1   **Host-induced cell wall remodelling impairs opsonophagocytosis of *Staphylococcus aureus***

2   **by neutrophils**

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Summary

The bacterial pathogen *Staphylococcus aureus* adapts to the host environment by increasing the

thickness of its cell wall. However, the impact of cell wall thickening on susceptibility to host defences

is unclear. Here, we show that as bacteria adapted to serum, the resulting increase in cell wall

thickness led to a reduction in the exposure of bound antibody and complement and a corresponding

reduction in phagocytosis and killing by neutrophils. The exposure of opsonins bound to protein

antigens or LTA were most significantly reduced, whilst opsonisation by IgG against wall teichoic acid

or peptidoglycan was largely unaffected. Partial digestion of accumulated cell wall in host adapted

cells using the enzyme lysostaphin restored opsonin exposure and promoted phagocytosis and killing.

Concordantly, the antibiotic fosfomycin inhibited cell wall remodelling and maintained full

susceptibility of *S. aureus* to opsonophagocytic killing by neutrophils. These findings reveal that the

adaptation of *S. aureus* to the host environment reduces the ability of the immune system to detect

and kill this pathogen through reduced exposure of protein- and LTA-bound opsonins via cell wall

remodelling.

Introduction

Staphylococcus aureus frequently infects wounds caused by surgery or insertion of intravenous access

devices [1,2]. These infections can result in *S. aureus* seeding into the bloodstream, leading to

bacteraemia and subsequent metastatic dissemination to sites including the heart, bones and joints

[1,3,4,5]. Despite antibiotic therapy and a potent immune response, *S. aureus* infections have a high

rate of relapse and frequently become chronic or recurrent [3,5].

Neutrophils are a key host defence against *S. aureus* infection and are recruited to the site of infection

from the bloodstream [6,7,8,9,10,11]. The detection of *S. aureus* by neutrophils is largely dependent

upon opsonisation of bacteria by bound antibody and complement, which is enabled in most people

by the presence of antibodies against a range of different staphylococcal surface structures, including

wall and lipoteichoic acids (WTA, LTA), peptidoglycan, capsular polysaccharide and proteins

[10,11,12,13,14,15,16,17,18]. Whilst the precise abundance of antibody against each of the major

surface structures varies from person to person, antibody against each macromolecule has been

demonstrated to be sufficient to trigger opsonophagocytosis [14,15,16,17,18,19,20].

The binding of neutrophils to opsonins on the surface of *S. aureus* occurs via dedicated receptors and

triggers phagocytosis of the pathogen followed by the subsequent exposure of ingested bacteria to a

raft of bactericidal products including reactive oxygen species, antimicrobial peptides and proteases
[11,12].

To combat the threat posed by neutrophils, *S. aureus* has evolved numerous mechanisms of evading
opsonic complement and antibody [12,13,21,22]. For example, *S. aureus* produces two
immunoglobulin binding proteins, Spa and Sbi, that reduce antibody-mediated opsonisation, whilst
the production of proteins such as SCIN, Efb and CHIPS reduces complement deposition and activation
and detection by immune cells [12,13,21,22,23,24,25,26,27,28,29,30,31]. As such, the bacterial cell
surface is a critically important determinant in immune detection of *S. aureus* and efforts by the
pathogen to evade surveillance and killing by host defences.

The staphylococcal cell envelope is a dynamic structure that responds to host-induced stresses
[32,33,34,35]. Consequently, *S. aureus* has a thicker cell wall *in vivo* than when growing *in vitro* [36], a
phenotype that is replicated when staphylococci are exposed to human serum or present within
endothelial or osteoblast cells [37,38,39,40]. In the case of serum, cell wall thickening is triggered
when *S. aureus* detects the presence of the host defence antimicrobial peptide LL-37 via the GraRS
two component system [37]. This results in significantly greater quantities of both peptidoglycan and
WTA in the cell wall, relative to bacteria grown in laboratory culture medium [37].

Host-induced changes to the cell wall are important for the ability of the pathogen to cause and sustain
infection. Cell wall thickening has been shown to reduce susceptibility to antibiotics, whilst mutant
strains lacking various cell wall synthetic enzymes are less virulent in infection models
[32,34,35,37,40]. However, it is unknown whether host-induced changes to the bacterial cell wall
affect the detection and killing of *S. aureus* by the host immune system. To address this, we examined
the impact of host-induced changes to the staphylococcal cell envelope on subsequent interactions of
S. aureus with neutrophils. This revealed that cell wall thickening constitutes a previously
unrecognised mechanism of immune evasion that functions by significantly reducing the exposure of
opsonins bound to proteins and LTA and thereby reducing opsonophagocytic killing.

Results

Host adaptation reduces killing of *S. aureus* by neutrophils

To understand the impact of host adaptation on staphylococcal susceptibility to host defences, we
either grew bacteria to exponential phase in tryptic soy broth (TSB) to represent standard laboratory
conditions or allowed bacteria to adapt to host conditions using a previously described *ex vivo* human
serum model that triggers cell wall thickening [37] (Fig. 1A). This model uses pooled human serum,

which avoids variability in anti-staphylococcal antibody levels between donors [14]. Since the serum

is not heat inactivated, it contains functional immunoglobulins and complement components.

In addition to triggering cell wall thickening via the GraRS system, serum also suppresses both the

growth of *S. aureus* and activation of the Agr quorum-sensing system that regulates expression of

many virulence factors [37,41,42,43,44,45,46,47,48].

We then measured the survival of bacteria prepared under each condition during incubation with

purified *ex vivo* human neutrophils from male and female healthy donors in the presence of serum to

provide antibody- and complement-mediated opsonisation [50,51]. We examined four distinct wild

type *S. aureus* strains to represent both methicillin resistant (USA300, Col) and methicillin susceptible

(SH1000, Newman) organisms [52,53,54,55].

For all four of the *S. aureus* strains tested, exponential phase bacteria were efficiently killed over time,

with <5% of bacteria remaining viable after 2 hours incubation with neutrophils (Fig. 1B,C,D,E).

However, host-adapted bacteria survived at levels up to 5 times greater than that seen for exponential

bacteria for all strains (Fig. 1B,C,D,E). In addition to demonstrating that host adaptation reduces

staphylococcal susceptibility to host immune defences, the high level of consistency observed across

all four strains indicated that this is a conserved phenotype.

Figure 1. Incubation in human serum promotes tolerance to killing by neutrophils. Bacteria were grown in broth or allowed to adapt to human serum before incubation with human neutrophils in the presence of serum and staphylococcal survival measured over time (**A**). Survival of TSB-grown and serum-adapted cultures of *S. aureus* USA300 (**B**), Col (**C**), Newman (**D**) and SH1000 (**E**) during a 2 h incubation with purified human neutrophils. Data represent the geometric mean ± geometric standard deviation of at least three independent biological replicates. Data were analysed by a two-way ANOVA with Sidak's *post-hoc* test (*, P < 0.05; Serum-adapted vs TSB-grown at indicated time-points).

Host adaptation reduces opsonin exposure and opsonophagocytosis

Having found that host adaptation reduced staphylococcal susceptibility to host defences, we next determined the mechanism(s) responsible. Given the consistency in survival data across all four strains examined, we focussed on the USA300 lineage since it is both well characterised and clinically important [52].

We started by assessing whether the increase in survival of host-adapted bacteria was due to impaired phagocytosis, using two distinct assays. Bacteria were grown in broth or host-adapted by incubation in serum, before washing in PBS and then incubation with neutrophils in the presence of fresh serum to enable opsonisation (Fig. 2A). The first phagocytosis assay was a flow cytometry-based approach

that determined how many fluorescently-labelled bacteria were associated (or not) with neutrophils [56] (Supplementary figure S1). This revealed that the majority of both broth-grown and host-adapted *S. aureus* were phagocytosed after 30 min incubation with neutrophils. However, whilst <3% of broth-grown bacteria remained unphagocytosed, >20% of host-adapted bacteria were free from neutrophils (Fig. 2B). This finding was replicated in a second phagocytosis assay that measured the viability of free and neutrophil-associated bacteria [57], with >10% of host-adapted *S. aureus* unphagocytosed compared with <1% of broth-grown *S. aureus* cells (Fig. 2C; Supplementary figure S2). Combined, these two assays demonstrated that host-adapted *S. aureus* were significantly better at evading phagocytosis than broth-grown bacteria.

An additional finding was that there were equal numbers of viable host-adapted and broth-grown *S. aureus* cells associated with neutrophils. This indicated that host-adapted *S. aureus* were as susceptible to the microbicides produced by the neutrophils as broth-grown cells (Fig. 2C). Therefore, we concluded that the enhanced survival of host-adapted bacteria compared with broth-grown bacteria (Fig. 1) was due to enhanced evasion of phagocytosis, rather than resistance to the antibacterial products of neutrophils.

To understand why more host-adapted *S. aureus* were able to evade phagocytosis compared with broth-grown cells, we examined the degree of opsonisation of bacteria by antibody and complement using western blotting. In keeping with previous work [58,59], for this experiment we used a mutant strain of USA300 lacking Spa and Sbi to avoid interference caused by these immunoglobulin binding proteins (Supplementary Fig. S3). Broth-grown or host-adapted bacteria were washed in PBS and then incubated, or not, in fresh serum to enable opsonin binding as used in the opsonophagocytosis assays described above (Fig. 1A) before detection of bound antibody and complement component C3 (Fig. 2D).

Despite their reduced phagocytosis by neutrophils, there was more antibody and complement bound to host-adapted cells than to broth-grown, suggesting that a lack of bound opsonins did not explain the immune evasion phenotype of host-adapted bacteria (Supplementary Fig. S4).

To understand why host-adapted cells had high levels of bound antibody and complement but low levels of phagocytosis, bacteria were prepared as described above for opsonophagocytosis assays and then the levels of surface-exposed antibody and the complement component C3 quantified using flow cytometry (Fig. 2D; Supplementary Fig. S5). Broth-grown bacteria that had been exposed to PBS instead of serum acted as a negative control and confirmed that antibodies used in the assay did not bind non-specifically to *S. aureus* cells (Fig. 2D,E,F). We then showed that, as expected, broth-grown

bacteria that were incubated in human serum for 30 min were very strongly bound by both IgG and

the complement component C3 (Fig. 2E,F).

Next, we examined host-adapted bacteria and found that they had a significantly reduced level of

exposed opsonins, compared with TSB-grown cells, regardless of whether they had been incubated in

fresh serum for 30 min or not (Fig. 2E,F). Therefore, despite prolonged incubation in serum and high

levels of bound antibody and complement (Supplementary Fig. S4), host-adapted cells had

significantly reduced exposure of opsonins on their cell surface relative to broth-grown bacteria that

had been opsonised.

Taken together, these experiments revealed that host-adapted bacteria are better able to survive

exposure to neutrophils than broth-grown *S. aureus* because they are less likely to be phagocytosed,

in keeping with the lower surface exposure of bound IgG and complement.

Figure 2. Incubation in human serum reduces opsonophagocytosis and surface-exposed IgG and complement. TSB-grown and serum-adapted cultures of *S. aureus* USA300 were incubated with purified human neutrophils for 30 min (**A**) before the percentage of neutrophil-associated (phagocytosed) and non-neutrophil associated (free) bacteria were determined by (**B**) flow cytometry and (**C**) CFU counts. TSB-grown and serum-adapted *S. aureus* cells were incubated for 30 min with PBS or 10 % serum (**D**) before the levels of surface-exposed bound (**E**) IgG and (**F**) C3 were determined by flow cytometry. Data in **B** and **C** show values for each independent experiment, with bars representing the mean ± standard deviation. In **E** and **F**, each biological repeat is represented by the median fluorescence value of 10,000 bacterial cells. Data in **B, C, E, F** were analysed by two-way ANOVA with Sidak's *post-hoc* test (*, P < 0.05; n.s, P ≥ 0.05 for the indicated comparisons).

Cell wall accumulation impairs opsonophagocytosis by concealing IgG bound to LTA and protein

Since the cell envelope of *S. aureus* accumulates peptidoglycan and WTA during incubation in serum [37], we tested whether this concealed some of the bound antibody and complement. To do this, host-adapted bacteria were incubated for 20 min with a range of sub-lethal concentrations of the enzyme lysostaphin, which cleaves peptidoglycan, to partially remove the cell wall. The lysostaphin was then removed by washing and bacterial viability confirmed by CFU counts. This limited cell wall digestion resulted in a significant, dose-dependent increase in exposure of bound IgG and complement, demonstrating that some of the bound opsonins were concealed by the accumulation of cell wall polymers during incubation in serum (Fig. 3A,B).

We then tested whether the concealment of bound IgG by accumulated cell wall explained the reduced phagocytosis of host adapted bacteria relative to TSB-grown *S. aureus*. In keeping with increased IgG and complement exposure, limited lysostaphin treatment increased the phagocytosis of host-adapted *S. aureus* by neutrophils (Fig. 3C,D).

Since human serum contains IgG that recognises multiple *S. aureus* surface structures, we next sought

to understand whether the reduced opsonisation observed for serum-adapted bacteria was specific

to a particular antibody target. Bacteria were grown in TSB and then incubated briefly in serum (30

min) or for 16 h to enable adaptation. Surface exposed IgG was then eluted from bacteria and assessed

for its binding to each of the major surface structures by ELISA.

Host-adapted bacteria had similar levels of anti-WTA IgG on their surface compared to exponential

phase bacteria and only slightly lower levels of anti-peptidoglycan IgG (2.5-fold difference). However,

surface exposure of IgG targeting other surface structures was greatly reduced in host-adapted

bacteria compared to exponential phase cells, with anti-LTA IgG 9-fold lower, anti-membrane-

associated proteins 18-fold lower and cell wall-associated proteins 48-fold lower (Fig. 3E). We did not

examine capsular polysaccharide in these assays as USA300 is deficient in this polymer [52]. As such,

the lower surface IgG exposure in host-adapted cells compared to those in exponential phase is

primarily due to a loss of exposure of antibody bound to LTA and surface proteins.

Partial digestion of peptidoglycan using lysostaphin restored surface exposure of IgG bound to LTA

and proteins to similar levels observed for TSB-grown bacteria (Fig. 3E). Therefore, accumulation of

cell wall in host-adapted bacteria preferentially conceals IgG bound to LTA and surface proteins, whilst

exposure of anti-WTA and anti-peptidoglycan remains strongly exposed.

Finally, we showed that increasing opsonin exposure via partial lysostaphin digestion of the cell wall,

with the enzyme washed away before incubation with immune cells, rendered host adapted

staphylococci as susceptible to neutrophil-mediated killing as broth-grown bacteria (Fig. 3F).

Taken together, the experiments described here demonstrate that host-adapted *S. aureus* cells are

bound by high levels of antibody and complement but the accumulation of cell wall conceals some of

these bound opsonins, reducing phagocytosis and killing by neutrophils.

Figure 3. Cell wall accumulation impairs opsonophagocytosis by concealing bound opsonins. Host-adapted cultures of *S. aureus* USA300 were treated with indicated concentrations of lysostaphin for 20 min to partially digest the cell wall before levels of surface-exposed (**A**) IgG and (**B**) complement component C3 were determined by flow cytometry. Additionally, these cells were incubated with purified human neutrophils for 30 min before the percentage of neutrophil-associated (phagocytosed) and non-neutrophil associated (free) bacteria were determined by (**C**) CFU counts and (**D**) flow cytometry. (**E**) Binding ligands of IgG eluted from the surface of *S. aureus* grown to exponential phase and then incubated in serum for 30 min (Exp), allowed to adapt to serum (Ser) or serum-adapted cells that were subsequently subjected to lysostaphin treatment as determined by ELISA. Antibodies were assessed for binding to wall teichoic acid (WTA), peptidoglycan (PG), lipoteichoic acid (LTA), membrane-associated proteins (MP) or cell wall-associated proteins (CWP). (**F**) Survival of lysostaphin-treated cells during a 3 h incubation with purified human neutrophils. Lysostaphin was washed away before incubation with neutrophils.

Data in **A** – **D** represent the mean ± standard deviation of the indicated number of independent biological replicates. In **A** and **B**, each biological repeat is represented by the median fluorescence value of 10,000 bacterial events. Data in **A** and **B** were analysed by one-way ANOVA with Dunnett's *post-hoc* test. Data in **C**, **D** and **F** were analysed by two-way ANOVA with Dunnett's *post-hoc* test (*, P ≤ 0.05; Lysostaphin-treated vs non-lysostaphin treated). Data in **E** represent the median ± 95% CI of four independent biological replicates and were analysed by Kruskal Wallis test and Dunn's *post-hoc* test to establish statistically significant differences between groups (**, P < 0.01; *, P < 0.05; ns, P ≥ 0.05 for the indicated comparisons). Data in **F** represent the geometric mean ± geometric standard deviation of 4 independent experiments.

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Antibiotic-mediated inhibition of peptidoglycan accumulation maintains opsonin exposure and efficient opsonophagocytosis

To further test whether host adaptation reduced phagocytosis via cell wall-mediated concealment of bound opsonins, and to explore potential therapeutic approaches to enhance neutrophil-mediated killing, we first used the antibiotic fosfomycin to block the accumulation of peptidolgycan during host-adaptation, as we have done previously [37]. This antibiotic targets MurA, which catalyses the production of the peptidoglycan precursor UDP *N*-acetylmuramic acid in the cytoplasm [60]. This inhibits peptidoglycan synthesis and prevents serum-induced cell wall thickening from occurring and has been used clinically in anti-staphylococcal combination therapies [37,61,62].

As observed previously, the adaptation of bacteria to serum resulted in a significant reduction in opsonisation, as determined by exposure of IgG and complement, relative to broth-grown bacteria (Fig. 4A,B). However, the presence of fosfomycin in serum significantly reduced opsonin concealment, maintaining IgG and complement exposure at similar levels to that seen for broth-grown bacteria (Fig. 4A,B).

Further analysis of IgG exposure confirmed that fosfomycin treatment preserved the exposure of IgG bound to all major surface structures relative to bacteria that had not been treated with the antibiotic (Supplementary Fig. S6). Similar findings occurred with another inhibitor of peptidoglycan synthesis, oxacillin, which acts on penicillin binding proteins [63], whereas antibiotics that targeted fatty acid biosynthesis (AFN-1252) or DNA gyrase (ciprofloxacin) did not increase IgG exposure relative to host adapted cells that had not been exposed to antibiotics [64,65] (Supplementary Fig. S6). Therefore, in support of our previous findings, we concluded that the accumulation of peptidoglycan during host adaptation significantly reduces the exposure of IgG bound to LTA and surface proteins.

The increased exposure of IgG and complement on the surface of bacteria incubated in serum containing fosfomycin, restored phagocytosis to levels seen with broth-grown bacteria, as determined by both phagocytosis assays (Fig. 4C,D). Furthermore, bacteria that were adapted in serum with fosfomycin were killed by neutrophils as efficiently as broth-grown bacteria, whereas host-adapted bacteria not exposed to fosfomycin survived at significantly higher levels (Fig. 4E). In keeping with our analysis that AFN-1252 did not prevent IgG concealment during host adaptation, this antibiotic did not promote phagocytosis of host-adapted *S. aureus* (Supplementary Fig. S7).

S. aureus anchors proteins to peptidoglycan via sortase enzymes (SrtA and SrtB) and so we assessed whether the impact of fosfomycin on host adaption was due to interference with this process. However, host-adapted mutants defective for SrtA or SrtB, which cannot anchor proteins to

peptidoglycan, survived incubation with neutrophils as well as host-adapted wild type bacteria

(Supplementary Fig. S8A,B).

Taken together, these findings provided additional evidence that cell wall accumulation conceals

opsonins bound to LTA and surface proteins, which in turn compromises phagocytosis and killing by

neutrophils. They also indicate that the antibiotic fosfomycin, in addition to its own antibacterial

activity, may aid the clearance of infection by preventing concealment of opsonins.

Figure 4. Antibiotic-mediated inhibition of cell wall accumulation maintains opsonin exposure and efficient opsonophagocytosis. TSB-grown, serum-adapted and serum + fosfomycin-adapted cultures of *S. aureus* USA300 were incubated for 30 min with PBS or 10 % serum before the levels of surface-exposed (**A**) IgG and (**B**) complement component C3 were determined by flow cytometry. Additionally, these cells were incubated with purified human neutrophils for 30 min before the percentage of neutrophil-associated (phagocytosed) and non-neutrophil associated (free) bacteria were determined by (**C**) CFU counts and (**D**) flow cytometry. (**E**) Survival of TSB-grown, serum-adapted and serum + fosfomycin-adapted cultures during a 2 h incubation with purified human neutrophils. Summary diagram of the effect of fosfomycin on opsonin exposure during host-adaptation, with antibiotic-

mediated inhibition of peptidoglycan accumulation preserving the exposure of bound antibody and complement (**F**). Data in **A** – **D** represent the geometric mean ± geometric standard deviation of the indicated number of independent biological replicates. Data in **E** are presented as the geometric mean ± geometric standard deviation of three independent experiments. In **A** and **B**, each biological repeat is represented by the median fluorescence value of 10,000 bacterial events. Data in **A** and **B** were analysed by two-way ANOVA with Tukey's *post-hoc* test. Data in **C** – **E** were analysed by two-way ANOVA with Dunnett's *post-hoc* test (*, P < 0.05; n.s, P ≥ 0.05; comparisons are indicated in **A** – **D** and serum/serum + fosfomycin-adapted vs TSB-grown at each time-point in **E**).

Discussion

The binding of antibody and complement to the bacterial cell surface enables the detection and destruction of pathogens by phagocytic immune cells [10,11,13]. The data presented here demonstrate that *S. aureus* can conceal a subset of bound opsonins via cell wall accumulation, significantly reducing opsonophagocytosis and killing by neutrophils, a previously unrecognised mechanism of immune evasion (Supplementary Fig. S9).

Cell wall remodelling occurs in response to host stresses and provides protection against antibiotics and host defence peptides. It involves the accumulation of peptidoglycan and WTA [36,37,66] and it is therefore unsurprising that exposure of antibody targeting these two polymers was least affected by host adaptation. By contrast, the exposure of antibodies bound to surface proteins and LTA was significantly reduced by host adaptation, in keeping with their localisation within the cell wall itself [67].

Previous work indicated that WTA can block antibodies from binding to antigens within the cell wall [68]. Although WTA accumulates in the wall during host adaptation, it is currently unknown whether this contributes to concealment of IgG bound to LTA or proteins. Unfortunately, since cell wall accumulation is dependent upon D-alanine labelled WTA [37], we could not use a WTA-deficient mutant to explore the role of this polymer in reducing opsonin exposure. However, our work did show that inhibition of peptidoglycan accumulation preserved antibody exposure and opsonophagocytic killing by neutrophils, demonstrating a key role for cell wall accumulation.

During host adaptation, peptidoglycan accumulation is due to a combination of peptidoglycan synthesis and inhibition of autolytic activity [37]. Recent work has revealed that mutants lacking the Atl autolysin have defective surface exposure of staphylococcal surface proteins, inhibiting their recognition by reactive antibodies [69]. Exposure of surface proteins was restored using enzymatic

digestion of peptidoglycan, providing additional evidence that peptidoglycan accumulation can
obscure surface antigens and prevent their detection by antibodies. However, the impact of
concealment of surface proteins on opsonophagocytosis has not been investigated previously.

Several experimental vaccines have been developed based on surface proteins in an attempt to
generate high serum titres of opsonising antibody. Unfortunately, despite very promising data from
animal infection experiments, none of these vaccines have shown efficacy in humans [70]. Several
plausible reasons for this discrepancy have been proposed, including the host-specificity of
staphylococcal immune evasion factors and previous staphylococcal infection directing the host
towards non-protective immunity [14,70,71].

Another difference between model infection of animals and natural infection in humans is the
physiological state of the bacteria. For many animal infections, bacteria are grown in TSB immediately
prior to administration into the animal and will therefore have high levels of multiple protein antigens
exposed on their surface, which facilitates rapid opsonophagocytosis [72,73,74,74,75]. By contrast,
natural invasive infection typically begins with colonisation of superficial sites such as an inserted IV
catheter and so bacteria may be host-adapted when they enter the bloodstream and are thus less well
recognised by antibodies targeting surface proteins [76,77,78,79,80]. As such, the addition of WTA as
a vaccine antigen may provide a reasonable level of protection against bacteria that have accumulated
cell wall and thus have reduced exposure of surface proteins.

Previous work has indicated that the thickened cell wall associated with vancomycin resistance
reduces staphylococcal susceptibility to intracellular killing by neutrophils [81]. However, our data did
not show a difference in staphylococcal survival within neutrophils, with similar numbers of
intracellular viable broth-grown and host-adapted bacteria. Instead, the survival advantage of host
adaptation appeared to be due to enhanced evasion of phagocytosis.

We do not yet know if these findings are applicable to other Gram-positive pathogens. However, since
previous work has shown that serum triggers cell wall thickening in *Enterococcus faecalis* and viridans
group streptococci, it is possible that our findings with *S. aureus* represent a broadly conserved
mechanism of immune evasion [82].

Cell wall thickening in *S. aureus* is triggered by bacterial sensing of the host defence antimicrobial
peptide LL-37 via the GraRS system [37]. Since LL-37 is present in most tissues and amongst the earliest
host responses to infection or trauma [81,82,83], we hypothesise that *S. aureus* has evolved to sense
this AMP as an early indicator that it is subject to immune attack and provides an opportunity to
employ defensive measures against the impending arrival of neutrophils. In support of this hypothesis,

GraRS, the two-component system that detects LL-37, is activated in the early stages of staphylococcal

skin colonisation, whilst *S. aureus* mutants lacking GraRS are significantly less virulent than wild type

strains in invasive infection models [84,85,86].

In addition to providing protection against opsonophagocytosis, LL-37 exposure triggers reduced

susceptibility to the antibiotics daptomycin and vancomycin [37,87], suggesting *S. aureus* employs

strategies that are broadly protective against the twin threats of host immunity and antibiotic therapy.

This is similar to our previous work showing that induction of the *S. aureus* general stress response

regulated by the alternative sigma factor SigB can promote survival of bacteria exposed to host

defences and various classes of antibiotics [88]. Further support for the link between *S. aureus*-

immune interactions and antibiotic tolerance comes from studies showing that oxidative stress

conferred by phagocytic cells reduce staphylococcal susceptibility to antibiotics [89,90].

Whilst the immune response may compromise the efficacy of antibiotic therapy under certain

circumstances, our study also highlights how antibiotics and the immune response can work

synergistically by showing that fosfomycin blocked LL-37 induced cell wall thickening and thereby

maintained exposure of bound opsonins, leading to efficient opsonophagocytic killing. Additionally,

previous work has suggested that fosfomycin also promotes killing of *S. aureus* via enhanced

production of the neutrophil oxidative burst [91]. However, whilst we exposed *S. aureus* to fosfomycin

in serum, this was removed by washing prior to incubation with neutrophils and thus does not explain

the enhanced killing effect observed in our assays. This strongly suggests that there are at least two

mechanisms by which fosfomycin and neutrophils synergise against *S. aureus* and a greater

understanding of this may contribute to more effective therapeutic approaches that reduce the high

incidence of relapsing or chronic staphylococcal infections [92].

In summary, we show that *S. aureus* cells are heavily opsonised upon initial exposure to serum.

However, *S. aureus* responds to serum by accumulating peptidoglycan, which conceals bound

opsonins, reducing phagocytosis and killing by neutrophils.

426 **Materials and methods**

427 **Bacterial strains and growth conditions**

428 Bacterial strains used in this study are shown in Table 1. Strains were grown at 37 °C on tryptic soy

429 agar (TSA) or in tryptic soy broth (TSB) with shaking (180 r.p.m.) supplemented with erythromycin (10

430 μg ml^{-1}) or kanamycin (90 μg ml^{-1}) when required.

Strain	Relevant characteristics	Reference/source
USA300 JE2	LAC strain of the USA300 lineage of community acquired MRSA cured of plasmids	36
JE2 *sbi*::Tn *spa*::*kan*	JE2 strain defective for immunoglobulin-binding proteins Spa and Sbi	This study
JE2 *srtA*::Tn	JE2 strain defective for sortase A, which anchors LPxTG motif-containing proteins to peptidoglycan	93
JE2 *srtB*::Tn	JE2 strain defective for sortase B, which anchors NPQTN motif-containing IsdC protein to peptidoglycan	93
SH1000	*rsbU+* derivative of laboratory strain 8325-4	37
Col	Early hospital-associated MRSA isolate, commonly used in laboratory experiments	38
Newman	Clinical isolate, methicillin susceptible, used widely in animal and laboratory experiments	39

Table 1. Strains used in this study.

Construction of strains

The JE2 *sbi*::Tn/*spa*::*kan* double mutant was constructed via transduction of the kanamycin resistance

marker from Newman *spa*::*kan* [94] into the *sbi*::Tn mutant present in the NARSA transposon mutant

library [93] using ϕ11.

IgG Fc binding assay

The Fc portion of human Immunoglobulin G (1 mg, Abcam) was labelled with biotin (Thermo Scientific EZ-Link Sulfo-NHS-Biotin) before removal of unbound biotin by dialysis. Labelled Fc portion was then incubated with PBS washed bacterial cells for 30 min (10 µg protein and 10^9 CFU *S. aureus* in 1 ml PBS). Unbound immunoglobulin fragment was removed by three rounds of washing with PBS before cells were incubated with streptavidin-alkaline phosphatase for 30 min. Cells were then washed with three rounds of PBS before incubation in 200 µl p-Nitrophenol phosphate substrate solution for ELISA (Merck) for 10 min. Cells were then pelleted by centrifugation and the supernatant recovered and A_{405} determined.

Generation of broth-grown and host-adapted bacterial cultures

To generate broth-grown bacteria, cultures were grown for 16 h in TSB to stationary phase. These were then diluted to 10^7 CFU ml^{-1} in fresh TSB and incubated for 2 h at 37 °C until 10^8 CFU ml^{-1} was reached.

To generate host-adapted bacteria, broth-grown cultures were centrifuged (3,200 x g for 10 min), resuspended in an equal volume of human serum from human male AB plasma (Sigma) and incubated for 16 h at 37 °C. As *S. aureus* is unable to replicate in human serum, these cultures were also at 10^8 CFU ml^{-1} [37,47,48,49]. Where appropriate, serum was supplemented with a sub-lethal concentration of fosfomycin (64 µg ml^{-1}), oxacillin (128 µg ml^{-1}), ciprofloxacin (160 µg ml^{-1}) or AFN-1252 (0.15 µg ml^{-1}). These concentrations were chosen based on previous work that showed they were the maximum concentration that did not affect staphylococcal viability in serum [37].

Where appropriate, the cell walls of serum-adapted cultures were degraded by lysostaphin. To do this, 1 ml aliquots of serum-adapted bacteria were washed in PBS and resuspended in 1 ml PBS supplemented with indicated concentrations of lysostaphin (between 0.04 and 4 µg ml^{-1}). Bacteria were incubated statically for 20 min at 37 °C before being washed by 3 rounds of centrifugation in PBS.

Purification of neutrophils

Ethical approval for drawing and using human blood was obtained from the Regional Ethics Committee and the Imperial NHS Trust Tissue Bank (REC Wales approval no. 12/WA/0196 and ICHTB HTA license no. 12275). Neutrophils were extracted from 45 ml human blood, collected in heparin tubes to prevent coagulation. Blood (15 ml) was carefully layered over 30 °C PolymorphPrep (20 ml) and centrifuged for 1 h at 500 x g to separate the different cell types. Neutrophils were collected, washed with Hanks balanced salt solution (HBSS) and adjusted to 5 x 10^6 cells ml^{-1} in HBSS.

Determination of bacterial killing by neutrophils and phagocytosis by CFU counts

Neutrophils were adjusted to 5×10^6 cells ml^{-1} in HBSS supplemented with 10 % human serum, 0.1 mM CaCl$_2$ and 0.1 mM MgCl$_2$. In the case of lysostaphin-treated bacteria, 10 % serum was omitted from the HBSS.

TSB-grown/host-adapted bacteria were generated as described above, washed three times in PBS and then added to neutrophils at 5×10^6 CFU ml^{-1}. Tubes were incubated with end-over-end mixing at 37° C for 3 h and at each time-point (0, 0.5, 1 and 2 h) aliquots were removed, serially diluted 10-fold in PBS and plated to enumerate CFU ml^{-1}.

In addition, the number of phagocytosed/unphagocytosed bacteria was also enumerated at the 0.5 h time-point. A 500 µl aliquot of the neutrophil/bacteria mixture was taken and centrifuged at 500 x g for 1 min to pellet the neutrophils, along with any neutrophil-associated bacteria. The supernatant (containing unphagocytosed bacteria) was serially diluted 10-fold in PBS and plated for CFU counts and the pellet was resuspended in 500 µl PBS, serially diluted 10-fold in PBS and plated for CFU counts. The CFU ml^{-1} values in the pellet and the supernatant were divided by the CFU ml^{-1} of the starting inoculum to generate the percentage of CFU ml^{-1} phagocytosed and unphagocytosed, respectively.

To validate the experimental conditions used in this assay, two control experiments were run. Firstly, bacteria were prepared as described above were subjected to centrifugation and the CFU counts pre- and post-centrifugation quantified to determine whether bacteria were pulled out of suspension under these conditions. Secondly, to understand whether bacteria associated with neutrophils were intracellular, bacteria were incubated with neutrophils as described above, before subsequent incubation with or without lysostaphin (40 µg ml^{-1}) to kill extracellular bacteria. Neutrophils were then washed and CFU counts determined before washing to remove the lytic enzyme. In some experiments neutrophils were lysed with Triton X-100 (0.1%) to determine whether this affected recovery of CFU.

Measurement of phagocytosis by flow cytometry

To measure phagocytosis by flow cytometry neutrophils and bacteria were prepared as described above except that immediately before bacteria were added to the neutrophils the bacteria were incubated with 10 µg ml^{-1} fluorescein isothiocyanate for 30 min at room temperature and then washed three times in PBS.

As above, 5×10^6 CFU ml^{-1} bacteria were added to 5×10^6 cells ml^{-1} in HBSS supplemented with 10 % human serum, 0.1 mM CaCl$_2$ and 0.1 mM MgCl$_2$. In the case of lysostaphin-treated bacteria, 10 %

serum was omitted from the HBSS. After a 30 min incubation at 37°C with end-over-end mixing in the

dark, cultures were fixed by the addition of an equal volume of 4 % paraformaldehyde (PFA). Samples

were then analysed by flow cytometry using an Amnis CellStream. Bacteria were detected using the

488 nm laser and at least 10,000 bacterial events were recorded. Events with FITC $\geq 2 \times 10^3$ were

counted as bacteria. Events with an FCS of ≥ 3000 were counted as phagocytosed and < 3000 were

counted as unphagocytosed/free.

Measurement of IgG and complement surface exposure by flow cytometry

TSB-grown and serum-adapted cultures were prepared as described above. A *spa/sbi* double mutant

was used to prevent non-specific antibody binding. Aliquots (500 µl) were incubated for 30 min at

room temperature in either PBS or 10 % human serum. Samples were washed by three rounds of

centrifugation in PBS (13,000 x *g* for 1 min) and blocked for 1 h in 4 % BSA in PBS. Samples were washed

once in PBS before IgG was detected with a 1:1000 dilution of goat anti-human IgG antibody labelled

with the BV421 fluorophore (Jackson ImmunoResearch) or C3 was detected with a 1:1000 dilution of

goat anti-human C3 F(ab')$_2$ labelled with FITC (Protos Immunoresearch). Antibody incubations were

carried out statically for 1 h at room temperature in the dark. Samples were washed with PBS by three

rounds of centrifugation (13,000 x *g* for 1 min) and fixed in 4 % PFA. Samples were analysed by flow

cytometry using an Amnis CellStream. IgG was detected using the 405 nm laser and C3 using the 488

nm laser. At least 10,000 bacterial events were recorded and the median value recorded.

Measurement of IgG and complement by western blotting

Cultures of TSB-grown and serum-adapted bacteria (1 ml at 10^8 CFU ml^{-1}) were prepared as described

above, washed by three rounds of centrifugation in PBS (13,000 x *g* for 1 min) and resuspended in 100

µl PBS. A *spa/sbi* double mutant was used to prevent non-specific antibody binding. Lysostaphin (10

µg ml^{-1}) was added and bacteria incubated statically for 1 h at 37°C. Sample buffer (187.5 mM Tris-

HCl (pH 6.8), 6 % SDS, 30 % glycerol, 0.03 % bromophenol blue and 15 % beta-mercaptoethanol; 50

µl) was added and samples were incubated at 95°C for 10 min before 15 µl was loaded onto 10 %

polyacrylamide gels. Gels were run in Tris-Glycine running buffer (25 mM Tris, 192 mM glycine, 0.1 %

SDS, pH 8.4) at 100 V for 10 min followed by 200 V for 50 min before being transferred onto PVDF

membranes (10 V for 60 min). Membranes were blocked for 1 h at room temperature in 5 % milk and

1 % BSA in TBST. IgG was detected using 1:10000 dilution of donkey anti-human IgG conjugated to

HRP (Abcam) and C3 was detected by 1:5000 dilution of rabbit anti-C3 (Abcam) followed by 1:10000

dilution of goat anti-rabbit IgG conjugated to HRP (Abcam). Blots were developed using SuperSignal

West Pico PLUS chemiluminescent substrate (Thermo scientific) and imaged using the Bio-rad
ChemiDoc MP imaging system.

Characterisation of IgG bound to cells

Bacteria were grown to exponential phase and incubated in serum for 30 min or allowed to adapt for
16 h, followed or not by partial cell wall digestion using lysostaphin as described above. Cells (10^8)
were washed three times in PBS before bound antibody was eluted using 200 µl antibody elution
buffer (Pierce) for 5 min. Cells were then removed by centrifugation and the eluted antibody solution
neutralised with 100 µl protein A binding buffer (Pierce).

To determine the binding ligands of bound antibodies, 10 µg purified cell surface components LTA
(Sigma), WTA [37], peptidoglycan [37], membrane proteins [91] or cell wall proteins [91] were
immobilised onto the wells of a Nunc Maxisorp ELISA plate by incubation at 4 $^{\circ}$C for 16 h. Remaining
binding sites were blocked with PBS containing 3 % bovine serum albumin before addition of the
eluted antibody samples (200 µl). Wells containing eluted antibodies were incubated at ambient
temperature for 1 h, washed three times with PBS and then 200 µl PBS containing anti-human
antibodies conjugated to alkaline phosphatase (Abcam, 1:2000 dilution) was added for 1 h. Wells were
again washed three times with PBS and bound alkaline phosphatase quantified using a p-Nitrophenol
phosphate substrate solution for ELISA (Merck) and A_{405} readings.

Statistical analyses

555 CFU counts were log_{10} transformed and displayed as the geometric mean ± geometric standard
556 deviations [95]. Other data are displayed as the mean ± standard deviation or median ± 95 % CI. For
557 all experiments, three or more independent replicates were performed as indicated by individual data
558 points. Data were analysed by one-way ANOVA, two-way ANOVA, or Kruskal Wallis, with appropriate
559 post-hoc multiple comparison test as detailed in figure legends using GraphPad Prism (V8.0).

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Contributions and study design

Conflict of interest

The authors declare no conflict of interest.

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