Inhibition of tRNA Synthetases Induces Persistence in Chlamydia 1 2 Nathan D. Hatch, Scot P. Ouellette[#] 3 ¹Department of Pathology and Microbiology, College of Medicine, University of Nebraska 4 Medical Center, Omaha, NE 5 6 7 Keywords: Chlamydia, persistence, IFNy, amino acid starvation, tRNA synthetases, tryptophan, leucine 8 9 Running Title: tRNA synthetase inhibitor effects on Chlamydia 10 11 12 #Corresponding Author: 13 Department of Pathology and Microbiology, College of Medicine, University of Nebraska Medical 14 Center, 985900 Nebraska Medical Center (DRC2 5022), Omaha, NE 15 Tel: +1-402-559-0763 Fax: +1-402-559-5900 Email: scot.ouellette@unmc.edu 16

18 Abstract

19 Chlamydia trachomatis is the leading cause of bacterial sexually transmitted infections, and C. 20 pneumoniae causes community-acquired respiratory infections. In vivo, the host immune system 21 will release interferon-gamma (IFNy) to combat infection. IFNy activates human cells to produce the tryptophan (trp) catabolizing enzyme, IDO. Consequently, there is a reduction in cytosolic trp 22 23 in IFNy-activated host cells. In evolving to obligate intracellular dependence, Chlamydia has significantly reduced its genome size and content as it relies on the host cell for various nutrients. 24 25 Importantly, C. trachomatis and C. pneumoniae are trp auxotrophs and are starved for this essential 26 nutrient when the human host cell is exposed to IFNy. To survive this, chlamydiae enter an alternative growth state referred to as persistence. Chlamydial persistence is characterized by a 27 halt in the division cycle, aberrant morphology, and, in the case of IFNy-induced persistence, trp 28 codon-dependent changes in transcription. We hypothesize that these changes in transcription are 29 30 dependent on the particular amino acid starvation state. To investigate the chlamydial response mechanisms acting when other amino acids become limiting, we tested the efficacy of prokaryotic 31 specific tRNA synthetase inhibitors, indolmycin and AN3365, to mimic starvation of trp and 32 leucine, respectively. We show that these drugs block chlamydial growth and induce changes in 33 34 morphology and transcription consistent with persistence. Importantly, growth inhibition was reversed when the compounds were removed from the medium. With these data, we find that 35 indolmycin and AN3365 are valid tools that can be used to mimic the persistent state independently 36 of IFN_y. 37

38 Word Count: 248/250

40 **Importance**

The obligate intracellular pathogen Chlamydia trachomatis, although treatable, remains a 41 major public health concern due to rising infection rates. The asymptomatic nature of most 42 *Chlamydia* infections is hypothesized to be a product of its ability to transition into a slow-growing 43 state referred to as persistence. The most physiologically relevant inducer of persistence is the 44 immune cytokine IFNy, which in humans activates an enzyme that degrades tryptophan, an 45 essential amino acid that *Chlamydia* scavenges from the host cell. Unfortunately, the exact timing 46 at which *Chlamydia* is starved after IFNy treatment is inexact. To mechanistically study 47 persistence using genetic tools, an experimental model where amino acid starvation can be induced 48 at specific times is needed. Here, we demonstrate the capability of tRNA synthetase inhibitors, 49 indolmycin and AN3365, to model persistence independently from the use of IFNy. These tools 50 51 will also allow comparisons between amino acid stress responses in this unique bacterium.

52 Word Count: 149/150

53 Introduction

Chlamydial diseases are significant causes of morbidity in humans. Chlamydia trachomatis 54 is the leading cause of bacterial sexually transmitted infections in the world. In 2017, the U.S. 55 56 Centers for Disease Control and Prevention received over 1.7 million reports of chlamydial infections (1). This number is likely an underestimate due to most infections being asymptomatic 57 58 and, therefore, undetected (2). The strains responsible for these infections are primarily confined to the urogenital serovars, D-K, but can also contain those of the invasive serovars, L1-L3. 59 Untreated C. trachomatis urogenital infections can ascend the genital tract, potentially leading to 60 pelvic inflammatory disease and tubal factor infertility (3). Chlamydia pneumoniae is a respiratory 61 pathogen responsible for approximately 10% of community acquired cases of pneumonia. The 62 presence of antibodies in over 50% of adults in the United States, as well as several other countries, 63 suggests infection with C. pneumoniae is relatively common (see (4) for extended review). 64 Additionally, long term sequelae such as atherosclerosis and adult-onset asthma have been 65 associated with C. pneumoniae infection (5, 6). 66

Chlamydiae are obligate intracellular bacteria that require a host cell to complete their 67 developmental cycle. Chlamydial development involves interconversion between two distinct 68 developmental forms: the elementary body (EB) and the reticulate body (RB). EBs are infectious, 69 metabolically quiescent, environmentally stable, and compact in size (0.3 μ m). RBs are the non-70 infectious, metabolically active, replicative form that measure approximately 0.8 µm in diameter 71 (as reviewed in (7)). After initial attachment, EBs are internalized into an endocytic vesicle of the 72 host cell and begin primary differentiation into RBs. Soon thereafter, chlamydial proteins are 73 74 secreted into the vesicle membrane and host cell cytosol to prevent targeting of the chlamydialcontaining vacuole to the lysosome. This modified endosome is known as the chlamydial inclusion 75

and is a protective vacuole that masks the invading organisms from host cell defenses for the
entirety of their development (8). Following the establishment of the inclusion and primary
differentiation into an RB, the organism rapidly multiplies by a polarized budding mechanism (9). *Chlamydia* asynchronously undergo secondary differentiation into EBs until the organisms are
released from the cell through lysis or extrusion. The duration of this developmental process is
approximately 48 hours for *C. trachomatis* or 72 hours for the slower growing *C. pneumoniae*.

During infection, host immune cells respond to Chlamydia by releasing the cytokine 82 interferon-gamma (IFNy) (10). IFNy will bind its receptor and activate multiple signaling 83 84 pathways. The major IFNy-induced antichlamydial effector in human cells is indoleamine 2,3dioxygenase (IDO) (11). IDO will catabolize cytosolic tryptophan (trp) into N'-formylkynurenine, 85 a metabolite that cannot be used by C. trachomatis or C. pneumoniae (11-14). Although IFNy 86 regulates over 200 human genes (15), IDO expression, with the resulting depletion of available trp 87 (16, 17) and decrease in translation (18), is the driving factor for inhibiting chlamydial growth 88 89 (Figure 1). This is supported by the ability to restore growth in cell culture by adding additional trp to the media, by pharmacologically inhibiting IDO in the presence of IFNy, or by using IDO 90 mutant cells (19-21). 91

Because *C. trachomatis* and *C. pneumoniae* are trp auxotrophs and depend on host trp to grow, they must respond to this starvation condition to maintain viability (22). Interestingly, *Chlamydia* has eliminated the stringent response (*relA/spoT*), which is used by most eubacteria to respond to amino acid starvation (22, 23). This raises the intriguing question of how they respond to amino acid limitation. Phenotypically, chlamydial RBs transition into an alternative developmental state termed persistence to cope with this stress (16). Persistent chlamydiae are thought to be associated with the chronic sequelae linked to chlamydial diseases. Importantly, various stressors can trigger persistence and not all persistent transcriptomic and proteomic responses are the same (as reviewed in (24)). Nevertheless, persistence models are characterized by bacteria (i) remaining viable yet non-infectious, (ii) being non-replicative, (iii) exhibiting an aberrant morphology, (iv) and reactivating to resume the development cycle after the stress is removed (18, 25). Importantly, and as it relates to IFNγ-induced persistence, transcriptomic and proteomic changes also occur, and these changes are predictable based on the trp content of the transcript or protein (26).

The mechanisms for entry into, maintenance of, and exit from persistence are not known, 106 107 and investigation of these mechanisms is made difficult by the nature of inducing persistence through IFNy exposure. Therefore, it is important to be able to study *Chlamydia*'s transition into 108 persistence while simultaneously controlling for as many variables as possible, demonstrating a 109 need for an amino acid starvation model without the confounding variables that come with using 110 IFNy. In an effort to reproduce and model IFNy-induced persistence in the absence of IFNy, the 111 112 most straightforward approach is to remove trp from the culture medium. However, this will induce host cell autophagy and lysosomal degradation of proteins, which can regenerate amino 113 acid pools that *Chlamvdia* can scavenge (27). 114

We hypothesized that bacterial tRNA synthetase inhibitors would offer an alternative pathway to decrease translation in *Chlamydia* in an amino acid-dependent manner (Figure 1). These inhibitors would, therefore, afford an opportunity to specifically mimic starvation for different amino acids to compare and contrast amino acid starvation responses in *Chlamydia*. We show that combining trp depleted media with the trp analog, indolmycin, is sufficient to induce persistence in *Chlamydia* in cell culture. Indolmycin is a tryptophanyl-tRNA synthetase inhibitor that acts through competitive inhibition as a trp analog (28). Additionally, AN3365, a leucyl-tRNA

122 synthetase inhibitor, was used in this study to investigate the possibility of inducing persistence through the starvation of an amino acid other than trp. AN3365 is an antibiotic in the aminomethyl 123 benzoxaborole class shown to be active against Gram-negative bacteria (29). Unlike indolmycin, 124 125 AN3365 is a non-competitive inhibitor of bacterial leucyl-tRNA synthetases that locks the protein in its editing conformation, preventing release of charged leucyl-tRNAs (29). These tools will 126 facilitate the modeling of specific amino acid starvation responses in *Chlamydia* without affecting 127 the host cells. Here, we validate the use of these compounds, indolmycin and AN3365, as tools 128 that can be used within the chlamydial field to investigate mechanisms engaged by Chlamydia to 129 130 enter, maintain, and exit persistence in response to amino acid starvation.

131 Results

132 The bacterial tRNA synthetase inhibitors indolmycin and AN3365 block chlamydial growth.

To determine whether the bacterial tRNA synthetase inhibitors indolmycin and AN3365 133 were effective against Chlamydia, we measured inclusion forming units (IFU) as a metric for 134 chlamydial growth in the presence and absence of the inhibitors. Initial empirical experiments with 135 indolmycin, a competitive inhibitor for tryptophanyl-tRNA charging, revealed that it had an impact 136 on growth at 120 µM or higher and in the presence of 1 mg/L trp or lower (data not shown). We 137 138 chose to perform this and all subsequent experiments with indolmycin by adding it at 120 μ M concentration in the absence of trp at 10 hpi. Under these conditions, indolmycin treatment reduced 139 the generation of IFUs to the limit of detection of the assay (Figure 2A). To determine the effective 140 concentration for AN3365, we performed a dose response assay and observed that concentrations 141 in excess of 250 ng/mL (added at 10 hpi) were sufficient to reduce chlamydial growth to basal 142 levels (i.e. near limit of detection, Fig. 2B). Importantly, as a non-competitive inhibitor of leucyl-143 tRNA charging, AN3365 was effective in the presence of normal media levels of leucine (105 144 mg/L). AN3365 was also effective at blocking chlamydial growth when added at various time 145 points up to 12 hpi during the developmental cycle (Fig. 2C). From these data, we conclude that 146 indolmycin and AN3365 effectively blocked chlamydial growth. Nevertheless, a lack of 147 recoverable IFUs suggests one of three outcomes: i) complete loss of viability, ii) decrease in the 148 rate of development (i.e. prolonged RB-only phase), or iii) entry into persistence. 149

150

151 Indolmycin and AN3365 induce morphological aberrance in *C. trachomatis*.

To help distinguish between the possible reasons for a loss in recoverable IFUs, 152 immunofluorescence microscopy was used to analyze chlamydial morphology (Fig. 3). HEp-2 153 cells were infected with C. trachomatis serovar L2, treated or not with the indicated compounds 154 at 10 hpi or pre-treated with IFNy as described in Materials and Methods, and fixed and processed 155 for imaging at 24 hpi. Both indolmycin and AN3365 treatment resulted in noticeably larger 156 157 individual organisms, similar to that observed during IFNy treatment (16). Electron microscopic analysis of organisms treated with inhibitors also revealed aberrant morphology (Suppl. Fig. 1). 158 Interestingly, the labeling of MOMP was not uniform around the membrane of the organisms in 159 160 the treated cells. The *ompA* gene encodes 30 leu (L) and 7 trp (W) codons. Decreased availability of L or W may therefore negatively impact translation of MOMP that in turn may lead to non-161 uniform localization along the organism's membrane (see also (16)). Conversely, Hsp60 1, which 162 contains 0 W codons, appeared abundant in both indolmycin and IFN γ -treated samples. 163 Interestingly, Hsp60 1 is also abundant in the AN3365 treated sample despite the presence of 45 164 165 L codons. These observations are consistent with what has been previously described during IFN γ induced persistence (12). Taken together, these morphological data in conjunction with the IFU 166 data presented above support the conclusion that the organisms are non-replicative, display an 167 168 aberrant morphology, and are not proceeding through the normal developmental cycle.

169

170 Removal of indolmycin and AN3365 rescues *C. trachomatis* growth and morphology.

A key characteristic of persistence is its reversibility such that the organism can revert back to a developmentally competent RB. To determine whether or not *C. trachomatis* remains viable under indolmycin or AN3365 treatment, we attempted to rescue the organisms by removing each treatment (Fig. 4). HEp-2 cells were infected with *C. trachomatis* serovar L2 and treated or not

with the designated compounds at 10 hpi. Treatment media was aspirated at 24 hpi, and samples 175 were washed 3x with DPBS before replenishing with DMEM. After 24 and 48 hour recovery 176 periods following drug removal, IFUs were quantified and organism morphology was assessed. In 177 the presence of indolmycin and AN3365, chlamydial growth was inhibited up to 72 hpi (Figure 178 4A). After removal of these compounds from the medium, chlamydial growth was restored as 179 180 represented by a logarithmic increase in IFUs at 48 (24h post recovery) and 72 (48h post recovery) hpi. These IFU data were corroborated by the detection of normal morphological forms at these 181 time points that were indistinguishable from 24 and 48 hpi untreated organisms (Figs. 4B-D). 182 183 Moreover, recoverable IFUs were intermediate between that observed at the 24 and 48 hpi untreated groups. This is expected when considering treatment time at 10 hpi essentially pauses 184 the development cycle. After 24 hours of recovery, the organisms have undergone approximately 185 34 hours of development. We conclude that the effects of indolmycin and AN3365 are reversible, 186 consistent with what is observed during the removal of IFNy from persistent cultures (18, 25, 30). 187 Collectively, the data presented in Figures 2-4 indicate that the tRNA synthetase inhibitors induce 188 a persistent growth state that is reversible upon removal of the compounds. 189

190

191 Indolmycin and AN3365 induce morphological aberrance in *C. pneumoniae*.

Although the underlying mechanisms of persistence are unknown, we hypothesize that they are conserved between *C. trachomatis* and *C. pneumoniae*. *C. pneumoniae* is a slower growing species compared to *C. trachomatis*, particularly the L2 serovar, suggesting it would be equally, if not more, sensitive to tRNA synthetase inhibitors. Therefore, we suspected the use of indolmycin and AN3365 on *C. pneumoniae* would produce a phenotype similar to that observed during IFNγ exposure. To test this, we infected HEp-2 cells with *C. pneumoniae* AR39. Samples were treated or not with the designated compound at 24 hpi or with IFN γ at time of infection. As seen in Figure 5, the morphologies of organisms treated with indolmycin or AN3365 closely resemble those treated with IFN γ . We conclude from these data that tRNA synthetase inhibitors are broadly applicable to study persistence in *Chlamydia* species.

202

203 The bacterial tRNA synthetase inhibitors induce transcriptional changes consistent with 204 IFNy-mediated persistence.

205 To determine whether the tRNA synthetase inhibitors induce transcriptional changes consistent with persistence, nucleic acids were isolated from infected cultures, and the abundance 206 207 of selected transcripts was measured and normalized to genomic DNA content. Increased 208 transcription of euo has been previously associated with IFNy-mediated persistence (18, 30). This elevated transcriptional response was observed in both C. trachomatis (beginning at 4h post 209 210 treatment) and C. pneumoniae when exposed to either indolmycin or AN3365 treatments and resembled IFNy-induced persistence (Fig. 6A). In addition to euo, groEL 1 has also been 211 implicated in persistence and general stress response (30). We analyzed the abundance of groEL 1 212 transcripts in both C. trachomatis and C. pneumoniae under each treatment (Fig. 6B). In agreement 213 with previous findings, groEL 1 transcripts remained unchanged (<1.5x difference) in C. 214 trachomatis between 10 and 24 hpi in IFNy-treated samples, whereas groEL 1 transcripts 215 216 decreased in abundance during the same timeframe in the untreated samples (18). Interestingly, 217 indolmycin-treated samples closely mirrored the effects of IFNy while AN3365 treatment resulted in a 4-5 fold increase of groEL 1 transcripts at the 24 hour time point. Conversely, for C. 218 219 pneumoniae, all treatment conditions followed a similar transcript pattern as in untreated samples for groEL 1. This is also consistent with previous observations for IFNy-induced persistence in 220

this organism (18). Additionally, indolmycin treatment resulted in a rapid (4h) and large increase 221 in *trpB* transcripts (*C. pneumoniae* does not encode *trpB*), a gene that is repressed under trp-replete 222 conditions (Fig. 6C and (31)). This suggests C. trachomatis has detected and is quickly responding 223 to a lack of trp. Moreover, there is a noticeable increase in *trpB* transcripts at 24 hpi following 224 AN3365 treatment (3-4 fold increase). Considering the lack of change observed at 14 hpi, the 225 increase of *trpB* transcripts at 24 hpi may be an indirect effect caused by a cascade of responses 226 rather than an immediate reaction to leu limitation. It is important to note that while C. trachomatis 227 detects trp limitations when cultured in trp-deplete media (no indolmycin), the abundance of euo 228 transcripts does not change (Suppl. Fig. 2). Therefore, removing trp from the medium cannot be 229 used as a reliable IFNy-free model for persistence, particularly for faster growing species and 230 strains of Chlamydia. 231

232

Transcript levels of the 3' end of the *ytg* operon are reduced in *Chlamydia* during indolmycin or AN3365 treatment.

To determine whether indolmycin and AN3365 could mimic a more nuanced characteristic of 235 IFNy-induced persistence, we looked to the *ytgABCD* operon (26). As previously described by 236 Ouellette et al. (32), IFNy treatment results in Rho-dependent polarization of the *vtg* operon. This 237 results in a skewed ratio of *ytgA:ytgD* transcripts. During the normal developmental cycle, this 238 239 ratio is approximately 5-10 but increases to over 30-fold or higher during IFNy-mediated trp starvation. We hypothesized that this skew was caused by ribosome stalling along the transcript 240 241 due to the lack of charged tRNAs, which allows Rho to bind internal rut sites to terminate 242 transcription prematurely (32). Of note, within the vtgC gene is the presence of three tandem W codons, and the gene encodes additional W residues. L residues are highly abundant in the operon 243

with 98 total residues in *vtgB* and *vtgC* and a total of 11 LL motifs in *C. trachomatis*. We reasoned 244 that both indolmycin and AN3365 should produce the same phenotype as a result of the stalling 245 of ribosomes on trp codons, in the case of indolmvcin treatment, or leu codons, in the case of 246 AN3365 treatment, respectively. We quantified *ytgA* and *ytgD* transcripts at different times after 247 addition of the tRNA synthetase inhibitors (at 10hpi for Ctr, 24hpi for Cpn) and compared the 248 249 ratios to those from IFNy-treated cultures. As anticipated, both indolmycin and AN3365 treated samples resembled the IFNy-induced persistent state with regards to the polarity of the *vtg* operon, 250 shown in Figure 7 as a disproportionate level of *vtgA* to *vtgD* transcripts. Interestingly, differences 251 252 in the Ctr *ytgA:ytgD* ratio were observed within four hours of treatment (14hpi) and were more pronounced for L limitation (AN3365) than for W limitation (indolmycin or IFNy) (Fig. 6A). This 253 is consistent with the larger number of L versus W residues in the operon. However, by 24hpi, the 254 *vtgA:vtgD* ratio for all treatments was similar, possibly reflecting a recovery in read-through 255 potential in AN3365-treated cultures. For Cpn, all treatments resulted in the expected increase in 256 ytgA transcripts in proportion to ytgD transcripts when measured at 48hpi (after treatment at 257 24hpi). Overall, these data demonstrate that the tRNA synthetase inhibitors recapitulate key 258 characteristics of amino acid starvation in Chlamydia. 259

261 Discussion

Persistence is an important but poorly understood aspect of chlamydial diseases. The 262 263 immunological basis for inducing persistence in cell culture was first described by Beatty et al. in 264 1993, who described the effects of IFNy, and its reversibility, on chlamydial growth and morphology in human cell lines (12, 16, 25). These effects were connected with the ability of 265 266 human IFNy to induce a tryptophan-limiting environment in the cell by activating IDO expression 267 (12). Broadly speaking, these effects are likely mediated by the inability to efficiently translate key proteins enriched in trp residues (see Fig.1 and (18, 33, 34)). More recent studies have 268 269 characterized transcriptional and translational changes associated with IFNy-mediated persistence (18, 30). More importantly, these "persistence" characteristics as defined in cell culture models 270 271 have recently been observed in patient samples (13). This underscores the need to have a better mechanistic understanding of how amino acid limitation results in a persistent phenotype. 272

In 2011, the Clarke group published the first study demonstrating stable transformation of 273 Chlamydia trachomatis serovar L2 (35). This advance, common for decades in other bacterial 274 systems, has allowed fluorescent tagging of target proteins and reverse genetic tools to be applied 275 to Chlamydia (36-40). However, serovar L2 is among the fastest growing strains of C. trachomatis 276 (41), and slower growing strains and species of Chlamydia have proven more difficult to 277 transform. As it relates to genetic studies of IFNy-induced persistence, this creates a hurdle. When 278 279 IFNy is added to cell cultures, removal of trp from the cytosol by IDO is gradual and takes approximately 24 h. This is a time during the L2 developmental cycle when RBs are differentiating 280 to EBs and EBs are rapidly accumulating (e.g. Fig. 2A). For IFNy to be effective, pretreatment of 281 282 host cells with IFN γ prior to infection is required, yet this strategy is inconsistent. To induce a persistent state in serovar L2, we recently published a protocol that described the pretreatment of 283

cells with IFN γ prior to infection followed by the addition of IFN γ -conditioned medium at 10 hpi 284 (32). This allows IDO to be sufficiently expressed and trp to be catabolized, resulting in small 285 inclusions that contain relatively few aberrant organisms approximately 24 hours post infection 286 (hpi). While this protocol elicited reproducibly persistent forms for us, differences between labs, 287 the cell types used, and batches of IFNy (which require careful titration for effective dose) may 288 289 not make it easily transferable to other systems. This can lead to discrepancies in findings since too much IFNy exposure prevents primary differentiation of chlamydial EBs to RBs, while too 290 little results in mixed populations of persistent and normal organisms within a culture (20). In sum, 291 292 the field would benefit greatly from a tool that allows reproducible induction of persistence and that minimizes confounding variables while maximizing control and flexibility of experimental 293 design parameters. 294

Here, we sought to evaluate the effects of characterized bacterial tRNA synthetase 295 inhibitors (28, 29, 42) for their ability to induce persistence in Chlamydia as a first step in 296 developing systems that would allow us to mechanistically address this alternative growth state. 297 Such an approach would offer immediate advantages over IFNy-mediated tryptophan limitation in 298 that a translation block (i.e. starvation mimicking condition) could be induced immediately upon 299 300 addition of the inhibitors. By using *E. coli* tRNA turnover rates as a guide, we hypothesize that the pool of charged trp-tRNA or leu-tRNA would be depleted within seconds after treatment (43). 301 302 This would allow more direct comparisons between research groups with less variability in 303 experimental systems. In particular, the use of inhibitors circumvents the host cell's ability to regenerate amino acid pools through autophagy, which would occur in conditions where an amino 304 acid is omitted from culture medium. Indeed, we observed that, under such conditions, although 305 the absence of trp was sensed, as demonstrated by increased *trpB* transcripts, *euo* transcripts, a 306

marker of persistence, did not increase (Suppl. Fig. 2). This suggests that, for serovar L2, simply
 omitting amino acids from the culture medium is not sufficient to induce a *bona fide* persistence
 response.

310 These data indicate the ability of indolmycin and AN3365 to induce persistence by limiting *Chlamydia*'s use of a single specific amino acid by blocking the charging of its cognate tRNA. 311 312 Considering the parallels in morphology, transcriptional response, and mode of stress caused by these compounds in comparison to IFNy, we conclude that the use of indolmycin and AN3365 in 313 place of IFN γ is a viable method to study amino acid starvation stress responses. Interestingly, 314 315 indolmycin treatment replicates the key transcriptional and morphological phenotypes associated with IFNy-induced persistence, further supporting that tryptophan limitation is the main 316 317 antichlamydial inhibitory mechanism of IFNy in human cells (11, 19). The transcriptional changes of C. pneumoniae in response to the inhibitors more closely mirrored IFNy-mediated persistence 318 than C. trachomatis did. Given the slower growth rate of C. pneumoniae, this is not surprising. 319 The greater heterogeneity in transcription responses between indolmycin and IFN γ in C. 320 *trachomatis* may be due to the organism's quicker developmental cycle and asynchronous nature. 321 That being said, the difference between the tryptophan starvation condition in C. pneumoniae 322 323 versus C. trachomatis was not more than four-fold and showed the same trends overall.

AN3365-induced leu starvation displayed noteworthy differences from the trp starvation conditions. Firstly, *groEL_1* transcripts generally increased during the analysis in *C. trachomatis*. This is consistent with what we previously characterized as codon-dependent transcriptional changes during amino acid starvation as Hsp60_1 contains 45 L residues (26). Secondly, *trpB* transcripts were not increased 4h after treatment, as expected since leu starvation should not activate expression of the *trpRBA* operon. However, 14h post treatment, there was an approximately 3-fold increase in *trpB* levels, suggesting some de-repression of the operon. TrpR contains 11 leu residues including one LL motif. Therefore, the inability to efficiently translate the repressor over time may allow for gradual transcriptional activation of the operon. Alternatively, the recently described role for the iron-sensitive repressor, YtgR, in blocking transcription of *trpBA*, may also be important (44). The YtgCR protein contains approximately 60 leu residues with multiple LL motifs that likely prevent efficient translation of this sequence. This is under investigation, but we also observed transcriptional changes in the *ytg* operon (see below).

We recently demonstrated differences in transcript levels between the 5' and 3' ends of 337 338 large monocistronic and polycistronic transcripts (26). We further connected this to Rhodependent polarity prematurely terminating transcription in trp-codon rich transcripts during IFNy-339 mediated trp starvation (32). To determine whether the tRNA synthetase inhibitors could replicate 340 the destabilization of the 3' end of a large transcript, we analyzed the abundance of the ytgA and 341 *ytgD* transcripts. Consistent with what was previously observed for IFNy-mediated trp starvation, 342 both indolmycin and AN3365 caused a disparity in transcript abundance between the 5' and 3' 343 ends of the *vtg* operon. Interestingly, AN3365 caused a quick destabilization of *vtgD* transcripts in 344 C. trachomatis before recovering to levels observed in trp starvation conditions. The reasons for 345 346 this are not clear but are under investigation.

The tools described here to mimic specific amino acid starvation states, by blocking tRNA charging, in the absence of chemokines or other significant alterations to culture conditions will facilitate broad comparisons of chlamydial persistence between species. For example, *C. caviae* resists IFN γ -mediated persistence by recycling the product of trp degradation, Nformylkynurenine, through a trp scavenging pathway (45). Indolmycin treatment will facilitate studies of trp starvation responses in this species. Likewise, these treatments can be used in mouse cells, where IDO is not the primary antichlamydial effector (10, 46). Also of interest are other intracellular pathogens such as *Coxiella* or *Rickettsia*, as studying their response mechanisms to amino acid starvation could lead to a greater understanding of evolutionary strategies employed by obligate intracellular pathogens, which typically lack functional stringent responses, to adapt to this stress.

Following the validation of these compounds as tools to study persistence, we aim to further investigate the role of amino acid limitation in regulating the persistent state. With the ability to limit an amino acid other than trp, we can more rigorously test the hypothesis that trp limitation increases transcription of trp codon containing genes to determine if this is a broad response to amino acid limitation or perhaps something specific to trp (26). We can now also apply genetic tools to study amino acid starvation responses in *C. trachomatis* L2.

365 Materials and Methods

Organisms and cell culture. The human epithelial cell line HEp-2 was routinely cultivated at 366 367 37°C with 5% CO₂ in Dulbecco's modified Eagle medium (DMEM; Gibco, Dun Laoghaire, 368 Ireland) supplemented with 10% FBS. The HEp-2 cells were a kind gift of H. Caldwell (NIH/NIAID). C. trachomatis serovar L2 and C. pneumoniae AR39 EBs were harvested from 369 370 infected HEp-2 cell cultures at 37°C and 35°C, respectively, with 5% CO₂ and density gradient purified. Purified EBs were titered for infectivity by determining inclusion-forming units (IFU) on 371 fresh cell monolayers. All bacterial and eukaryotic cell stocks were confirmed to be Mycoplasma 372 373 negative using the LookOut Mycoplasma PCR Detection Kit (Sigma, St. Louis, MO).

374

Indolmycin was purchased from Cayman Chemical (Ann Arbor, MI) and resuspended to 120 mM in dimethyl sulfoxide (DMSO; Sigma). Aliquots were kept at -80°C and used only once to avoid freeze-thawing. Indolmycin was used at 120 µM and added at 10 hpi (*C. trachomatis*) or 24 hpi (*C. pneumoniae*) in all experiments. Immediately prior to treatment, cell medium was replaced with DMEM lacking trp (made in-house) to enhance the inhibitory effects of indolmycin. DMEM lacking trp was made using 10% fetal bovine serum that had been dialyzed to remove any additional amino acids. All custom medium components were purchased from Sigma.

382

AN3365 was purchased from Cayman Chemical and resuspended to 5 mg mL⁻¹ in DMSO. Aliquots were kept at -20°C and allowed one additional freeze-thaw. AN3365 concentration was titrated to induce persistence without completely stalling development and was used at 1 μ g mL⁻¹ with treatment at 10 hpi (*C. trachomatis*) or 24 hpi (*C. pneumoniae*). No modifications to DMEM were necessary. In some experiments with *C. trachomatis*, AN3365 was added at different concentrations or at different times post-infection as indicated, with IFU samples collected at 24hpi.

390

Recombinant human interferon gamma (IFN γ) was purchased from Cell Sciences (Canton, MA) 391 and resuspended to 100 µg ml⁻¹ in 0.1% bovine serum albumin (BSA; Sigma) diluted in water. 392 Aliquots were frozen at -80°C and used only once to avoid freeze-thawing. IFNy was titrated for 393 its effect to induce persistence without killing the bacteria and, in our experiments, 0.5 ng ml⁻¹ was 394 added to cells approximately 11 h prior to infection. Medium was replaced at 10 hpi with IFNy-395 conditioned medium (ICM) to induce persistence in C. trachomatis as described (32). ICM was 396 prepared by adding 2 ng ml⁻¹ IFNy to uninfected HEp-2 cells for approximately 54 h prior to 397 collection and filtration of the medium. C. pneumoniae experiments were treated with 2 ng ml⁻¹ at 398 the time of infection. 399

400

Inclusion Forming Unit (IFU) assays. Infectious progeny were determined based on inclusions
formed from a secondary infection. Primary infection samples were harvested by scraping cells in
2 sucrose-phosphate (2SP) solution. Samples were lysed via a single freeze-thaw cycle and
allowed to infect a fresh cell monolayer. Titers were enumerated by immunofluorescence.

405

Immunofluorescent microscopy. Cells were cultured on glass coverslips in 24-well tissue
cultures plates and infected with *C. trachomatis* at an MOI of 1 or *C. pneumoniae* at an MOI of 2.
All cells were fixed in 100% methanol. Organisms were stained using a primary goat or mouse

antibody specific to either *C. trachomatis* or *C. pneumoniae* major outer membrane protein
(MOMP), respectively, and a donkey anti-goat or anti-mouse secondary antibody conjugated to
Alexa Fluor 488 (Jackson Labs, Bar Harbor, Maine). Where applicable, a primary mouse (Ctr) or
rabbit (Cpn) antibody specific to chlamydial Hsp60 was also used in conjunction with a secondary
donkey anti-mouse or anti-rabbit antibody conjugated to Alexa Fluor 594 (Jackson Labs).

414

Nucleic acid extraction and RT-qPCR. RNA extraction was performed on infected cell 415 416 monolayers using TRIzol (Invitrogen/ThermoFisher). Samples were treated with Turbo DNAfree (Ambion/Thermofisher) according to the manufacturer's instructions to remove DNA 417 contamination. cDNA was synthesized from DNA-free RNA using random nonamers (New 418 419 England BioLabs, Ipswich, MA) and SuperScript III RT (Invitrogen/ThermoFisher) per manufacturer's instructions. Reaction end products were diluted 10 fold with molecular biology-420 421 grade water, aliquoted for later use, and stored at -80°C. Equal volumes of each reaction mixture were used in 25 µL qPCR mixtures with SYBR green master mix (Applied Biosystems) and 422 quantified on a Quant Studio 3 (Applied Biosystems/ThermoFisher) using the standard 423 amplification cycle with a melting curve analysis. Results were compared to a standard curve 424 generated against purified C. trachomatis L2 or C. pneumoniae genomic DNA as appropriate. 425 DNA samples were collected from replicate wells during the same experiments using the DNeasy 426 427 Blood and Tissue kit (Qiagen, Hilden, Germany). Equal total DNA quantities were used in qPCR with a groEL1 primer set to quantify chlamydial genomes. Genome values were used to normalize 428 respective transcript data. RT-qPCR results were normalized for efficiency with typical results 429 demonstrating $r^2 > 0.995$ and efficiencies greater than 90%. 430

Reactivation. To determine the possibility of recovery from persistence, samples were treated or not with AN3365 or indolmycin as described above. After 24 hours post infection, all samples were washed three times with DPBS and given fresh medium. Samples were allowed to recover for an additional 24 or 48 hours before collection for IFU assay or fixation for immunofluorescent microscopy.

437 Electron Microscopy. HEp-2 cells were cultured in a 6-well plate and infected with C. trachomatis serovar L2 at an MOI of 2.5. Samples were treated or not with indolmycin or AN3365 438 at 10 hpi. Cells were trypsinized at 24 hpi and pelleted at 500 xg for 5 minutes. Pellets were washed 439 3x using DPBS. Following the final wash, pellets were resuspended in 1 mL of fixative containing 440 2% glutaraldehyde, 2% paraformaldehyde, and 0.1M Sorenson's phosphate buffer, pH 7.2. Post 441 fixation was carried out using 1% Osmium Tetroxide followed by a dehydration series in 442 increasing EtOH concentrations. 90 nm sections were cut using a Leica UC6 Ultramicrotome with 443 a Diatome diamond knife. Sections were stained in 2% Uranyl Acetate and Reynold's Lead Citrate. 444 Images were collected on an FEI Tecnai G2 TEM operated at 80 Kv. 445

446

447 Acknowledgements

This work was supported by start-up funds from the University of Nebraska Medical Center as
well as a CAREER award (1810599) from the National Science Foundation to SPO. We thank Dr.
H. Caldwell (NIAID/NIH) for eukaryotic cell stocks and the antibody to *C. pneumoniae* MOMP,
Dr. R. Morrison (UAMS) for the antibody to chlamydial Hsp60_1, Dr. E. Rucks (UNMC) for the
antibody against *Chlamydia* and for critical review of the manuscript, and Dr. R. Carabeo (UNMC)
for critical review of the manuscript. We would also like to thank Tom Bargar and Nicholas

- 454 Conoan of the Electron Microscopy Core Facility (EMCF) at the University of Nebraska Medical
- 455 Center for technical assistance. The EMCF is supported by state funds from the Nebraska Research
- 456 Initiative (NRI) and the University of Nebraska Foundation, and institutionally by the Office of
- 457 the Vice Chancellor for Research.
- 458 This publication's contents and interpretations are the sole responsibility of the authors.
- 459 We declare that we have no conflict of interest.

461 Literature Cited

462	1.	CDC. 2018. Sexually Transmitted Disease Surveillance 2017. Services AUSDoHaH,
463		Atlanta: U.S. Department of Health and Human Services.
464	2.	Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, Su J, Xu F,
465		Weinstock H. 2013. Sexually transmitted infections among US women and men:
466		prevalence and incidence estimates, 2008. Sex Transm Dis 40:187-93.
467	3.	Brunham RC, Maclean IW, Binns B, Peeling RW. 1985. Chlamydia trachomatis: Its Role
468		in Tubal Infertility. The Journal of Infectious Diseases 152:1275-1282.
469	4.	Kuo CC, Jackson LA, Campbell LA, Grayston JT. 1995. Chlamydia pneumoniae
470		(TWAR). Clinical microbiology reviews 8:451-461.
471	5.	Saikku P, Leinonen M, Mattila K, Ekman MR, Nieminen MS, Makela PH, Huttunen JK,
472		Valtonen V. 1988. Serological evidence of an association of a novel Chlamydia, TWAR,
473		with chronic coronary heart disease and acute myocardial infarction. Lancet 2:983-6.
474	6.	Hahn DL. 1995. Treatment of Chlamydia pneumoniae infection in adult asthma: a before-
475		after trial. J Fam Pract 41:345-51.
476	7.	AbdelRahman YM, Belland RJ. 2005. The chlamydial developmental cycle. FEMS
477		Microbiology Reviews 29:949-959.

478	8.	Moore ER, Ouellette SP. 2014. Reconceptualizing the chlamydial inclusion as a
479		pathogen-specified parasitic organelle: an expanded role for Inc proteins. Frontiers in
480		Cellular and Infection Microbiology 4.
481	9.	Abdelrahman Y, Ouellette SP, Belland RJ, Cox JV. 2016. Polarized Cell Division of
482		Chlamydia trachomatis. PLOS Pathogens 12:e1005822.
483	10.	Perry LL, Feilzer K, Caldwell HD. 1997. Immunity to Chlamydia trachomatis is
484		mediated by T helper 1 cells through IFN-gamma-dependent and -independent pathways.
485		The Journal of Immunology 158:3344.
486	11.	Byrne GI, Lehmann LK, Landry GJ. 1986. Induction of tryptophan catabolism is the
487		mechanism for gamma-interferon-mediated inhibition of intracellular Chlamydia psittaci
488		replication in T24 cells. Infect Immun 53:347-51.
489	12.	Beatty WL, Morrison RP, Byrne GI. 1994. Immunoelectron-microscopic quantitation of
490		differential levels of chlamydial proteins in a cell culture model of persistent Chlamydia
491		trachomatis infection. Infection and immunity 62:4059-4062.
492	13.	Lewis ME, Belland RJ, AbdelRahman YM, Beatty WL, Aiyar AA, Zea AH, Greene SJ,
493		Marrero L, Buckner LR, Tate DJ, McGowin CL, Kozlowski PA, O'Brien M, Lillis RA,
494		Martin DH, Quayle AJ. 2014. Morphologic and molecular evaluation of Chlamydia
495		trachomatis growth in human endocervix reveals distinct growth patterns. Frontiers in
496		Cellular and Infection Microbiology 4.

497	14.	Pfefferkorn ER. 1984. Interferon gamma blocks the growth of Toxoplasma gondii in
498		human fibroblasts by inducing the host cells to degrade tryptophan. Proceedings of the
499		National Academy of Sciences of the United States of America 81:908-912.
500	15.	Boehm U, Klamp T, Groot M, Howard JC. 1997. Cellular responses to interferon-
501		gamma. Annu Rev Immunol 15:749-95.
502	16.	Beatty WL, Byrne GI, Morrison RP. 1993. Morphologic and antigenic characterization of
503		interferon gamma-mediated persistent Chlamydia trachomatis infection in vitro. Proc
504		Natl Acad Sci U S A 90:3998-4002.
505	17.	Kane CD, Vena RM, Ouellette SP, Byrne GI. 1999. Intracellular tryptophan pool sizes
506		may account for differences in gamma interferon-mediated inhibition and persistence of
507		chlamydial growth in polarized and nonpolarized cells. Infection and immunity 67:1666-
508		1671.
509	18.	Ouellette SP, Hatch TP, AbdelRahman YM, Rose LA, Belland RJ, Byrne GI. 2006.
510		Global transcriptional upregulation in the absence of increased translation in Chlamydia
511		during IFN _γ -mediated host cell tryptophan starvation. Molecular Microbiology 62:1387-
512		1401.
513	19.	Ibana JA, Belland RJ, Zea AH, Schust DJ, Nagamatsu T, AbdelRahman YM, Tate DJ,
514		Beatty WL, Aiyar AA, Quayle AJ. 2011. Inhibition of indoleamine 2,3-dioxygenase

515		activity by levo-1-methyl tryptophan blocks gamma interferon-induced Chlamydia
516		trachomatis persistence in human epithelial cells. Infection and immunity 79:4425-4437.
517	20.	Leonhardt RM, Lee S-J, Kavathas PB, Cresswell P. 2007. Severe Tryptophan Starvation
518		Blocks Onset of Conventional Persistence and Reduces Reactivation of
519		Chlamydia trachomatis
520	21.	Thomas SM, Garrity LF, Brandt CR, Schobert CS, Feng GS, Taylor MW, Carlin JM,
521		Byrne GI. 1993. IFN-gamma-mediated antimicrobial response. Indoleamine 2,3-
522		dioxygenase-deficient mutant host cells no longer inhibit intracellular Chlamydia spp. or
523		Toxoplasma growth. The Journal of Immunology 150:5529.
524	22.	Stephens RS, Kalman S, Lammel C, Fan J, Marathe R, Aravind L, Mitchell W, Olinger
525		L, Tatusov RL, Zhao Q, Koonin EV, Davis RW. 1998. Genome sequence of an obligate
526		intracellular pathogen of humans: Chlamydia trachomatis. Science 282:754-9.
527	23.	Zomorodipour A, Andersson SGE. 1999. Obligate intracellular parasites: Rickettsia
528		prowazekii and Chlamydia trachomatis. FEBS Letters 452:11-15.
529	24.	Hogan RJ, Mathews SA, Mukhopadhyay S, Summersgill JT, Timms P. 2004. Chlamydial
530		persistence: beyond the biphasic paradigm. Infection and immunity 72:1843-1855.
531	25.	Beatty WL, Morrison RP, Byrne GI. 1995. Reactivation of persistent Chlamydia
532		trachomatis infection in cell culture. Infect Immun 63:199-205.
JJZ		achomatis infection in concurate. Infect million 05.177-205.

533	26.	Ouellette SP, Rueden KJ, Rucks EA. 2016. Tryptophan Codon-Dependent Transcription
534		in Chlamydia pneumoniae during Gamma Interferon-Mediated Tryptophan Limitation.
535		Infection and immunity 84:2703-2713.
536	27.	Ouellette SP, Dorsey FC, Moshiach S, Cleveland JL, Carabeo RA. 2011. Chlamydia
537		species-dependent differences in the growth requirement for lysosomes. PloS one
538		6:e16783-e16783.
539	28.	Werner RG, Thorpe LF, Reuter W, Nierhaus KH. 1976. Indolmycin inhibits prokaryotic
540		tryptophanyl-tRNA ligase. Eur J Biochem 68:1-3.
541	29.	Hernandez V, Crépin T, Palencia A, Cusack S, Akama T, Baker SJ, Bu W, Feng L,
542		Freund YR, Liu L, Meewan M, Mohan M, Mao W, Rock FL, Sexton H, Sheoran A,
543		Zhang Y, Zhang Y-K, Zhou Y, Nieman JA, Anugula MR, Keramane EM, Savariraj K,
544		Reddy DS, Sharma R, Subedi R, Singh R, O'Leary A, Simon NL, De Marsh PL, Mushtaq
545		S, Warner M, Livermore DM, Alley MRK, Plattner JJ. 2013. Discovery of a novel class
546		of boron-based antibacterials with activity against gram-negative bacteria. Antimicrobial
547		agents and chemotherapy 57:1394-1403.
548	30.	Belland RJ, Nelson DE, Virok D, Crane DD, Hogan D, Sturdevant D, Beatty WL,
549		Caldwell HD. 2003. Transcriptome analysis of chlamydial growth during IFN-gamma-
550		mediated persistence and reactivation. Proc Natl Acad Sci U S A 100:15971-6.

551	31.	Akers JC, Tan M. 2006. Molecular Mechanism of Tryptophan-Dependent Transcriptional
552		Regulation in Chlamydia trachomatis
553		188:4236.
554	32.	Ouellette SP, Messerli PR, Wood NA, Hajovsky H. 2018. Characterization of Chlamydial
555		Rho and the Role of Rho-Mediated Transcriptional Polarity during Interferon Gamma-
556		Mediated Tryptophan Limitation. Infection and Immunity 86:e00240-18.
557	33.	Østergaard O, Follmann F, Olsen AW, Heegaard NH, Andersen P, Rosenkrands I. 2016.
558		Quantitative Protein Profiling of Chlamydia trachomatis Growth Forms Reveals Defense
559		Strategies Against Tryptophan Starvation. Molecular & cellular proteomics : MCP
560		15:3540-3550.
561	34.	Lo C-C, Xie G, Bonner CA, Jensen RA. 2012. The alternative translational profile that
562		underlies the immune-evasive state of persistence in Chlamydiaceae exploits differential
563		tryptophan contents of the protein repertoire. Microbiology and molecular biology
564		reviews : MMBR 76:405-443.
565	35.	Wang Y, Kahane S, Cutcliffe LT, Skilton RJ, Lambden PR, Clarke IN. 2011.
566		Development of a Transformation System for Chlamydia trachomatis: Restoration of
567		Glycogen Biosynthesis by Acquisition of a Plasmid Shuttle Vector. PLOS Pathogens
568		7:e1002258.

569	36.	Johnson CM, Fisher DJ. 2014. Site-Specific, Insertional Inactivation of incA in
570		Chlamydia trachomatis Using a Group II Intron. PLOS ONE 8:e83989.
571	37.	Ouellette SP. 2018. Feasibility of a Conditional Knockout System for Chlamydia Based
572		on CRISPR Interference. Frontiers in cellular and infection microbiology 8:59-59.
573	38.	Mueller KE, Wolf K, Fields KA. 2016. Gene Deletion by Fluorescence-Reported Allelic
574		Exchange Mutagenesis in <span <="" class="named-content genus-species" td="">
575		id="named-content-1">Chlamydia trachomatis
576		7:e01817-15.
577	39.	Agaisse H, Derré I. 2013. A C. trachomatis Cloning Vector and the Generation of C.
578		trachomatis Strains Expressing Fluorescent Proteins under the Control of a C. trachomatis
579		Promoter. PLOS ONE 8:e57090.
580	40.	Bauler LD, Hackstadt T. 2014. Expression and Targeting of Secreted Proteins from
581		<span class="named-content genus-species" id="named-content-</td></tr><tr><td>582</td><td></td><td>1">Chlamydia trachomatis
583	41.	Miyairi I, Mahdi OS, Ouellette SP, Belland RJ, Byrne GI. 2006. Different Growth Rates
584		of Chlamydia trachomatis Biovars Reflect Pathotype. The Journal of Infectious Diseases
585		194:350-357.

Sader HS, Biedenbach DJ, Jones RN. 2013. Potency and
N3365, a novel boron-containing protein synthesis inhibitor,
ates of Enterobacteriaceae and nonfermentative Gram-negative
nts and chemotherapy 57:2849-2857.
E. 1984. Quantities of individual aminoacyl-tRNA families and
hia coli. Journal of bacteriology 158:769-776.
orth AJ, Carabeo R. 2019. A bipartite iron-dependent
of the tryptophan salvage pathway in Chlamydia trachomatis.
runham RC, Nelson WC, Paulsen IT, Heidelberg J, Holtzapple
runham RC, Nelson WC, Paulsen IT, Heidelberg J, Holtzapple B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ,
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ,
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ, sia Rc, McClarty G, Rank RG, Bavoil PM, Fraser CM. 2003.
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ, sia Rc, McClarty G, Rank RG, Bavoil PM, Fraser CM. 2003. amydophila caviae (Chlamydia psittaci GPIC): examining the
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ, sia Rc, McClarty G, Rank RG, Bavoil PM, Fraser CM. 2003. amydophila caviae (Chlamydia psittaci GPIC): examining the
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ, sia Rc, McClarty G, Rank RG, Bavoil PM, Fraser CM. 2003. amydophila caviae (Chlamydia psittaci GPIC): examining the es in the evolution of the Chlamydiaceae. Nucleic Acids
B, Carty HA, Umayam LA, Haft DH, Peterson J, Beanan MJ, sia Rc, McClarty G, Rank RG, Bavoil PM, Fraser CM. 2003. amydophila caviae (Chlamydia psittaci GPIC): examining the es in the evolution of the Chlamydiaceae. Nucleic Acids

606 Figure Legends

Figure 1. A flowchart illustrating the events leading to IFNγ-mediated persistence. By using tRNA
synthetase inhibitors to affect translation, a more direct route to persistence is achieved.

609

Figure 2. Indolmycin and AN3365 effectively reduce recoverable infectious elementary bodies. For all experiments, HEp-2 cells were infected with *C. trachomatis* L2, and inclusion forming units (IFUs) were collected at 24 hpi and titrated on a fresh monolayer of HEp-2 cells in the absence of antibiotics. A) Indolmycin was added at 120 μ M at 10 hpi. B) Effect of various doses of AN3365 on IFU production when added at 10 hpi. C) AN3365 was added at different times post infection at 1 μ g mL⁻¹ as indicated. Data are representative of three separate biological replicates. Error bars represent the standard deviation between biological replicates.

617

Figure 3. Inhibition of tRNA synthetase results in morphological aberrance in *C. trachomatis* L2.
Representative images of HEp-2 cells infected with *C. trachomatis* and treated or not as indicated.
Cells were fixed and stained 24 hpi using primary antibodies to Major Outer Membrane Protein
(MOMP) and chlamydial Hsp60_1. Indolmycin and AN3365 treatments resulted in smaller
inclusions and morphologically aberrant organisms similar to IFNγ treated organisms. All images
were acquired on Zeiss LSM 800 confocal microscope with Airyscan at 63x optical magnification
with 2x digital zoom. Scale bars represent 5 µm.

Figure 4. Removal of indolmycin and AN3365 allows reactivation from persistence. HEp-2 cells 626 were infected with C. trachomatis and treated or not with the designated tRNA synthetase inhibitor 627 at 10 hpi. DMEM was removed at 24 hpi followed by three DPBS washes and replenishment with 628 unmodified DMEM. Cultures were allowed to recover for an additional 24 or 48 hours before 629 fixation. A) IFU samples were collected from replicate wells at designated points throughout the 630 631 experiment. Error bars represent variability between three biological replicates. B) Representative images of untreated C. trachomatis infected HEp-2 cells at 24 or 48 hpi. C & D) Representative 632 images of indolmycin (C) or AN3365 (D) treated C. trachomatis infected HEp-2 cells at 24, 48 633 (24h reactivation = react.), or 72 (48h react.) hpi. All images were acquired on an AXIO Imager.Z2 634 with ApoTome.2 at 100x magnification. Scale bars represent 5 µm. 635

636

Figure 5. Immunofluorescent images of HEp-2 cultures infected with *C. pneumoniae* at 48 hpi show morphological similarity between indolmycin and AN3365 treatments with IFN γ -induced persistent organisms. Indolmycin and AN3365 were added at 24 hpi. IFN γ was added at time of infection. All images were acquired on an AXIO Imager.Z2 with ApoTome.2 at 100x magnification. Scale bars represent 5 µm.

642

Figure 6. Transcriptional changes in *Chlamydia* consistent with persistence can be detected during
indolmycin and AN3365 treatment. A) Transcripts of *euo* are elevated in *C. trachomatis* (Ctr) or *C. pneumoniae* (Cpn) following treatments with indolmycin, AN3365, or IFNγ. B) Under standard
conditions, *groEL_1* transcripts in *C. trachomatis* decrease between 10 and 24 hpi. However,
treatment with indolmycin results in unchanged transcript levels, similar to what is seen in IFNγ

treated samples, while AN3365 treatment results in higher transcript levels. In *C. pneumoniae*, no significant change is seen between 24 and 48 hours under any treatment, in agreement with previous reports investigating IFN γ exposure. C) *trpB* transcripts accumulate at 14 hpi as expected in indolmycin and IFN γ treated samples, but not in AN3365. At 24 hpi, AN3365 treated samples exhibit a slight (3-4 fold) increase in *trpB*.

653

Figure 7. Transcriptional analysis shows a decrease in readthrough efficiency of the *ytgABCD*operon during indolmycin, AN3365, or IFNγ treatment in A) *C. trachomatis* (Ctr) or B) *C. pneumoniae* (Cpn). RT-qPCR was performed to determine ng of cDNA of both *ytgA* and *ytgD*.
Each was normalized to gDNA collected from replicate wells and expressed as a ratio of ng cDNA
per ng gDNA of *ytgA* over *ytgD*.

659

Supplemental Figure 1. Electron micrograph images were collected to examine the morphological impact of indolmycin and AN3365 on *C. trachomatis*. HEp-2 cells were infected with *C. trachomatis* at an MOI of 2.5 and treated or not with the denoted tRNA synthetase inhibitor. Samples were collected and fixed at 24 hpi. Images were acquired on an FEI Tecnai G2 TEM operated at 80 Kv. Scale bars represent 2 μm, 500 nm, and 500 nm, respectively.

665

Supplemental Figure 2. Trp deplete media induces an increase in *trpB*, but not *euo*, transcripts.
HEp-2 cultures were infected with *C. trachomatis* at an MOI of 1. At 10 hpi, DMEM was replaced
with standard DMEM (Untreated), DMEM lacking trp (No trp), or DMEM lacking trp with 120
µM indolmycin (Indolmycin). RNA transcripts were analyzed via RT-qPCR to compare the

- 670 efficacy of trp deplete media in inducing persistence, as measured by increased *euo* transcript
- 671 levels.
- 672
- **Supplemental Table 1.** All primer sequences used for qPCR analysis of a given transcript.

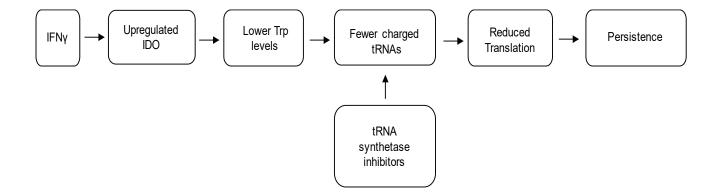


Figure 1. A flowchart illustrating the events leading to IFNγ-mediated persistence. By using tRNA synthetase inhibitors to affect translation, a more direct route to persistence is achieved.

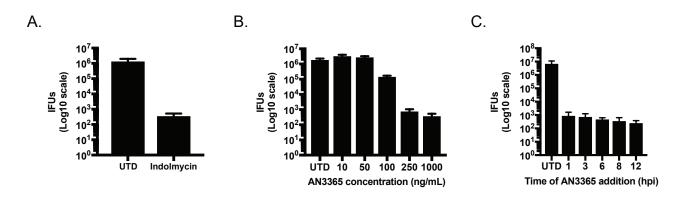


Figure 2. Indolmycin and AN3365 effectively reduce recoverable infectious elementary bodies. For all experiments, HEp-2 cells were infected with *C. trachomatis* L2, and inclusion forming units (IFUs) were collected at 24 hpi and titrated on a fresh monolayer of HEp-2 cells in the absence of antibiotics. A) Indolmycin was added at 120 μ M at 10 hpi. B) Effect of various doses of AN3365 on IFU production when added at 10 hpi. C) AN3365 was added at different times post infection at 1 μ g mL⁻¹ as indicated. Data are representative of three separate biological replicates. Error bars represent the standard deviation between biological replicates.

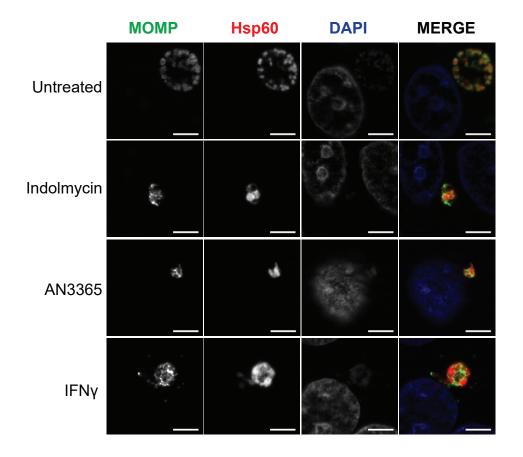
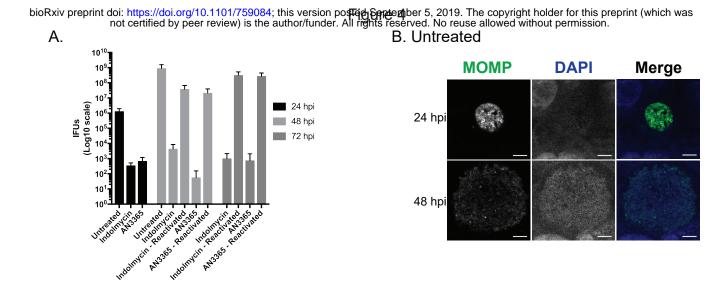


Figure 3. Inhibition of tRNA synthetase results in morphological aberrance in *C. trachomatis* L2. Representative images of HEp-2 cells infected with *C. trachomatis* and treated or not as indicated. Cells were fixed and stained 24 hpi using primary antibodies to Major Outer Membrane Protein (MOMP) and chlamydial Hsp60_1. Indolmycin and AN3365 treatments resulted in smaller inclusions and morphologically aberrant organisms similar to IFN γ treated organisms. All images were acquired on Zeiss LSM 800 confocal microscope with Airyscan at 63x optical magnification with 2x digital zoom. Scale bars represent 5 µm.



C. Indolmycin

D. AN3365

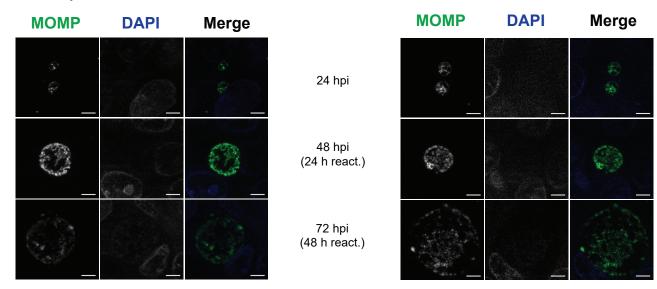


Figure 4. Removal of indolmycin and AN3365 allows reactivation from persistence. HEp-2 cells were infected with *C. trachomatis* and treated or not with the designated tRNA synthetase inhibitor at 10 hpi. DMEM was removed at 24 hpi followed by three DPBS washes and replenishment with unmodified DMEM. Cultures were allowed to recover for an additional 24 or 48 hours before fixation. A) IFU samples were collected from replicate wells at designated points throughout the experiment. Error bars represent variability between three biological replicates. B) Representative images of untreated *C. trachomatis* infected HEp-2 cells at 24 or 48 hpi. C & D) Representative images of indolmycin (C) or AN3365 (D) treated *C. trachomatis* infected HEp-2 cells at 24, 48 (24h reactivation = react.), or 72 (48h react.) hpi. All images were acquired on an AXIO Imager.Z2 with ApoTome.2 at 100x magnification. Scale bars represent 5 µm.

bioRxiv preprint doi: https://doi.org/10.1101/759084; this version posted September 5, 2019. The copyright holder for this preprint (which was not certified by peer review) is the author/funder.

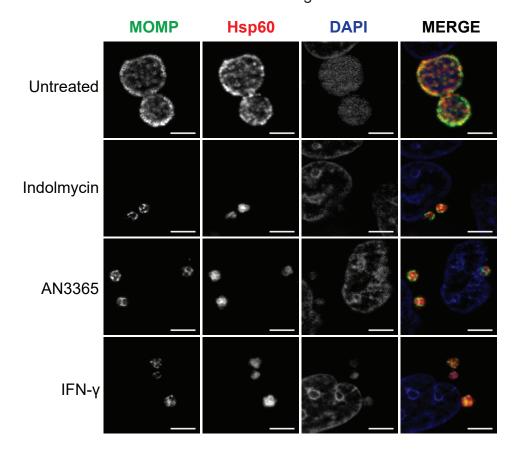
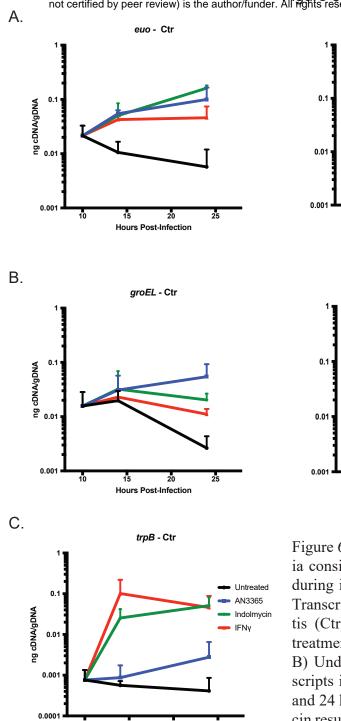


Figure 5. Immunofluorescent images of HEp-2 cultures infected with *C. pneumoniae* at 48 hpi show morphological similarity between indolmycin and AN3365 treatments with IFN γ induced persistent organisms. Indolmycin and AN3365 were added at 24 hpi. IFN γ was added at time of infection. All images were acquired on an AXIO Imager.Z2 with ApoTome.2 at 100x magnification. Scale bars represent 5 µm.





20

Hours Post-Infection

15

25

10

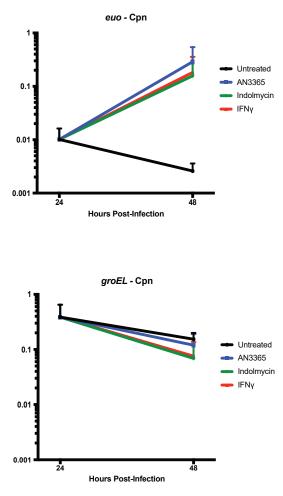


Figure 6. Transcriptional changes in Chlamydia consistent with persistence can be detected during indolmycin and AN3365 treatment. A) Transcripts of euo are elevated in C. trachomatis (Ctr) or C. pneumoniae (Cpn) following treatments with indolmycin, AN3365, or IFNy. B) Under standard conditions, groEL 1 transcripts in C. trachomatis decrease between 10 and 24 hpi. However, treatment with indolmycin results in unchanged transcript levels, similar to what is seen in IFNy treated samples, while AN3365 treatment results in higher transcript levels. In C. pneumoniae, no significant change is seen between 24 and 48 hours under any treatment, in agreement with previous reports investigating IFNy exposure. C) trpB transcripts accumulate at 14 hpi as expected in indolmycin and IFNy treated samples, but not in AN3365. At 24 hpi, AN3365 treated samples exhibit a slight (3-4 fold) increase in trpB.

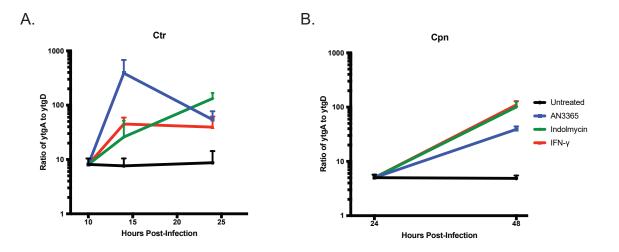


Figure 7. Transcriptional analysis shows a decrease in readthrough efficiency of the *ytgABCD* operon during indolmycin, AN3365, or IFNγ treatment in A) *C. trachomatis* (Ctr) or B) *C. pneumoniae* (Cpn). RT-qPCR was performed to determine ng of cDNA of both *ytgA* and *ytgD*. Each was normalized to gDNA collected from replicate wells and expressed as a ratio of ng cDNA per ng gDNA of *ytgA* over *ytgD*.