Detection and quantification of the heterogeneity of *S. aureus* bacterial populations to identify antibiotic-induced persistence

3 Marwa M. Hassan¹*, Mark S. Butler¹, Andrea Ranzoni^{1,2} and Matthew A. Cooper¹

⁴ ¹Institute for Molecular Bioscience, The University of Queensland, Brisbane, Queensland 4072,

- 5 Australia
- ²Bioengineering Department, Ellume Pty Ltd, Brisbane, Queensland 4169, Australia
- 7 *E-mail: marwa.hussainali@uqconnect.edu.au

8 Abstract

- 9 **Objectives**
- 10 Persister cells are characterised as being viable but non-culturable, a state that preserves their
- 11 metabolic energy to survive the environmental stress, which allows for recurrent infections.
- 12 Detection of persisters is, therefore, not possible with standard culture-dependent methods.
- 13 Furthermore, the effect of antibiotics on the induction of persisters has not been assessed. This
- study aimed to identify antibiotic-induced persistence and determine the percentage of
- 15 heterogeneity.

16 Methods

- 17 Vancomycin, daptomycin and dalbavancin were assessed by standard MIC methods against
- 18 selected *Staphylococcus aureus* strains. Replicates of MIC assays were stained with propidium
- iodide to quantify live/dead and a reactive oxygen species (ROS) dye to detect and quantify
- 20 persisters using culture-independent single-cell sorting, independently. A comparative analysis
- 21 was then performed.

22 **Results**

- 23 Dalbavancin showed the lowest MIC values against tested *S. aureus* strains followed by
- 24 daptomycin and vancomycin. Cell sorting of vancomycin-, daptomycin- and dalbavancin-treated
- 25 S. aureus strains showed a range of 1.9-10.2%, 17.7-62.9% and 7.5-77.6% live cells based on the
- strain, respectively, in which daptomycin, in particular, was a strong inducer of a persister
- 27 population. Persisters represented 3.7-16% of the bacterial population.

28 Conclusions

- 29 The culture-independent identification of antibiotic-induced persistence through studying at the
- 30 single-cell level showed different efficacy of antibiotics than standard MIC. Vancomycin was the
- 31 most effective antibiotic against tested strains followed by dalbavancin then daptomycin as
- 32 assessed by cell sorting. Therefore, re-evaluation of standard MIC methods may be required to
- assess the efficacy of antibiotics. Additionally, the detection of daptomycin-associated persisters
- may provide an elucidation to the reported rapid resistance development *in vivo*.

35 Keywords

36 Bacterial heterogeneity, persistence, MIC, culture-independent detection, FACS

37 Introduction

- Persistence is defined as the ability of a genetically identical sub-population of the bacterial cells
- to survive the stress of the antibiotics and die at a slower rate than the rest of the population.¹ In
- 40 time-kill experiments, a sharp decrease in the percentage of live cells occurs followed by a
- 41 plateau survival rate due to the slow rate of death of these persister cells. Tolerance, however, is
- 42 the transient ability of all bacterial populations to adapt to the environmental pressure or
- 43 antibiotics stress and remain alive, which can result in the acquisition of new mutations.
- 44 Prolonged exposure to the same stress diminishes this survival ability.² The distinction between
- 45 persistence and tolerance has been made by the Balaban group, in which persistence was
- 46 proposed to be a higher level of tolerance with a lower percentage of viable cells during the
- 47 environmental stress.² Accordingly, the persistent/tolerant live bacterial population can adapt to
- 48 antibiotics at a higher concentration than the minimum inhibitory concentration (MIC), while
- 49 maintaining a sensitive antibiotic profile.² Thus, Brauner *et al.* proposed a model to define
- tolerance and persistence based on the duration required to kill 99% and 99.99% of the bacterial
- 51 population.² This 0.01-1% of the bacterial population can switch from non-culturable to a
- 52 culturable state once the environmental stress has been eliminated.²
- 53 Persisters have been characterised by their reduced metabolism and growth rate, in order to save
- ⁵⁴ energy.³ They were also shown to stop their replication and become viable but non-culturable,⁴ a
- dormant stage that has been associated with biofilm formation.^{5,6} Both tolerance and persistence
- 56 have been linked to antibiotic resistance and recurrent infections.^{7,8} Persistence has also been
- 57 associated with the formation of a small colony variant (SCV), which is characterised by a slow
- 58 growth rate.⁹ SCV strains are also associated with recurrent infections,^{10,11} due to their decreased
- 59 electron transport activity, lower respiration rate and the ability to return to the parent
- 60 phenotype.⁹⁻¹¹
- 61 The phenomena of persistence is not new, it is an inherent ability of some bacterial species, such
- 62 as *Mycobacterium tuberculosis*;¹² however, persistence has also been shown in other bacterial
- 63 species such as *Escherichia coli*, 3 S. *aureus*, 13 Clostridium difficile and Salmonella species. 12,14,15
- 64 The molecular mechanisms underlying persistence are now being extensively studied on these
- rapid growing model species. The survival of these persisters is based on few shared key
- 66 molecular mechanisms, which are based on oxidative stress, toxin-antitoxin (TA) modules and
- 67 quorum sensing.^{4,5,16,17} The oxidative stress is a well characterised mechanism, especially with
- 68 antibiotics. Under antibiotic stress, cytotoxic ROS are generated to target bacterial proteins,
- 69 lipids and DNA, which lead to cell damage and subsequently death.¹⁶ However, persisters have
- the ability to suppress the oxidative stress pathway through either scavenging the generated ROS
- or producing less toxic radicals.¹⁶ Lower levels of oxidative stress and free radicals prevents
- 72 DNA damage, which allows the cells to survive the bactericidal effect of antibiotics. This
- 73 mechanism has been reported in *S. aureus*, *E. coli* and *Pseudomonas aeruginosa*.¹⁶
- 74 The detection of these non-culturable cells is not possible by culture-based methods, and their
- estimated low percentage, 0.01-1%, necessitated their detection using single-cell approaches.

- 76 Recent studies have developed single-cell microfluidics, microscopy and cell sorting methods
- vsing fluorescence-activated cell sorting (FACS) to detect and characterise persister cells.^{3,18-20}
- FACS has also been used to analyse the metabolic and growth state of persisters,²¹ identify
- 79 heterogeneity in cell division, which protected the cells from the killing effect of the complement
- system and antibiotics, 22 and align cell sorting with sequencing to study gene expression of
- 81 persisters.²³ The application of single-cell techniques to detect persistence has been reviewed
- 82 elsewhere.^{24,25} Recently, FACS was applied to detect carbapenem resistance in *Klebsiella*
- 83 pneumoniae.²⁶
- 84 This study aimed to re-assess the standard MIC methods and investigate the role of three cell-
- 85 wall antibiotics in the formation of persistence against *S. aureus* strains. A culture-independent
- cell sorting method was developed to assess, detect and quantify live, dead and persister cells in
- 87 MIC assays. This quantification data was then correlated with the MIC values of these antibiotics
- by the broth micro- and macrodilution methods. The results showed a single-cell based method
- that could be used for an in-depth evaluation of the efficacy of antibiotics, based on both the
- 90 percentage of live/dead cells and persistence formation. The single-cell sorting of MIC assays
- showed that the standard MIC methods may not reflect the potency of antibiotics, show bacterial
- 92 heterogeneity and/or detect antibiotic associated persistence.

93 Methods

94 1-

1- Determination of MIC using standard methods

95 Determination of MIC was performed using the broth micro- and macrodilution methods

- 96 according to the Clinical and Laboratory Standards Institute (CLSI) guidlines.²⁷ All daptomycin
- 97 assays were supplemented with calcium to a final concentration of 50 mg/L.²⁸ Sensitive and
- 98 resistant *S. aureus* strains used in this study are listed in **Table S1**.
- To determine the MIC by resazurin, a final concentration of 0.04 mM (0.01 mg/mL) resazurin
- 100 (Sigma Aldrich) was added aseptically to all MIC plates and tubes, and further incubated at 37 °C
- 101 in the dark. All MIC plates and tubes were checked for colour change at 4 and 24 h. All tests
- 102 were repeated with two independent cultures and each tested in duplicate.

2- Detection of MIC using macrodilution method by FACS

- 104 The bacterial cells of the broth macrodilution MIC replicates were washed twice from media by 105 centrifugation at a maximum speed for 10 min at room temperature and resuspended in 200 μ L 106 of sterile 5 mM HEPES buffer containing 20 mM glucose, after the 24 h incubation. A
- 107 subculture of an overnight bacterial culture was washed as previously described as used as a
- positive control of live cells. Then, an aliquote of the bacterial subculture was centrifuged and
- treated with 80% ethanol for 2 h before washed as previously described and used as the control
- 110 dead cells. Then, samples were analysed for live/dead by staining with propidium iodide (PI)
- 111 (Sigma) dye at a final concentration of 8 mg/L and incubated for 5 min. Samples were detected
- on BD FACSCanto II flow cytometer (BD Biosciences) and analysed using Kaluza Analysis 1.3
- 113 software (Beckman Coulter).

- 114 Unstained bacterial cells were compared using the FSC and SSC (forward and side scatter)
- gating (Figure S1a). Gate 'C' represents live cells and gate 'D' represents dead cells (Figure
- 116 **S1b**). Negative control for media and buffer were used to confirm that the signal is due to the
- 117 presence of bacteria. The gates were slightly modified to compensate for the difference between
- the antibiotics killing mode of action and a maximum of 10K events was used to standardise the
- number of detected events.

3- Detection of antibiotic stress level and persistence by FACS

121 The bacterial cells of the broth macrodilution MIC replicates were washed as previously 122 described and stained with CELLROX green dye (Life Technology). CELLROX dye was added 123 at a final concentration of 2.5 μ M and incubated for 5 min before sorted. A maximum of 10K 124 events was used to standardise the number of detected events. Unstained bacterial cells were 125 compared using the FSC and SSC gating.

126 **Results and discussions**

The main aim of this study was to identify antibiotic-induced persistence through evaluating the current standard MIC methods and assessing the efficacy of antibiotics independent of the culture methods. Vancomycin, a bacteriostatic²⁹ or slow bactericidal³⁰ glycopeptide, daptomycin, a bactericidal lipopeptide^{31,32} and dalbavancin, a bactericidal lipoglycopeptide,^{33,34} were chosen for this study due to their bacterial membrane targeting and variable efficacy against selected *S*.

132 *aureus* strains.

133 1. MIC determination by standard methods

134 The determination of the MIC was performed by the two-standard broth microdilution and

- macrodilution methods to detect and demonstrate the difference in MIC values. Since, the
- standard endpoint reading of both methods is by visual identification of the lowest antibiotic
- 137 concentration that shows no growth, resazurin dye was added aseptically to assess the sensitivity
- 138 of visual detection. Resazurin is a redox dye that changes its colour upon reduction by live cells
- and was used in MIC determination but not considered as a standard protocol.^{35,36} The final
- 140 concentration of the dye was optimised for the lowest detection limit through serial dilutions of
- 141 resazurin and bacterial cells. The results showed that 40 μ M resazurin (as a final concentration)
- had the lowest possible detection limit, which was 10^7 cfu/mL live cells and a higher
- 143 concentration of resazurin hinders the detectable colour change.
- 144 Vancomycin MICs by resazurin broth macrodilution showed a 2-fold increase in MIC values
- 145 with MRSA and hVISA compared to the microdilution method, differentiating the hVISA strain
- 146 from MSSA strains due to the higher number of live cells (**Table 1**). The phenotypic distinction
- 147 between some of the hVISA and MSSA strains has always been difficult due to their identical
- sensitive MIC rather to an intermediate cut-off using the broth microdilution method.^{37,38}
- 149 However, these results require an extensive study with a larger number of heterogeneous strains
- to prove distinction.

- 151 Daptomycin showed an increased MIC values of 2- to 4-fold as measured by the resazurin broth
- 152 macrodilution method (**Table 1**). All tested strains had MIC values of 1 mg/L while hVISA and
- 153 VISA strains had MIC of 4 and 8 mg/L, respectively (**Table 1**). These MIC results suggest that
- both strains may have a daptomycin intermediate or resistance profile; however, $\leq 1 \text{ mg/L}$ is the
- 155 only reported²⁷ daptomycin-sensitive breakpoint.
- 156 Dalbavancin MIC values increased by 4-fold against all the strains using the resazurin
- 157 macrodilution method. Even though the detailed breakpoint of dalbavancin's intermediate-
- resistance has not been identified, MSSA and MRSA showed MIC value of 0.25 mg/L, whereas
- 159 hVISA and VISA strains had MIC of 0.5 and 1 mg/L, respectively. VRSA strains showed MIC
- 160 of 4 and 8 mg/L (**Table 1**). The increase in dalbavancin MICs with increased vancomycin
- resistance is due to the similarity in their mode of action in binding to the D-alanyl-D-alanine
- residues of the bacterial cell wall.^{39,40} However, dalbavancin anchors and dimerises in the
- 163 bacterial membrane, which results in a higher binding affinity and effectiveness against VRSA.³⁹
- 164 These results showed higher MIC values for the broth macrodilution compared to the
- 165 microdilution method (**Table 1**), as previously reported.^{41,42} Vancomycin, daptomycin and
- 166 dalbavancin had an increased MIC of 2-, 2-4 and 4-fold with the resazurin macrodilution
- 167 method. The increased MIC-fold could be attributed to either the lower effectiveness of some of
- these antibiotics, which was masked by the small volume of the microdilution method, the low
- sensitivity of the broth microdilution method or the increased total number of live bacterial cells.
- 170 However, the CSLI guidelines have the same MIC breakpoints for both broth methods. This may
- require further studies using a larger number of bacterial strains to re-define the MIC breakpoints
- using both methods.
- 173
- 174
- 175

176

177

178

179

180

- Table 1. MIC values of the broth micro- (I) and macrodilution (A) methods with (R) and without 182
- resazurin. The results are representative of four replicates in two independent assays. Values in 183 bold are the more frequent values (n=3). 184

		Vancomycin MIC (mg/L)	omycin M (mg/L)	IIC	I	Daptom (mg	Daptomycin MIC (mg/L)	IIC	E)albava (m	Dalbavancin MIC (mg/L)	IIC
Strains	Ι	I_R	A	A_R	I	I_R	A	A_R	Ι	I_R	A	A_R
MSSA (ATCC 25923)	2	2	2	2	0.5-1	0.5-1	1	Ц	0.06	0.06	0.25	0.25
MSSA (ATCC 29213)	ц	ц	1-2	2	0.5-1	0.5 -1	0.5 -1	Ц	0.06 - 0.12	0.06 - 0.12	0.25	0.25
MRSA (ATCC 43300)	ц	ц	2 -1	2	0.25 - 0.5	0.25- 0.5	0.5- 1	Ч	0.03- 0.06	0.03- 0.06	0.12- 0.25	0.25
VISA (NARSA 17)	∞	œ	∞	8	4	4	4	∞	0.25	0.25- 0.5	4	1
hVISA (ATCC 700698)	2	2	4	4	Ц	1-2	2	4	0.12	0.12- 0.25	0.5	0.5
VRSA (NARSA VRS3b)	16	32 - 64	>64	>64	0.5	0.5	0.5-1	ц	0.5- 1	1-2	2	4
VRSA (NARSA VRS4)	>64	>64	>64	>64	1	4	1	4	2	4	4	œ

185

186

2. Evaluation of MIC by FACS 187

In order to assess the potency of these three antibiotics against the tested strains, replicates of the 188 189 broth macrodilution MIC were analysed by FACS to detect and sort single cells. Single-cell

- sorting was performed to assess the actual percentage of live and dead cells using PI^{43} at 24 h
- endpoint. PI is a cell-impermeant, non-fluorescent dye that is only fluorescent when bound to
- bacterial DNA due to membrane damage. Positive controls of live and dead cells were used to
- identify the gates.
- 194 At each antibiotic concentration, the percentage of live cells for each strain was plotted and the
- results were compared to the resazurin macrodilution MIC values. An illustration of live and
- dead plots of dalbavancin treated MRSA is shown in **Figure S2**. At the MIC concentration, as
- determined by the broth macrodilution method, vancomycin MICs showed a range of 1.9-10.2%
- 198 live cells based on the tested strains (Figure 1). However, daptomycin and dalbavancin showed a
- range of 17.7-62.9% and 7.5-77.6% live cells based on the strain (**Figure 1**), respectively.
- 200 Consequently, the comparison between the visually detected MIC by broth macrodilution
- 201 method and cell sorting of live/dead cells showed that the minimum inhibitory concentration
- represented from 22-98% of dead cells. This percentage varied based on the antibiotic and the
- 203 tested strain, which cannot be identified using current MIC methods.
- 204 Interestingly, the vancomycin-treated hVISA strain evidenced to be a heterogeneous strain with a
- higher area under the curve than the MSSA and MRSA strains in concordance with the modified
- 206 population analysis profile (PAP) method.^{38,44} The later requires extensive culture methods to
- 207 detect vancomycin-associated bacterial heterogeneity, which has been proposed to be about $\leq 10^{-5}$
- -10^{-6} of the population, ^{38,45} this represents 0.001-0.0001% of bacterial cells in MIC assays.
- However, vancomycin showed 9.8% live persister cells with hVISA, and a plateau in the
- survival kinetics of 2-18.7% live persister cells with all tested strains, which is a higher
- 211 percentage than previously predicted. A plateau in the survival of some bacterial cells was also
- noticed with daptomycin and dalbavancin with 5.4-17.4%, considering only VRSA strains, and
- 213 3.6-11.7%, considering all strains except VRSA, live persisters (**Figure 1**), respectively. Thus,
- persisters represented an average of $3.7 \pm 1.7\%$ to $16 \pm 3.7\%$, which varied based on the strain and
- antibiotic.

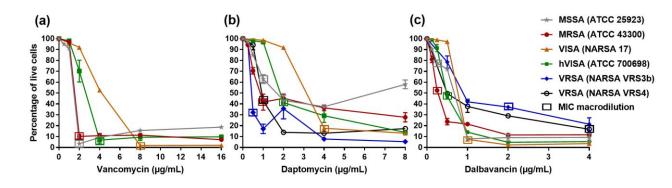




Figure 1. The percentage of different live bacterial strains as assessed by flow cytometry. Broth
MIC macrodilution tubes were stained with PI and sorted for live/dead. The data were analysed
based on the identified gates and the percentage of live cells were plotted. Square-labelled values

are the broth MIC macrodilution concentrations. Data (n=3) are shown as means \pm SD, some error bars are too small to be visible in the graph.

3. Detection of persisters and heterogeneity

The ability to scavenge and lower the generated ROS under stress was used to detect persisters⁴⁶ and the results were compared to the detected live cells; therefore, replicates of the macrodilution broth method were stained with the membrane-permanent CELLROX® dye and sorted. Control live and dead cells of all bacterial strains were stained and showed constant one population (**Figure S1d and Figure S1e**), a consensus gate was used as a reference ROS level (gate 'ROS') (**Figure S1c**). The ROS cell sorting results were analysed, compared to the ROS level of the

- strain and reference gate, the non-decreasing percentage of live cells, 3.7-16%, when treated at 2-
- to 16-fold the MIC and categorised in three groups: 1) the normal, 2) the heterogeneous and 3)
- the persistence-triggering group.
- 232 The normal ROS response showed a concentration-dependent increasing bacterial stress levels,
- which was shown with VRSA strains treated with dalbavancin (Figure 2a). At a sub-MIC

concentration of dalbavancin, VRSA strains showed elevated ROS levels, which almost half of

- the population partially reduced at the MIC concentration. Above the MIC, the concentration-
- 236 dependent potency of the antibiotic caused immediate death of most cells, preventing the
- 237 management of the antibiotic-associated stress. However, a small percentage of cells (a sporadic
- population) maintained a low level of ROS (Figure 2a). Similarly, MRSA showed a higher
- stress reaction with dalbavancin than vancomycin at MIC concentrations, while VISA showed
- the opposite (**Figure 2b**).

241 Heterogeneous bacterial cells had a characteristic ROS response, where hVISA showed a very

low ROS level to all the bacterial population when treated at sub-MIC concentration of

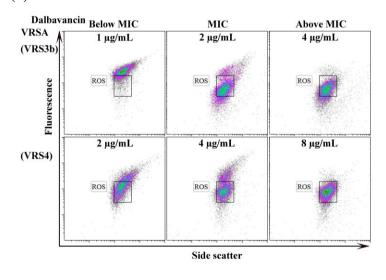
vancomycin or dalbavancin and a slightly elevated stress level at the MIC concentration (Figure

- 244 **2b**). This ROS response was also identified with the VISA strain, a slow growing strain, which
- was shown in **Figure 1** to have a higher area under curve than hVISA and MSSA which is

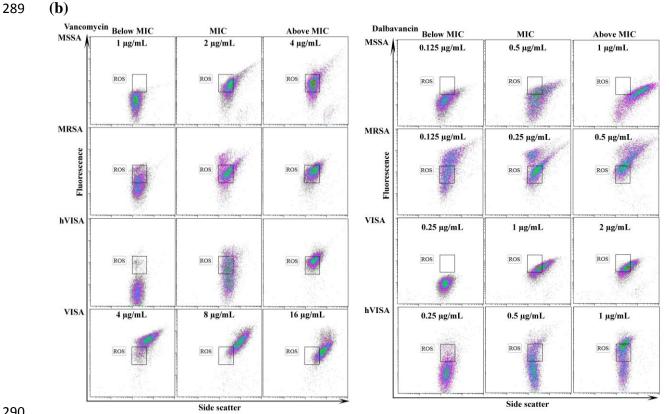
confirmed to be a SCV strain (**Figure S3** and **Table S2**). Interestingly, MSSA showed a distinct

- persister population of low ROS level with a slightly different SSC when treated with
 vancomycin at 2-fold MIC, which is discussed in Figure 3 and S4. These results showed that
- vancomycin at 2-fold MIC, which is discussed in Figure 3 and S4. These results showed that
 heterogeneous bacterial cells had the ability to signal all the bacterial population to reduce their
- 249 ROS level and avoid stress-associated cell damage.
- 251 Daptomycin, surprisingly, showed a persistent bacterial population with MSSA, MRSA and
- VRSA strains at 2-fold MIC (Figure 2c), and up to 16-fold MIC. Consistently, heterogeneous,
- slow growing and SCV strains, hVISA, VISA and MSSA, respectively, showed a low ROS level
- at sub-MIC concentrations of daptomycin, as previously identified with vancomycin and
- dalbavancin. This detected daptomycin-associated persistence may have partially contributed to
- the reported development of daptomycin resistance towards *S. aureus in vivo*.⁴⁷⁻⁴⁹ Interestingly,
- hVISA and MRSA showed different populations at sub-MIC and MIC concentrations of
- daptomycin and dalbavancin, respectively, (Figure 2c and 2b). These populations were of

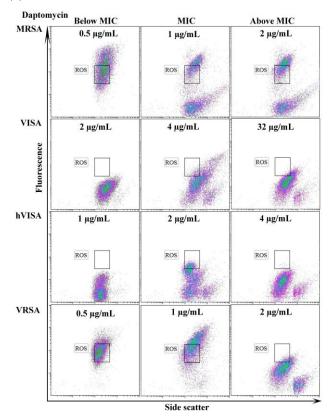
- different low levels of ROS which may also suggest difference in scavenging mechanisms,
- which were the outcome of the potency of the antibiotics and the resistance of the strains.
- 261 It was noticed that some of the detected persister populations had a different SSC from normal
- cells (**Figure 2**). As the difference in SSC represents surface roughness, it was suspected that
- these populations may have a damaged cell membrane, which would affect the scattered
- 264 fluorescence signal. Since they represent a very low percentage, bacterial cells were stressed by a
- quick 40% ethanol treatment followed by cell sorting and visualisation by microscopy. The cells
- were also stained with a fluorescent membrane dye (FM4-64) to prove that they had acquired
- surface granularity. The results showed that all cells had the same SSC when stained with PI or
- FM4-64 dye (Figure S4a), and only showed higher SSC when stained for ROS (Figure S4b).
 Microscopic imaging of the samples showed that most of the cells were not fluorescent (Figure
- Microscopic imaging of the samples showed that most of the cells were not fluorescent (**Figure S4c**), as detected by FACS, and some cells showed a half-circled fluorescent ring, which
- 270 S+C), as detected by FACS, and some cens showed a nan-encided hubblescent ring, which 271 probably had different light scattering than normal fluorescent cells. These results showed that
- the difference in scattering was probably due to the ROS localisation rather than a membrane
- 272 the difference in scattering was probably due to the KOS localisation rather than a memorane273 damage.
- 274 (a)



- 275 276 277
- 278
- 279
- 280
- 281 282
- 283
- 284
- 285
- 286
- 287
- 288



313 (c)



314

Figure 2. Cell sorting of the ROS generated under the treatment of antibiotics at different

concentrations. ROS gate is the normal free radicals level assessed in the strains. **a**) A

concentration-dependent increasing ROS response of bacterial cells. **b**) The ROS response of

vancomycin and dalbavancin. c) The ROS response of daptomycin and its associated persisters.

319 Data (n=2) are shown to be reproducible over two independent experiments.

To confirm the detection of SCV, a heterogeneous small colony with a parent colony and a

321 parent colony only of MSSA were selected, treated with vancomycin and processed for detection

322 (Figure S3). Cell sorting of the MSSA parent colony containing samples were previously

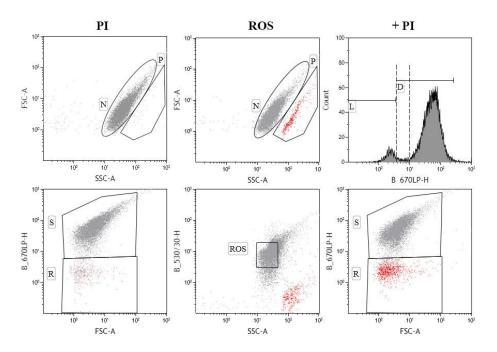
demonstrated in **Figure 2b**, the SCV mixed colonies samples are shown in **Figure 3**. Samples

were first stained with PI only and showed about 4% live population (gate R), representing

325 0.27% (gate P) on the SSC. Replicate samples were stained with ROS only and showed about

326 3.6% of the cells differentiated into higher surface roughness with low ROS levels (red cells,

- 327 SSC, gate P) (**Figure 3**). PI was then added on the same ROS treated samples and proved that
- these persisters were live (gate L and R) (**Figure 3**). The SCV mixed sample showed slightly
- higher percentage of persisters when stained for ROS only compared to Figure 2b. This
- 330 suggested that the increase in the SCV cells increased the persister population. It also confirmed
- that the 3.7-16% of live cells are persisters.



332

Figure 3. Detection of *S. aureus* SCV strain (ATCC 25923). The cells were treated with 2 mg/L vancomycin and stained with PI and CELLROX. The peak tail of gate D (in between the dashed lines) presents the partially damaged cells. Data (n=2) are shown to be reproducible over two independent experiments.

4. Re-evaluation of the efficacy of antibiotics

Even though MIC reflects only the bacterial inhibition, either in a static or cidal mode of action, 338 but the inhibition of the growth was shown to not be consistent across tested antibiotics and 339 340 strains. Therefore, the three antibiotics were re-evaluated for potency based on the death of at least 85% of the bacterial cells, with taking into consideration the formation of persisters. A heat 341 map was plotted to visualise the difference in the potency of these antibiotics using MIC, 342 live/death cell sorting and live/death with persistence detection (Figure S5). The MIC 343 344 concentration of vancomycin showed \geq 85% dead cells with all tested strains, and triggered a small persistent population with only MSSA. Whereas, daptomycin required a higher 345 concentration than the MIC across almost all the strains and showed high levels of persisters. 346 Daptomycin also failed to kill 85% of the MSSA and MRSA cells up to 16 mg/L (Table 2). 347 348 Dalbavancin, however, showed more effective killing against VISA and VRSA (VRS4) strains (Table 2). Accordingly, the potency of these antibiotics varied from the culture-based MIC 349 values, and triggered a concentration- or antibiotic-dependent persisters. This evidenced the 350 limitations of the MIC methods⁵⁰ to assess the efficacy of antibiotics, which can be re-evaluated 351 based on both killing potency, rather than visual inhibition, and persistence formation to help 352 reduce antimicrobial resistance. 353

Table 2. FACS-based evaluation of antibiotics based on live/dead percentage and persisters

formation. Concentrations of the antibiotics presented showed \geq 85% dead cells, values in bold

357 are higher than MIC values detected by the resazurin macrodilution method, orange-highlighted

values indicated the detection of persisters by ROS sorting.

MIC FACS (>85% dead) (mg/L)	MSSA (ATCC 25923)	MRSA (ATCC 43300)	VISA (NARSA 17)	hVISA (ATCC 700698)	VRSA (NARSA VRS3b)	VRSA (NARSA VRS4)
Vancomycin	2	2	8^{a}	4	N/A	N/A
Daptomycin	≥4 (60%)	≥1 (60%)	8	8	4	2
Dalbavancin	2	2	1 ^b	1 ^c	16	8

^a Represents 98% dead cells, ^b represents 90% dead cells and ^c the increase of the concentration to 2 mg/L
 had 95% dead cells and did not show a population of persistence.

361 Conclusion

362 The current standardised MIC methods rely on visual detection, which does not reveal the

- biological state of the bacterial cells.⁵¹ In this study, testing of antibiotics with the broth
- macrodilution method was shown to be more sensitive, potentially due to the presence of a
- higher total number of cells. The use of resazurin increased the sensitivity of the broth

macrodilution method, which was mainly dependent on the concentration of the dye. A thorough

- quantification of live, dead and persister cells was achieved with single-cell sorting, which
- demonstrated different efficacy of tested antibiotics and strains compared to MIC. Vancomycin
 showed to be very effective against MSSA, MRSA and VISA strains, while daptomycin failed to
- kill more than 60% of the population of MSSA and MRSA using cell sorting. Daptomycin also
- triggered the development of a persistent population with most of the tested strains, which may
- provide an explanation to the rapid development of resistance *in vivo*. The results also showed a
- higher percentage of persistence and heterogeneity in bacterial populations than is currently
- estimated. Therefore, assessment of the current standard MIC methods may be required to
- evaluate the efficacy of antibiotics. This also requires an extensive evaluation of a higher number
- of bacterial strains against all antibiotics to detect bacterial heterogeneity and guide for choice of
- the most suitable antibiotic treatment.

378 Acknowledgements and funding

- The authors acknowledge Prof. Mark Schembri for reviewing the manuscript. The authors also
- acknowledge the National Health and Medical Research Council (NHMRC) Project Grants
- APP631632 and APP1026922 for partially funding this work. M.M.H. is supported by the
- 382 University of Queensland International PhD scholarship. M.A.C. is a NHMRC Principal
- Research Fellow (APP1059354) and currently holds a fractional Professorial Research Fellow
- appointment at the University of Queensland with his remaining time as CEO of Inflazome Ltd.
- 385 The following reagent was provided by the Network on Antimicrobial Resistance in
- 386 Staphylococcus aureus (NARSA) for distribution by BEI Resources, NIAID, NIH: NARSA

387 STRAINS Staphylococcus aureus, Strain NARSA 17 (HIP06297, NR-45868), VRS3b

388 (HIP13419, NR-46413) and VRS4 (HIP14300, NR-46414).

- 389 Transparency declarations
- 390 None to declare.
- 391 **References**

3921.Balaban NQ, Gerdes K, Lewis K *et al.* A problem of persistence: still more questions than393answers? Nat Rev Microbiol 2013; **11**: 587-91.

Brauner A, Fridman O, Gefen O *et al.* Distinguishing between resistance, tolerance and
 persistence to antibiotic treatment. *Nat Rev Microbiol* 2016; **14**: 320-30.

3. Balaban NQ, Merrin J, Chait R *et al.* Bacterial persistence as a phenotypic switch. *Science* 2004;
305: 1622-5.

3984.Ayrapetyan M, Williams TC, Oliver JD. Bridging the gap between viable but non-culturable and399antibiotic persistent bacteria. *Trends Microbiol* 2015; **23**: 7-13.

- 400 5. Maisonneuve E, Gerdes K. Molecular mechanisms underlying bacterial persisters. *Cell* 2014; **157**:
 401 539-48.
- 402 6. Lewis K. Persister cells, dormancy and infectious disease. *Nat Rev Microbiol* 2007; **5**: 48-56.
- 403 7. Levin-Reisman I, Ronin I, Gefen O *et al.* Antibiotic tolerance facilitates the evolution of 404 resistance. *Science* 2017; **355**: 826-30.
- 4058.Vogwill T, Comfort AC, Furio V *et al.* Persistence and resistance as complementary bacterial406adaptations to antibiotics. *J Evol Biol* 2016; **29**: 1223-33.
- Proctor RA, von Eiff C, Kahl BC *et al.* Small colony variants: a pathogenic form of bacteria that
 facilitates persistent and recurrent infections. *Nat Rev Microbiol* 2006; **4**: 295-305.
- 10. Vaudaux P, Francois P, Bisognano C *et al*. Increased expression of clumping factor and

fibronectin-binding proteins by hemB mutants of *Staphylococcus aureus* expressing small colony variant
phenotypes. *Infect Immun* 2002; **70**: 5428-37.

- 412 11. Kahl BC, Becker K, Loffler B. Clinical significance and pathogenesis of *Staphylococcal* small colony
 413 variants in persistent infections. *Clin Microbiol Rev* 2016; **29**: 401-27.
- 414 12. Monack DM, Mueller A, Falkow S. Persistent bacterial infections: the interface of the pathogen
 415 and the host immune system. *Nat Rev Microbiol* 2004; **2**: 747-65.
- 416 13. Conlon BP, Rowe SE, Gandt AB *et al.* Persister formation in *Staphylococcus aureus* is associated
 417 with ATP depletion. *Nat Microbiol* 2016; **1**: 16051.
- 418 14. Fisher RA, Gollan B, Helaine S. Persistent bacterial infections and persister cells. *Nat Rev*419 *Microbiol* 2017; **15**: 453-64.

420 15. Amato SM, Fazen CH, Henry TC *et al.* The role of metabolism in bacterial persistence. *Front*421 *Microbiol* 2014; **5**: 70.

422 16. Kint CI, Verstraeten N, Fauvart M *et al.* New-found fundamentals of bacterial persistence. *Trends*423 *Microbiol* 2012; **20**: 577-85.

- 42417.Hong-Geller E, Micheva-Viteva SN. Targeting Bacterial Persistence to Develop Therapeutics
- Against Infectious Disease. In: Vallisuta O, Olimat S, eds. *Drug Discovery and Development From* Molecules to Medicine. Rijeka: InTech, 2015; 201-18.
- 427 18. Helaine S, Holden DW. Heterogeneity of intracellular replication of bacterial pathogens. *Curr*428 *Opin Microbiol* 2013; **16**: 184-91.
- 429 19. Pu Y, Zhao Z, Li Y *et al.* Enhanced efflux activity facilitates drug tolerance in dormant bacterial
- 430 cells. *Mol Cell* 2016; **62**: 284-94.

431 20. Zare RN, Kim S. Microfluidic platforms for single-cell analysis. Annu Rev Biomed Eng 2010; 12: 432 187-201. 433 21. Orman MA, Henry TC, DeCoste CJ et al. Analyzing Persister Physiology with Fluorescence-434 Activated Cell Sorting. Methods Mol Biol 2016; 1333: 83-100. 435 Putrins M, Kogermann K, Lukk E et al. Phenotypic heterogeneity enables uropathogenic 22. 436 Escherichia coli to evade killing by antibiotics and serum complement. Infect Immun 2015; 83: 1056-67. 437 23. Henry TC, Brynildsen MP. Development of Persister-FACSeq: a method to massively parallelize 438 quantification of persister physiology and its heterogeneity. Sci Rep 2016; 6: 25100. 439 24. Davis KM, Isberg RR. Defining heterogeneity within bacterial populations via single cell 440 approaches. Bioessays 2016; 38: 782-90. 441 25. Shapiro E, Biezuner T, Linnarsson S. Single-cell sequencing-based technologies will revolutionize 442 whole-organism science. Nat Rev Genet 2013; 14: 618-30. 443 Mulroney KT, Hall JM, Huang X et al. Rapid susceptibility profiling of carbapenem-resistant 26. 444 Klebsiella pneumoniae. Sci Rep 2017; 7: 1903. 445 27. CLSI. Performance Standards for Antimicrobial Susceptibility Testing. CLSI supplement M100S. 446 Wayne, PA: Clinical and Laboratory Standards Institute, 2016. 447 Silverman JA, Perlmutter NG, Shapiro HM. Correlation of daptomycin bactericidal activity and 28. 448 membrane depolarization in Staphylococcus aureus. Antimicrob Agents Chemother 2003; 47: 2538-44. 449 29. LaPlante KL, Leonard SN, Andes DR et al. Activities of clindamycin, daptomycin, doxycycline, 450 linezolid, trimethoprim-sulfamethoxazole, and vancomycin against community-associated methicillin-451 resistant Staphylococcus aureus with inducible clindamycin resistance in murine thigh infection and in 452 vitro pharmacodynamic models. Antimicrob Agents Chemother 2008; 52: 2156-62. 453 30. Zhanel GG, Calic D, Schweizer F et al. New lipoglycopeptides: a comparative review of 454 dalbavancin, oritavancin and telavancin. Drugs 2010; 70: 859-86. 455 31. Steenbergen JN, Alder J, Thorne GM et al. Daptomycin: a lipopeptide antibiotic for the 456 treatment of serious Gram-positive infections. J Antimicrob Chemother 2005; 55: 283-8. 457 32. Heidary M, Khosravi AD, Khoshnood S et al. Daptomycin. J Antimicrob Chemother 2018; 73: 1-458 11. 459 Malabarba A, Goldstein BP. Origin, structure, and activity in vitro and in vivo of dalbavancin. J 33. 460 Antimicrob Chemother 2005; 55 Suppl 2: ii15-20. 461 Decousser JW, Bourgeois-Nicolaos N, Doucet-Populaire F. Dalbavancin, a long-acting 34. 462 lipoglycopeptide for the treatment of multidrug-resistant Gram-positive bacteria. Expert Rev Anti Infect 463 Ther 2007; 5: 557-71. Sarker SD, Nahar L, Kumarasamy Y. Microtitre plate-based antibacterial assay incorporating 464 35. 465 resazurin as an indicator of cell growth, and its application in the in vitro antibacterial screening of 466 phytochemicals. Methods 2007; 42: 321-4. 467 36. Palomino JC, Martin A, Camacho M et al. Resazurin microtiter assay plate: simple and 468 inexpensive method for detection of drug resistance in Mycobacterium tuberculosis. Antimicrob Agents 469 Chemother 2002; 46: 2720-2. Hiramatsu K, Igarashi M, Morimoto Y et al. Curing bacteria of antibiotic resistance: reverse 470 37. 471 antibiotics, a novel class of antibiotics in nature. Int J Antimicrob Agents 2012; 39: 478-85. 472 38. Howden BP, Davies JK, Johnson PD et al. Reduced vancomycin susceptibility in Staphylococcus aureus, including vancomycin-intermediate and heterogeneous vancomycin-intermediate strains: 473 474 resistance mechanisms, laboratory detection, and clinical implications. Clin Microbiol Rev 2010; 23: 99-475 139. 476 39. Smith JR, Roberts KD, Rybak MJ. Dalbavancin: a novel lipoglycopeptide antibiotic with extended 477 activity against Gram-positive infections. Infect Dis Ther 2015; 4: 245-58.

478 40. Chen AY, Zervos MJ, Vazquez JA. Dalbavancin: a novel antimicrobial. Int J Clin Pract 2007; 61: 479 853-63. 480 41. Vaudaux P, Huggler E, Bernard L et al. Underestimation of vancomycin and teicoplanin MICs by 481 broth microdilution leads to underdetection of glycopeptide-intermediate isolates of Staphylococcus 482 aureus. Antimicrob Agents Chemother 2010; 54: 3861-70. 483 42. Lin G, Pankuch G, Appelbaum PC et al. Antistaphylococcal activity of oritavancin and its 484 synergistic effect in combination with other antimicrobial agents. Antimicrob Agents Chemother 2014; 485 **58**: 6251-4. 486 43. Berney M, Hammes F, Bosshard F et al. Assessment and interpretation of bacterial viability by 487 using the LIVE/DEAD BacLight Kit in combination with flow cytometry. Appl Environ Microbiol 2007; 73: 488 3283-90. 489 44. Wootton M, Howe RA, Hillman R et al. A modified population analysis profile (PAP) method to 490 detect hetero-resistance to vancomycin in Staphylococcus aureus in a UK hospital. J Antimicrob 491 Chemother 2001; 47: 399-403. 492 Yusof A, Engelhardt A, Karlsson A et al. Evaluation of a new Etest vancomycin-teicoplanin strip 45. 493 for detection of glycopeptide-intermediate Staphylococcus aureus (GISA), in particular, heterogeneous 494 GISA. J Clin Microbiol 2008; 46: 3042-7. 495 46. Orman MA, Brynildsen MP. Inhibition of stationary phase respiration impairs persister formation 496 in E. coli. Nat Commun 2015; 6: 7983. 497 Skiest DJ. Treatment failure resulting from resistance of Staphylococcus aureus to daptomycin. J 47. 498 Clin Microbiol 2006; 44: 655-6. 499 48. Hayden MK, Rezai K, Hayes RA et al. Development of Daptomycin resistance in vivo in 500 methicillin-resistant Staphylococcus aureus. J Clin Microbiol 2005; 43: 5285-7. 501 van Hal SJ, Paterson DL, Gosbell IB. Emergence of daptomycin resistance following vancomycin-49. 502 unresponsive Staphylococcus aureus bacteraemia in a daptomycin-naive patient--a review of the 503 literature. Eur J Clin Microbiol Infect Dis 2011; 30: 603-10. 504 50. Pankey GA, Sabath LD. Clinical relevance of bacteriostatic versus bactericidal mechanisms of 505 action in the treatment of Gram-positive bacterial infections. Clin Infect Dis 2004; 38: 864-70. 506 51. Wootton M, MacGowan AP, Howe RA. Towards better antimicrobial susceptibility testing: 507 impact of the Journal of Antimicrobial Chemotherapy. J Antimicrob Chemother 2017; 72: 323-9.