The cellular mammalian clock regulates *Staphylococcus aureus* invasion in
epithelial cells

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Abstract

An endogenous biological clock, the circadian clock, coordinates life with the 24-hour

day/night environmental cycle. In mammals, a central pacemaker in the

suprachiasmatic nucleus of the hypothalamus coordinates timing between peripheral

clocks and with the environment and, for example, modulates immune responses to

infections. However, its role in controlling bacterial infections at a cellular level is not

understood. Here, we investigate the role of the host cellular clock during infection by

a highly drug-resistant human pathogen, *Staphylococcus aureus.* Our findings

revealed that *S. aureus* invasion into epithelial cells was dependent on the host

circadian phase. Interestingly, cells deficient in BMAL1*,* a transcriptional activator and

an essential clock protein, demonstrated increased bacterial uptake compared to

parental A549 cells. The *BMAL1*-knockdown (KD) cells showed significant induction

of GP340, a receptor of the *S. aureus* adhesin, SraP. An *S. aureus sraP* mutant did

not exhibit rhythmic uptake into A549 cells or an increased uptake into *BMAL1*-KD

compared to parental A549 cells. Of note, other bacterial adhesin mutants showed

rhythmic and higher uptake in *BMAL1*-KD cells. Hence, we report that *S. aureus*

epithelial cell invasion is clock-modulated and mediated through the *S. aureus* SraP-

GP340 pathway, suggesting potential for host clock-directed therapy against this

pathogen.

Introduction

Circadian rhythms are intrinsic, about 24-hour cycles that govern a wide array of physiological processes in most living organisms, ranging from bacteria to humans[1,2]. These rhythms are regulated by a cell autonomous internal time-keeping system known as the circadian clock, which allows organisms to anticipate and adapt to daily environmental changes, synchronize metabolic functions, and maintain overall homeostasis[3].

In mammals, a central clock in the hypothalamic suprachiasmatic nucleus (SCN) coordinates rhythms in all other organ, tissue and cellular clocks relative to the environmental light/dark cycles. The molecular basis of circadian rhythms involves coupled transcriptional-translational feedback loops consisting of more than a dozen core clock genes[1], including the central positive and negative arm transcription factors BMAL1, CLOCK and PERIODs, CRYPOTCHROMEs, respectively. These genes interact to produce proteins that oscillate in abundance over an approximate 24-hour cycle, ultimately regulating downstream processes involved in metabolism, immunity, inflammation and various physiological responses[3].

Recent research has underscored the significant influence of the circadian clock on immune regulation and host-pathogen interactions[4,5]. The synchronization between the circadian system and immune responses ensures that the body can efficiently combat pathogens at optimal times of the day[6]. For example, studies have shown that immune cells exhibit diurnal variations in activity, with certain populations peaking at specific times, thereby enhancing the body's ability to respond to infections[7]. Disruptions to circadian regulation, whether due to genetic, environmental, or behavioural factors, can impair these defences, leading to increased susceptibility to infections and altered pathogen behaviour[8,9]. Additionally, dysregulation of the host circadian clock has been linked with increased susceptibility to bacterial infection[10].

Staphylococcus aureus, a Gram-positive bacterium, is a highly drug-resistant opportunistic human pathogen responsible for a wide range of infections, from minor skin conditions to life-threatening diseases such as pneumonia, endocarditis, and sepsis[11,12]. *S aureus* is a facultative intracellular pathogen, which invades a range of mammalian cells, which offer a niche for replication, persistence and resistance to antimicrobials[13-16]. Recent findings suggest that disruption of circadian regulation can

impair immune responses towards *S. aureus* infection[17]. However, at a cellular level,

the molecular mechanisms underlying the role of the host clock in *S. aureus* infection

remain unclear. Identifying host pathways involved may lead to the development of

chronotherapeutic approaches that optimize timing for interventions against *S. aureus*

infections.

In this study, we explore the role of the host circadian clock in modulating *S. aureus*

infection of epithelial cells in an *in vitro* infection model. We demonstrate that *S. aureus*

invasion is dependent on the mammalian circadian phases and that specific bacterial

adhesins may control rhythmic invasion through interactions with clock-regulated host

proteins. This study implicates potential molecular targets that could inform new

strategies against *S. aureus* infection.

Methods and Materials

Bacterial strains, plasmids, and bacterial culture conditions

Staphylococcus aureus strains, *S. aureus* JE2 wild-type (WT) (BEI Resources),

including *S. aureus* reporter strains (containing pMV158-mCherry or pMV158-GFP),

S. aureus::mCherry (pOS1), *S. aureus*::GFP (pMV158), were cultured in tryptic soy

broth (TSB, Merck) medium at 37°C with shaking, in the presence or absence of

5 μg/mL tetracycline, as appropriate.

Transposon   mutants   from   the   Nebraska   transposon   mutant

library (https://ntml.unmc.edu) were obtained from BEI Resources for key adhesion

factors, including FnbA (fibronectin-binding protein A) NR-46609, FnbB (fibronectin-

binding protein B) NR-47271, and SraP (serine-rich adhesin for platelets) NR-46576.

These mutants were cultured in Tryptic Soy broth (TSB) containing 5 μg/mL

erythromycin as per instructions.

For infection experiments, bacterial cultures were initiated from frozen stocks one day

before the assay and overnight cultures were prepared. On the day of the experiment,

log-phase cultures were initiated by diluting the overnight cultures into fresh TSB

medium. Bacteria were grown in a shaker at 37°C to an optical density at 600 nm

(OD_{600}) of 1.0, which is exponential growth phase for *S. aureus* JE2.

Mammalian cell culture and circadian synchronization

Human lung epithelial adenocarcinoma A549 cells wild type (ATCC CCL-185) with or

without sh*BMAL1* knockdown were cultured in high glucose DMEM supplemented with

GlutaMAX (11584516, Gibco), 1% Penicillin/Streptomycin (P4458, Sigma-Aldrich) and

dialysed 10% fetal bovine serum (FBS, 26400044, Gibco). Cells were maintained in a

humidified atmosphere at 37°C with 5% CO_2. To evaluate *Staphylococcus aureus*

invasion, mammalian cells were seeded in 24-well plates (662892, Greiner) or 4-

chamber (177399, Nunc Lab-Tek) slides at a density of 3×10^5 cells per well and

incubated for 24 hours prior to infection.

For circadian synchronization experiments, cells were seeded at a density of

2×10^5 cells per well and allowed to adhere for 24 hours. Synchronization was

achieved using forskolin (FSK, 10 μM, S2449, Selleck Chemicals), a potent cyclic AMP

(cAMP) activator known to reset the circadian clock of all cells in the culture vessel to

a common phase[18,19]. Using this widely employed method, cellular clocks were reset

6, 12, 18, or 24 h before infection with *S. aureus* to assess circadian phase difference

of bacterial invasion (Figure 1A). The time from FSK treatment is used as a phase-

marker throughout.

For microscopy-based assessments, cells were seeded either in imaging 24-well

plates or on 4-chamber slides to facilitate imaging of *S. aureus* interactions with

epithelial cells.

Generation of transgenic A549 cell lines

BMAL1 knockdown cells were generated by lentiviral transgenesis following a

published strategy[20]. In short, lentiviral particles were generated by transfection of

HEK293FT cells (R70007, Invitrogen) with a third generation lenti-viral backbone

pGIPZ for *shBMAL1* packaging and capsid plasmids (pCMVR8.74 and pMD2.G,

Addgene) using TransIT-LT reagent (Mirrus Bio) as described[21]. Supernatant

containing viral particles was sterile filtered and frozen at -80ºC until use. For lentiviral

transduction, viral supernatant with 8 µg/mL polybrene (TR-1003G, Sigma-Aldrich)

was added onto 60% confluent A549 cells, and incubated at 37ºC for 6 h, after which

cells were washed and incubated for 3 days in standard media. Afterwards, media was

supplemented with 10 µg/ml puromycin to select infected cells. Co-expressed eGFP

was assessed as further confirmation that cells had integrated the *shBMAL1* construct.

Invasion and survival assays

To evaluate the invasion of A549 cells, *S. aureus* cultured to OD_{600} of 1.0 (logarithmic

growth phase) were harvested by centrifugation at 5000 xg for 10 minutes and washed

twice with phosphate-buffered saline (PBS). The bacterial pellet was resuspended in

PBS and the required volume of this culture was added to the cell culture medium to

prepare the inoculum at 3–6 x 10^6 CFU/ml. This inoculum was added to epithelial cells

(1 ml/well), for 1 h to achieve a multiplicity of infection (MOI) of 10:1. Inoculum bacterial

counts and MOI's were confirmed by bacterial colony counts and epithelial cell counts

for each experiment. Following the infection period, extracellular bacteria were

removed by incubating cells in culture medium containing gentamicin (50 µg/mL) and

lysostaphin (20 µg/mL) for 30 minutes. The cells were then washed three times with

PBS and lysed with cold water to release intracellular bacteria. To enumerate colony

forming units (CFU), cell lysates were serially diluted and plated onto tryptic soy agar

(TSA; Sigma). To monitor the intracellular growth kinetics of bacteria using
microscopy, infected cells were incubated with 2 µg/mL lysostaphin. Imaging was
performed using either a BioTek Cytation 5 Multimode Reader (Agilent) or a confocal
microscope (Olympus FV3000).

Analysis of rhythmic patterns for synchronised cells infected with *S. aureus* was
conducted on bacterial CFU or the fold-changes of internalised bacterial CFU/ml
(bacterial invasion) relative to unsynchronised cells. A COSINOR model was used as
previously described [22], using the equation Y=(Mesor+Amplitude*cos(((2*pi)*(X-
Acrophase))/Period)) with constraining Period to over 20 h. The linear model was Y=
YIntercept + X*Slope with no further constraint. Data was fit to COSINOR and linear
models and an extra sum-of-squares F-test was run at *P* < 0.01 with the linear model
as null hypothesis.

RNA-Seq and data analysis

To harvest RNA, parental and *shBMAL1* A549 cells were seeded and synchronised
by FSK as described above. RNA was extracted at the indicated times post
synchronisation using the RNeasy Plus kit (74134, Qiagen). Briefly, the cells were
washed thrice in PBS and lysed in the RLT buffer from the kit. Genomic DNA was
removed from the lysate using a gDNA eliminator spin column from the kit. 1 volume
of 70% ethanol was added to the flowthrough and loaded on a RNeasy spin column.
The column was centrifuged at 8000 xg for 30 s. This was followed by subsequent
washes with RW1 and RPE buffer. Excess ethanol from the column was removed by
spinning the column at 13000 xg for 1 min. Twenty ml RNase free buffer was added
to the column and spun at 8000 xg for 1 min. RNA was quantified using the Qubit
assay. The RNA samples (30 ng/µl) were sent to Novogene for library preparation
after poly(A) enrichment and subsequently sequenced using a pair-ended 150 bp kit
on an Illumina NovaSeq. Sequencing depth was at least 15 million reads per sample.
Gene count tables were generated using Kallisto on the BioJupies platform[23]. All
further analysis was conducted using iDEP 2.0[24]. The DESeq2 algorithm was used for
differential gene expression analysis with FDR cutoff of 0.01. For gene normalisation
variance stabilising transformation (VST) was used for data in PCA, heatmap. Single
gene expression levels are reported as log2CPM+1 values transformed with
EdgeR[25,26]. Parametric Gene Set Enrichment Analysis (PGSEA) of KEGG pathways

was used for pathway analysis with FDR cutoff of 0.0001[27]. RNA-Seq data are

available at the ELIXIR database ArrayExpress under accession number E-MTAB-

15036.

Western blotting

To prepare cell lysates, synchronized and non-synchronised cells were lysed using

RIPA buffer. Samples were separated on a 4-12% SDS-PAGE gels (Mini-PROTEAN

TGX) and then transferred onto a nitrocellulose membrane (Bio-Rad) using wet

transfer. The membrane was blocked for 1 hour with 5% non-fat milk and then

incubated overnight at 4°C with 1 mg/ml anti-BMAL1 mAb (Abcam, 93806), diluted

1:2000. Membranes were washed three times with Tris buffered saline with 0,1%

Tween-20 (TBS-T) and incubated with a 1:2000-diluted HRP-conjugated secondary

goat anti-mouse antibody (Abcam, 205718) for 1 hour at room temperature (RT). After

washing three times with TBS-T, the signal was detected using a Pierce ECL Western

Blot Substrate (Thermo Scientific, 10005943) according to the manufacturer's

instructions.

The blot was then stripped using stripping buffer, washed with TBS-T, blocked again

for 1 hour with TBS containing 5% non-fat milk, and incubated overnight at 4°C with 1

mg/ml anti-Actin mAb (Sigma A5316), diluted 1:2000. The next day, membranes were

washed three times with TBS-T and incubated with a 1:2000-diluted HRP-conjugated

secondary goat anti-mouse antibody (Abcam, ab8227) for 1 h at RT followed by

detection with ECL substrate as above.

Flow cytometry

We used flow cytometry to quantify GP340 protein expression in parental A549 cells

from four 6-hourly samples taken at 6, 12, 18 and 24 h after FSK synchronisation as

described above, and from unsynchronised cells to compare A549 parental with

shBMAL1 cells. For this, live cells were trypsinized, >95% viability confirmed, washed

in PBS and density adjusted to $1×10^6$ cells/ml. After blocking of cells with 1% BSA in

PBS for 30 min, they were pelleted and stained with anti-GP340 rabbit antibody (1:500,

Thermofisher, PA5-115313) in 1% BSA in PBS and incubated at 4°C for 1 h in dark.

Before and after staining with secondary anti-rabbit IgG Alexa Fluor 647 conjugated

antibody (1:1000, Cell Signalling, 4414) for 1 h in the dark, cells were washed three

times in PBS, resuspended, and 30,000 events were recorded in triplicate in a flow

cytometer (BD Biosciences LSRFortessa) for analysis. The round-the-clock
experiments were performed on two independent occasions in triplicate and results
were normalised to the average GP340+ per sample and then pooled for COSINOR
analysis as described above.

Microscopy and image analysis

For bacterial visualization via confocal microscopy, cells were fixed with 4%
paraformaldehyde (PFA) for 1 hour, followed by three washes with PBS. Actin was
stained with Phalloidin 650 in the dark for 1 h. After staining, cells were washed three
times with PBS, air-dried, and mounted using a mounting medium containing DAPI for
nuclear staining. Stained samples were observed using an Olympus FV3000 Confocal
Laser Scanning Microscope. Images were analysed with ImageJ using Fiji[28]. The
imaging parameters are included in supplementary materials. Image analysis for data
recorded on the Cytation 5 was conducted using the BioTek Gen5 software. For time-
lapse microscopy, for each sample, a region of interest (ROI) was identified and
fluorescence tracked over a 24 h period.

Results

S. aureus **invasion of human lung epithelial cells is dependent on circadian**
phase

To investigate the role of the circadian clock in the invasion of *S. aureus*, A549 human
lung adenocarcinoma cells were synchronized using forskolin (FSK). A549 cells are
well known to contain a functional clock[29] and FSK is a well-known cAMP inducer
commonly employed for cellular clock synchronization[19]. We confirmed circadian
oscillations in the A549 cells synchronised with FSK by creating and recording from
an A549;*Per2-luc* reporter cell line (Figure S2A).

Epithelial cells were synchronised by forskolin in 6-hourly intervals over a 24-h period
and subsequently infected with *S. aureus* for 1 h. In addition, unsynchronised A549
cells were infected (Figure 1A). Notably, compared to unsynchronised cells, a higher
number of intracellular bacteria was observed in synchronised cells after 12 h before
infection, as measured by colony forming units (CFU), whereas a significantly lower
uptake was detected in cells synchronised 24 h before infection. These findings
suggest that the phase of the cellular circadian clock modulates the uptake of
S. aureus (Figure 1B). Non-linear curve fitting using COSINOR analysis suggested a
significant rhythmicity with and approximately 3-fold change in colony-forming units
(CFU) between the 12 h and 24 h samples (sum-of-squares F-test, *P* = 0.0001, Figure
1C).

To verify this result and visualize intracellular bacterial foci, confocal microscopy was
performed on fixed samples infected at different circadian phases as above. We found
a higher number of intracellular bacteria within cells synchronised 12 h before infection
compared to those 24 h before. Quantification of these samples showed on average
of ~3 bacteria per mammalian cell 12 h after FSK synchronisation, while this
decreases at 24 h post FSK to 1.5 bacteria per cell (Figure 1E), reinforcing the notion
that the host's circadian clock may play a modulating role in bacterial uptake with an
amplitude of 2-3-fold.

We further monitored the intracellular growth kinetics of *S. aureus* in the presence of
5 µg/ml lysostaphin, which kills extracellular bacteria (Figure S1A) for 12 h after

infection of A549 cells using fluorescence time-lapse imaging. As above, synchronised

A549 cells were infected at four distinct circadian phases. Consistent with results for

invasion, our data showed a steeper increase in bacterial foci in the earlier time (6 h

and 12 h) and a longer time to reach peak intracellular bacterial load (Figure S1B).

Together our findings highlight a potential role for the circadian clock in modulating

mammalian host cell factors for *S. aureus* cell invasion.

Figure 1. *S. aureus* invasion is modulated by epithelial cell circadian phase. (A)
Schematic diagram showing experimental design. A549 cells were synchronized with
forskolin (FSK) 24, 18, 12 and 6 h before infection with bacteria at an MOI of 10:1.
FSK synchronized or unsynchronized cells were infected with wildtype USA300JE2
S. aureus for 1 h, and extracellular bacteria were removed by gentamicin/lysostaphin
treatment. (**B**) Intracellular bacterial numbers determined by colony counts (CFU) from

different times after synchronization (green dashed line shows value for mean
unsynchronized cells), mean $\pm$ standard deviation (SD), * *P* = 0.014, ** *P* = 0.0031
and *** *P* = 0.004 by one way ANOVA with a Tukey's multiple comparisons test, N =
6. (**C**) Data from B plotted as fold-change in CFU compared to an unsynchronized
control showing COSINOR best fit with 95% confidence interval. (**D**) Confocal images
of epithelial cells, synchronized by FSK for 24 h and 12 h, green - foci of intracellular
S. aureus-GFP, Red - actin stained by Phalloidin Alexa fluor 647, Blue - nuclei stained
by DAPI. Scale bar = 10 μm. A single Z-section is shown (**E**) Bacteria (green) and cell
nuclei (blue) were counted manually and the relative number of bacteria to A549 cells
was calculated from 3 independent experiments, mean $\pm$ SD, *P* = 0.003, unpaired t-
test.

Rhythmic *S. aureus* invasion is lost in clock-disrupted human epithelial cells
To investigate if the observed changes are driven by the canonical circadian clock, we
generated clock-disrupted A549 cells by targeting the transcription factor BMAL1, an
essential core circadian clock gene[1,30]. We generated *BMAL1* knockdown (*shBMAL1*)
A549 cells using a lentiviral transduction system. Successfully transfected cells were
selected based on puromycin resistance conferred by the presence of the knockdown-
construct and confirmed by eGFP expression (Figure S2B). Downregulation of BMAL1
protein expression was confirmed via western blot analysis (Figure 2A). Quantitative
densitometric analysis of the blots revealed a 50% reduction in BMAL1 protein levels
in knockdown cells compared to parental A549 cells (Figure 2A). Gene expression
profiling with RNA-Seq also confirmed downregulation of *BMAL1* mRNA and pathway
analysis suggested a disruption of the KEGG pathway for "circadian rhythm" (Figure
S2C).

We then tested the clock disrupted *shBMAL1* A549 cells in the infection assay with
S. aureus as described above. Unlike parental cells, which again exhibited a circadian
phase-dependent rhythm of bacterial invasion, a temporal invasion pattern was
abolished in *shBMAL1* A549 cells (Figure 2C,D). Non-linear COSINOR fit the data
statistically worse than a linear model for *shBMAL1* cells (sum-of-squares F-test,
P = 0.0151; Figure 2C,D). This observation strongly suggests the circadian clock, for
which *BMAL1* is a critical regulator, is necessary for *S. aureus* invasion rhythms in
A549 cells.

Interestingly, our data in *shBMAL1* A549 cells suggests an increase in *S. aureus*
invasion irrespective of time after synchronization. Quantitative CFU analysis showed
that the uptake in knockdown cells was approximately 1.7-fold higher than in parental
A549 cells (Figure 2E). Furthermore, intracellular bacterial survival after 24 hours was
also higher for *shBMAL1* cells (Figure 2F). To visualize intracellular bacteria, we
performed confocal microscopy on fixed mammalian cells. Consistent with the CFU
data, microscopy images confirmed a greater number of intracellular bacteria in
sh*BMAL1* cells compared to the parental line (Figure 2G,H). The significantly higher
bacterial burden in *BMAL1* knockdown cells highlights its role as a regulator of host-
pathogen interactions, potentially through pathways that influence cellular processes
such as bacterial recognition, adhesion, or uptake.

Figure 2. The canonical circadian clock is necessary for rhythm of S. aureus
invasion, with clock-disrupted cells more permissive for S. aureus invasion. A)
Western blot of parental and *shBMAL1* A549 cell lysates confirms BMAL1 knockdown.
Quantitation of band intensities relative to ACTIN showed an approximately 2-fold
reduction, N = 3, **P* = 0.0166, unpaired t-test. Time-series of *S. aureus* invasion in
parental (black: A549) and *shBMAL1* (red: *shBMAL1*) A549 cells performed as
described in Figure 1A showing (**B**) bacterial colony counts (CFU/ml) and (**C**) fold
change relative to the unsynchronized control. Dotted lines on graphs show the level
of infection of unsynchronized control cells of each cell line. Best fit for COSINOR or
linear model show depending on sum-of-squares F-Test as described in Methods
section. Unsynchronised parental and *shBMAL1* A549 cells with no synchronization
were infected with *S. aureus* JE2 for 1 h, extracellular bacteria removed and cells
further incubated for 24 h in the presence of lysostaphin (2 µg/ml). Intracellular
bacterial counts after (**D**) 1 h and (**E**) 24 h post infection. N = 3, mean+/-SD, ***P* <
0.01, ****P* < 0.001, unpaired t-test. (**F**) Confocal images from infected and uninfected
cells 1 h after infection, Red- actin stained by Phalloidin Alexa fluor 647, Blue- bacterial
DNA and cell nuclei stained by DAPI. Scale bar = 10 µm. Single Z-sections are shown
(**G**) Quantification of intracellular bacteria relative to number of mammalian cells from
confocal images from 3 independent experiments, N = 3, *P* = 0.0022, unpaired t-test.

Effects of sh*BMAL1* knockdown on the lung epithelial cell transcriptome

To investigate the potential mechanisms underlying the increased bacterial uptake
after infection with *S. aureus* 12 h versus 24 h post synchronisation and the time-
invariant increase in sh*BMAL1* knockdown cells, we sequenced the transcriptome of
parental and sh*BMAL1* lines at 12 h and 24 h post synchronisation. The resulting
principal component analysis indicated good separation by cell line (significant
correlation with PC1, *P* = 9.75e-07, Figure 3A). First, we considered the differences
between the two sequenced cell lines by pooling all samples from the two experimental
time points (i.e., 12 and 24 hours after synchronisation). DESeq2 analysis identified a
total of 3693 differentially expressed genes (DEGs, 1773 up and 1920 downregulated)
in shBMAL1 knockdown vs. parental A549 cells. Furthermore, 29 and three genes
were significantly down or up-regulated, respectively, at 12 h compared to 24 h post

synchronisation, and no DEGs were found for the interaction term of cell line and

timing. Given the low number of samples, this was not unsurprising. However, pathway

analysis using PGSEA indicated that 17 KEGG pathways were significantly enriched

(Figure 3B). Reassuringly, "circadian rhythms" was significantly less active in the

knockdown cells (Figure 3B, Figure S2D). Of the other 16 pathways, at least half have

some relevance with infection and inflammation processes. Interestingly, "*S. aureus*

infection" was among the pathways significantly enriched (Figure 3B).

Contrary to expectations, we did not observe consistent changes in the expression of

genes encoding integrins α5 and β1, the receptors to which *S. aureus* adhesins

fibronectin binding proteins, Fnbp A and Fnbp B, bind to for the invasion of epithelial

cells[31,32]. The gene encoding for *ITGA5* was not significantly changed, and *ITGB1* was

even significantly downregulated (Figure 3C). However, when we systematically

assessed all integrin isoforms and other extracellular proteins known to be involved in

S. aureus invasion, we found several other integrin isoforms, e.g., *ITGB2* and *ITGB5*

upregulated in the *shBMAL1* A549 cells (Figure 3C).

Figure 3. *BMAL1* knockdown cells exhibit significant changes in gene

expression. (**A**) PCA plot comparing the variance in gene expression by RNA-Seq

between parental and shBMAL1 A549 cells collected at 12 h and 24 h after

synchronization. (**B**) Significantly regulated KEGG pathways by PGPSEA analysis.

Pathways in red font are infection and blue font circadian rhythm related. (**C**)

Heatmap showing gene expression profiles for genes encoding integrin A (ITGA)

and B (ITGB) subunits and other receptors (DMBT1/GP340) involved in *S. aureus*

uptake profiles in parental and *shBMAL1* A549 cells. Names of differentially

expressed genes in red font.

Another differentially expressed gene which was previously recognised to be

important for *S. aureus* uptake is GP340[33,34] (Figure 3C). When we compared

GP340 coding gene (*DMBT1*) expression at 12 vs. 24 hours after synchronisation,

there was only a subtle difference (Figure 4A). In line with our above observations,

however, we observed a substantial upregulation of the *GP340* coding gene in

BMAL1 knockdown cells (Figure 4A). We further characterised GP340 protein

dynamics using flow cytometry on non-permeabilised live cells and confirmed a 4-

fold higher GP340 expression in *shBMAL1* compared to parental A549 cells (Figure

4B). Reassuringly a higher abundance of GP340 positive cells at 12 hours after

synchronisation compared to 18 and 24 hours after synchronisation (Figure 4 C,D,

Kruskal-Wallis, *P* = 0.0029, adj. *P* of Dunn's post-hoc 12 vs. 18 *P* = 0.0033, 12 vs 24

P = 0.0075).The COSINOR analysis suggested a rhythmic pattern with 24-hour

period was the better fit for the data (COSINOR vs. line: *P* = 0.0084). The bacterial

ligand to GP340 is the *S. aureus SraP* protein, which has been reported to facilitate

bacterial uptake[33,34]. Thus, *GP340* may be important in the circadian modulation of

S. aureus uptake.

Figure 4. GP340 protein expression exhibits a daily rhythm in A549 cells and is

increase in *BMAL1* knockdown cells. (**A**) Normalised gene expression of GP340

at 12 h (open circles) and 24 h (closed circles) in parental A549 and *shBMAL1*

knockdown cells. (**B**) Proportion of GP340 positive cells assessed by flow cytometry

is increased (t-test, *P* <0.0001) in *shBMAL1* compared to A549 parental line. (**C&D**)

In A549 cells, GP340 protein expression levels were higher at 12 hours after FSK

synchronization compared to 18 and 24 hours (Kruskal-Wallis test, *P* = 0.0029.

Dunn's test: 12 vs. 18: *P* = 0.0033 and 12 vs. 24: *P* =0.0075). Expression levels were

normalized to median number of GP340+ cells. Model comparison suggested

COSINOR to be the preferred fit when compared to linear (*P* = 0.0084, Best fit for

COSINOR or linear model show depending on sum-of-squares F-Test as described

in Methods section).

The *S. aureus* adhesin *SraP* mediates higher bacterial uptake by *shBMAL1* cells

To directly test the role of *GP340* in rhythmic *S. aureus* invasion, we compared the

internalisation of an *S. aureus sraP* mutant with the WT JE2 strain used above in

both, the parental and *shBMAL1* A549 cells. Consistent with the data shown in

Figures 2 and 3, the uptake of *S. aureus* JE2 by sh*BMAL1* knockdown cells was

significantly increased compared to parental A549 cells, however, uptake of the *sraP*

mutants in *shBMAL1* was similar to that by the parental A549 cells (Figure 5A).

Importantly, in both cell lines, and consistent with Figures 1 and 2, JE2 but not s*raP*

mutants showed rhythmic invasion in A549 cells. As expected, both strains did not

show rhythmic invasion into *shBMAL1* A549 cells (Figure 5B), but a much higher

invasion in non-synchronised cells (Figure 5A).

Additionally, we infected both cell types with transposon mutants lacking FnbpA and

FnbpB), key *S. aureus* adhesins/invasins. We observed that while the uptake of

these mutants was also higher in *shBMAL1* when compared to parental A549 cells,

there was no difference when we compared fold changes relative to WT JE2 (Figure

S3B). Thus, in contrast to other adhesins tested, our data suggest that *S. aureus*

SraP mediate rhythmic bacterial uptake through GP340 and the observed increase

in *BMAL1* knockdown cells.

Figure 5. GP340 ligand SraP mediates the rhythmic uptake of *S. aureus* in lung epithelial cells. (**A**) Non-synchronized parental and *shBMAL1* A549 cells were infected with WT *S. aureus* (JE2) or *S. aureus sraP* transposon mutant for 1 h, and intracellular bacterial numbers as measured by CFU were compared, ** $P < 0.01$ by an unpaired t-test (**B**) Infection of *S. aureus* JE2 and *sraP* mutant at four times after synchronization of cells with FSK as in Figure 1. The fold changes of CFU for each strain and time compared to the respective control of unsynchronized cells of hat strain are plotted. COSINOR and linear model fit are compared by extra sum of squares F-test and better fit is plotted as described in Methods section. N = 3.

Discussion

The ability of *S. aureus* to invade and survive within mammalian cells has been attributed to bacterial persistence, antibiotic resistance and recurrent infections.

Although *S. aureus* factors that enable cell invasion have been well studied, the host

cellular pathways that mediate this are less understood. Circadian rhythms have been

demonstrated to influence several host immune responses during infection with some

bacteria exhibiting time-of-day differences in infecting flies and mice[10]. However, at

the cellular level, the role of the circadian clock in controlling pathogen invasion or

intracellular survival is not known. Here we provide evidence for the role of the

mammalian circadian clock in modulating invasion of *Staphylococcus aureus* in human

lung epithelial A549 cells. We found significant temporal variations in bacterial uptake,

a peak in invasion 12 h after forskolin (FSK) synchronisation of the A549 cells and a

marked decrease 24 h post synchronisation. Disrupting the clock through *shBMAL1*

knockdown not only abrogated the rhythm in invasion, but also increased the bacterial

load, highlighting the influence of the canonical circadian clock in host-pathogen

interactions at a cellular level. Notably, using transcriptomic and protein expression

analysis, we identified a significant rhythm in GP340 protein abundance and

upregulation of *GP340* in the clock-disrupted *shBMAL1* A549 cells. GP340 is known

to be a key factor for the uptake of *S. aureus* by epithelial cells through the *S. aureus*

adhesin SraP[33-35], and our data suggest that GP340 may mediate the rhythmic uptake

of bacteria.

Circadian regulation of immune responses is well documented, with evidence

suggesting that various immune processes, including cytokine production and

phagocytosis, exhibit circadian variations[36]. Colonisation by bacterial pathogens

including *Salmonella typhimurium, Streptococcus pneumoniae and S. aureus* have

been shown to be impacted by the time of the day, primarily driven by clock-dependent

immune responses to infection[37]. As intracellular survival of many of these pathogens

have been reported to be an important feature of bacterial pathogenesis, our findings

could be relevant for multiple intracellular pathogens. Our findings extend this

knowledge by demonstrating that synchronization with FSK not only impacts the

invasion of *S. aureus* but also alters the intracellular responses to bacterial challenge.

BMAL1 has a key role in the regulation of circadian rhythms[30]. This complex also

activates the transcription of negative regulators, which feedback to inhibit BMAL1-

CLOCK activity, ensuring tightly regulated 24-hour rhythms in gene expression[38]. It

has been shown that the circadian transcription factor BMAL1 modulates hepatitis C

virus (HCV) entry into hepatocytes by regulating the expression of the viral receptors

Cd81 and *Claudin-1*[39]. Pharmacological inhibition of *Bmal1* by REV-ERB agonists

reduced *Cd81* and *Claudin-1* expression and inhibited viral entry in cells[39]. Similarly,

this was found to down-regulated *angiotensin-converting enzyme 2* expression, which

is essential for the entry and replication of SARS-CoV-2 in lung epithelial cells[40]. This

highlights the importance of circadian processes for the treatment of viral infection. In

addition, various parasitic infections are also linked with regulation of circadian clock[12].

Importantly, it has been reported that the complete loss of circadian regulation in

Bmal1 knockout macrophages alters the structure of actin cytoskeleton, which is

coupled with a significant increase in *S. pneumoniae* burden compared to WT cells,

emphasizing a role for *Bmal1* in limiting bacterial uptake and proliferation[41].

Our data demonstrated increased bacterial uptake in *BMAL1* knockdown cells, which

occurred   independent   of   the   uptake   effects   of   FSK-mediated   circadian

synchronization of the population. Thus, the temporal modulation in bacterial uptake

cannot be explained by the effect of FSK on cAMP induction per se but establishes a

role for *BMAL1*-regulated processes in host susceptibility to *S. aureus* invasion. These

observations align with the report that BMAL1 deficiency impacts immune cell function

and can modulate inflammatory responses[42].

Microbial surface components recognizing adhesive matrix molecules (MSCRAMMs)

are   most   prominent   surface   proteins   expressed   by   staphylococci,   which   facilitate

adhesion to the extracellular matrix (ECM) components such as collagen, fibrinogen,

and fibronectin (Fn)[43]. Although, the fibronectin-binding protein (FnBP)–fibronectin

(Fn)–$\alpha5\beta1$ integrin pathway is the primary route for *S. aureus* internalization[32,44], we

did not find upregulation of the main integrins $\alpha5\beta1$ in parental vs. *shBMAL1* A549

cells. Although *fnbA* and *fnbB* mutants showed reduced uptake in parental cells, they

showed higher invasion in *shBMAL1* A549 cells, suggesting involvement of secondary

mechanisms in bacterial uptake. We have not used a double mutant lacking both *fnbA*

and *fnbB* in this study, so a role of Fnb proteins cannot be fully ruled out. As we

observed differential regulation of several integrin isoforms in the RNA-seq results, it

is possible that these other isoforms are potentially involved in bacterial uptake. The

specific roles of such isoforms in *S. aureus* uptake, however, have not been

extensively studied and their potential involvement in bacterial uptake warrants further

investigation. As BMAL1 can impact multiple cell signalling pathways, these may also

contribute to the increased bacterial uptake[45].

Fibronectin-independent mechanisms are known to mediate *S. aureus* entry and

involve distinct surface proteins such as serine-aspartate repeat-containing protein D

(SdrD), clumping factor A (ClfA), autolysin (Atl), and serine-rich adhesin for platelets

(SraP) [43]. SdrD directly binds Desmoglein 1 (encoded by *DSG1*)[46], ClfA interacts with

host cells either directly or via fibrinogen bridges[47] and Atl associates with heat shock

cognate protein 70 (*HSPA8*)[48], while SraP binds to the salivary scavenger receptor

GP340[33,34]. Interestingly, we found a notable rhythm in GP340 protein expression.

Circadian disrupted shB*MAL1* knockdown cells, showed increase GP340 gene and

protein expression and a reduced invasion of *sraP* mutant strains, suggesting a role

for the SraP-GP340 pathway in the circadian modulation of bacterial invasion. SraP,

a member of a family of serine rich glycoproteins encoded by Gram positive bacteria

including *Streptococcus spp*[35], was shown to mediate adhesion to epithelial cells

through its L-lectin binding module[33]. It was also recently reported to modulate

macrophage apoptosis and inflammation, indicating its role in *S. aureus*-immune cell

interactions[49]. While GP340 is implicated as a receptor in clock-dependent *S. aureus*

invasion, it could serve as a co-receptor with other integrins, mediating alternative

mechanisms of invasion.

Despite the robust findings of this study, our data are from an epithelial cell line (A549)

which may limit the generalizability of the results across different cell types and

physiological contexts. Future studies should examine the impact of circadian rhythms

on *S. aureus* invasion in a broader range of epithelial and immune cell types, in

particular immune cells to link these findings better to previous studies on circadian

effects in immune responses. Additionally, while our study provides insights into the

role of *BMAL1* in regulating bacterial invasion, the specific downstream signalling

pathways and molecular mechanisms to understand how circadian rhythms influence

the expression of key receptors involved in bacterial invasion remain to be elucidated.

The implications of the findings from this study extend to the potential for developing

therapeutic strategies that target circadian rhythms to improve the timing and efficacy

of antimicrobial treatments. For instance, studies have shown that administering

antibiotics in alignment with the host circadian cycle can enhance their effectiveness

and reduce side effects[50]. Recent studies have reported intestinal clocks to control the

gut microbiota composition and function[51], with enteric bacteria also responding to

gastrointestinal hormones like melatonin[52]. While circadian clocks have been only

recently described in bacteria[53,54], it would be interesting to study if bacterial

pathogens have circadian rhythms and if these pathogen clocks interact with

mammalian clocks. Such interacting clocks have been described elsewhere, for

example in legumes and rhizobia[55].

In conclusion, our study highlights the critical role of circadian rhythms in modulating

the dynamics of *S. aureus* invasion in epithelial cells. Overall, our results highlight the

critical interplay between circadian biology and microbial pathogenesis, suggesting

that manipulation of circadian pathways may provide new avenues for innovative

strategies aimed at preventing and treating bacterial infections.

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Author contributions

P.A. designed and carried out the experimental work, analysed the resulting data and co-wrote the manuscript.

G.C., S.N. and J.G. contributed to the experimental design, carried out experimental work and contributed to data analysis and writing of the manuscript.

R.D. and M.U. jointly supervised the work, and contributed to formal analysis, writing of the manuscript and acquisition of funding.

Competing interests

The authors declare no competing interests.

Data availability

Summary data are depicted in the figures. Raw data are available from the

corresponding authors upon reasonable request. RNA-Seq data are available at the

ELIXIR database ArrayExpress under accession number E-MTAB-15036.

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