Prevalence and mechanisms of high-level carbapenem antibiotic tolerance in clinical isolates of *Klebsiella pneumoniae*

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Abstract:

Antibiotic tolerance is the ability of bacteria to survive normally lethal doses of antibiotics for extended time periods. Clinically significant Enterobacterales, for example, can exhibit high tolerance to the last-resort antibiotic meropenem. Meropenem tolerance is associated with formation of cell wall-deficient spheroplasts that readily recover to rod shape and normal growth upon removal of the antibiotic. Both the true prevalence of tolerance, and genetic mechanisms underlying it, remain poorly understood. Here, we find that meropenem tolerance is widespread among clinical Enterobacterales. Using

forward genetics, we uncover novel tolerance factors in a hypertolerant isolate of the ESKAPE pathogen *Klebsiella pneumoniae*. We find that multiple mechanisms contribute to tolerance, and that cell envelope stress responses (PhoPQ, Cpx, Rcs and OmpR/EnvZ) collectively promote spheroplast stability and recovery, while the lytic transglycosylase MltB counteracts it. Our data indicate that tolerance is widespread among clinical isolates, and that outer membrane maintenance is a key factor promoting survival of tolerant *K. pneumoniae.*

Introduction

Healthcare-associated infections are common sequelae of hospitalization. Increasingly, treatment of these infections fails due to antibiotic resistance [1]. However, treatment also often fails despite the absence of outright resistance [2]. This has been attributed to other bacterial strategies for evading complete eradication, including the well-characterized phenomenon of bacterial persistence [3]. However, between the extremes of frank resistance and persistence, there is considerable complexity in bacterial antibiotic susceptibility patterns. For example, antibiotic tolerance, which has recently received increased attention as another means of surviving antibiotic insult, represents a state where a large fraction of susceptible bacteria survives in the presence of an antibiotic for extended periods. Gram-negative bacteria in particular can enter a non-replicative, cell wall-deficient spheroplast form upon treatment with β-lactam antibiotics [4-7]. This phenotype is reminiscent of L-forms [8-10] with the distinction that spheroplasts (unlike L-forms) do not proliferate in the presence of antibiotic. Spheroplasts remain intact for extended time periods and readily recover their cell shape and resume division when the

β-lactam drug is removed. While tolerant spheroplasts have been characterized in diverse

Gram-negative pathogens [5-7], the true prevalence of β-lactam tolerance among Gram-

negative clinical isolates is unknown.

Klebsiella pneumoniae is a Gram-negative nosocomial pathogen that can cause a

variety of opportunistic infections, including eponymous pneumonia, bloodstream

infections and UTIs [11]. A member of the infamous ESKAPE group of pathogens, *K.*

pneumoniae exhibits particularly worrisome levels of treatment failure [12]. Due to the

high level of resistance against most β-lactams, the carbapenems remain one of the

leading antibiotic classes that are still effective against *K. pneumoniae* [13]. Determining

mechanisms that alter susceptibility against β-lactams in general, and carbapenems in

particular, is thus a critical need for developing new treatment options against *K.*

pneumoniae. β-lactams covalently and irreversibly bind to so-called penicillin-binding

proteins (PBPs), which are the principal synthases of the main cell wall component

peptidoglycan (PG). β-lactam binding results in several downstream events that

contribute to cell death in poorly-defined ways [14]. Endogenous cell wall lytic enzymes

(collectively referred to as autolysins) degrade PG into monomers and ultimately eliminate

the sacculus entirely. In some bacteria, cell wall degradation can cause catastrophic

rupture and cell lysis, for example in the well-studied model organism *E. coli.* In addition,

the constant synthesis and immediate autolysin-mediated degradation of PG (futile

cycling) depletes cellular resources, potentially exacerbating detrimental effects

independent of cell lysis [15, 16]. Interestingly, β-lactam exposure coincides with the

generation of damaging reactive oxygen species (ROS), though the contribution of ROS

to β-lactam killing is not entirely clear [17]. It is thought that the combination of these

direct and indirect effects collectively contributes to cell death by lysis and/or internal damage. How tolerant cells manage this assault to stay alive has remained poorly understood, but previous work has implicated cell envelope stress signaling in spheroplast survival [17-19]. In the cholera pathogen *Vibrio cholerae*, for example, the VxrAB system is induced by β-lactam stress, resulting in the upregulation of cell wall synthesis functions (which likely readies the cell for recovery once the antibiotic is removed) and downregulation of detrimental iron influx (putatively to reduce the damage sustained by ROS production) [17].

In this study, we sought to characterize meropenem tolerance in *K. pneumoniae*. We found that clinical isolates of this nosocomial Gram-negative pathogen often exhibit high levels of meropenem tolerance. Using TnSeq, we defined genetic requirements for tolerance, and uncovered a role for cell envelope stress signaling systems in both spheroplast maintenance and recovery. Our data open the door for a more in-depth understanding of the molecular mechanisms promoting tolerance, priming the future design of antibiotic adjuvants that eradicate tolerant cells.

Results

Klebsiella species clinical isolates exhibit high meropenem tolerance

As part of a larger effort to determine the role of antibiotic tolerance in healthcare settings, we characterized a large panel of bloodstream isolates from the culture collection of Weill Cornell Medicine (WCM). This de-identified 271 isolate panel (**Table S1, S3**) has been fully characterized through antimicrobial susceptibility testing and consists of Gram-

negative pathogens that are mostly carbapenem-susceptible (MIC <1 µg/mL), with three

isolates testing as intermediate (MIC = 2) and seven strains as fully resistant (MIC > 4

µg/mL; one strain due to its possession of a KPC carbapenemase). Specifically, the panel

consists of 52 % *Escherichia coli* isolates, 30 % *Klebsiella pneumoniae*, 9 %

Pseudomonas aeruginosa, 6 % *Enterobacter cloacae* complex, 2 % *Klebsiella variicola*

and 1 % *Acinetobacter baumannii* complex. Since the majority of the isolates are

carbapenem susceptible, we considered this an ideal panel for determination of how

prevalent carbapenem tolerance (rather than resistance) is in clinical samples. Currently,

no fully-established sufficiently high throughput tolerance assay exists (we considered

another established tolerance test, the TDtest [20] as less effective for our purposes due

to the high number of plates required), and we therefore chose to use a semi-quantitative

assay for our screen. To this end, we grew the isolate panel (curated to remove the

resistant isolates with MIC > 4 µg/mL with the exception of the KPC producer as an

example of full resistance) in a 96-well format, where we exposed cells to meropenem

(10 µg/mL, 5x – 100x MIC) at high cell densities (following a 10-fold dilution of overnight

culture into fresh medium) in Brain-Heart Infusion broth. At the 8 hour and 24 hour

timepoints, 5 µL of thus-treated cultures were then spotted on an agar plate together with

5 ng of purified carbapenemase (KPC-2) to remove the antibiotic. After 24 hours of

incubation, spots were then scored as full growth (a confluent spot = high tolerance),

growth with a few visible colonies (= intermediate) or no growth (= low tolerance) (**Fig.**

1A, Table S1). Since this panel contained isolates exhibiting a wide distribution of

susceptibilities to meropenem (MICs ranging from ≤0.015 – 4 µg/mL), we considered the

possibility that apparent differences in tolerance may instead reflect differences in MIC.

Plotting tolerance categories over MIC values revealed that all 3 tolerance categories

contained isolates with similar variance in MICs (**Fig. 1B**). As an example, all isolates in

Fig. 1A with a yellow circle had comparatively high MICs (>/= 1 µg/mL), but displayed

very different survival levels at 8 and 24 hours of meropenem exposure. While we did

observe a slight and statistically significant positive correlation between tolerance

category and MIC (**Fig. 1B),** the large overlap in MIC between categories and the

weakness of the correlation (Spearman coefficient ρ = 0.22, p = 3.72^{-4}) suggest an

insignificant relationship between tolerance and intrinsic resistance. Thus, tolerance as

determined in this assay is not a simple function of MIC variation; rather, these data

suggest that our assay largely captures true tolerance.

Figure 1: Widespread meropenem tolerance among bloodstream isolates

(A) A panel of susceptible bloodstream isolates (meropenem MIC </= 4 µg/mL, n=263, see text for details) was exposed to 10 µg/mL (>2x MIC for all isolates) meropenem in 96-well format (BHI medium) and incubated for 8 hours or 24 hours. Following incubation, purified KPC-2 enzyme was added to the wells, and 10 µL transferred to a BHI plate without antibiotic. Tolerance was scored qualitatively as the ability to form colonies/confluent growth after 8 or 24 hours. Yellow circles indicate examples of different tolerance levels across high MIC (>/=1 µg/mL). Red circle indicates a positive control isolate (resistant, KPC+). Red box indicates examples of (from left to right) a highly tolerant *Klebsiella pneumoniae* isolate, an intermediate tolerant *E. coli* and a low tolerant *E. coli.* (B) Tolerance categories were plotted with their corresponding MIC values). Black line indicates weak correlation between tolerance and MIC (Spearman's coefficient = 0.22) (grey area represents 95% confidence interval). Raw data are color-coded according to species (C) Genus distribution among the tolerance categories.

We then asked whether some genera were more likely to exhibit tolerance than

others, and to this end plotted tolerance as a function of bacterial genus. Interestingly, the

low tolerance fraction was almost exclusively occupied by *E. coli* isolates (consistent with

our previous observations [7]), while in the high tolerance fraction, *Enterobacter species.,*

Pseudomonas aeruginosa, and especially *Klebsiella pneumoniae* were highly

represented (**Fig. 1C, Table S1**). Statistical analysis confirmed a strong enrichment for

E. coli in the low tolerance category (odds ratio = 59.94, p = 5.2×10^{-13}), and enrichment

for *K. pneumoniae* in the high tolerance category (odds ratio = 7.18, p = 8.4×10^{-9}). Thus,

K. pneumoniae clinical isolates in this panel are more likely to display antibiotic tolerance

compared to *E. coli*.

The K. pneumoniae TS1 isolate is highly meropenem tolerant

Since *K. pneumoniae* clinical isolates answered our survey as particularly tolerant,

we chose to focus on this species for further study of meropenem tolerance. However,

we noted that different *K. pneumoniae* isolates diverged in tolerance levels in our spot

assay (**Fig. 1A**). To more quantitatively determine strain-specific differences, and to

identify new model strains for mechanistic studies, we compared two well-characterized

clinical isolates of *K. pneumoniae* for their tolerance levels *in vitro*, namely *K. pneumoniae*

strains TS1 (a derivative of the CDC isolate bank AR0080) and KPNIH1 [21]. Both strains

have been cured of their carbapenemase-containing plasmids and are thus fully

meropenem susceptible with MIC's of 0.05 (KPNIH1) and 0.1 (TS1), respectively (**Table**

S2). Time-dependent killing experiments in the presence of 10 µg/mL meropenem

revealed substantial differences in tolerance levels between the two strains, despite their

similar susceptibility (**Fig. 2, Table S2**).

Figure 2: *K. pneumoniae* TS1 is a hypertolerant clinical isolate

(A) Example time-dependent killing experiment (BHI medium) in meropenem (10 μg/mL)
reveals differences in tolerance levels among two *K. pneumoniae* isolates (with the model
E. coli strain MG1655 as comparison). (B) Tolerance in *K. pneumoniae* is associated with
spheroplast formation. Aliquots from the experiment depicted in panel (A) were
transferred to agarose slides at the indicated time-points and imaged. (C) Recovery after
addition of purified KPC-2 carbapenemase demonstrates spheroplast viability. Scale bar
= 10 μm.

This observation supports our previous finding of often different tolerance levels

between different isolates of the same species [7]. Both *K. pneumoniae* strains still

exhibited higher levels of survival relative to the low-tolerance *E. coli* MG1655 comparison

strain, which exhibited a steep, 4.5 log reduction in viability within six hours of meropenem

treatment, and complete elimination by 24 hours of exposure. The TS1 strain was almost

completely tolerant, with only a slight (5-10 fold) decrease in viability even after 24 hours

of exposure (**Fig. 2A**). In contrast, the KPNIH1 isolate lost viability by 10,000-fold after 24

hours. In *both Klebsiella* isolates, survival coincided with formation of cell wall-deficient

spheroplasts (**Fig. 2B**) that readily recovered to rod-shape morphology upon removal of

the antibiotic (**Fig. 2C**). We also used these three benchmark strains to validate our high-

tolerance spot assay (**Fig. S1**). Consistent with the time-dependent killing experiments

(**Fig. 2A**), TS1 scored as highly tolerant, KPNIH1 as intermediate, and MG1655 as non-

tolerant in the spot assay (**Fig. S1**). Thus, the TS1 isolate is highly meropenem tolerant,

and serves as an ideal model for a mechanistic characterization of spheroplast formation

and recovery.

A TnSeq approach reveals putative tolerance genes in K. pneumoniae TS1

We next sought to identify factors that contribute to meropenem tolerance in *K.*

pneumoniae. To this end, we conducted a transposon-insertion sequencing screen to

assemble a genome-wide mutant fitness map in the presence of meropenem and

compared insertion frequencies before and after 6 hours of meropenem exposure

(including an outgrowth step, see methods for details, **Fig. 3A**).

Figure 3: TnSeq identifies genetic determinants of meropenem tolerance.

(A) Outline of TnSeq experimental procedure. (B) Identification of candidate tolerance factors in TS1 by plotting insertion density of a recovered library vs. the input library. Shown is a scatterplot of Tn insertion frequencies before (x-axis) vs. after (y-axis) meropenem exposure (inset indicates all genes, main panel represents a zoomed version of the red box in the inset). *Bona fide* tolerance genes are those that have a lower insertion frequency after exposure vs. pre-exposure. Red and green dots represent examples of tolerance genes prioritized for further validation (C) Validation of TnSeq hits. Mutants were obtained from the KPNIH1 mutant library and exposed to meropenem (10 µg/mL) for 6 hours, followed by dilution and spot-plating. Raw data of 3 independent biological replicates are shown +/- standard deviation. Red dotted line indicates WT average survival level. Red bars indicate cell envelope stress response systems; green bars represent genes involved in cell wall homeostasis. Statistical significance was established via Kruskal-Wallace test comparing each mutant to WT.

The screen uncovered both expected and novel putative tolerance genes (**Fig. 3B,**

Table S4). Notably, the gene coding for PBP1b was detected within the top two percent

of candidate essential genes for tolerance to meropenem. Class aPBPs like aPBP1b have

an established role in rebuilding the cell wall after damage [22, 23], and thus serve as

internal validation of our screening conditions, establishing confidence in our TnSeq

approach. Next, we validated our most prominent hits (i.e., those with the highest insertion

rate pre- vs post-exposure). We used an ordered, commercially available transposon

insertion library in the intermediate tolerance strain KPNIH1 [21] for a first-pass validation.

This resulted in confirmation of several genes whose inactivation either promoted or

reduced tolerance (**Fig. 3C**). The reduced tolerance fraction contained cell envelope

functions, albeit some without statistical significance, due to the high variance in this pilot

screening assay (**Fig. 3C**, green bars). An involvement of cell envelope functions is

expected due to the need to re-establish a cell wall upon spheroplast recovery. We also

noticed that disruptions in several cell envelope stress response systems (*rcs*, *pho*, *cpx*,

and *ompR-envZ*), drastically and statistically significantly reduced survival during

meropenem stress (**Fig. 3C**, red bars), while two gene disruptions (in the gene for the cell

wall lytic enzyme MltB, and in the poorly characterized outer membrane lipoprotein

OsmB), increased survival. Taken together, these results demonstrate that the *K.*

pneumoniae TnSeq experiment was effective at identifying specific genes with roles in

meropenem tolerance, lending themselves to further study as outlined below.

The lytic transglycosylase MltB *endogenously reduces meropenem tolerance*

Our TnSeq screen identified both genes that promote meropenem tolerance as

well as genes whose products are actually detrimental in the presence of antibiotic.

Inactivation of the gene coding for the lytic transglycosylase enzyme MltB, for example,

answered the screen as imparting a fitness advantage in the presence of meropenem,

suggesting that MltB plays a role in meropenem-mediated killing. The specific phenotype

for MltB was unexpected, since bacteria generally have many functionally redundant lytic

transglycosylase paralogs throughout their genomes, and phenotypes associated with a

single deletion are thus rare [24]. To dissect the role of LTGs in meropenem tolerance

further, we tested a panel of transposon disruption mutants in known and predicted LTG

genes for meropenem tolerance in the lower tolerance strain KPNIH1. Among eleven

mutants tested, only *mltB::tn* and (to a lesser degree) *sltY::tn* exhibited significantly

increased survival in the presence of meropenem, with a drastic 1000-fold increase in

survival (compared to WT) after 24 hours for *mltB* and 100-fold for *sltY* (**Fig. 4A**). Time-

dependent killing experiments confirmed a strong role for MltB as an antagonist of

antibiotic tolerance, as the *mltB::tn* mutant exhibited minimal (5-fold) killing in the

presence of meropenem over 24 hours (**Fig. 4B**); this phenotype could be complemented

by expressing inducible *mltB* from a neutral chromosomal locus (**Fig. S2**).

Figure 4: MltB and SltY reduce tolerance to meropenem and prevent cells from retaining polar morphology

(A) Survival of mutants in lytic transglycosylases. Mutants were obtained from the KPNIH1 mutant library and exposed to meropenem (10 µg/mL) for 6 hours, followed by dilution and spot-plating. (B) Time-dependent killing reveals increased tolerance in an *mltB* mutant. Shown are mean +/- SD of 6 biological replicates for *mltB::tn* (3 replicates for both WT) * = p < 0.05, Mann Whitney test. (C) Cell wall degradation in LTG mutants. Bacteria were treated as described for A and then imaged at the indicated timepoints. Red arrow points to an example of a retained pole in *mltB::tn.* The hypertolerant TS1 strain is shown as comparison. Scale bars, 10 µm.

The *mltB::tn* and *sltY:tn* mutants were further characterized by examining cell

morphology upon spheroplast formation. Timelapse microscopy of cells exposed to

meropenem revealed that the *mltB::tn* and *sltY:tn* disruption mutants were clearly

damaged by the antibiotic (forming spheroplasts). However, *mltB::tn* retained morphology

at the cell poles for longer than the parent strain (**Fig. 4C**, red arrow), and qualitatively

exhibited an increase in the relative abundance of intact spheroplasts (**Fig. 4C**). These

data suggest that *mltB* and (to a lesser extent) *sltY* may reduce tolerance by accelerating

the degradation of peptidoglycan when synthesis is halted by meropenem, and thus point

to a dominant role of these LTGs in cell wall turnover in *K. pneumoniae*. Perhaps

activation of autolysins could be a useful future strategy to potentiate β-lactam antibiotics

against tolerant pathogens.

Multiple cell envelope stress response systems collectively contribute to β-lactam

tolerance

Several well-characterized cell envelope stress response systems appeared in our

screen as top candidates that promote meropenem tolerance: the Rcs phosphorelay

system, the PhoPQ and CpxAR two-component systems, and the osmotic and acid stress

response TCS, OmpR/EnvZ. Of note, our previous work revealed the PhoPQ system as

a key meropenem tolerance determinant in the fellow Enterobacterales, *Enterobacter*

cloacae, suggesting that PhoPQ-mediated tolerance may be a widely conserved [25]. To

dissect the individual and combined contributions of these systems to survival in

meropenem, we created deletions of all four systems in all combinations, including one

quadruple system deletion mutant lacking all four stress responses, in our hypertolerant

TS1 strain. These mutants were then exposed to meropenem in time-dependent killing

assays. These experiments revealed a 10 to 10,000-fold decrease in viability after 24

hours of exposure to meropenem in any individual envelope stress response mutant

compared to the wild type *K. pneumoniae* parent strain (**Fig. 5AB**), which could be

complemented by expressing each respective system from a neutral chromosomal locus

(**Fig. S4**). We observed large differences in both magnitude and consequences for lysis

in the different mutants. The Δ*ompR/envZ* mutant, for example, exhibited the most drastic

reduction in viability of all the single mutants (10,000-fold vs. 10- to 100-fold for the

others), pointing to a particularly important role of the OmpR/EnvZ response in tolerance

to meropenem. We also noticed that while most single mutants exhibited both a drop in

CFU/mL and in OD_{600} (indicative of cell lysis), the Δ*rcsF* mutant was only defective in

viability, with only a slight reduction in OD during meropenem treatment (**Fig. 5A**),

suggesting a role for RcsF in spheroplast recovery, rather than structural maintenance.

Figure 5: Cell envelope stress response systems are essential for full meropenem tolerance

TS1 and its mutant derivatives were diluted 10fold into 5 mL of BHI medium containing 10 µg/mL meropenem. At the indicated timepoints, samples were withdrawn and OD_{600} (A) and CFU/mL (B) were measured. At 24 hours, differences between each mutant and WT, and between Δ4 and each single mutant except Δ*ompR/envZ* were statistically significant (Mann Whitney U test, p = 0.002). mutant (C) Aliquots were removed from the experiment depicted in (A-B) and imaged. Scale bar = 10 µm.

We also investigated cell morphologies of each mutant before and after exposure to meropenem for 24 hours of treatment, and upon recovery in strains capable of forming spheroplasts. Wild type cells and all single deletion mutants appeared similar in shape and morphology at the start of meropenem exposure experiments (**Fig. 5C**). However, the Δ4 mutant cells exhibited slightly aberrant morphology (slightly larger cells with subtle deformations) and spontaneous lysis, suggested by the presence of cell debris. After 24 hours of meropenem exposure, CESR single deletion mutants formed spheroplasts, albeit at much lower numbers compared to WT. The exceptions to this were the Δ*ompR/envZ* mutant, in which spheroplasts were not observed, and the *rcsF* mutant, which formed robust spheroplasts, consistent with the relatively minor reduction in OD_{600} post-treatment (**Fig. 5C**). Thus, the Rcs system may play a role in spheroplast recovery, rather than spheroplast cell envelope maintenance, consistent with a role in spheroplast recovery in lysozyme-treated *E. coli* [26]. Interestingly, the Δ*ompR/envZ* and Δ4 mutants were highly defective in spheroplast formation or maintenance, as we failed to find any intact spheroplasts even upon 10-fold concentration of meropenem-treated culture followed by imaging, consistent with the drastic reduction in viability these strains experience in the presence of meropenem (**Fig. 5B**). We also constructed intermediate strains, including a suite of Δ3s with single two-component systems left intact (**Fig. S3**).

All Δ3s collapsed in viability almost to the same degree as the Δ4, strongly suggesting an

additive or synergistic effect between the different systems, as no two-component system

by itself could sustain viability. Of note, among the Δ2 mutants, the combination of

Δ*ompR/envZ* and Δ*rcsF* was most detrimental, and the resulting mutant was, like the Δ4

mutant, nearly eradicated after 24 hours of exposure. Collectively, these results point to

a functionally hierarchical organization of responses necessary for meropenem tolerance:

OmpR/EnvZ as the most important response, followed by Pho and Cpx to maintain

spheroplast stability, and Rcs with a more prominent role in recovery compared to

maintenance of structural integrity.

The Rcs phosphorelay is induced by, and required for, meropenem tolerance

The Rcs phosphorelay as an apparent contributor to tolerance caught our attention. In *E.*

coli, Rcs is induced by β-lactams, and required for survival in low β-lactam concentrations

[27]. Additionally, Rcs is required for recovery of *E. coli* from a cell wall-deficient state

(generated by lysozyme treatment in osmostabilized medium, a condition that

morphologically mimics meropenem-treated spheroplasts) [26]. In apparent contrast, a

recent study has shown that Rcs is neither induced by, nor required for β-lactam

persisters [28]; however, this is likely because persisters are dormant and thus not

expected to be damaged by the antibiotic (obviating the need for a damage response) [3].

To clarify the role of Rcs in *K. pneumoniae*, we engineered a TS1 strain carrying an P_{rprA}-

lacZ transcriptional fusion (a well-established readout of Rcs signaling [29]) in a neutral

chromosomal locus (*lacZ*) and measured induction by meropenem. A first qualitative

assay using zone of inhibition on growth medium containing the chromogenic LacZ

substrate X-gal yielded a blue ring around the zone of inhibition when a meropenem disk

was placed on the agar surface, but not when the translation inhibitor kanamycin was

used (**Fig. S5A**). We then corroborated these results in liquid medium, where a

quantitative β-galactosidase activity assay (Miller assay) revealed a 5-fold induction of

the construct by meropenem that was largely dependent on the presence of RcsB (**Fig.**

6A). Thus, meropenem induces the Rcs response. We also validated the role of Rcs in

meropenem tolerance by creating additional mutants in Rcs components, namely RcsC

and RcsD. All mutants displayed a strong (10,000fold) reduction in tolerance, which could

be fully complemented by overexpression of the response regulator RcsB (**Fig. 6B**). The

ability of RcsB overexpression to induce the Rcs regulon was verified by measuring

induction of the chromosomal P$_{rprA}$-*lacZ* construct (**Fig. S5B**). Thus, the Rcs

phosphorelay is both responsive to meropenem exposure, and required for meropenem

tolerance in *K. pneumoniae.*

Figure 6: The Rcs phosphorelay is induced by meropenem and required for tolerance

(A) WT and Δ*rcsBCD* strains carrying a chromosomal rprA-*lacZ* transcriptional fusion were exposed to meropenem, followed by quantification of beta-galactosidase activity via Miller assay. A strain deleted in *lacZ* was used as background control. ** = p<0.05, ns = not significant (t-test) (B) The indicated strains were exposed to meropenem (10 µg/mL). Survival fraction is CFU/mL after 24 hours normalized to starting cell density. Shown are averages of 3 independent experiments +/- standard error.

Fluctuation test reveals memory in tolerant subpopulation

The stress responses that contribute to meropenem tolerance may rely on deterministic induction by the antibiotic for their protective impact, or they may be stochastically and heterogeneously active within the population before exposure to a stress as a bet-hedging strategy. To gain some insight into this distinction, we leveraged the classical Luria-Delbrück experiment or the "Fluctuation Test" that has been recently expanded to investigate reversible switching between cellular states within an isogenic cell population. This fluctuation test has been used to gain insights into the non-genetic mechanisms by which microbial and cancer cells survive lethal exposure to targeted drug therapy [30-32]. For example, the application of the fluctuation test in both *Escherichia coli* [33], *Bacillus megaterium* [34] and *Mycobacterium tuberculosis* [35] has shown individual cells to reversibly switch between an antibiotic-sensitive and an antibiotic-tolerant state, with each state being maintained transiently for several generations. This reversible switching happens continuously in the absence of the drug as a result of stochastic fluctuations in underlying signaling and gene regulatory networks and primes a rare subpopulation of cells as a bet-hedging mechanism to survive lethal antibiotic exposure.

To conduct a fluctuation test, we first isolated single TS1 cells in 96-well plates

using serial dilution. Each cell was grown into a clonal population and exposed to

meropenem at an OD_{600} of 0.3 (**Fig. 7**). WT OD dropped sharply at first, followed by

slower increase in OD_{600} in the surviving subpopulation (spheroplasts). The clone-to-

clone fluctuations in cell viability after antibiotic exposure were quantified by using the

coefficient of variation (standard deviation divided by the mean) of OD_{600} (spheroplast

survivor fraction) across clones at 1.66 hours after drug exposure. This time point was

specifically chosen as it captures the OD_{600} drop-off in response to meropenem (**Fig. 7,**

dashed vertical red line) and avoids the rebound in OD_{600} seen in WT cells as a result of

changes in cell shape. We then used mathematical modeling to predict how the kinetics

of switching between drug-sensitive and drug-tolerant cell states impact clone-to-clone

fluctuations in the number of cells surviving lethal stress, with slower switching (i.e., higher

transient memory of a state being retained across generation) resulting in a higher degree

of interconal fluctuations [32]. Our results show clone-to-clone fluctuations in cell integrity

to be 0.153 $\pm$ 0.036 for WT where $\pm$ denotes the 95% confidence intervals in the

coefficient of variation of OD_{600} as obtained by bootstrapping (**Fig. 7**). These observed

fluctuations were significantly higher than the technical noise of 0.086 $\pm$ 0.028 (control

fluctuations). Technical noise was estimated by performing a similar experiment, but with

fluctuations quantified across wells starting with a random population of 10,000 cells

rather than a single cell-derived population. These results were statistically significant

(testing for equality of CVs [36]; p = 0.0031 for WT 1 cell vs. 10^4 cells; p = 9.7 x 10^{-6} for

$\Delta4$ one cell vs. 10^4 cells). Similar to observations in other bacteria, this fluctuation data is

consistent with a model of a multi-generation drug-tolerant state in *Klebsiella pneumoniae*

that preexists meropenem exposure.

Figure 7. Fluctuation test indicates memory in spheroplast population. Bacteria
were diluted to a starting density of 1 cell/well or 10,000 cells/well (control), and grown
in a microtiter plate. At OD_{600} =0.3, meropenem (10 μg/mL) was added (red dotted line).
CV (coefficient of variation) calculations were performed at peak killing (blue dotted
line).

We hypothesized that the stochasticity originated from variance in background expression

of cell envelope stress responses. To test this, we repeated the fluctuation assay in the

Δ4 genotype where the observed fluctuations were much smaller compared to WT with

the coefficient of variation being 0.044±0.009, but still significant compared to control

fluctuations performed for this strain (**Fig. 7**). The lower value of the observed clonal

fluctuations in Δ4 points to faster-switching kinetics, and hence a shorter transient
memory of the drug-tolerant state.

Discussion

Infections with Enterobacterales continue to be an active and increasing threat to
public health due to their capacity to cause infection, and to gain and disseminate
antibiotic resistance genes, with particular risk for vulnerable populations. In this work, we
have found that antibiotic tolerance, the ability to sustain viability in the presence of
bactericidal antibiotics for extended time periods, is widespread among clinical isolates
of Gram-negative pathogens, particularly *Klebsiella pneumoniae*.

To uncover novel factors that modulate β-lactam tolerance in *K. pneumoniae* we
performed a genome-wide scan using a TnSeq approach. Because this approach
provides a readout of each gene's fitness during a challenge, we were able to identify
genes that contribute to meropenem tolerance, and genes that reduce tolerance in *K.*
pneumoniae. The screen overall was able to capture several regulatory systems and
individual factors that modulate tolerance along with the internal control PBP1b (a key
cell wall synthase required to rebuild the cell wall after catastrophic damage [23]), raising
confidence in our approach. This screen also pointed to several cell envelope stress
responses that are partly responsible for this strain's ability to undergo the entire process
of spheroplast formation, maintenance, and recovery: the Rcs, Pho, Cpx, and
OmpR/EnvZ systems. Of note, the ability of cell envelope stress responses to confer
antibiotic tolerance via repair of antibiotic-induced damage appears to be widespread
among diverse bacteria [14, 17, 37, 38].

Interestingly, the OmpR/EnvZ system appears to exert a particularly strong effect

on tolerance. This system is induced by changes in pH and osmolarity, and in *E. coli*

controls the switch from the larger diameter porin OmpF to the smaller diameter porin

OmpC [39]. Formally, it is possible that the porin switch may delay diffusion of meropenem

into the cell; however, this is unlikely to account for the tolerance phenotype we observe

here, given that WT and Δ*ompR/envZ* MICs are within essential agreement (**Table S2**).

Future work will be directed at delineating the contribution of this system to spheroplast

maintenance. Conversely, the Pho and Cpx single system deletion mutants appear to

have similar net contributions to meropenem tolerance both in rate of killing and final

viability, while still forming detectable spheroplasts capable of recovery. The versatile

PhoPQ system senses Mg^{2+} deficiency, presence of antimicrobial peptides, pH and other

stresses [40]. Most relevant to the phenotype assayed here, we have previously shown

that PhoPQ is required for meropenem tolerance in the related bacterium *Enterobacter*

cloacae, via PhoPQ-controlled outer membrane modifications [25]. The Cpx system is a

general cell envelope health monitor [41], which controls, among other things, L,D-

transpeptidases that help stabilize the outer membrane [42, 43], and respiratory chain

functions [44, 45], which contribute to ROS production in spheroplasts [17]. Lastly, the Rcs

system contributes to meropenem tolerance in a unique way. Time-dependent killing

revealed that viability dropped substantially in the Δ*rcsF* mutant, but this strain's capacity

to form spheroplasts and maintain optical density was comparable to the WT parent

strain. However, Δ*rcsF* mutant spheroplasts were markedly impaired in their ability to

reform successful dividing rods when meropenem is removed. Among other genes, Rcs

positively regulates the cell division component *ftsZ* [46], perhaps pointing to a model

where upon spheroplast recovery, cell division can commence sooner in WT than in Δ*rcs*

cells due to the increased availability of critical divisome components. Taken together,

the phenotypes of each individual mutant indicate that aspects of β-lactam tolerance are

mediated by distinct response systems, likely with some temporal distinction (**Fig. 8**)

Figure 8: Summary of meropenem tolerance as a net result of cell wall degradation and cell envelope stress response induction Meropenem treatment induces multiple cell envelope stress responses, whose regulons contribute to survival. Lytic transglycosylases MltB and SltY contribute significantly to sacculus degradation, which reduces efficiency of spheroplast recovery.

Because TnSeq has the benefit of also revealing gene disruptions that increase

fitness, we simultaneously probed for endogenous factors that reduce meropenem

tolerance. *K. pneumoniae* strain TS1's lytic transglycosylase *mltB* answered the screen

as a strong candidate that actually improves survival when disrupted, which conversely

suggests that MltB contributes to cell killing in the presence of meropenem. Lytic

transglycosylases cleave glycosidic bonds of peptidoglycan strands [24], and have

specific and important functions in opportunistic pathogens. For example, in

Acinetobacter baumannii, *mltB* is a critical factor for pathogenesis by linking complex

envelope homeostasis functions with virulence [47]. In *Pseudomonas aeruginosa*,

eliminating this enzyme (also in combination with other lytic transglycosylases) increases

resistance to cell-wall targeting antibiotics via induction of an endogenous β-lactamase

[48, 49]. Disruption of *sltY* and *mltB* in *K. pneumoniae* strain KPNIH1 resulted in 10- 1000

fold increased tolerance to meropenem. Cell morphology around the poles in these

mutants was maintained after exposure to meropenem, possibly due to this strain's

inability to degrade the old peptidoglycan present when PBPs are inhibited. This

maintenance of the cell wall could be what increases survival by preserving the

peptidoglycan and envelope-spanning systems, leading to preservation of cell integrity

and potentially serving as a scaffold for new cell wall synthesis when meropenem is

removed. It is unclear why *mltB* and *sltY* specifically emerge as the only lytic

transglycosylases that have this effect on the cell when bacteria generally have multiple

redundant lytic transglycosylase paralogs in their genomes; strong phenotypes for single

deletion mutants are thus highly unusual. We noted that both LTG mutations also

increased meropenem MIC significantly (**Table S2**). It is thus possible that increased

degradation of meropenem, for example by overproduction of a chromosomal β-

lactamase with low-level carbapenemase activity, also at least partially contributes to

enhanced survival of these mutants (as a caveat, *K. pneumoniae's* chromosomal enzyme

SHV-1 is not known to hydrolyze carbapenems). However, these mutants still form

spheroplasts, indicating significant cell wall damage, ergo meropenem is still present at

supra-MIC concentrations. Putative carbapenemase activity can thus not account entirely

for the high survival phenotype.

Overall, this study presents a deeper insight into β-lactam tolerance and can inform

further investigations to understand other aspects of how these dangerous pathogens

respond to antibiotics and ultimately develop resistance. Attaining an understanding of

the detailed workings of this complex phenotype can inform approaches toward finding

potential druggable targets to reduce or abolish an organism's capacity for β-lactam

tolerance, thus allowing development of novel therapeutics and treatment strategies for

tolerant pathogens.

Methods

Culture conditions and killing experiments Unless otherwise stated, all strains were grown

in shaking overnight cultures at 37ºC, and tolerance assays were carried out in Brain

Heart Infusion (BHI) broth at 37ºC. Tolerance assays were conducted by inoculating

overnight culture at a 1:10 ratio into fresh BHI medium containing 10 μg/mL meropenem

(TCI, Tokyo, Japan). Cultures were then incubated at 37˚C without shaking. Optical

density was measured in a VWR V-1200 spectrophotometer and viable cells were

quantified by serial dilution in BHI medium and spot-titered onto BHI agar. The

carbapenemase KPC-2 was purified (see next section for detail) and added to culture

samples at a final concentration of approximately 1 μg/mL prior to serial dilution to

deactivate   meropenem,   thus   eliminating   meropenem   carryover   effect.   For

complementation experiments, 40 ng/mL anhydrotetracycline was added for induction of

expression.

MIC Determination. MICs for all strain backgrounds (except the isolate panel, see below)

were determined by diluting overnight cultures 10^7-fold in BHI medium for direct

comparison with killing experiments. Diluted cultures were inoculated into BHI containing

successive 2-fold concentrations of meropenem in a 96 well microtiter plate at a final

volume of 200 µL per well, and incubated at 37°C overnight, leaving one well as an

uninoculated control, and one well with cells but without meropenem to ensure growth of

the strain. MICs were recorded as the lowest meropenem concentration free from

turbidity. For the clinical isolate panel, MICs were measured using standard CLSI

guidelines (cation-adjusted MHB).

Purification of KPC-2 *enzyme.* The gene for KPC-2 was amplified from the genome of

Enterobacter cloacae strain 41952, a clinical isolate from WCM, and cloned into the

pET21 expression vector. The His-tagged KPC-2 enzyme was overexpressed in BL21

pLysS. A 500 ml culture of LB containing 100 µg/mL ampicillin was induced at OD=0.5

with 1 mM IPTG and incubated shaking at 30°C overnight. The following day, cultures

were centrifuged, and pellets were decanted and stored at -80°C until lysis and

purification. Pellets were resuspended in resuspension buffer (20 mM Tris, 150 mM NaCl,

5 mM imidazole) and sonicated using the QSonica with the largest tip attachment for 40

minutes total, alternating between 5 second pulses and 5 second rests on ice. The lysate

was then centrifuged for 45 minutes at 16,000 rpm and the supernatant discarded. In

preliminary expression experiments, we found that KPC was mostly in the insoluble

fraction. The insoluble pellet was resuspended in binding buffer (20 mM Tris, 150 mM

NaCl, 5 mM imidazole, 3 M Urea), and incubated rotating overnight at 4°C to denature

and solubilize the KPC-2 protein. The next day, the denatured lysate was centrifuged

again at 16,000 rpm for 45 minutes, and the resulting supernatant passed through a

cobalt-charged NTA agarose resin column at room temperature. Six column volumes of

wash buffer (20 mM Tris, 150 mM NaCl, 30 mM imidazole, 3 M Urea) were then passed

through the column, and the protein eluted in 1.8 mL fractions with increasing

concentrations of imidazole in elution buffers (20 mM Tris, 150 mM NaCl, 50-600 mM

imidazole, 3 M Urea). Fractions with the highest protein concentrations were pooled, and

the total volume was dialyzed into a final storage buffer (20 mM Tris, 150 mM NaCl, 30%

glycerol) in three steps, each with decreasing concentrations of imidazole and increasing

concentrations of glycerol. Purity was determined by SDS-PAGE, and concentration was

estimated with Bio-Rad Bradford Assay kit.

Imaging. All images were taken on a Leica Mdi8 microscope (Leica Microsystems, GmbH,

Wetzlar, Germany) with a PECON TempController 2000-1 (Erbach, Germany), heated

stage at 37°C for growth experiments, or room temperature for static images. For

timelapse microscopy of spheroplast formation, cells were placed on a 0.8% agarose pad

containing BHI and 10 µg/mL meropenem within a gene frame (ThermoFisher, Waltham,

MA). For recovery timelapses, KPC-2 enzyme was added at 5 µg/mL to eliminate the

meropenem. Frames were taken using autofocus control every five minutes for up to 12

hours. Timelapse video stacks were processed in FIJI (NIH) using the Linear Stack

Alignment with SIFT under the Registration plugin (using all default settings with the

exception of Expected Transformation, which was changed to Translation) to center cells

in the cropped frame. Frame rates were set at 3-4 frames per second for supplemental

videos.

Transposon mutagenesis screen and data analysis. *K. pneumoniae* strain TS1 was

mutagenized with a Mariner transposon delivered via the *E. coli* donor strain MFD λpir to

generate a complex library of kanamycin-resistant transposon mutants. This initial library

was frozen as a glycerol stock, and an overnight culture from it was grown in BHI

containing kanamycin at 50 µg/mL to form an input library as the comparison for TnSeq

analysis. Overnight cultures of this input library were diluted 10-fold into 5 mL BHI

containing meropenem (10 ug/mL) and incubated for six hours at 37˚C without shaking,

followed by plating on BHI agar plates after treatment with 5 µg/mLKPC-2 enzyme

(untreated controls were also generated mirroring the six-hour exposure and recovery

populations). Genomic DNA (gDNA) was extracted from all stages of the meropenem

challenge and recovery and prepared for Illumina sequencing. Briefly, gDNA extracted

from each library was sonicated to generate fragments mostly 200-800 base pairs long

which were blunted using NEB Quick Blunting Mix (#E1201L). After blunting, fragments

were given A-tails with Taq DNA polymerase to allow ligation of adapter sequences (full

lists of primers and reactions can be found in supplemental methods). Ligated fragments

were amplified with PCR to enrich transposon-adjacent regions, and then again were

PCR amplified with primers to add barcodes, spacer sequences, and Illumina chip

attachment ends. The library was run on agarose gel and all fragments 250-600 base

pairs were extracted for analysis on the BioAnalyzer (Agilent, Santa Clara, CA) to assess

before Illumina sequencing. All libraries were sequenced as paired 150 bp reads, though

only forward reads were used in the final analysis.

Raw Illumina data were processed in Galaxy using the Cutadapt program to trim

reads for length and quality, then mapped with Bowtie2 using the *K. pneumoniae* TS1

FASTA reference genome available in NCBI (Biosample accession number

SAMN04014921)   (full   protocol   available   at   this   link:

https://usegalaxy.org/u/trevorcrossmicro/w/trimming). Mapped reads were analyzed by

TnSeq Explorer   [50]to calculate insertion density of each gene from each library.

Insertion densities were used to calculate an insertion density ratio for each gene from

one library to another, thereby comparing essentiality across points in the meropenem

challenge. The comparison between library 2 (input) and library 6 (meropenem recovery)

was used as the basis for ranking genes in order of essentiality, with genes most essential

to meropenem tolerance appearing at the top of the list, while genes which impart a fitness

increase when disrupted appearing at the bottom of the list.

KPNIH1 validations. Candidate tolerance genes identified by TnSeq were first validated

using an arrayed *K. pneumoniae* KPNIH1 library constructed by the Manoil lab [21].

Transposon mutants were grown in 200 μL BHI medium overnight cultures in a 96 well

plate. The next day, the overnight culture was diluted 1:10 into BHI containing a final

concentration of 10 μg/mL meropenem. At the indicated time points, samples were taken

for CFU determination, while simultaneously measuring optical densities in a Spectramax

iX3 (Molecular Devices, San Jose, CA) plate reader, and then incubated at 37˚C without

shaking for six hours. Final optical density and CFU/mL were recorded and the ratio

between final and initial values were calculated to determine the effect of the gene

disruption when challenged with meropenem.

Strain constructions with pTOX. Strains and oligos are summarized in Table S5 and S6.

Knock out and reporter strains in *K. pneumoniae* TS1 were constructed using the pTOX5

allelic exchange vector as described in [51]. Briefly, 800-1000 base pair regions flanking

regions were amplified using PCR or synthesized de novo and assembled via isothermal

assembly into the pTOX SmaI site. Assembled constructs were transformed into DH5α

λpir competent cells, plated on LB containing 100 µg/mL chloramphenicol and 1% glucose

(LB/CHL/gluc) (to repress the rhamnose inducible toxin gene) and screened for insertion

size with primers TC_82 and TC_83, followed by sequence verification through Sanger

sequencing. Correct constructs were transformed into conjugal MFD λpir and mated into

K. pneumoniae TS1 on LB containing 1% glucose and 1.2 mM DAP (LB/gluc/DAP) for 6

hours at 37°C. Transconjugants were isolated back on LB/CHL/gluc and a single colony

was grown out in LB containing 1% glucose until the OD reached 0.1-0.2, at which point

cells were washed with M9 medium containing 0.2% casamino acids and 1% rhamnose,

and plated on solid M9/rham/casamino acids to induce the counterselective toxin and

isolate allelic exchange constructs containing the desired modifications. Envelope stress

response system deletions were screened using primers flanking the loci of interest and

validated using internal primers. Other constructs were validated using primers specific

to the modification, or primers flanking the *lac*Z locus where reporters were inserted.

For complementation of phenotypes, genes were cloned into a pTn7 plasmid (tn7-

gentamycin) and inserted into the chromosomal Tn7 insertion site (near the *glmS* gene)

using triparental mating with the helper plasmid pTNS2. The Tn7 plasmid was modified

to contain an anydrotetracycline-inducible (Tet on) gene fragment (DL-GB-PP-1, see

Table S6). MltB and CESRs were amplified from the chromosome of Kp KPNIH1 (*mltB*)

and TS1 (CESR loci), respectively, using primers NN520/521 (mltB), NN518/519

(*cpxPRA*), NN512/513 (*ompR/envZ*), NN514/515 (*phoPQ*), NN516/517 (*rcsDBC*) and

cloned into PacI-digested pTN7 using isothermal assembly. Successful clones were

screened for using primers NN522/NN523, and verified via whole plasmid sequencing.

Miller assay to detect RcsB function and induction. To assess function of the RcsB

response regulator, a reporter construct was constructed by inserting an *rprA-lacZ*$_{MG1655}$

reporter with the *E. coli* MG1655 lacZ gene (abbreviated to *rprA-lacZ*) into the TS1 native

lacZ locus, eliminating most of the native *lacI* and *lacZ* genes. This construct was

validated first by overexpressing native RcsB on a pBAD plasmid in the presence of 0.2%

arabinose on BHI medium from strain TS1 in the reporter background and qualitatively

comparing X-gal signal to the construct containing an empty vector. RcsB activation upon

meropenem exposure was measured by performing the Miller assay on cell pellets from

meropenem-exposed cells at 0, 1, 3, and 6 hours in BHI and control cultures to determine

relative units of β-galactosidase activity normalized to CFU/mL of either culture.

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Supplementary Figures

Fig. S1 Tolerance screen validation with benchmark isolates. Strains were exposed to meropenem (10 µg/mL) as described in methods. At the indicated time-points, 10 µL of the cell suspension was spotted on BHI agar and supplemented with KPC, followed by 24 hours of incubation at 37 ˚C.

Fig. S2 Complementation of the Δ*mltB* phenotype. The indicated strains were grown

overnight in BHI, then diluted 10fold into fresh BHI containing meropenem (10 µg/mL)

and 40 ng/mL anhydrotetracycline. Viability was determined by serial dilution and spot-

plating after 24 hours of incubation. Shown are raw data points for 5 biological replicates

for each strain. Statistical significance was determined by Mann Whitney test (*p < 0.05)

Fig. S3 Tolerance phenotypes of CESR mutants. Time-dependent killing experiments

(10 µg/mL meropenem) were conducted in BHI medium. Statistical analysis (Kruskal-

Wallace test, p < 0.001) revealed statistically significant differences in viability (12 hour

time point) for all mutants vs. WT; Δ4 vs. any triple mutant was not statistically significant.

Fig. S4 Complementation of the ΔCESR phenotypes. The indicated strains were

grown overnight in BHI, then diluted 10fold into fresh BHI containing meropenem (10

μg/mL) and 40 ng/mL anhydrotetracycline and incubated for 24 hours. Viability was

determined by serial dilution and spot-plating. Shown are boxplot and raw data points for

at least 5 biological replicates for each strain.

Fig. S5 Meropenem induces the Rcs phosphorelay. A) The P_{rprA}-*lacZ* reporter strain

was spread on plates containing the chromogenic LacZ substrate x-gal. A filter disk was

placed in the middle containing either meropenem or kanamycin. Note blue halo around

the meropenem disk, in the sub-MIC area beyond the zone of inhibition. B) RcsB was

overexpressed from an arabinose-inducible promoter in the P_{rprA}-*lacZ* background,

followed by plating on LB with X-gal.

Supplementary Tables

Table S1 – Bloodstream Isolate Panel Distribution in tolerance categories

Table S2 – MICs of the strains used in this study

Table S3 – Bloodstream isolate panel

Table S4 – TnSeq insertion frequencies

Table S5 –Strains used in this study

Table S6 – Oligos used in this study

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