RodA Promotes Intestinal Colonization by Group B *Streptococcus*

Authors:

Michelle J. Vaz[a#], Sanjana Sankaran[a#], Molly E. Sharp[b], Emily Dembinski[b], Adam J. Ratner[a,b]

#Equal authorship contribution

Affiliations:

[a] Department of Pediatrics, NYU Grossman School of Medicine, New York, New York, USA

[b] Department of Microbiology, NYU Grossman School of Medicine, New York, New York,

USA

*Address correspondence to Adam J. Ratner, adam.ratner@nyulangone.org

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12   **Running title**: Conditional essentiality of *rodA* in GBS intestinal colonization

Abstract:

Background. Group B *Streptococcus* (GBS) intestinal colonization is critical for the

pathogenesis of late-onset (LO) disease in infants. Using a murine model, we explore the role of

rodA which encodes a peptidoglycan polymerase RodA, belonging to the Shape, Elongation,

Division, and Sporulation (SEDS) family, that participates in peptidoglycan synthesis and

maintenance of cell wall integrity.

Methods. We investigated the contribution of *rodA* to GBS GI colonization, using a wild-type

strain (A909 WT) and an isogenic in-frame deletion mutant of *rodA* (A909Δ*rodA*).

Morphological differences between the two strains were examined by microscopy and imaging

studies, and the contribution of *rodA* to GI colonization was assessed in a murine model through

monocolonization and cocolonization experiments. We evaluated the growth of the mutant strain

under intestinal physiological stress conditions and characterized its interactions with host

epithelial cells.

Results. A909Δ*rodA* showed a unique chaining/aggregation phenotype compared to the WT

strain, with the presence of capsule maintained on TEM and colony immunoblotting. In murine

cocolonization experiments, A909 WT outcompeted A909Δ*rodA*; however, monocolonization

experiments exhibited comparable colonization and bacterial burden across the GI tract. In vitro

experiments revealed impaired growth in bile and an increase in adhesion to intestinal epithelial

cells by the Δ*rodA* mutant.

Conclusion(s): *rodA* has a role in GBS intestinal colonization. Deletion of *rodA* increases

sensitivity to gastrointestinal stressors in vitro and causes a pronounced defect in competition in

vivo, revealing a role for cell wall polymerase in gut fitness.

Introduction

Streptococcus agalactiae (Group B *Streptococcus* [GBS]) is a leading etiology of neonatal

infection (1). Implementation of intrapartum antibiotic prophylaxis has markedly reduced the

incidence of early onset (EO) infection (occurring ≤ 7 days of life) (2, 3). However, rates of

maternal rectovaginal colonization persist, and the incidence of late onset (LO) infection

(occurring ≥7 days of life) remains unchanged, making LO disease the predominant form of

invasive GBS infection in infants (4, 5). Recent work has shown the incidence of LO disease

amongst a cohort of extremely preterm infants (< 28 weeks) as 8.47/1000 infants, nearly 30

times the national incidence of all neonates (6). LO disease has an overall case fatality rate of 4-

12%, with the rates in preterm infants being twice than that of term infants (3, 7). The sequelae

of LO disease include significant neurodevelopmental impairment in survivors, adding to the

morbidity burden (2, 8-11).

Prior studies have demonstrated that gastrointestinal (GI) colonization is a fundamental precursor

for LO infection (12, 13). Understanding how GBS establishes itself in the bacterial community

of the intestinal tract can uncover mechanisms that contribute to the pathogenesis of LO disease.

Our group recently showed the contribution of capsular polysaccharide, an important GBS

virulence factor, to GI fitness and colonization in a murine model of GBS intestinal colonization

(14). Hence, robust animal models facilitate examination of bacterial factors and host responses

that augment or inhibit GI colonization.

In this report, we explore the role of GBS *rodA*, a gene that encodes a peptidoglycan polymerase

called RodA, which belongs to the SEDS family proteins. RodA enables peptidoglycan

synthesis, which is vital for cell wall integrity, through its role as a glycosyltransferase. It is

known to play a role in bacterial survival under environmental stress and is relevant in bile salt

resistance (15, 16). Using CRISPR-Cas12a mutagenesis, we generated an in-frame deletion of

rodA in the GBS A909 background and studied its impact on cell wall structure and relation to

capsule, analyzed its response to intestinal physiological stressors, and determined its role in a

postnatal murine model of GI colonization.

Methods

All experiments were performed in accordance with the NYU Grossman School of Medicine's

Institutional Animal Care and Use Committee (IACUC).

Bacterial Strains and Growth Conditions. GBS WT strains A909 (serotype Ia, ST7) and its

derivatives were grown to stationary phase at 37°C in trypticase soy (TS) broth supplemented

with 5 μg/ml erythromycin as needed for selection. *Escherichia coli* strain DH5α was grown at

37°C, shaking in Luria-Bertani (LB) medium supplemented with 300 μg/ml erythromycin when

needed for selection.

Construction of the GBS *rodA* deletion mutant and its complemented control strain. The

rodA deletion mutant was created via a Cas12a-based platform as previously described

(17). Briefly, Cas12a-compatible GBS genomic target sites were identified by using the

CRISPick server hosted by the Broad Institute (18). After selecting a spacer sequence, we

designed custom ssDNA oligonucleotides for annealing to make a dsDNA protospacer, which

was then cloned into Esp3I-digested and gel-purified pGBSedit, a modified version of the

Cas12a-based shuttle plasmid pJC005, previously developed for *E. faecium* genetic modification

(19). The pGBSedit plasmid encodes an inducible Cas12a under a tightly regulated $P_{xyl/tet}$

promoter system responsive to anhydrotetracycline (aTC). The *rodA* gene was amplified using

upstream and downstream homology arms flanking the *rodA* gene using primer pairs. This

fragment was cloned into linearized XhoI-digested pGBSedit using Gibson assembly, followed

by transformation into *E. coli*. PCR followed by whole-plasmid sequencing was used to verify

the insert. Once cloning products had been confirmed by sequencing in *E. coli*, plasmids were

purified. Electrocompetent GBS was transformed with the editing plasmid and confirmed using

colony PCR. Colony outgrowth was performed in 10 mL TS + erythromycin 5 µg/mL culture,

which was allowed to grow stationary at 37 °C for 6–8 hours. These cultures were subjected to

anhydrotetracycline (aTC) induction, resulting in strong selection against WT strains, enabling

selection for homology-driven recombination mutants (20). An isolated colony was used for

secondary confirmation by colony PCR of genotype. Once confirmed, cultures were inoculated

using the genotypically confirmed colony, grown to stationary at 37°C overnight. A second

passage in 40 mL of TS broth was performed using 100 µL of the previous culture as inoculum.

1:10,000 and 1:100,000 dilutions of the grown second passage were plated on TS agar plates.

Colonies were dual patched onto TS and TS + 5 µg/mL Erm agar plates to detect cured clones by

antibiotic sensitivity profiling. All constructs were confirmed by PCR and sequencing. We

complemented the *rodA* gene deletion by using the pGBScomp High plasmid

(A909Δ*rodA*+p*rodA)* (17). Briefly, restriction digest was performed using the *SalI* restriction

enzyme, followed by amplification of the *rodA* gene using upstream and downstream homology

arms flanking the *rodA* gene and Gibson assembled with pGBScomp High. This was transformed

into *E.coli* followed by confirmation by sequencing. Electrocompetent GBS was transformed

with the editing plasmid and confirmed using colony PCR. Primers used in the construction of

the mutant and complemented strain are listed in **(Supplemental Table 1).** The transposon *rodA*

mutant (A909 *rodA::Himar1*) was used from a large-scale GBS indexed library of *Himar1* mini-

transposon mutant strains, containing interruptions of 878 genes and 253 intergenic regions (21).

Microscopy and Staining.

Gram Stain. WT A909 and A909Δ*rodA* strains were grown overnight in TS broth at 37 °C.

Cells were harvested by centrifugation (4,000 rpm, 10 min), washed once with Dulbecco's

phosphate-buffered saline (DPBS), and resuspended in DPBS. Smears were prepared on clean

glass slides, heat-fixed, and subjected to Gram staining using the standard four-step protocol:

crystal violet (1 min), Gram's iodine (1 min), decolorization with 95% ethanol (10–15 s), and

counterstaining with safranin (30 s), as previously described (22). Slides were rinsed gently with

distilled water between each step and air-dried. Stained preparations were examined by light

microscopy (1000×, oil immersion). Brightfield images were acquired using a Zeiss Axio

Observer microscope equipped with a 63×/1.4 oil immersion objective.

Colony immunoblotting. Overnight cultures of WT A909, A909Δ*rodA* and A909Δ*cpsE*

(negative control) were spread on CHROMagar plates. Colonies were counted to identify plates

with 20–200 colonies for subsequent immunoblotting. Plates were briefly overlaid with

nitrocellulose membranes (Amersham) to allow adherence of GBS material to the membrane.

Membranes were blocked in 3% bovine serum albumin (BSA) in DPBS (blocking solution) for 1

hour. Blots were then transferred to type Ia *Streptococcus* group B type antisera (Statens Serum

Institut) and incubated for 30 minutes with gentle shaking. Type Ia antiserum was diluted

1:2,000 in the blocking solution. Blots were then washed three times in DPBS. Blots were

incubated in horseradish peroxidase (HRP)-conjugated goat anti-rabbit secondary antibody

(Pierce) diluted 1:1,000 in a blocking solution for 2 hours. Blots were washed three times in

DPBS and stained using a 3,3′-diaminobenzidine tetrahydrochloride substrate kit (Abcam).

Electron microscopy. Overnight cultures were pelleted for 5 min at 4,000 rpm. Samples were

processed and imaged by the NYU Microscopy Laboratory as previously described with

modifications (23). In brief, bacteria were resuspended in 1 mL LRR (Lysine-Ruthenium Red-

Osmium) fixative solution (1 mL fixation solution per sample: 0.5 mL 0.15% ruthenium red, 125

µL 16% formaldehyde, 100 µL 25% glutaraldehyde solution, 0.0155 g lysine acetate; fill with

distilled water to 1 mL). The cells were fixed on ice for 20 min, washed two times with 0.1M

sodium cacodylate buffer (0.1M cacodylate, 0.01M $CaCl_2$, 0.01M $MgCl_2$, 0.09M sucrose, pH

6.9) containing 0.075% ruthenium red and fixed in the fixation solution without lysine acetate for

2 hrs on ice. After washing three times with 0.1M sodium cacodylate buffer containing 0.075%

ruthenium red for 5 min each, the cells were postfixed in 1% osmium tetroxide (OsO_4) with

0.075% ruthenium red in 0.1M sodium cacodylate buffer for 1h on ice, washed three times with

0.1M sodium cacodylate buffer with 0.075% ruthenium red for 5 min each, then embedded with

2% agar and *en block* stained with 0.5% uranyl acetate aqueous solution overnight at 4ºC. The

samples were washed with distilled water, dehydrated in a graded ethanol series (30%: 50%:

75%, 85%: 90%:100%:100%) on ice, infiltrated and embedded with LR White resin (Electron

Microscopy Sciences, PA) at 55ºC. Thin sections were cut using Leica UC6 ultramicrotome,

collected on 200 mesh copper grids (Ted, Pella Inc. CA), and stained with 4% aqueous uranyl

acetate for 5 minutes. Stained grids were examined under JEOL1400 Flash transmission electron

microscope (Japan) and photographed with a Gatan Rio 16 camera (Gatan Inc. Pleasanton, CA).

GI colonization model. These experiments were conducted as previously described (24). Two

cohorts were used for cocolonization: one for cocolonization with A909 WT and A909Δ*rodA*

strains and the other using A909 WT and A909 *rodA::Himar1*. Bacterial cultures were grown,

centrifuged and resuspended in sterile DPBS, and a 1:1 mixture was made of the resuspended

strains to be competed. Animals were orally fed using a sterile feeding tube with 10^8 CFU of

GBS resuspended in 50 µL of DPBS, housed with their biological dams, and monitored daily for

signs of illness and mortality. At predetermined time points (7- and 14-days post-infection),

animals were euthanized, and the GI tract was harvested. Each portion (small intestine, cecum,

and colon) was homogenized. Serial dilutions were plated on CHROMagar StrepB for the

determination of GBS colony forming units (CFUs). In addition to plating serial dilutions,

dilutions were spread on CHROMagar plates, with and without antibiotic selection, using glass

beads for the determination of strain type in A909 WT and A909 *rodA::Himar1* cohort

(erythromycin resistance present on transposon mutant, colonies differentiated using agar plates

with and without erythromycin) and by using individual colonies for colony PCR (cPCR)

determination in the A909 WT/A909Δ*rodA* cohort. For the monocolonization model, bacterial

cultures were grown overnight to stationary phase and the optical densities of the two strains

were normalized. Cultures were then centrifuged and resuspended in sterile DPBS to a final

concentration of 10^9 CFU/mL. Animals were orally fed using a sterile feeding tube with 10^8 CFU

of GBS resuspended in 50 µL of DPBS, respectively, and remained with their biologic, non-

colonized dam. The animals were monitored daily for signs of illness and mortality. At

predetermined time points (3-, 7-, and 14-days post-infection), animals were euthanized, and the

GI tract was harvested. Each portion (small intestine, cecum, and colon) was homogenized, and

serial dilutions were plated for determination of GBS CFUs on chromogenic agar.

Colony PCR (cPCR). Bacterial colonies were screened for the presence or absence of *rodA*

using cPCR. We selected ~20 random colonies per site per mouse (~100 colonies per site), which

was spread on CHROMagar plates. Briefly selected colonies were resuspended in 20 µL of PBS,

of which 2 µL was used as a template in a 25 µL PCR reaction containing OneTaq 2xMM,

upstream and downstream primers (Supplementary Table 1) specific for the flanking region and

RNAse-free water. PCR was conducted using an annealing temperature of 54°C and 2-minute

extension. Products were run on 1% agarose gel. Amplicon size was compared to A909 WT and

A909Δ*rodA* controls to confirm genotype. All colonies were counted and were classified as

either A909 WT or A909Δ*rodA*.

Competitive index for cocolonization experiments was calculated as: (CFU strain 1

recovered/CFU strain 1 inoculated)/(CFU strain 2 recovered/CFU strain 2 inoculated) and log-

transformed for calculation of geometric mean and 95% confidence interval (CI) for each GI site.

Growth rate analysis under physiological stressors. To investigate bacterial growth rate under

acidic pH, bile, and lysozyme conditions, overnight cultures were assayed as described

previously (16, 25, 26). TS broth was adjusted to pH 6.0 and 5.0 using sterile 1 N HCl. Briefly,

TS broth was prepared and autoclaved, cooled to room temperature (or 37 °C for temperature-

matched readings), and stirred aseptically while titrating with sterile 1 N HCl. pH was monitored

with a calibrated pH meter until 6.00 ± 0.05 and 5.00 ± 0.05 was reached. Media were re-

checked after 10 min equilibration, dispensed, and used the same day. Control medium (pH 7.0)

was handled identically without acid addition. Similarly, bile concentrations (5 mg/ml and 10

mg/ml) from a stock concentration of 200 mg/ml and lysozyme concentration of 14 mg/ml from

a stock concentration of 100 mg/ml (made in DPBS) were prepared in TSB and sterilized prior

use. Lysozyme concentrations were determined through preliminary testing of multiple

concentrations, with the final concentration selected to yield ~50% killing in the WT strain

(**Supplemental Figure S1**). Overnight cultures were diluted to an OD_{600} of 0.05 in fresh TSB

medium, 150 µL of each culture was added to a 96-well plate in three technical replicates.

Media-only wells served as negative controls (blanks), and measured values were normalized by

subtracting the corresponding blank readings. All growth curve assays were performed using the

BioTek LogPhase 600 Microbiology Reader for 24 hours at 37 °C, with readings taken every 20

minutes.

Biofilm Assay. Biofilm assays were performed as previously described (27). Briefly, overnight

bacterial cultures grown in TSB were diluted to an OD_{600} of 0.05 in Todd Hewitt Broth (THB)

with 1% glucose, incubated for 24 hours at 37°C with 5% CO2 in 12 wells, flat bottom tissue

culture plates. Staining was performed the next day using 0.5% crystal violet, solubilized with

30% glacial acetic acid and 100uL of samples were transferred to 96 well cell culture plates for

readings. Spectra Max M3 was used to obtain readings at OD_{540}. Biofilms under stress conditions

were tested by diluting bacteria in THB 1% glucose with the relevant stress media as described

above.

Tissue culture assays: The human intestinal Caco-2 cell line (ATCC HTB-37; colorectal

adenocarcinoma) was seeded in 24-well plates at a density of 1×10^4 cells per well in Eagle's

Minimum Essential Medium (EMEM, ATCC 30-2003) supplemented with 20% (vol/vol) fetal

bovine serum (FBS, HyClone Cytiva, Marlborough, MA) and 1% penicillin-streptomycin

(Pen/Strep, 10,000 U/mL, Gibco, USA) and cultured at 37°C in a humidified 5% CO_2 incubator

(28). The T84 colonic epithelial cell line (ATCC CCL-248) were cultivated in Dulbecco's

Modified Eagle's Medium and Ham F-12 medium (DMEM: F-12, ATCC 30-2006)

supplemented with 10% FBS and 1% Pen/Strep (29). For adherence assays, bacterial strains

were grown overnight in TSB. On the day of the assay, bacterial strains were diluted to an OD_{600}

of 0.1, subcultured until mid-log phase. Caco-2 and T84 cells were grown to confluence in 12-

well and 24-well tissue culture-treated plates (Corning). One hour prior to the assay, cell culture

media was replaced with antibiotic - and serum-free media. Cells were washed three times with

DPBS prior to infection. Bacteria were washed three times with DPBS and then resuspended in

DMEM: F-12 or EMEM, depending on the cell type and added to cells at a multiplicity of

infection (MOI) of 10. Adhesion capacity was assessed after 45 minutes. Cells were washed six

times with DPBS, removed from plates with trypsin-EDTA, and lysed with 0.1% saponin (30).

Lysates were serially diluted and plated on TS agar (TSA) plates to quantify the number of

adherent CFU. The total number of adherent CFU was calculated as: (total CFU recovered/total

CFU of original inoculum) × 100%. For invasion assays, bacterial strains were prepared in the

same manner as for adherence. Following three washes, bacteria was added to each well, and

plates were incubated for 150 minutes to allow invasion. Plates were then washed six times to

remove non-adherent bacteria. Antibiotic-containing culture media was prepared by adding

gentamicin and penicillin from prepared stocks of 50 mg/mL each with a final concentration of

100 mg/mL gentamicin and 5 mg/mL penicillin. Plates were incubated for an additional 2 hours

with antibiotic media, after which invasion capacity was assessed using the same procedures

described for adherence. Sham experiments were performed with no bacteria and no cells to

serve as negative controls.

Statistical Analysis. Statistics were calculated using GraphPad Prism 10.5.0 software.

Colonization rates between the A909 WT and A909Δ*rodA* strains were compared using Fisher's

exact test. Bacterial burden comparison between the A909 WT and A909Δ*rodA* strains at

different GI tract sites were compared using two-way repeated measures ANOVA with Sidak's

multiple comparisons post-test. Biofilm formation under different stressors was evaluated using

two-way ANOVA with the Tukey multiple comparisons test. Tissue culture adhesion and

invasion assays were compared using Mann-Whitney U test.

Results

Structural characterization of GBS A909Δ*rodA*: The SEDS-family protein RodA is a peptidoglycan glycosyltransferase which also acts as a polymerase, which crosslinks the glycan strands, playing a key morphogenetic role in bacterial cell wall synthesis (15, 31, 32). To discern the contribution of *rodA* in GI colonization, we initially employed a *rodA* transposon mutant (A909 *rodA::Himar1*) as a pilot. This mutant strain was obtained through an ordered A909 transposon mutant library, containing over 1,900 genetic variants, each with a unique disruption to its chromosome with numerous mutants (21). In cocolonization experiments, we noted that the A909 WT outcompeted the A909 *rodA::Himar1,* indicating a competitive advantage in vivo **(Supplemental Figure S2).** To explore the mechanism of these findings, we generated an in-frame deletion mutant (A909Δ*rodA)* using the Cas12a mutagenesis system as previously described (17). Overnight growth showed pronounced sedimentation of the A909Δ*rodA* compared to the A909 WT strain and complemented A909Δ*rodA+*p*rodA*, although no significant differences were noted with no alteration in long term (24 hours) growth assays **(Supplemental Figure S3, Figure 4A)**. Gram staining revealed a typical streptococcal morphology, with chains of cocci in the WT strain. We noted a marked aggregation phenotype, with cells forming dense clusters versus discrete chains, in the A909Δ*rodA* strain **(Figure 1A).** We assessed capsule production to determine if *rodA* played a role in its production. Colony immunoblotting detected capsule formation by both the A909 WT and A909 Δ*rodA* strains in contrast to the A909Δ*cpsE,* which did produce detectable capsule **(Figure 1B).** In addition, we confirmed the presence of capsule production in the A909Δ*rodA* strain by latex agglutination **(Figure 1C).** Transmission electron microscopy revealed no discernible differences in cell shape, size, or cell envelope in the A909Δ*rodA* strain compared to the A909 WT strain **(Figure 1D)**.

These findings suggest a phenotype with chaining and aggregation in the A909Δ*rodA* strain,

without an overt structural or capsule deficit.

***rodA* provides a competitive advantage in GI colonization.** To assess the contribution of *rodA*

to intestinal colonization, we examined the A909Δ*rodA* strain in a murine model. Preweaning

mice (12–14 days) were orally infected in cocolonization experiments as described (24). Animals

cocolonized with the A909 WT and A909Δ*rodA* strains were monitored for signs of illness and

survival until 7 days post infection. There was 100% survival in this cohort at the experimental

endpoint of 7 days, at which point animals were euthanized and the GI tract harvested **(Figure**

2A). Colonies were analyzed using cPCR to amplify for WT or KO bands **(Supplemental**

Figure 4). In the small intestine and cecum, the A909 WT strain outcompeted the A909Δ*rodA*

strain with a geometric mean competitive index of 40, 95% CI [40, 40] at 7 days post-

colonization, denoting no variation across replicates, as all tested colonies were A909 WT

(Figure 2B). In the colon, we calculated a geometric mean of 34.47, 95% CI [22.8, 52.11]

(Figure 2B). These data are consistent with the findings noted in cocolonization experiments

using the transposon mutant A909 *rodA::Himar1* and A909 WT which showed geometric mean

competitive indices 6.62, 95% CI [0.85, 53.1] and 4.19, 95% CI [1.70, 10.35] in the small

intestine; 7.67, 95% CI [1.69, 34.8] and 45.78, 95% CI [10.38, 201.7] in the cecum, and 7.5, 95%

CI [1.68, 33.76] and 49.82, 95% CI [17.72, 140.1] in the colon, at 7 and 14 days respectively

(Supplemental Figure S2). These findings suggest a sustained competitive advantage of the

A909 WT strain over the A909Δ*rodA* strain throughout the GI tract.

***rodA* is dispensable for intestinal colonization in the absence of competition.** We next

performed monocolonization experiments to determine the mechanism of the colonization

advantage. In longitudinal experiments across multiple cohorts, pre-weaning mice were orally

infected with either the A909 WT strain or the A909Δ*rodA* strain. These animals were

longitudinally monitored for signs or illness/mortality, with cohorts euthanized at days 3, 7 or 14.

We noted equivalent bacterial colonization between the WT and KO strain throughout the GI

tract at all 3 time points **(Figure 3 A, C, E)**. On further assessment, we noted comparable

recovery of bacterial burden throughout the GI tract, except in the colon at day 3 and day 7 post

colonization, where the A909 WT strain had a higher median colonization density than the KO

strain **(Figure 3 B, D, F)**. There was an overall decrease in bacterial burden at day 14 post

infection, across strains **(Figure 3F)**. Taken together, we note that the A909Δ*rodA* demonstrated

adequate colonization efficacy in monocolonization experiments; however, it was outcompeted

by the WT GBS strain in cocolonization. This suggests that *rodA* may not be strictly essential for

establishment of intestinal colonization but may confer a selective advantage under competitive

pressure.

Investigating *rodA* response to intestinal physiological stress: To further characterize the role

of *rodA* in the GI tract, we explored bacterial growth in vitro in the presence of physiological

gastrointestinal stress conditions. We monitored growth of A909 WT, A909Δ*rodA* and

complemented strain (A909Δ*rodA*+p*rodA*) in TSB medium with acidic pH in the range of 5.0-

7.34, bile concentrations of 5 mg/mL, 10 mg/mL and lysozyme (14 mg/ml). The growth of all

three strains were unaffected by a pH of 6, however there was an overall decrease in growth rate

and bacterial mass at a pH of 5 in both groups **(Figure 4B, C)**. The growth of A909Δ*rodA* was

inhibited in both bile salt concentrations, with the WT strain growing in both conditions and the

complemented strain exhibiting partial restoration of growth at both bile concentrations **(Figure**

4D, E). We noted no significant difference in growth in both strains in the presence of lysozyme

(Figure 4F). In all assays, the complemented strain showed a delay in entry into log phase, likely

due to growth antibiotic selection pressure. Together these findings suggest that *rodA* is not

required for survival under acid stress and does not contribute to lysozyme resistance, but it is

required for optimal growth in the presence of bile salts.

***rodA* influences bacterial surface contact and host interactions**: As biofilm formation and

adhesion to host epithelial surfaces are both important for gastrointestinal persistence, we next

examined whether deletion of *rodA* altered these phenotypes. We assessed the formation of

biofilm in A909 WT and A909Δ*rodA* strains after exposure to acidic media, lysozyme and bile.

At pH 6.0, no difference was noted in biofilm production between the WT and KO strains

(Figure 5A). At pH 5.0, the A909Δ*rodA* strain exhibited a decrease in biofilm production

compared to its control (standard media, pH 7.34) **(Figure 5B)**. On exposure to lysozyme, we

noted an increase in biofilm formation by the A909 WT strain that was not seen in the

A909Δ*rodA* strain **(Figure 5C)**. The presence of bile salts impacted the formation of biofilm in

both the WT and KO strains equally when compared to their respective controls **(Figure 5D, E)**.

To understand the surface associated behavior of *rodA* at epithelial barriers, we performed

adherence and invasion assays using differentiated Caco-2 intestinal epithelial cells and T84

colonic epithelial cell lines, in an in vitro model. We evaluated if the adherence and/or invasion

to epithelial cells by GBS depended on the presence of *rodA*. Adherence assays showed an

increased adherence by the A909Δ*rodA* strain in the Caco-2 and T84 cell lines compared to the

A909 WT strain **(Figure 6A, B)**. In contrast, invasion assay results differed by cell type. In

Caco-2 cell, there was no difference in invasion between the WT and KO strains, whereas in T84

cells, there was an increase in invasion by the A909Δ*rodA* strain **(Figure 6C, D)**. These findings

suggest that *rodA* influences bacterial and host interactions in a contextual manner, rather than a

uniform effect.

Discussion

The GBS cell wall has a thick gram positive layer composed of peptidoglycan, which anchors surface molecules like the group B carbohydrate) and an outermost boundary of capsular polysaccharide that serves as a major factor in colonization and pathogenesis (33),(34, 35),(36). SEDS proteins are essential transmembrane enzymes and have emerged as essential mediators of peptidoglycan synthesis and cell wall integrity (37). The role of the peptidoglycan layer and bacterial pathogenesis have been explored in other enteric pathogens (38, 39). Laubacher et al. demonstrated that peptidoglycan damage led to an increase in capsule synthesis, allowing for *E. coli* survival in the presence of antibiotics.(39) RodA, a member of the SEDS family, is a peptidoglycan polymerase contributing to bacterial shape and cell wall integrity (40). Prior reports have shown that the deletion of *rodA* leads to a loss of structure as seen in *Streptococcus pneumoniae*, *E. coli*, *Salmonella* and *Bacillus subtilis* (41-44). Deletion of the either *rodA* or genes encoding penicillin-binding proteins (PBPs), which play a key role in peptidoglycan synthesis, has been shown to cause a downregulation of cell invasion-associated virulence factors like flagella, in vitro and in vivo, in *Salmonella* (45). In *M. tuberculosis*, the absence of RodA and PbpA did not impact growth in vitro, however, both were found to be required for bacterial survival in a guinea pig infection model (46). Prior reports have shown that in GBS, RodA works in conjunction with a PBP complex during the process of peptidoglycan synthesis (47). In keeping with our findings, Jia et al. reported the conditional essentiality of *rodA* gene to bile salt resistance by GBS (16). In this report, we characterized the role of *rodA* in GBS and examined its contribution to membrane stability, response to intestinal stressors in vitro, and intestinal colonization in a murine model.

In a model of GI colonization, we noted that the A909Δ*rodA* mutant displayed adequate

colonization during monocolonization but was significantly outcompeted by the WT strain

during cocolonization. This suggests that *rodA* is not essential for intestinal colonization but may

confer an advantage under competitive pressure. This phenomenon of competitive interactions

has been described in other enteric pathogens and is likely dependent on host, microbial, or

nutritional pressures that become apparent during competition (48-50). We noted comparable

bacterial burden across different sites of the GI tract, except the colon, in longitudinal

experiments.

Exposure to intestinal physiological stressors like acid, bile and lysozyme showed that *rodA* is

important for bile tolerance and biofilm adaptation to certain stressors. We hypothesize that

absence of *rodA* may decrease the number of cross-links between glycan chains making the cell

membrane more permeable, explaining the bile susceptibility which disrupts the bacterial cell

wall by causing cell membrane leakage and denature proteins. Also, deletion of *rodA* may alter

the PBP complex or prevent the activation of envelope stress pathways as seen in *B. subtilis*,

making the A909Δ*rodA* vulnerable to the above stressors. Thibessard et al. have also

demonstrated that the lack of RodA or PBP2b leads to loss of oxidative stress resistance in

Streptococcus thermophilus (51). Structural characterization revealed a chaining/aggregating

effect by A909Δ*rodA* on gram staining, but we did not detect changes to the bacterial shape as

previously noted in *Streptococcus pneumoniae* or cell division as noted with *Streptococcus*

thermophilus (44, 51). We propose that the aggregating phenomenon likely reflects impaired cell

separation due to subtle changes in peptidoglycan remodeling or surface charge, rather than a

direct defect in division or capsule synthesis. This dual effect may contribute to the increased

adherence by the A909Δ*rodA* strain in in vitro epithelial cell lines with cell type specific

responses to invasion - higher in the T84 than the Caco-2 cell line. These differences may reflect

specific characteristics of the host epithelial surface, including mucus production or barrier

integrity – suggesting that the effect of *rodA* on host interactions are more dynamic in the gut.

The context-dependent role of RodA uncovered in this report reflects its biological relevance

under stress/competition. It also highlights the importance of RodA as a potential target for

antibiotic therapy. It gives us a window into the dynamic microbial changes that occur in a

natural setting during colonization persistence and/or clearance. Applying genomic sequencing

methods may help us identify and understand many other conditional essential genes like *rodA*

that confer a competitive advantage and inform strategies to disrupt colonization and

transmission in the GI tract.

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Figure Legends

Figure 1. Structural characterization of WT and *rodA* deficient GBS. A. Gram-stained images of A909 WT and A909Δ*rodA* strains in stationary growth, taken at 63×original magnification. Scale bar = 5 μm. Experiments were performed twice independently, with representative images shown. **B.** Capsule production assessed by colony immunoblot using a serotype Ia-specific anti-capsular polysaccharide antibody in A909 WT, A909Δ*cpsE* (control) and A909Δ*rodA* strains. Positive: Halo around brown colonies; Negative: brown colonies only. Representative blot from two independent experiments is shown. **C.** Latex agglutination was used to confirm production of capsule. Type Ia antisera was used for A909 WT, A909 Δ*cpsE* (control) and A909Δ*rodA* strains. Positive: clumping noted; Negative: no clumping noted. Representative blot from two independent experiments is shown. **D.** Transmission electron microscopy demonstrate capsule and cell wall in A909 WT and A909Δ*rodA* strains. Bacteria were chemically fixed by including lysine acetate during the glutaraldehyde and formaldehyde exposure. Samples were stained and postfixed using Ruthenium red and osmium and subsequently embedded in LR White. Black arrows mark the capsule, and white arrows mark the cell wall. Scale bar = 200 nm.

Figure 2. RodA confers a competitive advantage to GBS in an intestinal colonization competition model. Preweaning C57BL/6J mice were orally inoculated with a 1:1 mixture of A909 WT and A909Δ*rodA* in an experimental cohort (n = 5). **A.** Kaplan-Meier survival curve demonstrates 100% survival. **B.** The small intestine, cecum, and colon, were harvested at 7 days post inoculation. Approximately 100 colonies per GI site (~20 colonies per mouse) were analyzed using colony PCR to differentiate between A909 WT and A909Δ*rodA*. Data points represent geometric mean competition indices and error bars represent 95% confidence intervals.

Figure 3. Comparable colonization by the A909Δ*rodA* mutant and A909 WT strains in

monocolonization. Preweaning C57BL/6J mice were orally infected with either A909 WT or

A909Δ*rodA* in six separate cohorts, and the small intestine, cecum, and colon, were harvested at

predetermined time intervals. **A, B, C.** Percent colonization as determined by the presence of

GBS on days 3, 7 and 14 respectively (P = not significant [NS]; two-sided Fisher's exact test). **D,**

E, F. Bacterial burden determined as GBS CFU/gram tissue on days 3,7 and 14 respectively.

Individual points represent biologic replicates and lines showing median with interquartile range,

(*, *p<0.01*; **, *p<0.001*; two-way repeated measures ANOVA with Sidak's multiple

comparisons post-test). Sample sizes: n=A909 WT=4, A909Δ*rodA*=7 **(Figure A, D)**, n=A909

WT = 5, A909Δ*rodA* = 7 **(Figure B, E)**, n=A909 WT=4, A909Δ*rodA* = 6 **(Figure C, F)**.

Figure 4. Exposure to intestinal physiological stressors reveals selective susceptibility of

A909Δ*rodA*. Overnight cultures of A909 WT, A909Δ*rodA* and A909Δ*rodA*+p*rodA* GBS strains

were diluted to an OD value of 0.05 in Todd-Hewitt broth and incubated at 37°C. OD_{600} was

measured at 20-miNute intervals under different intestinal stressors. **A.** Standard media (pH

7.34), **B.** Standard media, pH 6.0, **C.** Standard media, pH 5.0, **D.** Standard media, bile 5 mg/ml

(0.5%), **E**. Standard media, bile 10 mg/ml (1.0%), **F.** Standard media, lysozyme 14 mg/ml. Data

from independent samples (n = 9) with three technical replicates shown, with lines indicating

mean values ± standard errors of the mean (SEM).

Figure 5. GBS *rodA* deficiency impacts biofilm formation under select stressor exposure.

Biofilm formation of A909 WT and A909Δ*rodA* strains quantified by crystal violet uptake after

exposure to **A.** THB, with 1% glucose at pH 6.0, **B.** THB, with 1% glucose at pH 5.0, **C.** THB,

with 1% glucose, lysozyme 14 mg/ml, **D.** THB, with 1% glucose, bile 5 mg/ml, **E.** THB, with

1% glucose, bile 10 mg/ml. Data from independent samples (n = 9) with three technical

replicates are shown, and lines represent mean values ± SDs. Data were analyzed using two-way

ANOVA with the Tukey multiple comparisons test (*, $p<0.05$; **, $p<0.005$; ****$p< 0.0001$).

Figure 6. The absence of *rodA* impacts adherence but not invasion in intestinal epithelial

cells. A, C. Adhesion assays were performed with Caco-2 and T84 intestinal cell lines

respectively at an MOI of 1 to 10. **B, D.** Invasion assays were performed with Caco-2 and T84

intestinal cell lines respectively at an MOI of 1 to 10. The percentage of adhered and invasive

bacteria were calculated based on the initial inoculum and expressed relative to the value for the

WT strain. All data are from independent experiments (n=9, each with 3 technical replicates).

The error bars indicate the 95% confidence intervals of the means of the wells. Data were

analyzed using the Mann-Whitney U test (****, $p < 0.0001$).

Figure 1

A

A909 WT: Stationary Phase

A909Δ*rodA:* Stationary Phase

B

A909 WT

A909Δ*cpsE*

A909Δ*rodA*

C

A909 WT

A909Δ*cpsE*

A909Δ*rodA*

D

200 nm

200 nm

A909 WT

A909Δ*rodA*

660
661
662

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

A

B

C

D

729
730
731