia. Our data

shows that expression of *tcaA* is induced upon exposure to serum, that this can sensitize the

bacteria to serum killing but also increase the abundance of WTA in the cell envelope. From

a pathogenicity perspective these activities would appear to be in conflict, with one making it

less likely for a bacterium to cause bacteraemia (increased serum sensitivity) and the other

making it more likely for a bacterium to cause bacteraemia (increased WTA in the cell

envelope[39,40]). To understand this apparent dichotomy we first examined whether TcaA

production only affected survival in serum, whereas in whole blood where other components

of the human immune system may be present (e.g. complement, antibodies and

phagocytes) that this effect may be lost. Using human blood from three donors, we

demonstrated that TcaA production increase the sensitivity of the bacteria to whole blood

killing (Supp. Fig. 7). We next interrogated our human clinical data, where in addition to the

300 bacteraemia strains that form the basis of this study we have an additional 176 *S.*

aureus isolates, which has allowed us to include more genetic diversity to this analysis (i.e.

from CC22 (n=138), CC30 (n=162), ST8 (n=132) and ST93 (n=44)). The source of these

isolates was also available to us (i.e. bacteraemia (n=341), SSTI (n=80) or carriage (n=55)),

as well as their genome sequences (Supplementary Table 1). We examined the distribution

of nonsynonymous mutations in the *tcaA* gene across these, where it was present in 6% of

the bacteraemia isolates compared with only 1.5% of non-bacteraemia isolates (n= 21/341

and 2/135 respectively; p = 0.03, in a Fisher's Exact test). However, when we examined the

30-day mortality rates for the 113 bacteraemia patients for whom we had this clinical data,

the mortality rate of the proportion of patients infected with a *S. aureus* strain with the wild

type *tcaA* gene was significantly higher compared to those infected with a mutated *tcaA*

gene (Fig. 8a & b) (2-tailed chi squared test: p = 0.03). So, although the incidence of

mutations in *tcaA* appear to be relatively rare, that isolates with variant *tcaA* genes are

enriched amongst those causing bacteraemia suggests that a functional TcaA may limit the

propensity of *S. aureus* to cause a bloodstream infection, such that it acts as a selective

force for mutants of this gene. However, once the bacteraemia has become established,

TcaA positively contributes to the infection process, likely due to the increased abundance of

WTA in the cell envelope, and the greater structural integrity of the cell wall.

To experimentally test these human findings we utilised a mouse model of bacteraemia

where the tail vein of C57/Bl6 mice are inoculated with 2×10^7 colony forming units (CFU) of

bacteria to establish a bloodstream infection, where they seed from there into organs such

as the liver spleen and kidneys. We performed mixed infections, where the wild type and

mutant bacteria had to compete during the development of the infection within the mouse.

The mice were infected with equal quantities of both bacteria and the change in ratio of the

bacteria in the mouse blood, liver, spleen and kidney recorded after 48hr, which allowed the

relative virulence ratio (RVR) of each bacterium to be calculated[41]. The RVR of the TcaA

producing wild type strain was significantly higher than that of the mutant at a systemic level

(Fig. 8c). As such, while the TcaA associated self-sensitization of the bacteria was not

evident here, possibly due to the size of the inoculum level needed, once an infection has

become established, TcaA contributes positively to disease severity as demonstrated by the

wild type strain outcompeting the *tcaA* mutant.

b Mortality Contingency Table

	WT	SNP	Total
Alive	61	11	72
Dead	40	1	41
Total	101	12	113

482 **Figure 8:** TcaA contributes to increased disease severity in mice and humans. **(a**

483 **& b)** A graph and contingency table showing data from 113 patient with *S. aureus*

484 bacteraemia. The 30-day mortality rate was significantly higher for those infected

485 with a *S. aureus* strain with a wild type *tcaA* gene compared to those with a

486 mutated *tcaA* gene. **(c)** Mice were injected intravenously with 100 μl of PBS

487 containing an equal mixture of wild type and *tcaA* mutant (2×10^7 CFUs of each).

488 After 48 hrs, the ratio of the wild type and mutant were quantified and the relative

489 virulence ratio calculated. In the blood and all organs tested the wild type bacteria

490 had a competitive advantage over the mutant demonstrating its increased relative

491 virulence. Mean ± s.d. The dots represent individual data points (n=5 per group),

492 the bars the mean value, and the error bars the standard deviation. Significance

493 was determined as * <0.05, ** <0.01, and *** <0.001.

495 **Discussion**

496 To develop novel therapeutic approaches for infectious diseases, we need to understand

497 how microorganisms cause disease and evade the host's immune system. To address this,

498 we have applied a population-based approach to analyse the pathogenicity of *S. aureus* and

499 identified seven genes that affect the bacteria's ability to survive exposure to human serum,

500 the first step in the development of bacteraemia. The dissection of the molecular detail of

501 how these genes affect serum survival is underway to determine their potential for

502 therapeutic intervention. However, our focus here has been on the *tcaA* gene where we

503 show that its expression is induced upon exposure to serum, that it is involved in the ligation

504 or retention of WTA in the cell wall, and that this renders the bacteria more susceptible to

505 killing by both AMPs and HDFAs. We have also found that TcaA is associated with changes

506 to the structural integrity of peptidoglycan, such that the bacteria are more susceptible to

507 some antibiotics (e.g. teicoplanin) and less susceptible to others (e.g. oxacillin). It is

508 interesting to note that our GWAS approach identified *tcaA* due to the presence of function

509 altering SNPs amongst clinical isolates. Our human data suggests that bacteraemia and/or

510 the antibiotics commonly used to treat it such as teicoplanin and vancomycin may impose a

511 selective pressure on the bacteria to mutate this gene, due to the decreased sensitivity this

512 confers to serum killing and to clinically relevant antibiotics. However, both our human and

mouse data have confirmed, that once bacteraemia has become established, TcaA

contributes positively to disease progression, likely due to its cell wall re-modelling activity.

The *tcaA* gene is part of a three gene locus alongside the *tcaR* gene, which is predicted to

encode a transcriptional regulator, and the *tcaB* gene which is predicted to encode an efflux

pump[24]. This locus is also reported to be part of the *S. aureus* cell wall stimulon, following a

number of studies that monitored the response of *S. aureus* to cell wall attack[42,43]. While

work to understand the activity of each of the proteins encoded by the *tca* locus is underway,

our data suggests that TcaA play a role in the ligation or retention of WTA within the cell

wall, perhaps alongside the LcpA protein[11]. How this is achieved is yet to be determined.

TcaA may play a direct role in ligating WTA to the cell wall; it may play a role in cell wall

turnover and the subsequent release of WTA and other cell wall macromolecules into the

external environment; or it may interact and subsequently interfere with other cell wall

biosynthetic processes that are responsible for WTA ligation. It is interesting to note that

tarK, which is one of the other six genes associated here with serum survival is also involved

in the biosynthesis of WTA. Additionally, *yfhO* which encodes an enzyme that glycosylates

lipoteichoic acid (LTA) is also involved in serum resistance[29], providing further evidence for

the importance of teichoic acid associated molecules to this aspect of the biology and

pathogenicity of *S. aureus*. For TcaR, we hypothesise that it likely controls the transcription

of the co-transcribed *tcaA* and *tcaB* genes, and may directly respond to the external stimulus

of teicoplanin and serum as reported here. What is less clear is what role TcaB plays, as

efflux pumps are more typically associated with increasing the resistance of a bacterium to

an antibiotic, or other toxic molecules.

In addition to *tcaA* this study has identified one other locus (*yfhO*) that negatively affects

serum survival, and added a further five loci (*tarK, gntR, ilvC, arsB*, and *pdhD*) to the list of

genes that contribute positively to serum survival by protecting the bacteria from HDFAs and

AMPs. This leads us to the questions of why *S. aureus* has loci in apparent conflict with

regards to the survival of the bacteria during bacteraemia. It is perhaps through the

consideration of the other ways in which *S. aureus* interact with humans that we may

understand this. The vast majority of interactions that occur between *S. aureus* and humans

is as a commensal in the human nose from which it can readily transmit. The five identified

protective genes may therefore also protect the bacteria during colonisation, which would

confer a selective advantage, and it is just an unfortunate coincidence that they also confer

increased survival in serum during the development of bacteraemia. While the focus of this

work has been on the role of TcaA in serum, it is also worth considering what role it may

have during colonisation of the nose, which involves the adherence of the bacteria to the

nasal epithelium, to which WTA has a well-established role. It is therefore possible that TcaA

enhances the ability of *S. aureus* cells to colonise the nose by retaining WTA within the cell

wall. However, the role of TcaA in responsiveness to cell wall attack is as yet unclear, but

perhaps it contributes to the competitiveness of *S. aureus* within the nasal microbiome in

response to cell wall damage inflicted by competitors.

The evolution of the virulence of a pathogen is heavily dependent upon their mode of

transmission, which for opportunistic pathogens raises interesting challenges. If within-host

invasiveness limits between-host fitness by preventing them from transmitting to a new host,

there are likely selective pressures acting on bacterial populations to evolve means of

limiting their ability to cause invasive disease. However, if increased invasiveness facilitates

enhanced within-host fitness, as the bacteria multiply and spread throughout the body, the

'short-sighted evolution of virulence' hypothesis proposed by Levin and Bull[44] could apply

and may explain situations like *S. aureus* bacteraemia. We propose that TcaA may

represents a system at the cusp of both these scenarios, in that it responds to cell wall

attack by serum by making itself more susceptible to killing by serum, thereby potentially

limiting its ability to cause bacteraemia, which could have long-term between host benefits.

However, once established in the bloodstream and TcaA has remodelled the cell wall, the

short-sighted view of virulence hypothesis applies where the bacteria survive and thrive,

allowing them to cause a successful bacteraemia.

Entry into the bloodstream to establish an infection has long been considered a significant

bottle neck for the bacteria, but until now, the stringency of this bottleneck was believed to

be a result of the onslaught of all the immune mechanisms present in blood. Here we

suggest that *S. aureus* may contribute to this bottleneck by responding to serum induced cell

wall damage by further sensitizing itself to this attack as part of the pathway towards

increasing their pathogenic capabilities by remodelling the cell wall. Our findings presented

here opens up an entirely novel aspect to the biology of a major human pathogen and brings

into question the appropriateness of the term 'opportunistic' when we refer to such highly

effective bacterial pathogens.

Materials and Methods

Bacterial Strains and Growth Conditions

A list of the genetically amenable bacterial strains and mutants can be found in Table 3, and

the clinical strains are listed in Supplementary Table 1. All strains were cultured in Tryptic

soy broth (TSB) for 18 h at 37°C with shaking. Nebraska transposon mutant library (NTML)[23]

mutants were selected for using erythromycin (5 µg/ml). For the complemented pRMC2[45]

strains, chloramphenicol (10 µg/ml) and anhydrous tetracycline (200 ng/ul) were added to

the media where indicated.

Table 2. Strains used in this study.

Strain	Description	Reference
JE2	USA300; CA -MRSA, type IV SCCmec; lacking plasmids p01 and p03; wild -type strain of the	23

	NTML	
JE2 *tcaA:tn*	*tcaA* transposon mutant in JE2	23
JE2 *tcaA:tn* pRMC2	*tcaA* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *tcaA:tn* p*tcaA*	*tcaA* transposon mutant complemented with *tcaA* gene housed in pRMC2 expression plasmid	This study
JE2 *tarK:tn*	*tarK* transposon mutant in JE2	23
JE2 *tarK:tn* pRMC2	*tarK* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *tarK:tn* p*tarK*	*tarK* transposon mutant complemented with *tarK* gene housed in pRMC2 expression plasmid	This study
JE2 *gntR:tn*	*gntK* transposon mutant in JE2	23
JE2 *gntR:tn* pRMC2	*gntK* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 p*gntR*	*gntK* transposon mutant complemented with *gntK* gene housed in pRMC2 expression plasmid	This study
JE2 *ilvC:tn*	*ilvC* transposon mutant in JE2	23
JE2 *ilvC:tn* pRMC2	*ilvC* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *ilvC:tn* p*ilvC*	*ilvC* transposon mutant complemented with *ilvC* gene housed in pRMC2 expression plasmid	This study
JE2 *arsB:tn*	*arsB* transposon mutant in JE2	23
JE2 *arsB:tn* pRMC2	*arsB* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *arsB:tn* p*arsB*	*arsB* transposon mutant complemented with *arsB* gene housed in pRMC2 expression plasmid	This study
JE2 *yfhO:tn*	*yfhO* transposon mutant in JE2	23

JE2 *yfhO:tn* pRMC2	*yfhO* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *yfhO:tn* p*yfhO*	*yfhO* transposon mutant complemented with *yfhO* gene housed in pRMC2 expression plasmid	This study
JE2 *pdhD:tn*	*pdhD* transposon mutant in JE2	23
JE2 *pdhD:tn* pRMC2	*pdhD* transposon mutant in JE2 transformed with empty pRMC2 vector	This study
JE2 *pdhD:tn* p*pdhD*	*pdhD* transposon mutant complemented with *pdhD* gene housed in pRMC2 expression plasmid	This study
RN4220	Restriction deficient mutant of 8325-4	46
DC10B	Δ*dcm* mutant in *E. coli* DH10B (K12)	34
Mach1	One Shot™ Mach1™ T1 Phage-Resistant Chemically Competent *E. coli.*	Commercially available
SH1000	MSSA, laboratory strain, 8325-4 with a repaired rsbU gene; SigB positive.	47
SH1000 *tcaA::tn*	*tcaA* transposon mutant in SH1000	This study
Newman	MSSA, laboratory strain isolated from human infection	48
Newman *tcaA::tn*	*tcaA* transposon mutant in Newman	This study
tcaA::tn p*tcaA*SNP	*tcaA* transposon mutant complemented with *tcaA* gene harbouring F290S SNP housed in pRMC2 expression plasmid	This study
mprF::tn	*mprF* transposon mutant in Newman	23
Δ*lcpA*	In frame unmarked deletion of *lcpA* generated by allelic exchange	11
LAC	CA-MRSA USA300 type IV SCCmec	49

ΔtarO	tarO KO mutant in LAC	50
JE2 pSB2019:tcaA	JE2 transformed with the pSB2019:tcaA reporter fusion	This study
SH1000 pSB2019:tcaA	SH1000 transformed with the pSB2019:tcaA reporter fusion	This study
Newman pSB2019:tcaA	SH1000 transformed with the pSB2019:tcaA reporter fusion	This study
EMRSA15 pSB2019:tcaA	SH1000 transformed with the pSB2019:tcaA reporter fusion	This study

Serum & Blood Survival Assay

Normal human serum was prepared from blood obtained from 8 healthy volunteers using

Serum CAT tubes (BD). Blood was allowed to clot for 30 mins at room temperature followed

by 1h incubation on ice. Serum was extracted following two rounds of centrifugation at 700 x

g at 4^oC for 10 min. Serum from individual donors were pooled, aliquoted and immediately

stored at -80^oC. The bacteria were grown overnight, and their density normalised to an

OD_{600nm} of 0.1 and 20 µl used to incubate in 180 µl 10% pooled human serum (diluted in

PBS) for 90 min at 37^oC with shaking. Serial dilutions were plated on tryptic soy agar (TSA)

to determine CFUs. The same number of bacterial cells inoculated into PBS, diluted, and

plated acted as a control. Survival was determined as the percentage of CFU in serum

relative to the PBS control. Relative survival was determined through normalisation to JE2,

which is presented ats 100% in the graphs. The survival of each bacterial isolate was

measures in triplicate and the mean of these datal presented here.

GWAS

Genome-wide association mapping was conducted using a generalized linear model, with

capsule production as the quantitative response variable. We accounted for bacterial

population substructure by adding to the regression model the first two component from

a *principal component decomposition* of SNP data for each set of clinical samples (CC22

and CC30). The first two components accounted for 32% and 40% of the total variance for

CC22 and CC30, respectively. In both cases, three distinct clusters were identified. We

further considered a third model where we used cluster membership as covariates in our

regression model, where clusters were defined using K-means clustering analysis (setting

K=3); this, however, yielded identical results to the one based on PCA components. In total,

2066 (CC22) and 3189 (CC30) unique SNPs were analysed, the majority of which were

subsequently filtered out for exhibiting a minor allele frequency (maf) of <0.03, reducing the

data to 378 and 1124 SNPs, respectively. The P-values reported in Tables 1a and b are not

corrected for multiple comparison, however the Sidak method was used to correct for

multiple comparisons and both significance thresholds are indicated in the Manhattan plots.

Genetic manipulation of bacterial strains

Wildtype genes were amplified by PCR from JE2 genomic DNA using the primers shown in

table 4 and KAPA HiFi polymerase (Roche). The PCR product was cloned into the

tetracycline inducible plasmid pRMC2[45] using *Kpn*I and *Sac*I restriction sites and T4 DNA

ligase (NEB). This was transformed into RN4220 and eventually into the respective NTML

mutants through electroporation.

Table 3. PCR primers used in this study.

Primer name	Primer sequence 5'-3'
tcaA FW	ataagcttgatggtaccaattgaagaggaacagaattgag
tcaA RV	tgaattcgagctcagatcatgacacatgcatcttatttaag
tarK FW	ataagcttgatggtacctttaataaaccgatgggggg
tarK RV	tgaattcgagctcagatgcaagtaatatatgccaacattag
gntK FW	ataagcttgatggtaccgtatgtcgtgtaatgaaggagtg

631	*gntK* RV	tgaattcgagctcagatttctttctttcattttaattcaacc
632	*ilvC* FW	ataagcttgatggtacccgaaacacaaaatatttaattatttgg
633	*ilvC* RV	tgaattcgagctcagattaacaactcctcattgtaggtctatc
634	*arsB2* FW	ataagcttgatggtaccgtcataaccttaagactggtgaatgc
635	*arsB2* RV	tgaattcgagctcagatgagttgcctgtacatataaaataaattg
636	*yfhO* FW	ataagcttgatggtacctgaaagttgaggataatgttgtg
637	*yfhO* RV	tgaattcgagctcagatgtagcaacattattttgtcttgc
638	*pdhD* FW	ataagcttgatggtaccgaattattattaatggagggtaaaac
639	*pdhD* RV	tgaattcgagctcagatgcatgtcacatgttaacgatatctc

Site directed mutagenesis of the *tcaA* gene

Site directed mutagenesis was used to mutate the WT *tcaA* gene (Phe290) to the SNP *tcaA*

(Ser290). Primers (5'' ttttcaagttTcaaaacgtatggtc 3", 5" atacgttttgaAacttgaaaatgcc 3") were

designed to have a complementary overlap of 21 nucleotides at the 5' end, with the

nucleotide to be mutated at the centre of the overlap (the primers had non complementary

regions at the 3' end to facilitate annealing on the template). The p*tcaA* template was diluted

to 33 ng/µl, and 1ul was amplified using these primers and Phusion DNA polymerase. The

PCR product was subsequently checked by agarose gel electrophoresis and was treated

with 1 µl of DpnI directly in the PCR mix for 1 h at 37°C. Then 1 µl of the mixture was used to

transform One Shot™ Mach1™ T1 (ThermoFisher) competent cells by heat shock then into

RN4220 and finally *tcaA::tn* by electroporation.

Phage transduction of the *bursa aurealis* transposon

The *tcaA bursa aurealis* transposon was phage transduced using the *S. aureus* phage

Φ11[51]. The phage lysate of the donor strain (*tcaA::tn)* was prepared as follows: The donor

strain was grown overnight in TSB for 18 h at 37°C with shaking. Two hundred microlitres of

overnight culture was added to 25 ml of TSB containing 250 µl 1M $MgSO_4$, 250 µl 1M $CaCl_2$,

100 µl of Φ11 and left at 37°C with shaking until complete lysis was observed. The culture

was subsequently pelleted at 12000 x *g* for 3 min. The supernatant containing the lytic

phage was filtered sterilised and stored at 4°C. Next, recipient strains (Newman and

SH1000) were grown overnight in 20 ml of LK broth (1% Tryptone 0.5% Yeast Extract,

0.7% KCl) and pelleted at 2500 x *g* for 10 min. The supernatant was removed, and the

pellets resuspended in 1 ml of fresh LK broth. Two reactions were then set up, one

containing phage and one as a non-phage control. To the tube containing the phage add:

250 µl of the recipient strain (SH1000 or Newman), 250 µl of phage lysate and 750 µl of LK

broth containing 10 mM $CaCl_2$. To the tube containing the non-phage control add: 250 µl of

the recipient strain (SH1000 or Newman) and 1 ml od LK broth containing 10 mM $CaCl_2$.

Both reactions were incubated for 25 min at 37°C without shaking followed by 15 min at

37°C with shaking. Five hundred microlitres of ice cold 20 mM sodium citrate was added

followed by centrifugation at 10000 x *g* for 10 min. Pellets were resuspended in 500 µl of 20

mM sodium citrate and incubated on ice for 2 h. One hundred microlitres of culture was

plated out on TSA containing 5 µg ml^{-1} erythromycin to select for the transposon. For the

SH1000 phage transduction 100 µl was also plated out on oxacillin TSA plates as an added

control to ensure there was no contamination of the phage lysate with JE2 *tcaA::tn.*

Growth inhibition assays

To determine the relative inhibition of growth of the wild type and tcaA mutant by antibiotics

a broth microdilution method was used[52]. Briefly, overnight cultures were normalised to an

OD_{600nm} of 0.1 in cation adjusted Mueller Hinton broth (MHB++) and 20 µl of resultant

suspension used to inoculate 180 ul of fresh MHB++ containing a 1:2 dilution series of either

arachidonic acid or teicoplanin (Sigma). The ability of the bacteria to survive the antibiotics

was determined by quantifying bacterial growth (OD_{600nm}) using a CLARIOstar plate reader

(BMG Labtech). For Fig. 2b 0.5µg/ml teicoplanin was used for the clinical CC22 isolates and

for Fig. 2d: 1µg/ml was used for the JE2 pair, 2 µg/ml for the Newman pair and 4 µg/ml for

the SH1000 pair.

Antimicrobial peptide susceptibility

Antimicrobial peptide susceptibility Human neutrophil defensin-1 (hNP-1) (AnaSpec

Incorporated, California, USA) and LL-37 (Sigma) susceptibility assays were performed as

described previously[53]. Briefly, overnight cultures were normalised to an OD_{600nm} of 0.1 and

incubated with 5 µg/mL of hNP-1 or LL-37 for 2 h at 37 °C. Serial dilutions were plated on

tryptic soy agar (TSA) to determine CFUs. The same number of bacterial cells inoculated

into PBS, diluted, and plated acted as a control. Survival was determined as the percentage

of CFU on exposure to either LL-37 or HNP-1 relative to the PBS control. Relative survival

was determined through normalisation to JE2.

mRNA extraction

Overnight cultures were back diluted to an OD_{600nm} of 0.05 in 50 ml of fresh TSB and grown

to an OD_{600nm} of 2. Two hundred micro litres of either PBS, 25% serum (final concentration

2.5%, sub-inhibitory), 5 µg/ml teicoplanin (final concentration 0.5 µg/ml, sub-inhibitory),

100% serum (final concentration 10%, inhibitory), or 100 µg/ml teicoplanin (final

concentration 10 µg/ml, inhibitory) was added to 1.8 ml of bacterial culture and incubated for

20 min. RNA was extracted by Quick-RNA Fungal/Bacterial Miniprep Kit (Zymo Research)

according to the manufacturer's instructions. RNA integrity was checked by running 5 µl

aliquot of the RNA on a 1% agarose gel and observing the intensity of the ribosomal RNA

(rRNA). RNA samples were treated by TURBO™ DNase (Invitrogen) to eliminate any

genomic DNA contamination. To verify that the samples were free from any DNA

contamination, RNA samples were subjected to RT-qPCR alongside a no template control

and 2.5 ng of a known JE2 genomic DNA and threshold rates compared.

qRT-PCR

To quantify the expression of the *tcaA* RT-qPCR was performed using the housekeeping

gyrB gene as a control. Complementary DNA (cDNA) was generated from mRNA using

qScript® cDNA Synthesis Kit (Quantabio). Following the manufacturers protocol the cDNA

was used as a template for the RT-qPCR reaction. Primers used were as follows *gyrB* FW 5'

ggtgactgcattagatgtaaac 3', *gyrB* RV 5' ctgcttctaaaccttctaatacttgtatttg 3', *tcaA* FW 5'

tagtttgcgcttcaggtg 3', *tcaA* RV 5' tgtggacataaatttgatagtcgtc 3'. The RT-qPCR reaction was

performed as follows: 10 µl 2x KAPA SYBR Mix, 1 µl of 10 µM forward primer, 1 µl of 10 µM

reverse primer, 5 µl cDNA and RNase-free water up to a total of 20 µl volume. The RT-

qPCR was performed on a Mic qPCR cycler (bio molecular systems) and the cycling

conditions consisted of an initial denaturation step of $95^{o}C$ for 2 min, followed by 40 cycles of

two step cycling: $95^{o}C$ 15 s, $60^{o}C$ 1 min. RT-qPCR was carried out in technical triplicate for

each sample and 3 biological repeats. The ratio of *tcaA* to *gyrB* transcript number was

calculated using the using the $2^{-(\Delta\Delta Ct)}$ method[54].

WTA preparations

Crude WTA from murein sacculi was extracted for analysis by PAGE using adaptations of a

previously described methodology[55,56]. Overnight cultures were washed once in buffer 1 (50

mM MES, pH 6.5) followed by centrifugation at 5,000 g. Cells were resuspended in buffer 2

(4% [wt/vol] SDS, 50 mM MES, pH 6.5) and boiled for 1 h. Sacculi were centrifuged at

5,000g and washed once in buffer 1, once in buffer 2, once in buffer 3 (2% NaCl, 50 mM

MES, pH 6.5), once more in buffer 1 and finally resuspended in digestion buffer (20 mM Tris-

HCl pH 8.0, 0.5% [w/v] SDS). To the digestion buffer suspension, 10 µl of proteinase K

solution (2 mg/ml) was added and incubated on a heat block $50^{o}C$ for 4 h at 1,400 rpm.

Sacculi were centrifuged at 16,000 g and washed once in buffer 3, followed by 3 washes in

dH$_2$O to removed SDS. Sacculi were responded in 0.1M NaOH and incubated for 16 h at

room temperature at 1,400 rpm. Following the incubation, the sacculi were centrifuged at

16,000g, leaving the teichoic acids in the supernatant. 250 µl of 1 M Tris-HCL pH 6.8 was

added to neutralise the NaOH and stored at -20°C.

WTA was also precipitated from the supernatant of overnight culture by adding 3 volumes of

95% ethanol and incubation at 4°C for 2 h. Precipitated material was separated by

centrifugation at 16,000 g for 15 min, washed once in 70% ethanol and resuspended in 100

mM Tris-HCL (pH 7.5) containing 5 mM CaCl$_2$, 25 mM MgCl$_2$, DNase (10 µg/ml) and RNase

(50 µg/ml) and incubated for 3 h at 37°C. The enzymes were heat inactivated at 95°C for 3

min. The supernatant WTA preparations were similarly stored at -20°C before being

analysed by PAGE.

WTA PAGE

WTA preparations were separated on tricine polyacrylamide gels using a BioRad tetra cell

according to a previously described method[56]. The gels were separated at 4°C using a

constant amperage of 40 mA under constant stirring until the dye front reached the bottom.

Gels were washed 3 times in MilliQ H$_2$O followed by staining in 1 mg/ml Alcian blue

overnight. Gels were subsequently destained in in MilliQ H$_2$O, until the WTA became visible

and finally imaged.

Arachidonic acid supernatant conditioning

Overnight cultures of JE2, *tcaA*, and *lcpA* mutants were pelleted, and the supernatant saved.

Growth inhibition assays were subsequently performed by adding 20 µl of OD$_{600nm}$ 0.1

bacterial suspension to 180 µl 10% overnight supernatant diluted in fresh MHB++ containing

doubling concentrations of arachidonic acid (Sigma). Purified WTA extracts were also added

to the growth media at a final concentration of 2%. The ability of the bacteria to survive the

arachidonic acid was determined by quantifying bacterial growth (OD_{600nm}) following 24 h at

37°C using a CLARIOstar plate reader (BMG Labtech).

Cytochrome C binding assay

A cytochrome c binding assay was used to measure the relative surface charge of the

bacteria[57]. Briefly, overnight cultures were normalized to an OD_{600nm} of 8. The bacterial

suspensions were washed twice in MOPS buffer (20 mM pH 7.0) and finally resuspended in

200 µl of MOPS buffer. Samples were then combined with 50 µl of cytochrome C (equine

heart Sigma, 2.5 mg/ml in MOPS buffer) and incubated for 10 min at room temperature.

Finally, samples were pelleted (16,000 × g for 1 min) and 200 µl of supernatant read for

absorbance at Abs_{530nm} using a SUNRISE Tecan microplate reader.

Construction of a TcaA reporter fusion

A *tcaA* promoter-*gfp* fusion (pSB2019:*tcaA*) was constructed to determine expression of

tcaA in response to several antimicrobial components of serum. A region of 289 bp

upstream of the *tcaA* gene[58] was amplified by PCR from JE2 genomic DNA using the

primers *tcaA_promoter* FW 5'- atatgaattcagtattagaagtcatcaatca -3' and *tcaA_promoter* RV

5'-atatccccgggtttcacctcaattctgttcct-3'. The pSB2019 vector was prepared by digesting

pSB2031[59] from a previous study with EcoRI and SmaI to remove the RNAIII P3 promoter.

The *tcaA* promoter region was also digested with EcoRI and SmaI and ligated into pSB2019

using T4 DNA ligase (NEB). This was transformed into DC10B[34], a strain of *E. coli* which

mimics the adenine methylation profile of some *S. aureus* clonal complexes (including CC8

and CC22). The plasmid was then extracted and transformed into final strains via

electroporation.

TcaA induction assay

S. aureus strains carrying the pSB2019:*tcaA* plasmid were grown overnight in TSB with

10ug/ml chloramphenicol. Each strain was then normalized to an OD_{600nm} of 0.05 in fresh

TSB and subcultured to an OD_{600nm} of 0.5-0.6. Cultures were washed in PBS and

concentrated to an OD_{600nm} of 1 in PBS. 100 ul of bacteria was combined with 100 ul of the

appropriate antimicrobial compound (arachidonic acid or LL-37) in a black 96-well plate.

GFP Fluorescence (485_{nm} excitation/520_{nm} emission/1000 gain) was measured in a

PHERAstar FSX plate reader (BMG Labtech) over 2.5 h (readings every 30 min with

200 rpm shaking).

804   Lysostaphin turbidity assay

Overnight cultures were back diluted to an OD_{600nm} of 0.05 in 20 mL of fresh TSB and grown

to an OD_{600nm} 0.5-0.7. Cultures were normalised to give 1 ml of OD_{600nm} 0.6. Lysostaphin was

subsequently added to give a final concentration of 0.5 µg/mL. 200 µL of each strain was

then added to a 96-well plate and incubated for 3 h at $37^{o}C$ in a CLARIOstar plate reader.

OD_{600nm} readings were taken every 10 min (500 rpm shaking before readings). Values were

blank corrected according to 200 µL of PBS. The PBP4*::tn* mutant was included as a control.

812   Triton-X100 induced autolysis assay

Overnight cultures were back diluted to an OD_{600nm} of 0.05 in 20 mL of fresh TSB and grown

to an OD_{600nm} 0.5-0.7. Cells were washed once in ice cold water (13,000 rpm 1 min) and

resuspended in autolysis buffer (water containing 0.1% Triton X-100) to give an OD_{600nm} of 1.

200 µL of each strain was then added to a 96-well plate alongside 200 µL of strains

resuspended in water as a negative control and 200 ul of water as a blank. The *atl::tn* strain

was used as a positive control. Strains were grown for 6 h at $37^{o}C$ in a CLARIOstar plate

reader. OD_{600nm} readings were taken every 30 min (500 rpm shaking before readings). The

rate of autolysis was calculated as follows; (OD*t0*-OD*tn*/OD*t0*).

822   Transmission electron microscopy

S. aureus strains JE2 and the TcaA mutant were pelleted in microfuge tubes and fixed by

resuspending in 2.5% glutaraldehyde in cacodylate buffer (pH 7.3) kept at fridge

temperatures until fixation was complete and then stored in the fridge. Pellets were

resuspended in a BSA/glutaraldehyde gel at 10- 20°C which sets after the cells were re-

centrifuged into a pellet. The pellets were postfixed with osmium ferrocyanide/osmium

tetroxide mix in cacodylate buffer, *en bloc* stained with uranyl acetate (2%) and Walton's

lead aspartate solutions, prior to dehydration in ethanol and infiltration with propylene oxide

and Epon resin mix. Embedded blocks were polymerised for 24-48 hours at 60°C. Sections

(70nm) were cut on a Leica UC7 ultramicrotome and imaged using a FEI Tecnai T12

microscope.

In vivo intra-venous challenge model

For survival studies, C57/Bl6 mice were injected with 5×10^7 CFU of JE2 or *tcaA::tn* via the

tail vein. Mice were culled at specific time points post challenge and blood collected by

cardiac puncture. Blood was diluted in sterile PBS and plated on TSA to determine CFU/ml.

For the mixed infection bacteriemia model, female, 7-8 week-old, C57BL/6NCrl mice

(Charles River Laboratories) were used. Bacteria were prepared as described previously[60].

Briefly, 1:100 dilutions of overnight bacterial cultures were grown to mid-log phase (~2 h) in

TSB with shaking at 180 r.p.m. at 37 °C. Bacteria were then harvested, washed with PBS

and adjusted spectrophotometrically at OD_{600nm} to obtain the desired bacterial concentration

of ~4.8×10^8 CFU/mL. A 50:50 mixture of JE2 and *tcaA::tn* were made and 100 µl was

injected intravenously via the tail vein. The final CFU for each strain per mouse was ~$2.4 \times$

10^7 CFU. After 48 hours, terminal cardiac bleeds were performed on anesthetized mice and

whole blood was transferred into heparin tubes (Sarstedt) and mixed to prevent coagulation.

Mice were then euthanized by CO_2 inhalation. Organ homogenates of spleens, livers and

kidneys were performed as previously described[61] and serial dilutions of each sample were

plated onto TSA plates with and without erythromycin (5 µg/ml) for bacterial enumeration.

The CFU of JE2 was calculated by subtracting CFU on TSA with erythromycin (*tcaA::tn* only)

from CFU on TSA plates (JE2 and *tcaA::tn*).

Ethics statement

C57/Bl6 mice were bred in-house in Trinity College Dublin and C57BL/6NCrl mice were

purchased from Charles River Laboratories. Mice were housed under specific pathogen-free

conditions at the Trinity College Dublin Comparative Medicines unit and maintained under

pathogen-free conditions in an Association for Assessment and Accreditation of Laboratory

Animal Care (AAALAC)-accredited animal facility in NIAID, NIH, respectively. All mice were

female and used at 6–8 weeks. All animal experiments were conducted in accordance with

the recommendations and guidelines of the health product regulatory authority (HPRA), the

competent authority in Ireland and in accordance with protocols approved by Trinity College

Dublin Animal Research Ethics Committee and according to the regulations of NIAID's

Division of Intramural Research Animal Care and Use Committee (DIR ACUC), animal study

proposal LB1E. For the human serum collection, all healthy volunteers provided written

informed consent and all methods and experimental protocols were carried out in

accordance with the recommendations of the University of Bath, Research Ethics Approval

Committee for Health. The present study was approved by the University of Bath, Research

Ethics Approval Committee for Health [reference: EP 18/19 108].

Statistics

Paired two-tailed student t-test or One-way ANOVA (GraphPad Prism v9.0) were used to

analyse the observed differences between experimental results. A p-value <0.05 was

considered statistically significant.

Acknowledgements: We would like to thank Prof. Mark Jepson, Chris Neal and Lorna

Hogdson at the Wolfson Bioimaging Suite. We would also like to thanks Eric Skaar and

William beavers for providing the *lcpA* mutant.

Funding information: EJAD was funded on a studentship provided by the School of

Cellular and Molecular medicine, University of Bristol. NP is funded on a BBSRC SWBio

DTOP Phd Studentship. DA is funded by a PhD studentship awarded by the Saudi Arabian

Cultural Bureau. RCMs and RMM are both Wellcome Trust Investigators (Grant reference

numbers: 212258/Z/18/Z and 202846/Z/16/Z). MO is supported by the Intramural Research

Program of the National Institutes of Allergic and Infectious Diseases (NIAID), US National

Institutes of Health (NIH), project number ZIA AI000904. ML acknowledges funding from the

Academy of Medical Sciences (SBF006\1023).

Conflict of Interests: we the authors declare no conflict of interest associated with the work

described in this manuscript

Author Contributions: EJAD developed the methodology, conceptualized and performed

the experiments, analysed data, provided supervisory support and contributed to writing the

manuscript. NP developed methodology and performed experiments. TB developed

methodology, performed experiments and provided supervisory support. DA performed

experiments. ML provided materials, analysed data and provided supervisory support. MR

developed methodology, analysed data and contributed to writing the manuscript. GYCC,

RCH, RL performed serum resistance experiments with mouse serum and murine

bacteraemia experiments and GYCC analyzed data. MO provided supervisory support and

provided materials. EOB performed experiments and analysed data, RMM provided

materials, analysed data and contributed to writing the manuscript. RCM conceptualized the

project, provided materials, provided supervisory support, analysed data and contributed to

writing the manuscript.

REFERENCES

1. Gordon R.J. & Lowy F.D. Pathogenesis of methicillin-resistant Staphylococcus aureus

infection. *Clin Infect Dis* **5**, S350-9 (2008)

2. Lowy F.D. *Staphylococcus aureus* infections. *N Engl J Med* **339**, 520-32 (1998).

3. Powers M.E. &, Bubeck Wardenburg J. Igniting the fire: Staphylococcus aureus virulence

factors in the pathogenesis of sepsis. *PLoS Pathog*. **10**, e1003871 (2014).

4. Abdelnour A., Arvidson S., Bremell A., Ryden C. & Tarkowski A. The accessory gene

regulator (agr) controls Staphylococcus aureus virulence in a murine arthritis model. *Infect*

Immun **61**, 3879-85 (1993).

5. Cheung A.L. *et al*. Diminished virulence of a sar-/agr- mutant of Staphylococcus aureus in

the rabbit model of endocarditis. *J Clin Invest* **94**, 1815-22 (1994).

6. Rose H.R. *et al*. Cytotoxic Virulence Predicts Mortality in Nosocomial Pneumonia Due to

Methicillin-Resistant Staphylococcus aureus. *J Infect Dis* **211,** 1862-74 (2015).

7. Laabei M. *et al*. Evolutionary Trade-Offs Underlie the Multi-faceted Virulence of

Staphylococcus aureus. *PLoS Biol*. **13**, e1002229 (2015).

8. Kaash A.J. *et al.* Staphylococcus aureus bloodstream infection: a pooled analysis of five

prospective, observational studies. *J Infect* **68,** 242-51 (2014).

9.   Levy O. Antimicrobial proteins and peptides of blood: templates for novel antimicrobial

agents. *Blood* **96**, 2664-72 (2000).

10.   Kenny J.G. *et al*. The Staphylococcus aureus Response to Unsaturated Long Chain

Free Fatty Acids: Survival Mechanisms and Virulence Implications. *PLoS One* **4**, e4344

(2009).

11. Beavers W.N. *et al*. Arachidonic Acid Kills Staphylococcus aureus through a Lipid

Peroxidation Mechanism. mBio **10**, 5 (2019).

12.   Das U.N. Arachidonic acid and other unsaturated fatty acids and some of their

metabolites function as endogenous antimicrobial molecules: A review. *J Advanc Res* **11** 57-

66 (2018).

13. Laabei M. *et al.* Predicting the virulence of MRSA from its genome sequence. Genome

Res. **24,** 839-49 (2014).

14. Recker M. *et al.* Clonal differences in Staphylococcus aureus bacteraemia-associated

mortality. *Nat Microbiol* **2**, 1381-1388 (2017).

15. Yokoyama M., *et al.* Epistasis analysis uncovers hidden antibiotic resistance-associated

fitness costs hampering the evolution of MRSA. *Genome Biol* **19**, 94 (2018).

16. Stevens E. *et al*. Targeted control of toxin production by a mobile genetic element in

Streptococcus pneumoniae. *Microb Genom* **8**, 000784 (2022).

17. Altwiley D. *et al*. A Functional Menadione Biosynthesis Pathway is Required for Capsule

Production by Staphylococcus aureus. *Microbiology* **167**, 001108 (2021).

18. Douglas E.J.A., Duggan S., Brignoli T. &, Massey RC. The MpsB protein contributes to

both the toxicity and immune evasion capacity of Staphylococcus aureus. *Microbiology* **167**,

001096 (2021).

19. Peschel A. *et al*. Inactivation of the dlt operon in Staphylococcus aureus confers

sensitivity to defensins, protegrins, and other antimicrobial peptides. *J Biol Chem* **274**, 8405-

10 (1999).

20. Ernst C.M. & Peschel A. Broad-spectrum antimicrobial peptide resistance by MprF-

mediated aminoacylation and flipping of phospholipids. *Mol Microbiol* **80**, 290-9 (2011).

21. Hwang-Soo J. & Otto M. Mechanisms of resistance to antimicrobial peptides in

staphylococci. *Biochimica et Biophysica Acta (BBA) – Biomembranes* **1848**, 3055-3061

(2015).

22. Kohler T., Weidenmaier C. & Peschel A. Wall Teichoic Acid Protects Staphylococcus

aureus against Antimicrobial Fatty Acids from Human Skin. *J Bacteriol* **191**, 4482–4484

(2009).

23. Fey P.D. *et al*. A genetic resource for rapid and comprehensive phenotype screening of

nonessential Staphylococcus aureus genes. *mBio* **4**, e00537-12 (2013).

24. Brandenberger M. *et al.* Inactivation of a novel three-cistronic operon tcaR-tcaA-tcaB

increases teicoplanin resistance in Staphylococcus aureus. *Biochim Biophys Acta*.

1523,135-9 (2000).

25. Xia G., Kohler T. & Peschel A. The wall teichoic acid and lipoteichoic acid polymers of

Staphylococcus aureus. *Int J Med Microbiol* **300**,148-54 (2010).

26. Fujita Y. & Fujita T. The gluconate operon gnt of Bacillus subtilis encodes its own

transcriptional negative regulator. *Proc Natl Acad Sci U S A* **84**, 4524-8 (1987).

27. Li K.H. *et al.* Biological Functions of ilvC in Branched-Chain Fatty Acid Synthesis and

Diffusible Signal Factor Family Production in Xanthomonas campestris. *Front Microbiol* **8**,

2486 (2017).

28. Shen Z., Han J., Wang Y., Sahin O. & Zhang Q. The Contribution of ArsB to Arsenic

Resistance in Campylobacter jejuni. *PLoS One* **8** e58894 (2013).

29. Rismondo J., Percy M.G. & Gründling A. Discovery of genes required for lipoteichoic

acid glycosylation predicts two distinct mechanisms for wall teichoic acid glycosylation. *J Biol*

Chem **293**, 3293–3306 (2018).

30. Hemilä H. Lipoamide dehydrogenase of Staphylococcus aureus: nucleotide sequence

and sequence analysis. *Biochim Biophys Acta* **1129**, 119-23 (1991).

31. Jumper J. *et al*. Highly accurate protein structure prediction with AlphaFold. *Nature* **596**,

583–9 (2021).

32. Ma B. & Nussinov R. Trp/Met/Phe hot spots in protein-protein interactions: potential

targets in drug design. *Curr Top Med Chem* **7**, 999-1005 (2007).

33. Waldron D.E. & Lindsay J.A. Sau1: a Novel Lineage-Specific Type I Restriction-

Modification System That Blocks Horizontal Gene Transfer into Staphylococcus aureus and

between S. aureus Isolates of Different Lineages. *J. Bacteriol* **188**, 5578-85 (2006).

34. Monk I.R. *et al*. Transforming the Untransformable: Application of Direct Transformation

To Manipulate Genetically Staphylococcus aureus and Staphylococcus epidermidis. *mBio* **3**,

e00277-11 (2012).

35. Maki H., McCallum N., Bischoff M., Wada A. & Berger-Bächi B. tcaA inactivation

increases glycopeptide resistance in Staphylococcus aureus. *Antimicrob Agents Chemother*

48, 1953-9 (2004).

36. Schlag, M., et al. Role of staphylococcal wall teichoic acid in targeting the major

autolysin Atl. *Mol Microbiol*. **75**, 864-73 (2010).

37. Brown S, et al. Methicillin resistance in Staphylococcus aureus requires glycosylated

wall teichoic acids. *Proc Natl Acad Sci U S A.* **109**, 18909-14 (2012).

38. Kurokawa K., *et al*. Glycoepitopes of staphylococcal wall teichoic acid govern

complement-mediated opsonophagocytosis via human serum antibody and mannose-

binding lectin. *J Biol Chem* **288**, 30956-68 (2013).

39. Wanner S., *et al.* Wall teichoic acids mediate increased virulence in Staphylococcus

aureus. *Nature Microbiol* **2**, 16257 (2017).

40. Weidenmaier C., *et al.* Lack of Wall Teichoic Acids in Staphylococcus aureus Leads to

Reduced Interactions with Endothelial Cells and to Attenuated Virulence in a Rabbit Model

of Endocarditis. *Journal Infect Dis* **191**, 1771–7 (2005).

41. Monk IR., Casey P.G., Cronin M., Gahan C.G. & Hill C. Development of multiple strain

competitive index assays for Listeria monocytogenes using pIMC; a new site-specific

integrative vector. *BMC Microbiol.* **13**, 8:96 (2008).

42. Steidl R., *et al*. Staphylococcus aureus cell wall stress stimulon gene-lacZ fusion strains:

potential for use in screening for cell wall-active antimicrobials. *Antimicrob Agents*

Chemother **52**, 2923-5 (2008).

43. Utaida S., *et al*. Genome-wide transcriptional profiling of the response of Staphylococcus

aureus to cell-wall-active antibiotics reveals a cell-wall-stress stimulon. *Microbiology* **149**,

2719-32 (2003).

44. Levin BR & Bull JJ. Short-sighted evolution and the virulence of pathogenic

microorganisms. *Trends Microbiol*. **2**, 76-81 (1994).

45. Corrigan R.M. & Foster T.J. An improved tetracycline-inducible expression vector for

Staphylococcus aureus. *Plasmid* **61**, 126-9 (2009).

46. Kreiswirth, B. N. et al. The toxic shock syndrome exotoxin structural gene is not

detectably transmitted by a prophage. *Nature* **305,** 709–712 (1983).

47. Horsburgh, M. J. *et al.* σ[B] Modulates Virulence Determinant Expression and Stress

Resistance: Characterization of a Functional *rsbU* Strain Derived from *Staphylococcus*

aureus 8325-4. *J Bacteriol* **184**, 5457–5467 (2002).

48. Hawiger, J., Niewiarowski, S., Gurewich, V. & Thomas, D. P. Measurement of fibrinogen

and fibrin degradation products in serum by staphylococcal clumping test. *J Lab Clin Med*

75, 93–108 (1970).

49. Diep, B. A. *et al.* Complete genome sequence of USA300, an epidemic clone of

community-acquired meticillin-resistant Staphylococcus aureus. *The Lancet* **367**, 731–739

(2006).

50. Schuster, C. F. *et al.* High-throughput transposon sequencing highlights the cell wall as

an important barrier for osmotic stress in methicillin resistant *Staphylococcus aureus* and

underlines a tailored response to different osmotic stressors. *Mol Microbiol* **113**, 699–717

(2020).

1027

51. Krausz K.L. & Bose J.L**.** Bacteriophage Transduction in Staphylococcus aureus: Broth-

Based Method. *Methods Mol Biol.* **1373**, 63-8 (2016).

52. European Committee for Antimicrobial Susceptibility Testing (EUCAST) of the European

Society of Clinical Microbiology and Infectious Diseases (ESCMID). Determination of

minimum inhibitory concentrations (MICs) of antibacterial agents by broth dilution. *Clin*

Microbiol Infect **9**, ix-xv (2003).

53. Duggan S. *et al*. A Small Membrane Stabilizing Protein Critical to the Pathogenicity of

Staphylococcus aureus. *Infect Immun* **88**:e00162-20 (2020).

54. Livak, K. J. & Schmittgen, T. D. Analysis of Relative Gene Expression Data Using Real-

Time Quantitative PCR and the 2−ΔΔCT Method. *Methods* **25**, 402–408 (2001).

55. Kho, K. & Meredith, T. Extraction and Analysis of Bacterial Teichoic Acids. *Bio Protoc* **8**,

(2018).

56. Brignoli, T. *et al.* Wall Teichoic Acids Facilitate the Release of Toxins from the Surface of

Staphylococcus aureus. *Microbiol Spectr* (2022) doi:10.1128/spectrum.01011-22.

57. Douglas, E. J. A. *et al.* Antibacterial activity of novel linear polyamines against

Staphylococcus aureus. *Front Microbiol* **13**, (2022).

58. Dengler, V., Meier, P. S., Heusser, R., Berger-Bächi, B. & McCallum, N. Induction

kinetics of the Staphylococcus aureus cell wall stress stimulon in response to different cell

wall active antibiotics. *BMC Microbiol* **11**, 16 (2011).

59. Qazi, S. N. A. *et al. agr* Expression Precedes Escape of Internalized *Staphylococcus*

aureus from the Host Endosome. *Infect Immun* **69**, 7074–7082 (2001).

60. Nguyen, T. H. *et al.* Rapid pathogen-specific recruitment of immune effector cells in the

skin by secreted toxins. *Nat Microbiol* **7**, 62–72 (2022).

61. Bae, J. S. *et al.* Contribution of Staphylococcal Enterotoxin B to *Staphylococcus aureus*

Systemic Infection. *J Infect Dis* **223**, 1766–1775 (2021).

1053