1   **Staphylococcal host adaptation compromises neutrophil killing by concealing bound**
2   **opsonins with peptidoglycan**

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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 bacteria grown in culture medium were rapidly opsonised by antibody

and complement upon incubation with human serum, resulting in efficient phagocytosis and killing by

human neutrophils. However, as bacteria adapted to serum, the resulting increase in cell wall

thickness led to the concealment of bound opsonins and a corresponding reduction in phagocytosis

and killing by neutrophils. Partial digestion of accumulated peptidoglycan using the enzyme

lysostaphin restored opsonin exposure, phagocytosis and killing, whilst the antibiotic fosfomycin

blocked accumulation of peptidoglycan and maintained the susceptibility of *S. aureus* to

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

host environment significantly reduces the ability of the immune system to detect and kill this

pathogen through concealment of bound opsonins via peptidoglycan accumulation.

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 proteins

[10,11,12,13]. 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

opsoninic complement and antibody [12,13,14,15]. 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, activation

and detection by immune cells [12-24]. 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 [25-

28]. Consequently, *S. aureus* has a thicker cell wall *in vivo* than when growing *in vitro* [29], a phenotype

that is replicated when staphylococci are exposed to human serum or present within endothelial or

osteoblast cells [30,31,32]. 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

[30].

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 [29,30,33].

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 concealing bound opsonins 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 [30] (Fig. 1A). 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 [34,35]. We examined four distinct wild type *S. aureus* strains to represent both

methicillin resistant (USA300, Col) and methicillin susceptible (SH1000, Newman) organisms

[36,37,38,39].

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 5-10 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).
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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.

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 well-established flow cytometry-based approach that determined how many fluorescently-labelled bacteria were associated (or not) with neutrophils [35,40]. 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 [41], with >10% of host-adapted *S. aureus* unphagocytosed compared with <1% of broth-grown *S. aureus* cells (Fig. 2C). 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 host-adapted *S. aureus* were phagocytosed much less efficiently than broth-grown cells, we examined the degree of opsonisation of bacteria by antibody and complement using western blotting. In keeping with previous work [42,43], for this experiment we used a mutant strain of USA300 lacking Spa and Sbi to avoid interference caused by these immunoglobulin binding proteins. 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. S1).

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). 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 very low level of exposed

opsonins, 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. S1), host-adapted cells had significantly reduced exposure of opsonins on their

cell surface relative to broth-grown bacteria that had been opsonised.

A further conclusion from these findings was that host adapted bacteria did not have any immuno-

reactive epitopes on their cell surface, since the second incubation in fresh serum did not enhance

opsonin exposure above that seen for the PBS control (Fig. 2E,F).

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,

apparently due to weak 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 bound opsonins

Since *S. aureus* accumulates peptidoglycan during incubation in serum, we tested whether this concealed bound antibody and complement. To do this, host-adapted bacteria were incubated with a range of concentrations of the enzyme lysostaphin, which cleaves peptidoglycan. This resulted in a dose-dependent increase in exposure of bound IgG and complement (Fig. 3A,B), and a corresponding increase in phagocytosis of host-adapted *S. aureus* by neutrophils (Fig. 3C,D). Furthermore, lysostaphin treatment of host-adapted *S. aureus* rendered them as susceptible to neutrophil-mediated killing as broth-grown bacteria (Fig. 3E).

Combined these findings indicated that peptidoglycan accumulation was responsible for the concealment of bound opsonins (Fig. 3F). However, it did not determine whether peptidoglycan-bound proteins or WTA were also required. We ruled out a role for peptidoglycan-bound proteins by

showing that 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. S2A,B). We also showed that serum-induced accumulation of WTA did not contribute to immune evasion using tunicamycin to block the synthesis of this polymer [30] (Supplementary Fig. S2C).

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 peptidoglycan conceals these bound opsonins, enabling bacterial evasion of 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**) Survival of lysostaphin-treated cells during a 3 h incubation with purified human neutrophils. Summary diagram of the effect of lysostaphin on host-adapted bacteria, with lysostaphin-mediated degradation of the cell wall exposing bound opsonins that had been obscured by accumulated peptidoglycan (**F**).

Data in **A** − **D** represent the mean ± standard deviation of the indicated number of independent biological replicates. Data in **E** represent the geometric mean ± geometric standard deviation of 4 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 one-way ANOVA with Dunnett's *post-hoc* test. Data in **C** − **E** were analysed by two-way ANOVA with Dunnett's *post-hoc* test (*, P ≤ 0.05; Lysostaphin-treated vs non-lysostaphin treated).

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

To further test whether host adaptation reduced phagocytosis via peptidoglycan-mediated concealment of bound opsonins, and to explore potential therapeutic approaches to enhance neutrophil-mediated killing, we carried out host adaptation in the presence of a sub-lethal concentration of the antibiotic fosfomycin. This antibiotic inhibits peptidoglycan synthesis and prevents cell wall thickening from occurring and has been used clinically in anti-staphylococcal combination therapies [30,44,45].

As above, 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). In keeping with this, bacteria adapted to serum in the presence of fosfomycin were phagocytosed as efficiently as 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).

Taken together, these findings provided additional evidence that cell wall accumulation conceals bound opsonins, 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 bound opsonins via cell wall accumulation, significantly

reducing phagocytosis and killing by neutrophils. Crucially, once bound opsonins were concealed, it

was not possible to restore full opsonisation with fresh serum, demonstrating that host-adapted cells

with thickened cell walls have reduced exposure of immune-reactive epitopes.

Cell wall thickening is due to a combination of peptidoglycan synthesis and inhibition of autolytic

activity [30]. Recent work has revealed that mutants lacking the Atl autolysin have defective surface

exposure of staphylococcal surface proteins, inhibiting their recognition by reactive antibodies [46].

Exposure was restored using enzymatic digestion of peptidoglycan, supporting our finding that

peptidoglycan accumulation can obscure surface antigens and prevent their detection by antibodies.

Previous work has indicated that the thickened cell wall associated with vancomycin resistance

reduces staphylococcal susceptibility to intracellular killing by neutrophils [47]. 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 entirely 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 [48].

Cell wall thickening in *S. aureus* is triggered by bacterial sensing of the host defence antimicrobial

peptide LL-37 via the GraRS system [30]. Since LL-37 is present in most tissues and amongst the earliest

host responses to infection or trauma [49,50,51], 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 (Supplementary figure S3).

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 [52,53,54].

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

susceptibility to the antibiotics daptomycin and vancomycin [30,55], 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 [56]. 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 [57,58].

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 [59]. 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 [60].

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.

Materials and methods

Bacterial strains and growth conditions

Bacterial strains used in this study are shown in Table 1. Strains were grown at 37 °C on tryptic soy agar (TSA) or in tryptic soy broth (TSB) with shaking (180 r.p.m.) supplemented with erythromycin (10 $\mu g\ ml^{-1}$) or kanamycin (90 $\mu g\ ml^{-1}$) 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	61
JE2 *srtB*::Tn	JE2 strain defective for sortase B, which anchors NPQTN motif-containing IsdC protein to peptidoglycan	61
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* [62] into the *sbi*::Tn mutant present in the NARSA transposon mutant library [61] using φ11.

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}. Where appropriate, serum was supplemented with a sub-lethal concentration of fosfomycin

(8 µg ml^{-1}) or tunicamycin (128 µg ml^{-1}).

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 x 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 x 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.

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.

Statistical analyses

CFU counts were log10 transformed and displayed as the geometric mean ± geometric standard deviations [63]. Other data are displayed as the mean ± standard deviation. For all experiments, three or more independent replicates were performed as indicated by individual data points. Data were analysed by one-way ANOVA or two-way ANOVA with appropriate post-hoc multiple comparison test as detailed in figure legends using GraphPad Prism (V8.0).

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Contributions and study design

EVKL and AME designed the experiments, conducted the experiments, analyzed the data, and wrote the manuscript. The funders had no role in the study design, interpretation of the findings or the writing of the manuscript.

Conflict of interest

The authors declare no conflict of interest.

References

1. **Tong SY, Davis JS, Eichenberger E, Holland TL, Fowler VG Jr.** *Staphylococcus aureus* infections: epidemiology, pathophysiology, clinical manifestations, and management. *Clin Microbiol Rev*. 28(3):603-61. 2015.

2. **Yang Z, Wang J, Wang W, Zhang Y, Han L, Zhang Y, Nie X, Zhan S.** Proportions of *Staphylococcus aureus* and methicillin-resistant *Staphylococcus aureus* in patients with surgical site infections in mainland China: a systematic review and meta-analysis. *PLoS One*. 10(1):e0116079. 2015.

3. **Kuehl R, Morata L, Boeing C, Subirana I, Seifert H, Rieg S, Kern WV, Kim HB, Kim ES, Liao CH, Tilley R, Lopez-Cortés LE, Llewelyn MJ, Fowler VG, Thwaites G, Cisneros JM, Scarborough M, Nsutebu E, Gurgui Ferrer M, Pérez JL, Barlow G, Hopkins S, Ternavasio-de la Vega HG, Török ME, Wilson P, Kaasch AJ, Soriano A; International *Staphylococcus aureus* collaboration study group and the ESCMID Study Group for Bloodstream Infections, Endocarditis and Sepsis.** Defining persistent *Staphylococcus aureus* bacteraemia: secondary analysis of a prospective cohort study. *Lancet Infect Dis*. 20(12):1409-1417. 2020.

4. **Bergin SP, Holland TL, Fowler VG Jr, Tong SYC.** Bacteremia, Sepsis, and Infective Endocarditis Associated with *Staphylococcus aureus*. *Curr Top Microbiol Immunol*.409:263-296. 2017.

5. **Fowler VG Jr, Olsen MK, Corey GR, Woods CW, Cabell CH, Reller LB, Cheng AC, Dudley T, Oddone EZ.** Clinical identifiers of complicated *Staphylococcus aureus* bacteremia. *Arch Intern Med*. 22;163(17):2066-72. 2003.

6. **Nguyen TH, Cheung GYC, Rigby KM, Kamenyeva O, Kabat J, Sturdevant DE, Villaruz AE, Liu R, Piewngam P, Porter AR, Firdous S, Chiou J, Park MD, Hunt RL, Almufarriji FMF, Tan VY, Asiamah TK, McCausland JW, Fisher EL, Yeh AJ, Bae JS, Kobayashi SD, Wang JM, Barber DL, DeLeo FR, Otto M.** Rapid pathogen-specific recruitment of immune effector cells in the skin by secreted toxins. *Nat Microbiol*. 7(1):62-72. 2022.

7. **DeLeo FR, Diep BA, Otto M.** Host defense and pathogenesis in *Staphylococcus aureus* infections. *Infect Dis Clin North Am*. 23(1):17-34. 2009.

8. **Ellson CD, Davidson K, Ferguson GJ, O'Connor R, Stephens LR, Hawkins PT.** Neutrophils from p40phox-/- mice exhibit severe defects in NADPH oxidase regulation and oxidant-dependent bacterial killing. *J Exp Med*. 203(8):1927-37. 2006.

9. **Ha KP, Clarke RS, Kim GL, Brittan JL, Rowley JE, Mavridou DAI, Parker D, Clarke TB, Nobbs AH, Edwards AM.** Staphylococcal DNA Repair Is Required for Infection. *mBio*. 11(6):e02288-20. 2020.

10. **Scribner DJ, Fahrney D.** Neutrophil receptors for IgG and complement: their roles in the attachment and ingestion phases of phagocytosis. *J Immunol*. 116(4):892-7. 1976.

11. **Wright AE, Douglas SR.** An experimental investigation of the rôle of the blood fluids in connection with phagocytosis. *Proc R Soc Lond*. 72357–370. 1904.

12. **Leuzzi R, Bodini M, Thomsen IP, Soldaini E, Bartolini E, Muzzi A, Clemente B, Galletti B, Manetti AGO, Giovani C, Censini S, Budroni S, Spensieri F, Borgogni E, Rossi Paccani S, Margarit I, Bagnoli F, Giudice GD, Creech CB.** Dissecting the Human Response to *Staphylococcus aureus* Systemic Infections. *Front Immunol*. 12:749432. 2021.

13. **Guerra FE, Borgogna TR, Patel DM, Sward EW, Voyich JM.** Epic Immune Battles of History: Neutrophils vs. *Staphylococcus aureus*. *Front Cell Infect Microbiol*. 7:286. 2017.

14. **de Jong NWM, van Kessel KPM, van Strijp JAG.** Immune Evasion by *Staphylococcus aureus*. *Microbiol Spectr*. 7(2). 2019.

15. **Thammavongsa V, Kim HK, Missiakas D, Schneewind O.** Staphylococcal manipulation of host immune responses. *Nat Rev Microbiol*. 13(9):529-43. 2015.

16. **Cruz AR, Boer MAD, Strasser J, Zwarthoff SA, Beurskens FJ, de Haas CJC, Aerts PC, Wang G, de Jong RN, Bagnoli F, van Strijp JAG, van Kessel KPM, Schuurman J, Preiner J, Heck AJR, Rooijakkers SHM.** Staphylococcal protein A inhibits complement activation by interfering with IgG hexamer formation. *Proc Natl Acad Sci U S A*. 118(7):e2016772118. 2021.

17. **Falugi F, Kim HK, Missiakas DM, Schneewind O.** Role of protein A in the evasion of host adaptive immune responses by *Staphylococcus aureus*. *mBio*. 4(5):e00575-13. 2013.

18. **Zhang L, Jacobsson K, Vasi J, Lindberg M, Frykberg L.** A second IgG-binding protein in *Staphylococcus aureus*. *Microbiology*. 144(4):985-991. 1998.

19. **Smith EJ, Visai L, Kerrigan SW, Speziale P, Foster TJ.** The Sbi protein is a multifunctional immune evasion factor of *Staphylococcus aureus*. *Infect Immun*. 79(9):3801-9. 2011.

20. **de Haas CJ, Veldkamp KE, Peschel A, Weerkamp F, Van Wamel WJ, Heezius EC, Poppelier MJ, Van Kessel KP, van Strijp JA.** Chemotaxis inhibitory protein of Staphylococcus aureus, a bacterial antiinflammatory agent. *J Exp Med*. 199(5):687-95. 2004.

21. **Ko YP, Kuipers A, Freitag CM, Jongerius I, Medina E, van Rooijen WJ, Spaan AN, van Kessel KP, Höök M, Rooijakkers SH.** Phagocytosis escape by a *Staphylococcus aureus* protein that connects complement and coagulation proteins at the bacterial surface. *PLoS Pathog*. 9(12):e1003816. 2013.

22. **Rooijakkers SH, Ruyken M, Roos A, Daha MR, Presanis JS, Sim RB, van Wamel WJ, van Kessel KP, van Strijp JA.** Immune evasion by a staphylococcal complement inhibitor that acts on C3 convertases. *Nat Immunol*. 6(9):920-7. 2005.

23. **Rooijakkers SH, Ruyken M, van Roon J, van Kessel KP, van Strijp JA, van Wamel WJ.** Early expression of SCIN and CHIPS drives instant immune evasion by *Staphylococcus aureus. Cell Microbiol*. 8(8):1282-93. 2006.

24. **Howden BP, Giulieri SG, Wong Fok Lung T, Baines SL, Sharkey LK, Lee JYH, Hachani A, Monk IR, Stinear TP.** *Staphylococcus aureus* host interactions and adaptation. *Nat Rev Microbiol*. 1-16. 2023.

25. **Pidgeon SE, Pires MM.** Cell Wall Remodeling of *Staphylococcus aureus* in Live *Caenorhabditis elegans*. *Bioconjug Chem*. 28(9):2310-2315. 2017.

26. **Sobral R, Tomasz A.** The Staphylococcal Cell Wall. *Microbiol Spectr*. 7(4). 2019.

27. **Salamaga B, Kong L, Pasquina-Lemonche L, Lafage L, von Und Zur Muhlen M, Gibson JF, Grybchuk D, Tooke AK, Panchal V, Culp EJ, Tatham E, O'Kane ME, Catley TE, Renshaw SA, Wright GD, Plevka P, Bullough PA, Han A, Hobbs JK, Foster SJ.** Demonstration of the role of cell wall homeostasis in *Staphylococcus aureus* growth and the action of bactericidal antibiotics. *Proc Natl Acad Sci U S A*. 118(44):e2106022118. 2021.

28. **Monteiro JM, Fernandes PB, Vaz F, Pereira AR, Tavares AC, Ferreira MT, Pereira PM, Veiga H, Kuru E, VanNieuwenhze MS, Brun YV, Filipe SR, Pinho MG.** Cell shape dynamics during the staphylococcal cell cycle. *Nat Commun*. 6:8055. 2015.

29. **Sutton JAF, Carnell OT, Lafage L, Gray J, Biboy J, Gibson JF, Pollitt EJG, Tazoll SC, Turnbull W, Hajdamowicz NH, Salamaga B, Pidwill GR, Condliffe AM, Renshaw SA, Vollmer W, Foster SJ.** *Staphylococcus aureus* cell wall structure and dynamics during host-pathogen interaction. *PLoS Pathog*. 17(3):e1009468. 2021.

30. **Ledger EVK, Mesnage S, Edwards AM.** Human serum triggers antibiotic tolerance in *Staphylococcus aureus. Nat Commun*. 13(1):2041. 2022.

31. **Ellington JK, Harris M, Hudson MC, Vishin S, Webb LX, Sherertz R.** Intracellular Staphylococcus aureus and antibiotic resistance: implications for treatment of staphylococcal osteomyelitis. *J Orthop Res*. 24(1):87-93. 2006.

32. **Raineri EJM, Yedavally H, Salvati A, van Dijl JM.** Time-resolved analysis of *Staphylococcus aureus* invading the endothelial barrier. Virulence. 11(1):1623-1639. 2020.

33. **Reed P, Atilano ML, Alves R, Hoiczyk E, Sher X, Reichmann NT, Pereira PM, Roemer T, Filipe SR, Pereira-Leal JB, Ligoxygakis P, Pinho MG.** *Staphylococcus aureus* Survives with a Minimal

Peptidoglycan Synthesis Machine but Sacrifices Virulence and Antibiotic Resistance. *PLoS Pathog.* 11(5):e1004891. 2015.

34. **Painter KL, Hall A, Ha KP, Edwards AM.** The Electron Transport Chain Sensitizes *Staphylococcus aureus* and *Enterococcus faecalis* to the Oxidative Burst. *Infect Immun.* 85(12):e00659-17. 2017.

35. **Ha KP, Clarke RS, Kim GL, Brittan JL, Rowley JE, Mavridou DAI, Parker D, Clarke TB, Nobbs AH, Edwards AM.** Staphylococcal DNA Repair Is Required for Infection. *mBio.* 11(6):e02288-20. 2020.

36. **Fey PD, Endres JL, Yajjala VK, Widhelm TJ, Boissy RJ, Bose JL, Bayles KW.** A genetic resource for rapid and comprehensive phenotype screening of nonessential *Staphylococcus aureus* genes. *mBio.* 4(1):e00537-12. 2013.

37. **Horsburgh MJ, Aish JL, White IJ, Shaw L, Lithgow JK, Foster SJ.** sigmaB modulates virulence determinant expression and stress resistance: characterization of a functional *rsbU* strain derived from *Staphylococcus aureus* 8325-4. *J Bacteriol.* 184(19):5457-67. 2002.

38. **Gill SR, Fouts DE, Archer GL, Mongodin EF, Deboy RT, Ravel J, Paulsen IT, Kolonay JF, Brinkac L, Beanan M, Dodson RJ, Daugherty SC, Madupu R, Angiuoli SV, Durkin AS, Haft DH, Vamathevan J, Khouri H, Utterback T, Lee C, Dimitrov G, Jiang L, Qin H, Weidman J, Tran K, Kang K, Hance IR, Nelson KE, Fraser CM.** Insights on evolution of virulence and resistance from the complete genome analysis of an early methicillin-resistant *Staphylococcus aureus* strain and a biofilm-producing methicillin-resistant *Staphylococcus epidermidis* strain. *J Bacteriol.* 2005 187(7):2426-38. 2005.

39. **Baba T, Bae T, Schneewind O, Takeuchi F, Hiramatsu K.** Genome sequence of *Staphylococcus aureus* strain Newman and comparative analysis of staphylococcal genomes: polymorphism and evolution of two major pathogenicity islands. *J Bacteriol.* 190(1):300-10. 2008.

40. **Surewaard BG, de Haas CJ, Vervoort F, Rigby KM, DeLeo FR, Otto M, van Strijp JA, Nijland R.** Staphylococcal alpha-phenol soluble modulins contribute to neutrophil lysis after phagocytosis. *Cell Microbiol.* 15(8):1427-37. 2013.

41. **Nagl M, Kacani L, Müllauer B, Lemberger EM, Stoiber H, Sprinzl GM, Schennach H, Dierich MP.** Phagocytosis and killing of bacteria by professional phagocytes and dendritic cells. *Clin Diagn Lab Immunol.* 9(6):1165-8. 2002.

42. **Wonfor T, Li S, Dunphy RW, Macpherson A, van den Elsen J, Laabei M.** Novel method for detecting complement C3 deposition on *Staphylococcus aureus*. *Sci Rep.* 12(1):15766. 2022.

43. **Boero E, Brinkman I, Juliet T, van Yperen E, van Strijp JAG, Rooijakkers SHM, van Kessel KPM.** Use of Flow Cytometry to Evaluate Phagocytosis of *Staphylococcus aureus* by Human Neutrophils. *Front Immunol.* 12:635825. 2021.

44. **Silver LL.** Fosfomycin: Mechanism and Resistance. *Cold Spring Harb Perspect Med.* 7:a025262. 2017.

45. **Pujol M, Miró JM, Shaw E, Aguado JM, San-Juan R, Puig-Asensio M, Pigrau C, Calbo E, Montejo M, Rodriguez-Álvarez R, Garcia-Pais MJ, Pintado V, Escudero-Sánchez R, Lopez-Contreras J, Morata L, Montero M, Andrés M, Pasquau J, Arenas MD, Padilla B, Murillas J, Jover-Sáenz A, López-Cortes LE, García-Pardo G, Gasch O, Videla S, Hereu P, Tebé C, Pallarès N, Sanllorente M, Domínguez MÁ, Càmara J, Ferrer A, Padullés A, Cuervo G, Carratalà J; MRSA Bacteremia (BACSARM) Trial Investigators.** Daptomycin Plus Fosfomycin Versus Daptomycin Alone for Methicillin-resistant *Staphylococcus aureus* Bacteremia and Endocarditis: A Randomized Clinical Trial. *Clin Infect Dis.* 72(9):1517-1525. 2021.

46. **Leonard AC, Goncheva MI, Gilbert SE, Shareefdeen H, Petrie LE, Thompson LK, Khursigara CM, Heinrichs DE, Cox G.** Autolysin-mediated peptidoglycan hydrolysis is required for the surface display of *Staphylococcus aureus* cell wall-anchored proteins. *Proc Natl Acad Sci U S A.* 120(12):e2301414120. 2023.

47. **Falcón R, Martínez A, Albert E, Madrid S, Oltra R, Giménez E, Soriano M, Vinuesa V, Gozalbo D, Gil ML, Navarro D.** High vancomycin MICs within the susceptible range in *Staphylococcus aureus* bacteraemia isolates are associated with increased cell wall thickness and reduced intracellular killing by human phagocytes. *Int J Antimicrob Agents.* 47(5):343-50. 2016.

48. **Tickle ARH, Ledger EVK, Edwards AM.** Human serum induces daptomycin tolerance in *Enterococcus faecalis* and viridans group streptococci. *Microbiology*. 168(12). 2022.

49. **Ong PY, Ohtake T, Brandt C, Strickland I, Boguniewicz M, Ganz T, Gallo RL, Leung DY.** Endogenous antimicrobial peptides and skin infections in atopic dermatitis. *N Engl J Med*. 347(15):1151-60. 2002.

50. **Nizet V, Ohtake T, Lauth X, Trowbridge J, Rudisill J, Dorschner RA, Pestonjamasp V, Piraino J, Huttner K, Gallo RL**. Innate antimicrobial peptide protects the skin from invasive bacterial infection. *Nature*. 414(6862):454-7. 2001.

51. **Dorschner RA, Pestonjamasp VK, Tamakuwala S, Ohtake T, Rudisill J, Nizet V, Agerberth B, Gudmundsson GH, Gallo RL.** Cutaneous injury induces the release of cathelicidin antimicrobial peptides active against group A *Streptococcus*. *J. Invest. Dermatol.* **117**, 91–97 (2001).

52. **Burian M, Plange J, Schmitt L, Kaschke A, Marquardt Y, Huth L, Baron JM, Hornef MW, Wolz C, Yazdi AS.** Adaptation of *Staphylococcus aureus* to the Human Skin Environment Identified Using an *ex vivo* Tissue Model. *Front Microbiol*. 12:728989. 2021.

53. **Kraus D, Herbert S, Kristian SA, Khosravi A, Nizet V, Götz F, Peschel A.** The GraRS regulatory system controls *Staphylococcus aureus* susceptibility to antimicrobial host defenses. *BMC Microbiol*. 8:85. 2008.

54. **Cheung AL, Cho J, Bayer AS, Yeaman MR, Xiong YQ, Donegan NP, Mikheyeva IV, Lee GY, Yang SJ.** Role of the *Staphylococcus aureus* Extracellular Loop of GraS in Resistance to Distinct Human Defense Peptides in PMN and Invasive Cardiovascular infections. *Infect Immun*. 89(10):e0034721. 2021.

55. **Friberg C, Haaber JK, Vestergaard M, Fait A, Perrot V, Levin BR, Ingmer H.** Human antimicrobial peptide, LL-37, induces non-inheritable reduced susceptibility to vancomycin in *Staphylococcus aureus*. *Sci Rep*. 10(1):13121. 2020.

56. **Ranganathan N, Johnson R, Edwards AM.** The general stress response of *Staphylococcus aureus* promotes tolerance of antibiotics and survival in whole human blood. *Microbiology*. 166(11):1088-1094. 2020.

57. **Rowe SE, Wagner NJ, Li L, Beam JE, Wilkinson AD, Radlinski LC, Zhang Q, Miao EA, Conlon BP.** Reactive oxygen species induce antibiotic tolerance during systemic *Staphylococcus aureus* infection. *Nat Microbiol*. 5(2):282-290. 2020.

58. **Beam JE, Rowe SE, Conlon BP.** Shooting yourself in the foot: How immune cells induce antibiotic tolerance in microbial pathogens. *PLoS Pathog*. 17(7):e1009660. 2021.

59. **Shen F, Tang X, Cheng W, Wang Y, Wang C, Shi X, An Y, Zhang Q, Liu M, Liu B, Yu L.** Fosfomycin enhances phagocyte-mediated killing of *Staphylococcus aureus* by extracellular traps and reactive oxygen species. *Sci Rep*. 6:19262. 2016.

60. **Berti A, Rose W, Nizet V, Sakoulas G.** Antibiotics and Innate Immunity: A Cooperative Effort Toward the Successful Treatment of Infections. *Open Forum Infect Dis*. 7(8):ofaa302. 2020.

61. **Fey PD, Endres JL, Yajjala VK, Widhelm TJ, Boissy RJ, Bose JL, Bayles KW.** A genetic resource for rapid and comprehensive phenotype screening of nonessential *Staphylococcus aureus* genes. *mBio*. 4(1):e00537-12. 2013.

62. **Higgins J., Loughman A., van Kessel K. P., van Strijp J. A., Foster T. J.** Clumping factor A of *Staphylococcus aureus* inhibits phagocytosis by human polymorphonuclear leucocytes. *FEMS Microbiol. Lett*. 258:290–296. 2006.

63. **Olsen CH**. Review of the use of statistics in infection and immunity. *Infect Immun*. 1(12):6689-92. 2003.

64. **Cunnion KM, Hair PS, Buescher ES.** Cleavage of complement C3b to iC3b on the surface of *Staphylococcus aureus* is mediated by serum complement factor I. *Infect Immun*. 72(5):2858-63. 2004.