Uncovering clinically-relevant altered antibiotic responses of *Staphylococcus aureus* under

wound infection-mimetic conditions

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Running title: Altered antibiotic responses of *S. aureus* under wound-like conditions

Abstract:

Chronic wound infections, most commonly caused by *Staphylococcus aureus*, affect 1-2% of the world's population and incur direct healthcare costs exceeding $300B per year. Bacterial susceptibility to antibiotics is typically determined by standard *in vitro* antimicrobial susceptibility testing (AST) using Mueller-Hinton broth (MHB). However, the results from these assays often do not correlate with therapeutic outcomes, potentially because the test conditions do not reflect those at the infection site. We sought to determine the antibiotic susceptibility of methicillin-resistant *S. aureus* (MRSA) in simulated wound fluid (SWF), a medium resembling wound exudate, compared with MHB. We observed discordance in AST results for representative antibiotics across six of nine antibiotic classes tested in SWF compared with MHB against MRSA USA300. The antibiotic classes showing the most significant discordant AST results included tetracyclines, to which USA300 was more resistant (up to a 128-fold shift), and β-lactams, to which MRSA was unexpectedly more sensitive (up to a 256-fold shift) when tested in SWF. Genome-wide assays and subsequent mechanistic characterizations revealed that the increased resistance to tetracyclines is mediated by MntC, an extracellular binding protein of a manganese ABC transporter system, whereas the drastic sensitization to β-lactams was driven by cell envelope remodelling in SWF. Further, *Galleria mellonella* incision wound infection results matched the *in* vitro susceptibility phenotypes of the tetracycline doxycycline and the β-lactam cefuroxime in SWF but not in MHB, suggesting that this host-mimetic medium is a better predictor of MRSA *in vivo* wound infection therapeutic outcomes. Together, this work addresses the relatively long-recognized shortcomings of the MHB-based standard AST by uncovering alterations in MRSA antibiotic susceptibility in wound exudate-like fluid relative to MHB. It uncovers potentially clinically relevant antibiotic response determinants, identifying MntC as a

36   potential new target for adjuvant therapy. Our results may also guide improved antibiotic

37   therapeutic choices for drug-resistant MRSA wound infections.

Introduction

Antibiotic resistance is rising at an alarming rate, and existing antibiotics are failing to treat infections (1). This crisis further complicates chronic infections, which pose significant healthcare and socioeconomic challenges (2). Chronic wounds are particularly troublesome because they have a prolonged inflammatory phase and delayed healing, leading to tissue fibrosis and non-healing ulcers (3, 4). Wound exudates produced during healing are serum-based fluid rich in protein and growth factors, providing a suitable environment for bacterial colonization (5); such infections frequently fail to respond to treatment (3). Chronic wound infections are estimated to affect 1-2% of the world population at some point in their lives (6). Wound care poses a substantial economic burden on the healthcare system; wound care costs were estimated to be ~$300B worldwide in 2019 (7) – such expenditures in the 10 highest spending countries alone increased from ~$233B in 2019 to $301B in 2022 (8).

Staphylococcus aureus, a Gram-positive pathogen, is a leading cause of both hospital- and community-acquired infections worldwide, associated with bacteremia, endocarditis, skin and soft tissue infections (SSTIs), and other infections affecting almost all body sites (9-11). Notably, *S. aureus* is the leading cause of SSTIs, including complicated SSTIs such as chronic wounds and burn infections **(11-13)**. If not treated, *S. aureus* wound infections can spread to bloodstream infections, which are often fatal **(14)**. *S. aureus* developed multi-drug resistance, including to last-resort antibiotics, placing it on the World Health Organization's list of 'priority pathogens' posing the greatest threat to human health (15). Methicillin-resistant *S. aureus* (MRSA, known for resistance to β-lactam antibiotics) is the leading cause of wound infections, posing severe clinical problems (13). Currently, the most commonly circulating community-associated MRSA lineage in North America is USA300 **(16)**. The discovery of new antibiotics

has lagged behind the constant rise in AMR prevalence **(10)**. There is an urgent need for new

antimicrobial solutions, including antibiotic adjuvants that revive currently failing antibiotics.

Bacterial antibiotic responses are often studied under standard *in vitro* conditions [e.g.,

Mueller-Hinton broth (MHB), composed of beef extract, casein hydrolysate, and starch(17)] that

do not adequately reflect the infection site. These assays, standardized by agencies such as

CLSI(18), are routinely used in clinical labs worldwide to determine whether a clinical isolate is

sensitive or resistant to an antibiotic, guiding antibiotic therapy. Nonetheless, the clinical

outcome often does not correlate with standard antibiotic susceptibility test (AST) results, with

reports of unexpected antibiotic therapeutic failure (19-21). In contrast, unexpected potency in

patients despite AST-predicted resistance is far less frequently reported, as such antibiotics would

typically be contraindicated. However, anecdotal reports describe instances in which an

antibiotic empirically prescribed while waiting (up to 72 h) for AST results shows efficacy in

patients before AST identifies the causative isolate as resistant to the same antibiotic. Together,

standard AST erroneous predictions can lead to therapeutic failure or sideline much-needed *in*

vivo-effective antibiotics.

Culture conditions and media composition dictate gene expression and dispensability

profiles in bacteria to meet their survival requirements (22, 23), thereby potentially altering

bacterial antibiotic responses. Infection-mimetic media, such as simulated wound fluid (SWF)

(24), have been developed, providing test conditions that are more clinically relevant than MHB

for assessing bacterial responses. SWF is composed of 50% v/v fetal bovine serum in maximal

recovery diluent, which is an isotonic peptone saline solution (24). Such a formulation of SWF

mimics chronic wound exudates, as the latter are derived from serum and contain electrolytes at

concentrations equivalent to those in serum, approximately half the total protein content of

serum, and higher levels of growth factors for tissue regeneration (25-29). The inclusion of fetal

bovine serum in this recipe provides additional components not present in MHB, such as growth

factors, transport proteins, enzymes, hormones, fatty acids, and lipids, at biologically relevant

levels (30, 31).

Here, we used SWF to evaluate the antimicrobial susceptibility profile of MRSA under

wound infection-mimetic conditions. We observed discordance in AST results for representative

antibiotics across six of nine antibiotic classes tested in SWF compared to MHB against the

MRSA USA300. The antibiotic classes showing the most significant discordant AST results

included tetracyclines, to which USA300 was more resistant (up to a 128-fold shift), and β-

lactams, to which the MRSA was unexpectedly more sensitive (up to a 256-fold shift), when

tested in SWF. Interestingly, these antibiotic susceptibility shifts crossed the CLSI clinical

breakpoint for representatives of both classes, suggesting they may result in altered therapeutic

outcomes. Genome-wide assays and subsequent mechanistic characterizations revealed that the

increased resistance to tetracyclines is mediated by MntC, an extracellular binding protein of a

manganese ABC transporter system, whereas the drastic sensitization to β-lactams was driven by

cell envelope remodelling in SWF. Further, we used a *Galleria mellonella* incision wound

infection model, which shows wound healing events similar to those in animals (32) and

recapitulates the hallmarks of trauma and infection observed in mammalian models (33), to

characterize the observed *in vitro* phenotypes. Doxycycline, a tetracycline antibiotic, could not

rescue wild-type USA300-infected Galleria larvae but significantly increased the survival of

those infected with the *mntC*::Tn mutant, whereas the β-lactam cefuroxime was effective at

rescuing a significant number of USA300-infected larvae. These *in vivo* results matched the *in*

vitro phenotypes in SWF but not MHB, suggesting that this host-mimetic medium is a better

predictor of *in vivo* MRSA wound infection therapeutic outcomes.

Together, this work addresses the relatively long-recognized shortcomings of the MHB-

based standard AST by uncovering alterations in MRSA antibiotic susceptibility in wound

exudate-like fluid relative to MHB. By studying the mechanisms underlying discordant results

between standard and infection-mimetic conditions at the whole-genome level, we uncovered

potentially clinically relevant antibiotic response determinants. Our results may guide improved

antibiotic selection in the clinic and provide a potential new target for adjuvant therapy against

drug-resistant MRSA wound infections.

Results:

Alterations in MRSA sensitivity to antibiotics in SWF.

We first compared AST results of representative antibiotics from nine classes against

USA300 cultured in MHB and SWF (Table 1). Six of the nine classes showed discordance in

minimum inhibitory concentration (MIC) determined in the two media (MIC $\geq$ 4-fold difference

between SWF and MHB, Table 1). The antibiotic classes showing the most significant fold shift

in MIC in SWF relative to MHB included tetracyclines that showed an increase in MIC when

tested in SWF (e.g., a 128-fold shift for tetracycline) and β-lactams that showed a decrease in

MIC in SWF (e.g., a 256-fold shift for cefuroxime, Table 1). Importantly, the MIC fold shifts

crossed the CLSI clinical breakpoint for representatives of these two classes (Table 1). Together,

we chose to focus on these classes to uncover the mechanism underlying the observed altered

antibiotic susceptibility under the wound-mimetic condition.

Tetracycline antibiotics inhibit protein synthesis by binding to the 30S ribosome subunit

(34). Doxycycline is a second-generation tetracycline that showed a 32-fold increase in MIC

against USA300 in SWF (Table 1). In addition, we assessed the third-generation tetracycline,

omadacycline, and found that its MIC against USA300 doubled in SWF relative to MHB (Table

1). These results demonstrate that the increased resistance in SWF is conserved across the three

generations of tetracyclines. Doxycycline is more clinically relevant than tetracycline for treating

MRSA skin and soft tissue infections (SSTIs) **(35)**; therefore, we used it as a representative of

this class in the remainder of this study. On the other hand, cefuroxime is a β-lactam antibiotic

that binds to penicillin-binding protein 2, inhibiting bacterial cell wall synthesis (36). Oxacillin,

another β-lactam, is used by CLSI to distinguish MRSA from methicillin-sensitive *S. aureus*

(MSSA) **(18)**; it showed a 64-fold decrease in MIC against USA300 in SWF, bringing the MIC

below the CLSI MRSA breakpoint (Table 1). We initially tested both β-lactams and then focused

on cefuroxime for subsequent mechanistic testing.

To determine how conserved the doxycycline and β-lactam susceptibility alterations in

SWF are across multiple MRSA strains, we determined the MICs of antibiotics against a panel of

isolates representing the most commonly circulating lineages of MRSA in Canada [CMRSA

strains **(37)**] in both MHB and SWF. All CMRSA strains showed increased resistance (≥ 8-fold

shift in MIC) to doxycycline when tested in SWF relative to MHB (Table 2). All CMRSA strains

exhibited increased sensitivity to both β-lactams in SWF, except for CMRSA 1 and CMRSA 4,

with MIC shifts in CMRSA 5, 7, 8, and 10 crossing the CLSI breakpoint for one or both

antibiotics (Table 2). Given the magnitude of antibiotic susceptibility alterations conserved

across strains from multiple MRSA lineages, we next sought to determine the mechanisms of

doxycycline and cefuroxime susceptibility alterations in the wound-mimetic medium in MRSA

using USA300 as a representative being one of the most common community-associated MRSA

strains.

Table 1. USA300 MIC assays conducted in SWF relative to those in MHB

155 MICs from at least three independent experiments.

Antibiotic class	Antibiotic	MIC, µg/mL		Fold shift*	CLSI breakpoint, µg/mL		
		MHB	SWF		R, ≥	S, ≤	Ref
Lipopeptides	Daptomycin	4	1	4 ↓	-	1	(38)
Fluoroquinolones	Ciprofloxacin	32	16	2 ↓	4	1	(38)
Glycopeptides	Vancomycin	2	1	2 ↓	16	2	(38)
Rifampins	Rifampicin	0.008	0.064	8 ↑	4	1	(38)
β-lactams	Cefuroxime	1024	4	256 ↓	32	8	(39)
	Oxacillin	64	1	64 ↓	4	2	(38)
Polymyxins	Colistin	512	32	16 ↓			
Tetracyclines	Tetracycline	0.25	32	128 ↑	16	4	(38)
	Doxycycline	0.125	4	32 ↑	16	4	(38)
	Omadacycline	0.25	0.5	2 ↑			
Macrolides	Azithromycin	2	0.0156	128 ↓	8	2	(38)
Aminoglycosides	Kanamycin	4	4	No shift	64	16	(18)

156 * Fold increase or decrease in SWF relative to MHB.

Table 2. MIC of cefuroxime, oxacillin, and doxycycline against isolates representing the most commonly circulating lineages of MRSA in Canada. MICs average of three independent

160 experiments.

Strain	Lineage	MIC in MHB (µg/mL)			MIC in SWF (µg/mL)		
		cefuroxime	oxacillin	doxycycline	cefuroxime	oxacillin	doxycycline
CMRSA 1	USA600	>2048	1024	0.25	>2048	1024	2
CMRSA 2	USA100/800	>2048	512	0.25	16	32	4
CMRSA 3		>2048	512	16	512	256	>128
CMRSA 4	USA200	2048	256	0.25	2048	256	4
CMRSA 5	USA500	256	32	8	8	1	>128
CMRSA 6		>2048	512	16	1024	256	>128
CMRSA 7	USA400/MW2	1024	64	0.25	8	2	2
CMRSA 8	EMRSA15	1024	64	0.25	4	8	2
CMRSA 9		2048	256	0.25	16	32	4
CMRSA 10	USA300	1024	64	0.25	4	2	4

A chemogenomic screen to uncover the mechanism of increased resistance to doxycycline in

SWF.

To investigate the increased resistance of USA300 to doxycycline when cultured in SWF,

we screened the Nebraska Transposon Mutant Library (NTML), a sequence-defined transposon

insertion library comprising 1920 mutants that cover the non-essential genome of USA300 **(40)**,

at supra-inhibitory (in MHB) and sub-inhibitory (in SWF) concentrations of doxycycline. The

NTML supra-inhibitory screen in MHB (at 1 µg/mL doxycycline, 8X the MIC in MHB), which

aimed to identify putative sensitivity determinants, and follow-up dose-response assays did not

reveal any mutants more resistant to doxycycline in MHB relative to the wild-type

(Supplementary Fig. 1A-C). On the other hand, the NTML sub-inhibitory screen in SWF (at

0.125 µg/mL doxycycline, 1/32nd the MIC in SWF), which aimed to identify putative

determinants of doxycycline resistance, and follow-up MIC assays revealed that *mntB*::Tn and

mntC::Tn were sensitive to doxycycline in SWF relative to USA300 (Fig. 1A-C and

Supplementary Fig. 2). To verify the observed phenotypes, we genetically complemented *mntB*

and *mntC* in their transposon mutants. While *mntC* complementation restored doxycycline

resistance of *mntC*::Tn, *mntB* alone was not sufficient to restore doxycycline resistance in

mntB::Tn, but rather both *mntB* and *mntC* were required (Supplementary Fig. 3A-C). As such,

the *mntB*::Tn phenotype may be due to polar effects from the transposon insertion into *mntB,*

disrupting the downstream *mntC* (Supplementary Fig. 3C). Together, this work identifies MntC

as the determinant of increased doxycycline resistance in the wound-like medium.

Fig. 1 | MntC increases USA300 resistance to doxycycline in SWF

A) A chemogenomic screen of the Nebraska Transposon Mutant Library with doxycycline at

$1/32^{th}$ the MIC in SWF. B) Workflow of the chemogenomic screen and follow-up assays that lead

to the putative determinants of doxycycline resistance. C) MIC assays of determinants of

USA300 doxycycline resistance in SWF. n = 9 from three independent experiments, shown as

mean ± SEM. D) Intracellular fluorescence of doxycycline relative fluorescent units

(RLU)/OD_{600} in USA300 and $mntC$::Tn cultured in MHB (blue) or SWF (red). n = 20 from 4

independent experiments. E) Doxycycline binding assay showing increased RFU upon

doxycycline binding with the ligands bovine serum albumin (positive control), MntC, and

lysozyme (negative control). n = 12. F) Fold change in $mntC$ transcription from USA300 in SWF

and MHB with or without doxycycline (relative to averaged signals in MHB). n = 9 from three

independent experiments. G) Kaplan-Meier survival curve of *G. mellonella* treated with

doxycycline or vehicle control, shown as mean $\pm$ SE. n = 40 from 4 independent experiments.

H) MIC assays of omadacycline against USA300 and *mntC*::Tn cultured in SWF and MHB. n =

6 from three independent experiments, shown as mean $\pm$ SEM. Significant difference were

determined between USA300 cultured in MHB and SWF for D, E, F by Welch's t-test, and in G

(I; USA300 and USA300 Dox), (II; *mntC*::Tn and *mntC*::Tn Dox) and (III; *mntC*::Tn Dox and

PBS) by Logrank (Mantel-Cox) test and (IV; *mntC*::Tn and USA300) at day 1 by two-way

ANOVA and the Tukey post hoc test. $p < 0.0001$ (****), $p < 0.001$ (***), $p < 0.01$ (**), $p < 0.05$

(*).

MntC increases doxycycline resistance in wound-like medium.

Next, we set out to determine the mechanism by which MntC increases doxycycline

resistance in SWF. MntABC, an ABC transporter that imports manganese, is comprised of an

ATP-binding protein (MntA), a transmembrane protein (MntB), and an extracellular binding

protein (MntC) **(41);** therefore, we initially hypothesized that manganese or other divalent

cations imported by MntC contributed to the increased resistance to doxycycline. However,

exogenously supplementing manganese, calcium, magnesium, cobalt, iron, copper, and zinc, in

dose-dependent checkerboard assays with doxycycline against wild-type USA300 and *mntC*::Tn

in MHB did not alter the susceptibility to doxycycline except for iron, which showed antagonism

in both strains suggesting the observed iron effect is MntC-independent (Supplementary Fig. 4).

Conversely, higher concentrations of manganese antagonized doxycycline in SWF both in the

wild-type and the *mntC* mutant (FICI = 6.75 and 32.5, respectively; Supplementary Fig. 5). Such

effect might be due to compensation of the sequestration of manganese in SWF due to chelators,

such as calprotectin, likely present in fetal bovine serum. Together, manganese and other divalent

cations appear to play no role in the MntC-mediated doxycycline resistance observed in SWF.

Next, we hypothesized that MntC sequesters doxycycline, lowering its intracellular

concentration, thereby increasing resistance to that antibiotic in bacteria cultured in SWF. To

address this hypothesis, we first determined the intracellular concentration of doxycycline in

mntC::Tn relative to the wild-type cultured in MHB and SWF. In SWF, *mntC*::Tn had a greater

intracellular concentration of doxycycline relative to USA300, whereas both the wild-type and

mutant strains showed similar intracellular doxycycline content in MHB (Fig. 1D), aligning with

our previous results showing a SWF-specific role of MntC in doxycycline resistance and

supporting our hypothesis of a potential sequestration of doxycycline by MntC. Next, we

assessed the ability of purified recombinant MntC to bind doxycycline using a fluorescent

binding assay in which doxycycline fluorescence increased upon binding to a ligand. Using

bovine serum albumin and lysozyme as positive **(42)** and negative controls, respectively, in this

assay, we revealed that MntC binds doxycycline (Fig. 1E), which likely reduces its intracellular

concentration (Fig. 1D). Given that such a binding interaction does not require any component of

SWF, as it occurred in HEPES buffer, we posited that MntC-mediated increased doxycycline

resistance occurs in SWF only due to an upregulation of *mntC* under wound-like conditions.

Hence, we assessed the transcriptional differences in *mntC* using qRT-PCR. We revealed that

mntC was upregulated by ~20-fold in wild-type USA300 cultured in SWF relative to MHB,

irrespective of doxycycline treatment (Fig. 1F), demonstrating that the *mntC* upregulation is

induced by the wound-like culture condition rather than a specific response to doxycycline. In

fact, doxycycline exposure downregulated *mntC* in USA300 in both SWF and MHB to a similar

extent (~4-fold; Supplementary Fig. 6). In summary, the increase in doxycycline resistance in the

wound-like medium is due to an upregulation of *mntC*, whereby the overexpressed MntC can

sequester doxycycline, decreasing its effective intracellular concentration.

MntC contributes to doxycycline resistance *in vivo* in a *Galleria mellonella* wound infection

model.

245   Next, we sought to assess whether MntC contributed to doxycycline resistance in vivo in

a wound infection model. To that end, we tested the *mntC*::Tn mutant in a *Galleria mellonella*

incision wound infection model. Galleria mounts both cellular and humoral innate immune

responses closely resembling those of vertebrates and thrives at mammalian body temperature

(43, 44). Incision wounds have been histologically characterized in Galleria larvae, showing

wound healing events similar to those in animals (32), and their wound model recapitulates the

hallmarks of trauma and infection observed in mammalian models (33). Infection with either the

wild-type USA300 or the *mntC*::Tn mutant, both treated with the vehicle control (Glaxal™ Base

non-medicated cream), led to 100% larval fatality by the end of the experiment (at 6 days);

however, we observed a significant increase in survival of larvae infected with *mntC*::Tn relative

to USA300 at day 1 (Fig. 1G), suggesting a role of MntC in virulence. Further, a single dose of

doxycycline treatment (4 µL of 10% w/w cream, i.e., 0.4 mg/incision) increased survival of

mntC::Tn-infected larvae to 45% compared to only 7.5% survival in wild-type-infected ones

(Fig. 1G). Together, knocking out *mntC* increased the sensitivity of USA300 to doxycycline *in*

vivo, consistent with the *in vitro* SWF phenotype, demonstrating that MntC is a potential target

for doxycycline adjuvant therapy for MRSA wound infections.

A chemogenomic screen to uncover the mechanism of MRSA susceptibility to β-lactams in SWF.

To investigate the increased sensitivity of USA300 to cefuroxime in SWF, we screened the NTML in SWF at 16 µg/mL of cefuroxime (4X the wild-type MIC in SWF) to identify susceptibility determinants. However, none of the mutants with greater than 25% relative growth at this supra-inhibitory concentration in SWF showed increased cefuroxime MIC in follow-up MIC assays (Supplementary Fig. 7A-C). We also screened the NTML in MHB at 128 µg/mL of cefuroxime (1/8th the wild-type MIC in MHB) to identify putative determinants of cefuroxime resistance, revealing 101 mutants with <8% growth at this sub-inhibitory concentration relative to their untreated controls (Fig. 2A-B). We hypothesized that mutants of determinants underlying cefuroxime sensitivity in SWF would be susceptible to cefuroxime in MHB, with no further sensitization in SWF relative to the parent strain. To that end, we tested the 101 mutants in dose-response and MIC assays. Nine mutants showed ~128 to 256-fold sensitization to cefuroxime relative to the parent strain in MHB (i.e., showing MICs similar to or within 2-fold of that of USA300 in SWF) with relatively minimal MIC reduction relative to USA300 (≤4-fold) in SWF, revealing putative primary determinants of this phenotype (Fig. 2C). An additional 12 mutants showed a relatively more modest shift in cefuroxime MIC in MHB, potentially identifying secondary determinants of the phenotype (Supplementary Fig. 8).

Six of the primary determinants (Fig. 2C) are localized to or involved in cell envelope homeostasis; their gene products are related to peptidoglycan synthesis [*pbp2a* and *pbp4*, encoding penicillin binding proteins (PBPs)], wall teichoic acid [WTA; *tcaA* and *fmtA*], and cell envelope stress response [*graR* and *vraF,* encoding members of the GraXSR-VraFG five-component response system] (45-49). Interestingly, some of the secondary determinants

(Supplementary Fig. 8) are involved in similar processes [MurA2, predicted to be involved in

biosynthesis and degradation of peptidoglycan; RsbU and RsbV, involved in the regulatory

cascade of the master transcriptional regulator σ^B that provides protection from stress and

influences cell envelope composition (50)] or localize at the membrane [SAUSA300_2297,

SAUSA300_0073, SAUSA300_1785, SAUSA300_1484, SAUSA300_2315, and SpsA;

predictions from (51)]. The genes encoding the remaining three primary determinants are

SAUSA300_0794 (encodes a TOPRIM domain-containing protein previously shown to be

hypersensitive to the β-lactam amoxicillin **(52)**), *aapA* (encodes a D-serine/D-alanine/glycine

transporter), and *yabJ* (encodes a putative endo-RNase L-PSP). Importantly, most of the primary

cell envelope-related determinants (Fig. 2C) are genetically interconnected as shown in synthetic

lethal interaction analyses (53). Given that most mutants identified above harbour disruptions

related to the cell envelope, which also comprises the β-lactam target (peptidoglycan), we then

set out to characterize the primary cell envelope-related determinants and assess their

implications for the unexpected β-lactam hypersensitivity of the MRSA USA300 in the wound-

like medium.

Fig. 2 | A chemogenomic screen identifies putative determinants of USA300 sensitivity to cefuroxime in SWF.

A) The workflow of the chemogenomic screen and follow-up assays that led to the identification of putative determinants of cefuroxime sensitivity. B) A chemogenomic screen of the Nebraska Transposon Mutant Library with cefuroxime at 1/8th MIC of the wild-type strain in MHB. C) MIC assays of putative determinants uncovered in the screen; n ≥ 6 from at least three independent experiments shown as mean ± SEM.

Decreased abundance of penicillin-binding proteins (PBPs) contributes to cefuroxime susceptibility in SWF.

     First, we investigated the potential role of alterations in PBPs in the SWF-specific cefuroxime susceptibility phenotype, especially given that PBPs are the main targets of β-lactams and that the primary resistance mechanism of MRSA is the low-affinity alternative

PBP2a encoded by *pbp2a* or *mecA* (54). Based on *pbp2a*::Tn and *pbp4*::Tn cefuroxime

susceptibility phenotypes (Fig. 2C), we hypothesized that USA300 cultured in SWF would have

decreased abundance of these PBPs. To directly assess the abundance of PBPs in USA300, we

isolated membrane fractions from cultures grown in MHB and SWF and then used a fluorescent

penicillin (BOCILLIN™ FL) to bind and detect PBPs resolved on SDS-PAGE. Quantification of

band density identified a ~25, ~21, and ~55 percent reduction in the relative abundance of PBP1,

2, and 4, respectively, in SWF compared to MHB (Fig. 3A, Supplementary Fig. 9A, B). Notably,

PBP1 and PBP2 are essential genes and therefore are not in the NTML (48). Also, BOCILLIN™

FL labels all PBPs except PBP2a due to its decreased affinity for penicillin. Therefore, we

assessed PBP2a abundance by Western blot using an anti-PBP2a-specific antibody **(55)**,

revealing a ~20 percent decrease in the relative abundance of PBP2a in USA300 cultured in

SWF relative to MHB (Fig. 3B, Supplementary Fig. 9C, D). Together, the decreased abundance

of the four PBPs (1, 2, 2a, and 4) in SWF is likely a major contributor to the decreased β-lactam

susceptibility of USA300 under the wound-like condition.

Fig. 3 | Decrease in the abundance of PBPs and wall teichoic acid in SWF contributes to

USA300 cefuroxime sensitivity.

A) Quantification of PBP1, 2, 3, 4 from USA300 cultured in SWF (red) relative to MHB (blue),

n = 4 from two independent membrane isolations, shown as mean ± SEM and one representative

BOCILLIN FL-labeled PBP gel. All uncropped gels are shown in Supplementary Fig. 9. B)

PBP2a quantification from Western blots, using an anti-PBP2a antibody, of membranes isolated

from USA300 cultured in SWF (red) relative to MHB (blue), n = 3 from three independent

membrane isolations, shown as mean $\pm$ SEM and one representative blot. All uncropped blots

are shown in Supplementary Fig. 9. C) MIC of cefuroxime and targocil against USA300 or

CMRSA10$\Delta tarO$ cultured in MHB or SWF, n = 5 biological replicates each performed in

triplicate. D) Representative checkerboard assays of *S. aureus* USA300 of cefuroxime in

combination with epicatechin gallate (ECg). n = 5. FICI shown as mean $\pm$ SEM. E) Relative

quantity of PAGE-resolved crude WTA from *S. aureus* USA300 or *tcaA*::Tn cultured in MHB or

SWF. n = 3 shown as mean $\pm$ SEM. F) Representative PAGE gel of WTA isolated from USA300

or *tcaA*::Tn cultured in MHB or SWF. Uncropped gel is shown in Supplementary Fig. 10. G)

Relative band migration of WTA on PAGE represented as mean pixel density. n = 3 from three

independent WTA isolations. H-I) Area under the curve (AUC) of lysis rates represented as PBS

AUC – 0.02% Triton AUC comparing lysis rates of USA300 and *tcaA*::Tn (H; n=4) and *fmtA*::Tn

(I; n=2) cultured from MHB or SWF. Shown as mean $\pm$ SEM. Full lysis curves and AUC

calculation are shown in Supplementary Fig. 10. J) Percent cytochrome c binding to USA300 or

mutants cultured in MHB or SWF, which infers relative cell charge. n = 15 or n = 13 for

mprF::Tn SWF from 5 independent experiments, shown as mean $\pm$ SEM. Significant differences

were determined by Welch's t-test (A and B) and one-way ANOVA and the Tukey post hoc test

(D, H, I, and J). $p < 0.0001$ (****), $p < 0.001$ (***), $p < 0.01$ (**), and $p < 0.05$ (*).

Wall teichoic acid alterations contribute to USA300 sensitivity to cefuroxime in SWF.

Next, we sought to evaluate changes in WTA, which plays a role in the coordination of

peptidoglycan synthesis and β-lactam resistance (56, 57). First, we sought to test *tarO,* which

encodes a *N*-acetylglucosamine-1-phosphate transferase, the first committed step in WTA

production (58). A *tarO* knockout is not within the NTML, and thus was not tested in our screen.

A CMRSA10Δ*tarO* was ≥256-fold more susceptible to cefuroxime in MHB but only ~4-fold

more susceptible to the β-lactam in SWF relative to the wildtype (Fig. 3C), mirroring the

phenotype of the primary determinants identified above (Fig. 2C). We then used targocil, an

inhibitor of the WTA flippase TarG **(59)**, to determine if culturing in SWF disrupts TarO or WTA

biosynthesis. While targocil is lethal, knocking out genes encoding early steps in the WTA

synthesis pathway (*tarO* and *tarA*) or inhibiting their products, which completely block WTA

biosynthesis, antagonizes targocil **(60)**. We observed an ~8-fold increase in targocil MIC against

wildtype USA300 when tested in SWF relative to MHB, raising the MIC up to 32 μg/mL (Fig.

3C). In comparison, the targocil MIC against the Δ*tarO* mutant was >64 μg/mL in both media

(Fig. 3C), which together suggests that WTA biosynthesis is at least partially disrupted in SWF.

TarO inhibition has been associated with the delocalization of PBP2, leading to increased

β-lactam sensitivity **(61)**. Epicatechin gallate (ECg) induces partial delocalization of PBP2 from

the division septum, mimicking the effects of TarO inhibition **(61)**. As expected, ECg synergized

with cefuroxime against the wild-type USA300 in MHB (FICI = 0.023 $\pm$ 0.005; Fig. 3D).

However, such synergy was lost when we tested the same combination in SWF (FICI = 2.2 $\pm$

0.2; Fig. 3D), suggesting PBP2 was already delocalized, potentially due to WTA biosynthesis

disruption, under the wound-like condition.

Next, we directly evaluated the abundance of WTA in SWF and MHB (Fig. 3E-G,

Supplementary Fig. 10A). We tested both the wild-type USA300 strain and the *tcaA*::Tn mutant

identified from the screen (Fig. 2), as *tcaA* encodes a teicoplanin resistance-associated protein

involved in WTA retention and robustness of *S. aureus* peptidoglycan crosslinking **(45)**. USA300

cultured in SWF showed a significant decrease in WTA abundance relative to MHB (Fig. 3E, F).

The WTA abundance of the wild-type grown in SWF was comparable to that observed in the

tcaA::Tn mutant cultured in MHB or SWF (Fig. 3E; no significant difference across these three

conditions). Notably, the WTA bands from the wild-type cultured in SWF migrated slightly

further on the PAGE relative to those from an MHB culture (Fig. 3F, G), suggesting a shorter

WTA polymer. However, the shorter polymer length was not associated with TcaA, as the same

occurred in the *tcaA*::Tn mutant (Fig. 3F, G).

WTA, its influence on PBP localization, and gene products associated with that polymer,

such as FmtA (a teichoic acid D-Ala esterase) and TcaA, are involved in the structural integrity

of the cell envelope, which can alter the bacterial autolysis **(45, 46, 62)**. Therefore, we assessed

the 0.02% Triton X-100-induced lysis of USA300, relative to knockouts of *fmtA* and *tcaA,* in

MHB and SWF. Wild-type USA300 cells harvested from SWF cultures showed significantly

faster Triton-induced lysis rates relative to those from MHB cultures (Fig. 3H, I, Supplementary

Fig. 10B-D). There was no further increase in lysis rates in SWF due to disrupting *tcaA* and

fmtA, where both mutants showed no statistical difference in lysis rate compared to the wild-type

cultured in SWF (Fig. 3H, I, Supplementary Fig. 10B-D), suggesting WTA-associated gene

products may have already been disrupted in SWF. In all cases, these observations are consistent

with the alterations in WTA and PBP localization observed in SWF.

Next, we indirectly assessed cell surface charge, which is partly influenced by WTA

retention, by quantifying binding to cytochrome c, a highly positively charged protein. A

decreased abundance of WTA, a polyribitol phosphate polymer that generally imparts a strong

negative charge to the surface **(63)**, should reduce the overall net negative charge of the cell

surface. USA300 cultured in SWF showed a significant decrease in binding to cytochrome c

compared with MHB (Fig. 3J). We observed a decrease in relative cytochrome c binding to

tcaA::Tn compared to that of USA300, but no difference in cytochrome c binding between

tcaA::Tn cultured in MHB and SWF (Fig. 3J). These results align with the respective relative

WTA abundance (Fig. 3E). Of note, other factors can also influence surface charge, such as

MprF, a phosphatidylglycerol lysyltransferase, which decreases the net negative charge of the

cell surface through lysyl modification of the cytoplasmic membrane, conferring resistance to

cationic antimicrobials **(64)**. While the cytochrome c binding of *mprF::Tn* in SWF relative to

MHB followed the same trend observed for the wild-type strain, the lack of such modification in

mprF::Tn increased the binding to cytochrome c relative to wild-type USA300 in each of the

tested media, as expected (Fig. 3J). Taken together, the results in this section demonstrate WTA-

related alterations that may contribute to the increased β-lactam susceptibility of the MRSA

USA300 in the wound-mimetic medium.

A lack of antibiotic-mediated induction of the GraXSR VraFG system in SWF.

GraXSR VraFG is a five-component system that regulates the bacterial response to cell

envelope stress, such as exposure to cationic antimicrobial peptides, through processes that

include the DltABCD-mediated D-alanylation of teichoic acids and the MprF-dependent

lysylination of phosphatidylglycerol (65). Notably, disruptions of GraR sensitize MRSA to β-

lactams (60). *mprF* is positively regulated by GraXSR, and the system is strongly induced by

colistin, a cationic antimicrobial peptide **(60)**. Hence, we assessed the colistin-mediated

induction of the GraXSR VraFG system in SWF compared to tryptic soy broth (TSB), a standard

427 culture medium, by monitoring luciferase reporter expression under the control of the *mprF*

428 promoter. As previously reported **(60)**, we observed a colistin-mediated *graR*-dependent

429 induction of the *mprF* promoter in TSB, where there was a significant increase in luciferase

430 signal in the presence of colistin in the wild-type (Fig. 4A) but not in the Δ*graR* mutant

431 (Supplementary Fig. 11A-C). Such colistin-mediated *mprF* promoter induction was not observed

432 in SWF (Fig. 4A); instead, a significant *graR*-independent repression of the *mprF* promoter at 3

433 hours by colistin was observed in both the wild-type (Fig. 4A) and the Δ*graR* mutant

434 (Supplementary Fig. 11D-F). To further assess the role of the GraXSR VraFG system in

435 antibiotic response in SWF, we used MAC-545496, a GraR inhibitor previously shown to

436 synergize with β-lactams in MHB **(60)**. As expected, we observed a *graR*-dependent synergy

437 between MAC-545496 and cefuroxime against USA300 in MHB (FICI = 0.036 ± 0.014; Fig.

438 4B; not observed against *graR*::Tn, FICI = 1.04 ± 0.47; Supplementary Fig. 12). Such synergy

439 was lost in SWF (FICI = 2.0 ± 0.0; Fig. 4B). Together, the lack of *mprF* promoter induction by

440 colistin and loss of MAC-545496-cefuroxime synergy in SWF illustrate the lack of stress-

441 mediated induction of GraR and its regulon, and hence the disruption of the GraXSR VraFG cell

442 envelope stress response system, in the simulated wound fluid.

443
Fig. 4 | Disruption of GraXSR VraFG in SWF contributes to cefuroxime sensitivity.

A) Monitoring the luciferase expression under the control of the *mprF* promoter in USA300 over

10 h in TSB (Blue) or SWF (Red) in the presence or absence of 1/32 MIC of colistin. n = 4

shown as mean $\pm$ SEM. Significant differences were determined between the with and without

colistin conditions by two-way ANOVA and the Bonferroni post hoc test. p <0.0001 (****), p

<0.001 (***), p <0.01 (**), p <0.05 (*). B) Representative cefuroxime and MAC-545496

checkerboard assays against *S. aureus* USA300. Dark blue represents high cell density, measured

by OD_{600}, n = 3, FICI shown as mean $\pm$ SEM.

Ultrastructural, biochemical, and mechanical changes to USA300 grown in SWF.

Next, we further assessed the cell and its envelope using atomic force microscopy (AFM)

to compare cell size, surface topography, roughness, elasticity, and adhesion. We observed a

significant increase in cell size (height and diameter) and surface roughness of USA300 cultured

in SWF relative to that cultured in MHB (Fig. 5A-H, Supplementary Fig. 13, 14). The surface of

USA300 cells harvested from SWF culture was more compliant relative to those from MHB,

requiring less force to deform (Fig. 5I). Adhesion values between the negatively charged silicon

nitride AFM tip and the cell surface were greater for USA300 cells cultured in SWF relative to

MHB (Fig. 5J), consistent with the cytochrome c binding assays showing that USA300 cultured

in SWF are less negative than those in MHB (Fig. 3J). Together, these results provide further

evidence for cell envelope-related alterations in synthetic wound fluid, which underpins the

increased β-lactam susceptibility.

Fig. 5 | Atomic force microscopy of USA300 cultured in MHB and SWF

A) A schematic diagram of the AFM probe, B-E) Representative images (B, D) and 3D images of

cell surface topography (C, E) of USA300 cultured in MHB (B, C) and SWF (D, E). All AFM

images used for quantitative analyses are shown in Supplementary Fig. 13 and 14. F) Cell height

of USA300 cultured in MHB and SWF. G) Cell diameter of USA300 cultured in MHB and SWF.

H) Root mean squared (RMS) roughness of the flattest 100 nm x 100 nm region from a 0.4 x 0.4

μm scan area. I-J) Viscoelasticity and adhesion of USA300 cultured in MHB n = 91079 and

SWF n = 118114. Significant differences between USA300 cultured in MHB and SWF were

determined by Welch's t-test. p <0.0001 (****), p <0.001 (***), p <0.01 (**), p <0.05 (*).

Cefuroxime rescues USA300-infected Galleria larvae.

Next, we sought to determine the efficacy of cefuroxime against USA300 in an *in vivo G.*

mellonella incision wound infection model. Infection with wild-type USA300 treated with the

vehicle control (Glaxal™ base non-medicated cream), led to only 10% and 2.5% larval survival

by days 3 and 6 post-infection, respectively (Fig.6). In contrast, a single dose cefuroxime

treatment (4 μL of 40% w/w cream, i.e., 1.6 mg/incision) significantly increased the survival of

USA300-infected larvae to ~75% and 45% at the same timepoints post-infection (p<0.0001; Fig.

6). Together, the efficacy of cefuroxime against USA300 *in vivo* aligns with the *in vitro*

susceptibility to that β-lactam antibiotic in SWF, demonstrating that this wound exudate-mimetic

medium may be superior to MHB for predicting clinical outcomes of MRSA wound infections.

Fig. 6 | Cefuroxime increases larval survival *in vivo Galleria* wound infection.

Kaplan-Meier survival curve of larvae shown as mean ± SE. PBS with vehicle treatment (blue),

infection with USA300 and vehicle treatment (red), and infection with USA300 and cefuroxime

treatment (black), n = 40 from 4 independent experiments. Significant differences were

determined between (I; PBS and USA300 Cef) and (II; USA300 and USA300 Cef) by the

Logrank (Mantel-Cox) test. p <0.0001 (****), p <0.001 (***), p <0.01 (**), p <0.05 (*).

Discussion

Standard MHB-based AST assays have been widely used worldwide to guide antimicrobial therapy and study antimicrobial resistance. However, MHB does not accurately reflect the conditions at the site of infection **(66)**, and the clinical outcome often does not correlate with standard AST results (19-21). Further, antibiotic discovery has traditionally relied on standard AST conditions, partly because of regulatory requirements to demonstrate efficacy under such conditions for approval (67), which has likely limited the suite of potential antimicrobial targets and bioactives. Therefore, there are emerging efforts to study bacterial responses and screen for new antimicrobials under infection-relevant conditions to bridge the gap between *in vitro* testing and *in vivo* outcomes [E.g., (45, 68-72)]. Herein, we studied the antibiotic responses of MRSA under wound-infection-mimetic conditions, revealing ~67% discordance in AST results between simulated wound fluid and MHB. Similar discordances were observed in analyses using serum-containing and other eukaryotic cell culture media (e.g., RPMI) (73, 74). We then sought to elucidate the mechanisms underlying the two most significant antibiotic susceptibility alterations in the MRSA USA300 strain in terms of fold-shift and potential clinical relevance, the unexpected resistance to tetracyclines and sensitization to β-lactams in SWF.

We revealed that the unexpected increase in resistance to first-, second-, and third-generation tetracyclines under wound-like conditions is mediated by MntC (Fig. 7A). MntC has not been previously known to confer tetracycline resistance, a role overlooked in standard culture conditions but detected in SWF. We observed an upregulation of *mntC* in SWF relative to MHB, independent of tetracycline exposure, suggesting MntC expression is induced by the culture condition rather than the antibiotic. Interestingly, the observed unexpected resistance to

tetracyclines appears to corroborate reports of therapeutic failures with tigecycline (a tetracycline

derivative) in soft-tissue, bloodstream, and other infections despite predicted efficacy (75, 76).

Also, the upregulation of *mntC*, which is highly conserved among *S. aureus*, in the serum-based

SWF aligns with observations from *in vivo* studies and patient samples (77-80). MntC was only

expressed *in vivo* or in the presence of serum, and rapidly upregulated in *S. aureus* murine

infection (77, 78). Anti-MntC antibodies protected against *S. aureus* in an infant rat model, and

MntC could induce a protective immune response; hence, it was identified as a potential vaccine

target (77, 78). *mntC* (also referred to as *sitA*) had increased transcription in three healthy

persistently colonized volunteers relative to *in vitro* conditions (79) and ranked among the first

quartile of upregulated genes in pediatric skin and soft tissue infection (SSTI) and murine SSTI

abscesses (80). As such, unexpected clinical failures of tetracyclines against MRSA may occur

due to MntC overexpression *in vivo*. These observations, along with the increased survival of

mntC::Tn-wound infected Galleria larvae, relative to wild-type, upon treatment with doxycycline

(Fig. 1G), support that MntC could serve as an *in vivo*, clinically relevant drug target for new

antibiotic adjuvants for tetracyclines. Interestingly, infection with an *mntC* knockout increased

animal survival in a murine sepsis model, which was attributed to an increased susceptibility of

the mutant to oxidative stress **(81)**, aligning with the increased larval survival at day 1 post-

infection with *mntC*::Tn relative to USA300 without treatment (Fig. 1G). These observations

suggest that MntC may also serve as a target for stand-alone anti-virulence therapy.

Fig. 7 | Summary of mechanisms underlying the altered susceptibility of MRSA USA300 to tetracyclines and β-lactams under wound infection-like conditions.

A) Summary of alterations in USA300 that led to increased resistance to tetracyclines when cultured in SWF, depicting an increase in expression of MntC, which binds to doxycycline (a tetracycline), reducing its intracellular concentration. B) Summary of cell envelope-related remodelling in USA300 that increased susceptibility to β-lactams when cultured in SWF, displaying decreased abundance of penicillin binding proteins PBP1, 2, 2a, 4 and wall teichoic acid, along with a lack of the antimicrobial peptide colistin-mediated GraXSR VraFG induction. Created using Biorender.

MRSA are characterized by their resistance to β-lactam antibiotics. As such, the significant sensitization of tested MRSA strains from widely circulating lineages to representative β-lactams in the simulated wound fluid is counterintuitive but suggests that β-

lactams may be a viable therapy for MRSA wound infections. *In vivo* results from the Galleria

incision wound infection model aligned with the *in vitro* data, whereby the β-lactam cefuroxime

improved the survival of MRSA USA300-infected larvae (Fig. 6). Interestingly, an observational

study of 2096 pediatric skin and soft tissue infection patients at a community-acquired MRSA-

endemic region in Philadelphia reported a therapeutic success of empiric β-lactam monotherapy

comparable or even superior to that of MRSA-active antibiotics (82), suggesting that β-lactams

likely cleared at least some MRSA infections, a regimen that standard AST would have

contraindicated. Further, other recent reports have shown that adding β-lactams to the empirical

therapy regimen improved bacterial clearance in MRSA bacteremia **(83-86)**. Mechanistically, we

revealed that cell envelope remodelling of the MRSA USA300 under wound-like conditions,

involving a decreased abundance of penicillin binding proteins PBP1, 2, 2a, 4 and wall teichoic

acid, along with a lack of antibiotic-mediated GraXSR VraFG induction (Fig. 7B), underpins the

sensitivity of MRSA to β-lactams in SWF. Notably, various cell envelope changes were

previously reported for *S. aureus* cultured in serum-containing media, altering responses to cell

wall-targeting and membrane-active antibiotics (45, 68). Together, our results and previous

observations suggest that MHB-based AST may erroneously exclude β-lactams from therapeutic

regimens, and that the wound exudate-like medium may be better than MHB at predicting β-

lactam antibiotic efficacy. β-lactams are broad-spectrum, well-tolerated antibiotics that offer oral

options **(87)**; hence, accurately predicting their potency and recommending their use when

possible would be valuable in the clinic.

Overall, host-mimetic media, such as SWF, may better predict bacterial resistance and

correlate more closely with positive clinical outcomes. Uncovering antimicrobial susceptibility

profiles discordant between infection-relevant (e.g., SWF) and standard (e.g., MHB) culture

media may enhance our understanding of antibiotic therapeutic responses during infection. By

revealing the mechanisms underlying the discordant phenotypes, we identified MntC as a

potential target for new antimicrobials that may reverse resistance to currently available

tetracycline antibiotics or suppress virulence *in vivo*. The phenotypes uncovered herein provide

an *in vitro* screening platform in SWF for therapeutics targeting MntC. Our AST results in the

wound-like medium could also guide and optimize the use of currently available antibiotics.

Materials and methods:

Strains and reagents. Supplementary Table 1 lists the strains and plasmids, and Supplementary Table 2 lists the primers used in this study. Bacteria were grown in cation-adjusted Mueller-Hinton broth (MHB) or synthetic wound fluid (50% Fetal bovine serum from Fisher Scientific, 50% Maximum recovery diluent (MRD; 1g/L peptone, 8.5g/L NaCl) at 37 ºC, unless otherwise specified.

Antimicrobial Susceptibility Testing (AST). MICs were determined by broth microdilution according to CLSI guidelines **(88)**. The assays were conducted in microtiter plates with a final inoculum adjusted to an OD_{600} of 0.001, prepared by the colony resuspension method. The plates were then incubated at 37ºC with shaking, and bacterial growth was determined by measuring the OD_{600} after 24 h. When MIC values were not reached within the tested concentration range, the highest tested concentration was considered half the MIC. The fractional inhibitory concentration indices (FICI) were calculated as $FICI = (MIC_A$ in combination/MIC_A alone) + (MIC_B in combination/MIC_B alone). FICI values ≤0.5 were interpreted as synergy, >0.5 to ≤4.0 as additive or indifferent, and >4.0 as antagonistic.

Nebraska transposon mutant library (NTML) screen. Overnight cultures of the NTML **(40)** were prepared in 384-well plates using Biomatrix BM6-BC (S&P Robotics Inc.) in MHB with 5 µg/mL erythromycin (Sigma-Aldrich). The following day, these overnight cultures were used to inoculate MHB or SWF with or without doxycycline (Fisher Scientific) or cefuroxime (Sigma-Aldrich), at the concentrations indicated in the results section, using the BM6-BC. All 384-well plates were incubated at 37 ºC and 600 RPM, and the OD_{600} was read after 24 h.

Dose-response assay. Selected NTML strains were re-arrayed and inoculated into 96-

well plates in MHB containing 5 µg/mL erythromycin using the BM6-BC. The following day,

96-well plates with varying antibiotic concentrations in MHB and SWF were inoculated using

the BM6-BC. All plates were incubated at 37 ºC and 600 RPM, and the OD_{600} was read after 24

h.

Genetic complementation. To complement *mntB*::Tn and *mntC*::Tn, PCR fragments

were amplified using USA300 gDNA as template and primer pairs (listed in Supplementary

Table 2): mntB_compF3_AvrII and mntB_compR2_BamHI for *mntB*, mntB_compF3_AvrII and

mntC_compR_BamHI for *mntBC*, and mntC_compF3_AvrII and mntC_compR_BamHI for

mntC. Fragments and pKK22-Pfba were digested with AvrII and BamHI (New England Biolabs),

and the plasmid was alkaline phosphatase-treated (using Antarctic phosphatase, New England

Biolabs), followed by ligation with T4 DNA ligase (New England Biolabs) to generate the

complementation vectors, pKK22-Pfba-*mntB*, pKK22-Pfba-*mntBC*, and pKK22-Pfba-*mntC*.

Complementation and control vectors were transformed into electrocompetent *S. aureus* strains

by electroporation (Bio-Rad) (89).

Doxycycline accumulation assay. Cultures were started from a single colony and

incubated overnight in MHB or SWF at 37 ºC with shaking, then sub-cultured by diluting to an

OD_{600} of 0.1 in fresh media and further incubated for 6 h. Cells were harvested from the sub-

cultures and resuspended at an OD_{600} of 1 in MHB or SWF. Doxycycline was added to 1 mL of

these OD-adjusted cultures at a final concentration of 5 µg/mL, and the cultures were incubated

for 30 min at 37 ºC. Cells were pelleted, resuspended in 1 mL of fresh culture media, and

incubated for 15 min at 37 ºC. The cells were then washed twice with PBS and resuspended in

0.5 mL of PBS, followed by dispensing of 100 µL aliquots into 96-well black plates in triplicate

and read at λ_{ex} = 400 nm / λ_{em} = 530 nm. The bacterial suspensions were also transferred to a

clear 96-well plate for OD_{600} measurement. All centrifugation steps were at 6,000 × g for 1 min.

Protein overexpression and purification. *mntC* was cloned into pET28a(+) and

transformed into $CaCl_2$ chemically competent *E. coli* BL21 by heat shock. Bacterial cultures

were incubated at 30 ºC and 250 RPM until an OD_{600} of ~0.8 was reached, then induced with 0.5

mM IPTG and further incubated for 5 h at 30 ºC. Cells were harvested, resuspended in lysis

buffer [50 mM sodium phosphate, 500 mM NaCl, cOmplete™ protease inhibitor cocktail

(Roche), pH 8.0], and lysed using Lysing Matrix B (MP Biomedicals) and the FastPrep-24™.

The supernatants were separated from the insoluble fractions by centrifugation at 10,000 × g for

15 min at 4 ºC. His-tagged proteins were batch purified from the supernatants using His-select

nickel-affinity gel (Sigma-Aldrich), washed three times with wash buffer (50 mM sodium

phosphate, 500 mM NaCl, 5 mM imidazole, pH 8.0), and eluted with elution buffer (50 mM

sodium phosphate, 500 mM NaCl, 250 mM imidazole, pH 8.0), followed by detection on a 12%

acrylamide gel (Bio-Rad) stained with PageBlue™ (Fisher Scientific). The eluted protein was

dialyzed using 10 kDa SnakeSkin™ dialysis tubing (Fisher Scientific) into 20 mM HEPES, pH

7.4, 100 mM NaCl buffer, then quantified using the Bradford method with protein assay dye

reagent concentrate (Bio-Rad).

Doxycycline binding assay. Purified MntC, bovine serum albumin (BSA), and lysozyme

solutions in dialysis buffer (20 mM HEPES, pH 7.4, 100 mM NaCl) were each incubated at 37

ºC with doxycycline in the dark for 4 h at a final volume of 200 µL and final concentration of 32

µM of protein and 16 µM of doxycycline in 96-well black plates. Wells containing only 200 µL

of buffer with 16 µM of doxycycline and 200 µL of buffer with 32 µM of protein were used for

background subtraction of fluorescent signal. Plates were then read at λ_{ex} = 390 nm / λ_{em} = 550

nm.

RNA extraction. USA300 cultures were grown overnight and diluted to an OD_{600} of 0.05

in MHB or SWF. Cells were grown at 37 ºC to an OD_{600} of 0.6, then treated with doxycycline (8

µg/mL) or vehicle control (ultrapure water) for 30 minutes. Aliquots (6 mL) of the cultures were

collected, centrifuged at 3,320 × g for 10 min. RNA was extracted using Monarch Total RNA

miniprep (New England Biolabs), followed by treatment with Invitrogen Turbo DNA-free DNase

(Fisher Scientific) following the manufacturer's protocol. RNA purity was assessed by

measuring the ratio of absorbance at 260 nm to 280 nm (values obtained ~2.0).

cDNA synthesis and RT-PCR. RNA was converted to cDNA with Superscript™ III

First-Strand Synthesis System (Fisher Scientific) following the manufacturer's protocol. RT-PCR

was performed using the QuantStudio™ 5 Real-Time PCR (Thermo Fisher Scientific) with

FastStart SYBR Green (Roche). Fold change in gene expression was calculated using the Pfaffl

Method **(90)** relative to *arcC* and 16s rRNA.

***Galleria mellonella* incision wound infection model.** *G. mellonella* larvae weighing

~300 mg were selected, anesthetized by chilling at 4 ºC for 10 minutes, and kept on ice during

incision and treatment application. Incisions spanning the third segment from the posterior end of

the larvae were made parasagittally on the dorsal side. Larvae were inoculated with 2 µL of

inoculum (0.0001 OD_{600}/mg of larva weight). After 30 min, 4 µL of a 10% w/w doxycycline

compounded in Glaxal™ Base, 40% w/w cefuroxime compounded in Glaxal™ Base, or vehicle

control (water in Glaxal™ Base) was applied to the inoculated wounds. Worms were then

incubated at 37 ºC and monitored for survival for 6 days.

Lysis Assay. Overnight cultures were diluted to an OD_{600} of 0.1 and grown to an OD_{600} of

0.8. Cells were washed and resuspended in PBS or PBS containing 0.02% Triton X-100 (Fisher

Scientific) at a cell density of 1 OD/mL. The bacterial suspensions were dispensed into 200 µL

aliquots in triplicate in 96-well plates, incubated at 37 ºC with shaking in the plate reader, and

their OD_{600} was read every 15 min for 6 h.

Cytochrome c binding assay. The assay was performed as previously described **(91)**.

Briefly, overnight cultures were adjusted to an OD_{600} of 1, and 8 mL were pelleted, washed twice

in MOPS buffer (20 mM, pH 7.0), and resuspended in a total volume of 200 µL MOPS. A 50 µL

aliquot of a 2.5 mg/mL cytochrome c solution (Sigma-Aldrich) was added to the 200 µL

resuspended culture and incubated at room temperature for 10 min. The samples were then

pelleted at 16,000 × g for 1 min, and 200 µL of the supernatants were dispensed into 96-well

plates, and their absorbance was read at 530 nm (A_{530nm}). *mprF*::Tn was used as a positive

control.

Bioluminescence assay. The luciferase expression assay was conducted as previously

described **(60)**, except that bacteria were cultured in either TSB or SWF.

WTA isolation. Crude WTA was isolated as previously described **(92)**, with minor

modifications to normalize the quantity of bacteria prior to WTA isolation. Briefly, overnight

cultures in either MHB or SWF were washed once with buffer 1 (50 mM MES, pH 6.5) and

volumes corresponding to an OD_{600} of 5 were centrifuged at 5,000 × g, resuspended in buffer 2

[4% (w/v) SDS, 50 mM MES, pH 6.5], and boiled for 1 h, followed by washing in buffer 1 and

transferring into 1.5 mL microcentrifuge tubes. Pellets were then washed with 1.4 mL of buffer

2, then with 1.4 mL of buffer 3 (2% NaCl, 50 mM MES, pH 6.5), followed by 1.4 mL of buffer 1

with all spins at 16,000 × g for 1 min. Pellets were resuspended in 1 mL of digestion buffer [20

mM Tris-HCl, pH 8.0, 0.5% (w/v) SDS] with the addition of 10 µL of 2 mg/mL proteinase K.

Samples were digested at 50 ºC for 4 h with shaking (1000 rpm). Pellets were then washed with

1.4 mL of buffer 3, followed by three 1.4 mL washes of ultrapure water. The pellets were then

resuspended in 1 mL of 0.1 M NaOH and incubated at 20 ºC for 16 h at 1000 rpm. The samples

were then centrifuged at 16,000 × g for 1 min, and 750 µL of the supernatants were transferred to

a new microcentrifuge tube. Subsequently, 250 µL of 1 M Tris-HCl, pH 7.8, was added to

neutralize the reaction.

WTA PAGE. Aliquots (15 µL) of crude WTA were mixed with 5 µL of 4x loading dye

(50% glycerol with bromophenol blue), and 10 µL was loaded and separated on tricine

polyacrylamide gels at 40 mA (92) until the dye front had reached the bottom of the gel. Gels

were washed three times with ultrapure water, then stained with Alcian Blue 8GX (Fisher

Scientific, 1 mg/mL) overnight, and destained with ultrapure water until the bands became

visible.

Membrane preparation. Cultures grown overnight at 37 ºC with shaking were diluted to

an OD_{600} of 0.05 and then grown to an OD_{600} of 0.8. The cultures were pelleted, resuspended in

PBS, and lysed using Lysing Matrix B (MP Biomedicals) and the FastPrep-24™. Cell debris was

pelleted at $10,000 \times g$ for 30 min, and the supernatant was centrifuged at 40,000 rpm for 1h to

pellet the membrane, which was then resuspended in PBS, and its protein content was quantified

by the Bradford method using protein assay dye reagent concentrate (Bio-Rad).

BOCILLIN™ FL assay. Membrane fractions (equivalent to 30 µg of protein content)

from USA300 and *pbp4*::Tn cultured in MHB and SWF were incubated with 20 µM of

BOCILLIN™ FL (Fisher Scientific) at 37 ºC for 10 min, followed by the addition of 4x Laemmli

buffer and boiling for 5 min. Membrane samples were resolved on 10% SDS-PAGE running at

80V for 30 min, followed by 120V for 2.25 h. Gels were then visualized using the Typhoon FLA

7000 gel scanner (GE Healthcare), and the band intensities were subsequently quantified with

ImageJ. PBP quantifications were background-subtracted by membrane-free BOCILLIN™ FL

lanes.

PBP2a western blot. Membrane fractions (equivalent to 10 µg of protein content) from

USA300 and *pbp2a*::Tn cultured in MHB and SWF were resolved on 10% SDS-PAGE, running

at 80 V for 30 min, followed by 120 V for 2.25 h. Protein bands were transferred to

nitrocellulose film using a Mini Trans-Blot® Cell (Bio-Rad) at 100 V for 2 h. The nitrocellulose

membrane was then blocked overnight at 4 ºC with Blocker[TM] FL (Thermo Scientific). The

primary antibody, mouse anti-*S. aureus*-PBP2a (Thermo Fisher Scientific) (1:1000 dilution in

Blocker[TM] FL), was incubated for 2 h at room temperature with rocking. The secondary antibody,

a horseradish peroxidase-conjugated sheep anti-Mouse IgG (Thermo Scientific) (1:1000 dilution

in Blocker[TM] FL buffer), was incubated for 2 h at room temperature with rocking. The blot was

developed with 1-Step[TM] Ultra TMB-Blotting Solution (Thermo Scientific) for 10 min, then

visualized on the Gel Doc[TM] EZ imager (Bio-Rad), and band intensities were subsequently

quantified with ImageJ.

Atomic force microscopy (AFM) imaging. AFM (Nanowizard III; JPK Instruments,

Berlin, Germany) in quantitative imaging (QI™) mode **(93, 94)** was used to analyze cell surface

topography and mechanics of USA300 cells cultured in MHB and SWF. Overnight cultures of

USA300 in MHB and SWF were diluted to an OD_{600} of 0.05 and grown to an OD_{600} of 0.6. Cells

were then washed three times in PBS and resuspended to an OD_{600} of 0.125 and deposited onto

clean, Cell-Tak[TM] (Corning®)-coated coverslips **(95)**, incubated for 30 min at room temperature

followed by rinsing with ultrapure water three times, air dried (30 min) at room temperature, and

imaged using non-conductive silicon nitride cantilevers (Multi-cantilever Tip (MLCT), D

cantilever, nominal k = 0.03 N/m and tip radius 20 nm; Bruker, USA). Cantilever spring constant

(0.028 N/m) was calibrated using the thermal noise method **(96)**. QI™ force curves at each pixel

of a 128 × 128 raster scan were collected using a Z-length of 1000 nm, setpoint of 2 nN, and a

raster scan of 100 µm/s, along with a subset of force curves within a 0.4 × 0.4 nm square in the

center of the cell. Force curves were batch-processed using JPK SPM Data Processing software

(version 5.1, JPK, Berlin, Germany), and histogram data were exported to Excel.

Statistical analysis. All statistical analyses were calculated using GraphPad Prism 10. The

statistical test used for each assay is indicated in the figure captions.

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