

# 1 **GrgA as a potential target of selective antichlamydia**

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4 Short title: GrgA as a potential target of selective antichlamydia

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21 **ABSTRACT**

22 *Chlamydia* is a common pathogen that can causes serious complications in the reproductive  
23 system and eyes. Lack of vaccine and other effective prophylactic measures coupled with the  
24 largely asymptomatic nature and unrare clinical treatment failure calls for development of new  
25 antichlamydiales, particularly selective antichlamydiales without adverse effects on humans and  
26 the beneficial microbiota. We previously reported that benzal-N-acylhydrazones (BAH) can  
27 inhibit chlamydiae without detectable adverse effects on host cells and beneficial lactobacilli that  
28 dominate the human vaginal microbiota among reproductive-age women. However, the  
29 antichlamydial mechanism of BAH is not known. Whereas 4 single nucleotide polymorphisms  
30 (i.e., SNP1-4) were identified in a rare *Chlamydia* variant with a low level of BAH resistance,  
31 termed MCR, previous studies failed to establish a causal effect of any particular SNP(s). In the  
32 present work, we performed recombination to segregate the four SNPs. Susceptibility tests  
33 indicate that the R51G GrgA allele is both necessary and sufficient for the low level of BAH  
34 resistance. Thus, the *Chlamydia*-specific transcription factor GrgA either is a direct target of  
35 BAH or regulates BAH susceptibility. We further confirm an extremely low rate of BAH  
36 resistance in *Chlamydia*. Our findings warrant exploration of GrgA as a therapeutic and  
37 prophylactic target for chlamydial infections.

38

## 39 INTRODUCTION

40 Chlamydiae are important and widespread pathogens. *Chlamydia trachomatis* is a leading  
41 infectious cause of blindness in many underdeveloped countries [1]. Globally, *C. trachomatis* is  
42 the leading sexually transmitted bacterial pathogen with an estimated prevalence of 4.2% among  
43 women aged 15-49 years [2]. In the United States, there has been a steep and sustained increase  
44 in sexually transmitted *C. trachomatis* infection in the past five years; 1.7 million cases were  
45 diagnosed in 2017, which represents a 22% increase from 2013, and accounts for 60% of cases  
46 of infections reported to the Centers for Disease Control and Prevention [3]. Genital *C.*  
47 *trachomatis* infection in women often leads to serious complications including infertility, pelvic  
48 inflammatory syndrome, abortion or premature birth and ectopic pregnancy [4].

49 *C. pneumoniae* is another common human pathogen, which causes bronchiolitis and  
50 pneumonia. Children, young adults and elderlies are at increased risks [5]. Several *Chlamydia*  
51 species are major health threats to livestock, and are also zoonotic pathogens [6, 7]. *C.*  
52 *muridarum* is a useful organism that models *C. trachomatis* infection in mice [8, 9].

53 Chlamydiae are susceptible to several broad-spectrum antibiotics. Human chlamydial  
54 infections are clinically treated with either azithromycin or doxycycline [10]. Due to a lack of  
55 vaccine, mass azithromycin administration has been used in Africa to treat eye infection and cut  
56 off the transmission. However, this chemical prevention strategy is only partially effective [11,  
57 12]; furthermore, it has been linked to resistance development in standing-by pathogens [13, 14].

58 There are at least three additional concerns for current antichlamydial therapies. First,  
59 because of their broad-spectrums, they may cause dysbiosis in the genital tract and other systems  
60 [15-17]. Whereas loss of protective lactobacilli from the vagina of reproductive-age women may  
61 increase the risk of vaginal yeast infection [17], antibiotic-induced shift of gut microbiota may

62 lead to problems ranging from severe diarrhea to increased risks for serious but not immediately  
63 noticeable metabolic changes [18, 19]. Second, although in culture *C. trachomatis* is highly  
64 susceptible to the therapeutics, clinical treatment failure, which leads to persistent infection, is  
65 not rare [20, 21]. Finally, given the fact that tetracycline resistance has become widespread in *C.*  
66 *suis* due to farmers' use of tetracycline as a growth promoter [22-24], antibiotic resistance could  
67 emerge in other *Chlamydia* species including *C. trachomatis* and *C. pneumoniae*.

68 For the above-mentioned reasons, it is important to identify new antichlamydial leads,  
69 particularly selective antichlamydial leads without adverse effects on either the host or other  
70 microbes, and identify their antichlamydial mechanisms. We have reported benzal-N-  
71 acylhydrazones (BAH) as novel antichlamydial leads capable of inhibiting all three *Chlamydia*  
72 species tested, *C. trachomatis*, *C. pneumoniae* and *C. muridarum* [25]. Significantly, at  
73 concentrations above minimal inhibition concentrations, BAH have no adverse effects on animal  
74 cells or vaginal lactobacilli [25]. Another attractive feature of BAH is their extremely low  
75 spontaneous mutation rates leading to resistance [25, 26]. Although a *C. muridarum* variant  
76 termed MCR with a low-level of BAH resistance was initially isolated following a lengthy  
77 selection process, multiple repeated attempts to isolate additional resistant variants from  
78 mutagenized as well as non-mutagenized stocks of *C. muridarum* and *C. trachomatis* were  
79 unsuccessful [25, 26].

80 How BAH inhibit chlamydiae remains unknown. Compared to the parental *C. muridarum*,  
81 MCR carries four single nucleotide polymorphisms (i.e., SNP1-4) in its genome (Table 1). SNP1  
82 causes an A228V substitution in the major outer membrane protein (MOMP). Although A228 is  
83 conserved in MOMP in *C. muridarum* and *C. trachomatis*, V228 is found in *C. pneumoniae*,  
84 which remains highly susceptible to BAH [25]. SNP2 is located at the 10<sup>th</sup> position of the 5'

85 untranslated region of the mRNA for Npt1 (ATP/ADP translocase), and is associated with a  
86 decreased Npt1 mRNA level. BAH have no effect on Npt1-mediated ATP transportation,  
87 suggesting that Npt1 is unlikely a target of BAH [25]. SNP3 causes premature translation  
88 termination of TC0412, a homolog of the putative virulence factor CT135 in *C. trachomatis*. The  
89 truncated TC0412 contains only the N-terminal 23 amino acids, compared to the full length 365  
90 amino acids. Given the hypermutable nature of *tc0412* [27] and the ultralow spontaneous BAH  
91 resistance rate, TC0412 is also unlikely a BAH target. Indeed, isogenic CT135 mutants are as  
92 susceptible to BAH as wild-type *C. trachomatis* [25]. SNP4 causes an R51G substitution in a  
93 *Chlamydia*-specific transcription activator termed GrgA. Whereas the transcription activation  
94 activity of GrgA is reduced by the substitution, it is not directly affected by BAH compounds  
95 [25]. Taken together, previous biochemical studies have failed to establish a role for MOMP,  
96 Npt1, TC0412 or GrgA in BAH-mediated *Chlamydia* inhibition. In this work, we establish  
97 through genome recombination that the rare R51G mutation in GrgA is both necessary and  
98 sufficient for BAH resistance in MCR. Our studies indicate GrgA as a promising target for  
99 selective antichlamydiales.

100

101 **Table 1. Terminology for SNPs in MCR**

	<b>Effect</b>	<b>General term</b>	<b>Wild-type allele</b>	<b>Mutant allele</b>
SNP1	A228V MOMP	S1(MOMP)	S1(wtMOMP)	S1(A228V MOMP)
SNP2	Decreased Npt1 mRNA	S2(Npt1)	S2(wtNpt1)	S2(d_Npt1)
SNP3	Truncated TC0412	S3(TC0412)	S3(wtTC0412)	S3(t_TC0412)
SNP4	R51G GrgA	S4(GrgA)	S4(wtGrgA)	S4(R51G GrgA)

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103

104 **Materials and Methods**

105

106 ***Chlamydia* strains**

107 Parental strains used for generation of recombinant chlamydiae as well as their precursors are  
 108 listed in Table 2. Wild-type *C. muridarum* MoPn and the BAH-resistant variant MCR have been  
 109 described previously [25]. MoPn\_Rif<sup>R</sup>, MoPn\_Spc<sup>R</sup>, MCR\_LBM<sup>R</sup> and MCR\_Rif<sup>R</sup> were derived  
 110 by culturing MoPn and MCR in medium containing appropriate inhibitors (i.e., rifampin,  
 111 spectinomycin or LBM415) at gradually increased concentrations starting at sub-MIC, as we  
 112 previously outlined [25, 26, 28, 29].

113

114 **Table 2. Strain information**

Strain	MIC			Genome base change	Mutation effect	Source and/or Reference
	Rifampin (µg/ml)	LBM415 (nM)	Spectinomycin (µg/ml)			
MoPn	0.008	32	50	NA	NA	ATCC; [25, 30]
MoPn_Rif <sup>R</sup>	0.050	32	ND	c707469g g707471a	Q455Y RpoB	This study
MoPn_Spc <sup>R</sup>	ND	ND	>150	c135035t	16S rRNA	This study
MCR	0.008	32	50	g59134a c399603g t472827g g935223c	A228V MOMP d_Npt1 t_TC0412 R51G GrgA	[25]; Table 1
MCR_LBM <sup>R</sup>	0.008	>100	ND	g59134a c399603g t472827g g935223c a758622c	A228V MOMP d_Npt1 t_TC0412 R51G GrgA defA promoter	This study
MCR_Rif <sup>R</sup>	>0.3	ND	50	g707450t	S476Y RpoB	This study

115 Positions of SNPs in the genome are based on GenBank accession no. NC\_002620.

116 Abbreviation: MIC, minimal inhibitory concentration; NA, not applicable; Rif, rifampin;

117 RpoB, RNA polymerase  $\beta$  subunit gene; Spc, spectinomycin; MOMP, major outer

118 membrane protein; d\_Npt1, decreased Npt1 (ATP/ADP translocase) expression;  
119 t\_TC0412, truncated TC0412 protein with amino acids 1-23 (missing 24-365); *defA*,  
120 peptide deformylase gene; ND, not determined.

121

## 122 **Generation of recombinant chlamydiae**

123 Mouse L929 cells grown in T25 flasks were coinfecting with 2 parental strains at an MOI  
124 (multiplicity of infection) of 1 IFU per cell for each strain, cultured with medium containing 1  
125 µg/ml cycloheximide. After a passage without antibiotics, they were cultured with 6 ng/ml  
126 rifampin plus 25 nM LBM415 or 6 µg/ml spectinomycin (di selection) for 6 passages. 90 µM  
127 CF0001 was included as part of tri selection either following the completion of or in parallel to  
128 the di selection for 6 passages.

129

## 130 **Generation of clonal populations**

131 Clonal populations of parental strains with resistance to rifampin, spectinomycin or LBM415  
132 (Table 2) and recombinant chlamydiae were obtained mostly by limiting dilution [31] and in  
133 several cases by plaquing [32] following published protocols. When using limiting dilution, EB  
134 stocks were diluted to approximately 1 IFU per 96-well plate.

135

## 136 **Genotyping**

137 Genomic DNA was prepared from infected cells using a Quick-gDNA™ MiniPrep kit  
138 (Zymo). DNA fragments for genes of interest were PCR-amplified, and sequenced at Genscript  
139 or MacrogenUSA using primers listed in Table S1 [25]. Peaks of sequencing chromatograms  
140 were manually checked for evidence for coexistence of wild-type and mutant alleles.

141

142 **Comparative BAH susceptibility tests**

143 Near confluent HeLa cells were inoculated with chlamydiae at an MOI of 1 IFU per 10-30  
144 cells, and cultured with medium containing 60  $\mu$ M CF0001, indicated concentration of SF3,  
145 control solvent DMSO (final concentrations: 1.0% for CF0001 and 1.2% for SF3) and  
146 cycloheximide (1  $\mu$ g/ml). 24 h later, cultures were harvested, and recoverable EB were  
147 quantified as previously described (22,23).

148



149 **RESULTS**

150

151 **S4(R51G GrgA) is necessary for BAH resistance**

152 To identify a particular SNP(s) that are necessary and/or sufficient for BAH resistance, we  
153 set out to segregate the 4 SNPs through genome recombination [33-35]. To enrich recombinant  
154 chlamydiae, we first derived a rifampin-resistant variant, termed MoPn\_Rif<sup>R</sup> from wild-type *C.*  
155 *muridarum* strain Nigg II (traditionally referred as strain mouse pneumonitis, MoPn), and an  
156 LBM415-resistant MCR variant, termed MCR\_LBM<sup>R</sup> (Table 2). Sequencing analyses revealed  
157 that the rifampin resistance in MoPn\_Rif<sup>R</sup> was due to two base changes in a single codon of the  
158 *rpoB* gene, resulting in an amino acid substitution (Q455Y) in the  $\beta$  subunit of the RNA  
159 polymerase (RpoB), whereas LBM415 resistance in MCR\_LBM<sup>R</sup> was due to a single point  
160 mutation in the promoter region of the *defA* (coding for peptide deformylase) [29], resulting in  
161 the generation of a predicted stronger -35 promoter element. As shown in Fig. S1, these  
162 mutations do not affect the antichlamydial effects of CF0001 [(*E*)-*N*'-(3,5-dibromo-4-  
163 hydroxybenzylidene)-3-dinitrobenzohydrazide], a prototype BAH.

164 We performed two MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombination studies. For the first one, we  
165 coinfecting 5 flasks of L929 cells with the two parental strains, and maintained the flasks as  
166 independent lines (W1-5) in subsequent passages (Fig. 1A). We selected for recombinant  
167 chlamydiae using sub-minimal inhibitory concentrations of rifampin and LBM415 (see  
168 experimental procedures). At the end of the 6th passage of the Rif/LBM di selection, Sanger's  
169 sequencing revealed that wild-type *rpoB* and *defA* alleles were apparently eliminated in 4 of the  
170 5 lines (Fig. 1B), whereas the W4 line still retained both the wild-type and mutant alleles of *rpoB*  
171 and *defA*. These results indicate that at this point the W1, W2, W3 and W5 lines were comprised

172 of recombinants and very few (if any) parental organisms (Fig. 1B). Contrast to the *rpoB* and  
173 *defA* selection markers, almost all loci of the 4 SNPs displayed a mixture of wild-type and  
174 mutant alleles in these lines (Fig. 1B), suggestive of good recombination complexity at most of  
175 the SNP loci. Exceptions were apparent absence of S1(A228V MOMP) and S2(wtNpt1) alleles  
176 in the W1 and W3 lines, respectively (Fig. 1B), likely reflecting low recombination complexity  
177 at these sites in these lines. We then continued the selection for BAH resistance by adding  
178 CF0001 to the Rif/LBM di selection for 6 additional passages. Interestingly, by the end of the 6<sup>th</sup>  
179 passage with the Rif/LBM/CF tri selection, we observed apparent elimination of wild-type  
180 alleles at all the 4 SNP loci in all 5 lines (Fig. 1C), even for the locus of S1(MOMP), where the  
181 S1(A228V MOMP) allele was unnoticeable (and thus must be present at a very low percentage)  
182 prior to the start of the tri selection (Fig. 1B).

183

184 **Fig. 1. The Rif/LBM di selection is largely non-discriminatory towards either**  
185 **allele at the SNP loci, but the Rif/LBM/CF tri selection eliminates wild-type alleles.**

186 (A) Schematic presentation of genomes of MoPn\_Rif<sup>R</sup> (*C. muridarum* MoPn variant  
187 resistant to rifampin) and MCR\_LBM<sup>R</sup> (derivative of MoPn variant MCR with resistance  
188 to LBM415) and experimental flow for recombination, sequential di and tri selection,  
189 genotyping, susceptibility tests and data presentation. (B) Genotyping results of  
190 Rif/LBM-selected populations from the first MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombination  
191 study. (C) Genotyping results of Rif/LBM/CF-selected populations showing elimination  
192 of wild-type alleles at all SNP loci by CF0001 from Rif/LBM-selected populations in (B).  
193 (D) Experimental flow for MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombination, parallel di and tri  
194 selection, genotyping, susceptibility tests and data presentation. (E) Genotyping results of

195 Rif/LBM-selected populations of the second MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombination  
196 study. (F) Genotyping results of Rif/LBM/CF-selected populations obtained in parallel to  
197 those in (E). (A, D) S1, S2, S3 and S4 signify the four SNPs. Rif, rifampin; LBM,  
198 LBM415; CF, CF0001; 6p, 6 passages. (B, C, E, F) Green “W” and red “M” signify a  
199 wild-type allele and a mutant allele, respectively, at the SNP loci. Green “s” and red “r”  
200 signify wild-type and mutated genotypes, which render susceptibility and resistance,  
201 respectively, to either rifampin or LBM415.

202

203 For the second recombination study, we co-infected 3 flasks of L929 cells with MoPn\_Rif<sup>R</sup>  
204 and MCR\_LBM<sup>R</sup>. We modified the selection protocols by splitting each line into two fractions,  
205 and subjecting them to the Rif/LBM di selection and Rif/LBM/CF tri selection in parallel (as  
206 opposed to sequential di and tri selections above) (Fig. 1D). By the end of 6<sup>th</sup> passages with  
207 either selection regimen wild-type *rpoB* and *defA* alleles were apparently absent, indicating  
208 (near) complete elimination of parental chlamydiae (Fig. 1E). In Rif/LBM-selected populations,  
209 both wild-type and mutant alleles were present at most of the SNP loci (Fig. 1E). In comparison,  
210 Rif/LBM/CF-selected populations exhibited only mutant alleles at all the loci (Fig. 1F). The  
211 consistent elimination of chlamydiae carrying any wild-type alleles by CF0001 in both  
212 recombination studies suggests two alternative probabilities. In one, all of the 4 mutant alleles in  
213 MCR are necessary for BAH resistance. In the other, only 1 or up to 3 of the 4 mutant alleles are  
214 necessary, but accompanying mutant allele(s) compensate for growth disadvantages caused by  
215 the mutant allele(s) required for BAH resistance.

216 To distinguish between these probabilities, we set out to generate clonal populations from the  
217 W1, W2, W3 and W5 lines that were subjected to 6 passages of Rif/LBM di selection through

218 either limiting dilution [31] or plaquing [32]. A total of 79 clonal populations were generated.  
219 Complete genotyping analyses were performed for 32 populations, which represented only 8 of  
220 the 16 possible recombinant genotypes (Table S2). The remaining 47 clonal populations were  
221 only partially genotyped because initial sequencing data indicated that either they were likely  
222 redundant populations or their genotypes were considered unhelpful based on BAH susceptibility  
223 data that were already obtained from fully genotyped populations.

224 BAH susceptibility tests were performed for 14 clonal populations, which represented all of  
225 the 8 defined unique genotypes, alongside with MCR and MoPn (Fig. 2). As expected, both all-  
226 wild-type allele populations tested (i.e., w5c2 and w1c15) displayed susceptibility to CF0001 as  
227 wild-type MoPn, whereas both all-mutant-allele populations tested (i.e., w3c2 and w5c4)  
228 displayed resistance as MCR. Interestingly, among 10 clonal populations with 1-3 mutant alleles,  
229 only w2c10, the sole clonal population with an S4(R51G GrgA) allele, was resistant, whereas all  
230 9 other populations, which carried S4(wtGrgA) were susceptible even though they had up to 3  
231 mutant alleles at S1(MOMP), S2(Npt1) and/or S3(TC0412). These results suggest that among  
232 the 4 SNPs in MCR, only S4(R51 GrgA) is required for BAH resistance. However, due to the  
233 coexistence of the S3(t\_TC0412) allele in w2c10, and the lack of a population with S4(R51G  
234 GrgA) as the only mutant allele, it was unclear whether the R51G GrgA allele alone is sufficient  
235 for BAH resistance.

236

237 **Fig. 2. S4(R51G GrgA) is necessary for BAH resistance.**

238 CF0001 inhibition profile of representative fully genotyped clonal populations. Green  
239 “W” and red “M” signify a wild-type allele and a mutant allele, respectively. EB

240 formation was determined in medium containing either 60  $\mu$ M CF0001 or 1% DMSO as  
241 vehicle control. Results were averages  $\pm$  standard deviation of triplicate experiments.

242

### 243 **SNP4(R51G GrgA) is sufficient for BAH resistance**

244 In the above MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombination studies, the selection markers *rpoB*  
245 and *defA* are both located between S3(TC0412) and S4(GrgA) in the MoPn genome (Fig. 1A,  
246 D). To obtain variants with a genotype of S1(wtMOMP), S2(wtNpt1), S3(wtTC0412) and  
247 S4(R51G GrgA), we decided to use two selection markers separated by a SNP(s). We derived a  
248 spectinomycin-resistant *C. muridarum* variant (MoPn\_Spc<sup>R</sup>), which carries a single point  
249 mutation in the 16S rRNA (Table 3). Unlike *rpoB* and *defA*, the 16S rRNA gene is located  
250 between S1(MOMP) and S2(Npt1) (Fig. 3A). This mutation did not affect inhibition of  
251 chlamydiae by CF0001 (Fig. S1).

252 Initially, we tried to generate but failed to select for MoPn\_Spc<sup>R</sup> X MCR\_LBM<sup>R</sup>  
253 recombinants using the Spc/LBM (spectinomycin plus LBM415) selection regimen in 3 different  
254 attempts. In the regimen, the concentration of LBM415 was either the same as or higher than the  
255 concentration used for the above Rif/LBM regimen. The Spc/LBM regimen failed to eliminate  
256 wild-type *defA* allele although it successfully eliminated wild-type 16S rRNA. These findings  
257 suggest that spectinomycin and LBM415 are incompatible for recombinant selection.

258 We next derived an MCR variant with rifampin resistance (MCR\_Rif<sup>R</sup>). Similar to  
259 MoPn\_Rif<sup>R</sup>, which expresses a Q455Y RpoB, MCR\_Rif<sup>R</sup> expresses an S476Y RpoB (Table 3).  
260 MCR\_Rif<sup>R</sup> retained low level of CF0001-resistance as MCR and MCR\_LBM415 (Fig. S1).

261 We created 6 independent MoPn\_Spc<sup>R</sup> X MCR\_Rif<sup>R</sup> recombinant lines. Each of the 6 lines  
262 was subjected to parallel Spc/Rif di selection and Spc/Rif/CF tri selection, and subsequently to

263 genotyping analyses (Fig. 3A). After 6 passages with either selection, most (if not all) parental  
264 chlamydiae were eliminated, as indicated by apparent lack of the spectinomycin-susceptible 16S  
265 rRNA allele and rifampin-susceptible *rpoB* allele (Fig. 3B, C).

266

267 **Fig. 3. S4(R51G GrgA) is sufficient for BAH resistance.**

268 (A) Schematic presentation of genomes of MoPn\_Spc<sup>R</sup> (*C. muridarum* MoPn variant  
269 resistant to spectinomycin) and MCR\_Rif<sup>R</sup> (derivative of MoPn variant MCR with  
270 resistance to rifampin) and experimental flow for recombination, recombinant selection,  
271 genotyping, susceptibility tests and data presentation. (B) Genotyping results of Spc/Rif-  
272 selected populations. (C) Genotyping results of Spc/Rif/CF-selected populations. (D)  
273 CF0001 inhibition profiles of representative fully genotyped clonal populations as  
274 determined in Fig. 2. (A-D) Refer to Fig. 1 legend for signification and abbreviations.

275

276 Genotyping analyses suggest that allele diversity for the 4 SNPs in the Spc/Rif-selected  
277 MoPn\_Spc<sup>R</sup> X MCR\_Rif<sup>R</sup> recombinants (Fig. 3B) was lower than that of the Rif/LBM-selected  
278 MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombinants (Fig. 1B). Although the Spc/Rif di selection displayed  
279 no bias for either S1(MOMP) alleles, it showed a consistent bias for the S2(wtNpt1) in all 6  
280 lines. It also displayed bias for the S3(t\_TC0412) alleles in 3 (r1-3) of the 6 lines. For the  
281 S4(GrgA) locus, it displayed bias for (in lines r1 and r3) and against (in line r6) the S4(R51G  
282 GrgA) allele, and no apparent bias in the remaining 3 lines (r2, r4 and r5).

283 In a striking contrast to the Rif/LBM/CF-selected MoPn\_Rif<sup>R</sup> X MCR\_LBM<sup>R</sup> recombinants,  
284 which consistently carried only mutant alleles at all 4 SNP loci (Fig. 1C), Spc/Rif/CF-selected  
285 MoPn\_Spc<sup>R</sup> X MCR\_Rif<sup>R</sup> recombinants contained both S1(wtMOMP) and/or S3(wtTC0412)

286 alleles, in addition to mutant alleles, at the S1(MOMP) and S3(TC0412) loci, but only wild-type  
287 allele at the S2(Npt1) locus (Fig. 3C). The only consistency between Rif/LBM/CF-selected  
288 populations and Spc/Rif/CF-selected populations is the lack of wild-type allele at the S4(GrgA)  
289 locus (Fig. 3C), further supporting the notion that the S4(R51G GrgA) allele is necessary for  
290 BAH resistance (Fig. 2).

291 We generated 21 clonal populations from Spc/Rif-selected populations, and 13 clonal  
292 populations from Spc/Rif/CF-selected populations. These 34 clonal populations represented 6 of  
293 the 16 possible recombinant genotypes (Table S3). 12 representative clonal populations were  
294 tested for BAH resistance alongside with MCR and MoPn. All 4 clonal populations carrying the  
295 S4(wtGrgA) allele demonstrated susceptibility to CF0001, whereas all 8 clonal populations  
296 carrying the S4(R51G GrgA) allele including the 3 populations (r8s6, r8s7 and r8s11) carrying  
297 S4(R51G GrgA) and wild-type alleles for the 3 remaining SNP loci were resistant (Fig. 3D).  
298 These findings, together with data presented in Fig. 2, indicate that the S4(R51G GrgA) allele is  
299 both necessary and sufficient for BAH resistance, which can be viewed more clearly by  
300 arranging all phenotypically characterized clonal populations from both the MoPn\_Rif<sup>R</sup> X  
301 MCR\_LBM<sup>R</sup> recombination and the MoPn\_Spc<sup>R</sup> X MCR\_Rif<sup>R</sup> recombination by their S4(GrgA)  
302 genotype (Table S4).

303

#### 304 **Ultralow rate of spontaneous BAH resistance**

305 Previous studies indicated that BAH resistance in chlamydiae occurs at extremely low rates.  
306 The observations that the Rif/LBM/CF selection consistently eliminated wild-type  
307 S1(wtMOMP), S2(wtNpt1) and S3(wtTC0412) (Fig. 1C, F) even though S4(R51G GrgA) is the  
308 only mutant allele that is required for BAH resistance suggest that accompanying mutations help

309 the survival of chlamydiae carrying S4(R51G GrgA) in the presence of BAH on the background  
310 of mutated *rpoB* and *defA*. We next determined whether presence of mutant alleles at the  
311 S1(MOMP), S2(Npt1) and S3(TC0412) loci in the genome helps selection for variants with  
312 GrgA mutation conferring BAH resistance by using the clonal population w3c5, which carries  
313 wild-type GrgA allele at the S4(GrgA) locus but mutant alleles at all three remaining SNP loci.

314 A total of 6 screens were carried out with w3c5. The first 2 screens were initiated with a  
315 combined  $0.9 \times 10^7$  inclusion-forming units (IFU) of non-mutagenized elementary bodies (EB)  
316 and selection was carried out with CF0001 (gradually increased from 80-120  $\mu\text{M}$ ) as a sole  
317 selection agent. The second 2 screens were initiated with the same number of non-mutagenized  
318 EB but selection was carried out with the Rif/LBM/CF tri selection regimen that was used to  
319 select for CF0001-resistant recombinants (Fig. 1A, D). No resistant chlamydiae emerged with  
320 either selection regimen.

321 The final two screens for CF0001-resistant variants were initiated with EBs prepared from  
322 cultures treated with 2 or 5 mg/ml ethyl methanesulfonate, a DNA-damaging reagent that has  
323 been used to mutagenize chlamydiae previously [29, 36, 37]. We also failed to obtain resistant  
324 chlamydiae in each of these attempts starting with  $2 \times 10^7$  IFUs of EB. The repeated failures to  
325 isolate additional CF0001-resistant variants suggest that only very few and specific mutations in  
326 GrgA can lead to BAH resistance and/or sustain chlamydiae.

327

### 328 **S4(R51G GrgA)-mediated BAH resistance is overcome by SF3**

329 Compared to the prototype antichlamydial BAH CF0001, SF3 [(*E*)-*N*'-(3,5-dibromo-4-  
330 hydroxybenzylidene)-3,5-dinitrobenzohydrazide], a recently developed BAH, has a stronger  
331 antichlamydial activity, and can fully inhibit MCR [26]. At 80  $\mu\text{M}$ , SF3 also achieved full



332 inhibition of all three tested clonal populations (r8s6, r8s7 and r8s11) with S4(R51G GrgA) as  
333 the sole mutant allele although at lower concentrations it inhibited the wild-type MoPn more  
334 efficiently (Fig. 4). These results indicate that S4(R51G GrgA)-mediated BAH resistance can be  
335 overcome by SF3.

336

337 **Fig. 4. Complete inhibition of clonal populations with S4(R51G GrgA) as the sole**  
338 **mutant allele by 80  $\mu$ M SF3.**

339 Results are averages  $\pm$  standard deviations of duplicate experiments. Nd, none detected.

340 Double asterisks signify statistically significantly higher number of EBs formed by the  
341 clonal recombinant populations, as compared to wild-type MoPn, in the presence of 20 or  
342 40  $\mu$ M SF3 ( $p < 0.01$ , 2-tailed  $t$  test).

343 **DISCUSSION**

344 BAH belong to a novel group of selective antichlamydiales [25, 26]. The genome of the rare  
345 BAH-resistant *C. muridarum* variant MCR carries four SNPs [25]. Through extensive genetic  
346 analyses and susceptibility tests reported here, we have unequivocally established that the  
347 S4(R51G GrgA) allele is both necessary and sufficient for a low level of BAH resistance.

348 GrgA functions as a transcription activator. Although it has been previously demonstrated  
349 that BAH is incapable of blocking the transcription activation activity of GrgA *in vitro* [25], it is  
350 possible that BAH functions as “prodrug”; host cell- or chlamydia-derived BAH derivatives may  
351 interact with GrgA. Alternatively, BAH may interfere with another yet-to-be defined critical  
352 process involving GrgA. It is also conceivable that GrgA regulates BAH susceptibility without  
353 directly interacting with BAH or their bioactive derivatives.

354 *Chlamydia* encodes 3 sigma factors, including the major sigma factor  $\sigma^{66}$  and two alternative  
355 sigma factors  $\sigma^{28}$  and  $\sigma^{54}$ . As part of the RNA polymerase, the sigma factors recognize different  
356 promoter sequences. Studies have shown that GrgA activates both  $\sigma^{66}$ -dependent transcription  
357 and  $\sigma^{28}$ -dependent transcription *in vitro*, suggestive of critical roles for GrgA in chlamydial gene  
358 expression [38, 39]. Thus, GrgA is a promising candidate therapeutic and prophylactic target  
359 even if it may not be the receptor of BAH or their bioactive derivatives. GrgA is a *Chlamydia*-  
360 specific protein. Whereas it is conserved by all *Chlamydia* species, it is not found in any other  
361 organisms. Therefore, targeting GrgA will provide intrinsically high selectivity.

362 Previous studies have shown that random mutation rates leading to BAH resistance is  
363 extremely low in *C. trachomatis* and *C. muridarum*. Therefore, MCR represents a rare variant  
364 with only a low level of resistance. Consistent elimination of wild-type alleles at the loci of  
365 SNP1-3 from Rif/LBM/CF-selected populations suggests that the co-existence of these mutant

366 alleles helps survival of chlamydiae carrying the S4(R51G GrgA) allele in the presence of BAH,  
367 rifampin and LBM415. Our failures to isolate additional BAH-resistant mutants on the  
368 background of S1(A228V MOMP), S2(d\_Npt1) and S3(t\_TC0412) from clonal population w3c5  
369 in multiple attempts with different selection regimen suggest that very few and specific GrgA  
370 mutations can cause BAH resistance and/or sustain chlamydial growth.

371 Compared to the prototype antichlamydial BAH CF0001, the recently-developed SF3 has a  
372 stronger antichlamydial activity while maintaining non-toxicity to mammalian cells and vaginal  
373 lactobacilli [26]. It has been shown previously that MCR can be inhibited completely by SF3  
374 even though it is less susceptible than wild-type MoPn to lower concentrations of SF3 [26].  
375 While it is expected that clonal recombinant populations carrying S4(R51G GrgA) as sole  
376 mutant allele demonstrate the same properties as MCR, these clonal populations will be more  
377 useful for identifying additional selective antichlamydiales that interferes with a process involving  
378 GrgA.

379 In summary, we have unequivocally established that R51G GrgA is both necessary and  
380 sufficient for the low level of BAH resistance in the *Chlamydia* variant MCR. These findings and  
381 the facts that GrgA is a *Chlamydia*-specific protein and plays important roles in chlamydial  
382 transcription indicate GrgA as a promising selective therapeutic/prophylactic target, even though  
383 it is unclear whether GrgA is a direct target of BAH or regulates BAH susceptibility without  
384 directly interacting with BAH. In addition to the high selectivity, the ultralow rate of BAH  
385 resistance in chlamydiae is another super attractive feature for developing BAH compounds as  
386 therapeutic/prophylactic agents.

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394

395 **REFERENCES**

- 396 1. Taylor HR, Burton MJ, Haddad D, West S, Wright H. Trachoma. *Lancet*.  
397 2014;384(9960):2142-52. Epub 2014/07/22. doi: 10.1016/S0140-6736(13)62182-0. PubMed  
398 PMID: 25043452.
- 399 2. WHO. Global incidence and prevalence of selected curable sexually transmitted  
400 infections: 2008. *Reprod Health Matters*. 2012;20 Epub 209.
- 401 3. CDC. Sexually Transmitted Disease Surveillance 2016. Atlanta: U.S. Department of  
402 Health and Human Services; 2017.
- 403 4. Zhong G, Brunham RC, de la Maza LM, Darville T, Deal C. National Institute of Allergy  
404 and Infectious Diseases workshop report: “*Chlamydia* vaccines: the way forward”. *Vaccine*.  
405 2017. doi: <https://doi.org/10.1016/j.vaccine.2017.10.075>.
- 406 5. Schmidt SM, Muller CE, Mahner B, Wiersbitzky SK. Prevalence, rate of persistence and  
407 respiratory tract symptoms of *Chlamydia pneumoniae* infection in 1211 kindergarten and school  
408 age children. *Pediatr Infect Dis J*. 2002;21(8):758-62. doi: 10.1097/01.inf.0000023964.47743.ca.  
409 PubMed PMID: 12192165.
- 410 6. De Puyseleir K, De Puyseleir L, Dhondt H, Geens T, Braeckman L, Morre SA, et al.  
411 Evaluation of the presence and zoonotic transmission of *Chlamydia suis* in a pig slaughterhouse.  
412 *BMC Infect Dis*. 2014;14:560. doi: 10.1186/s12879-014-0560-x. PubMed PMID: 25358497;  
413 PubMed Central PMCID: PMC4216655.

- 414 7. Hulin V, Oger S, Vorimore F, Aaziz R, de Barbeyrac B, Berruchon J, et al. Host  
415 preference and zoonotic potential of *Chlamydia psittaci* and *C. gallinacea* in poultry. *Pathog Dis.*  
416 2015;73(1):1-11. doi: 10.1093/femspd/ftv005. PubMed PMID: 25663344.
- 417 8. de la Maza L, Pal S, Khamesipour A, Peterson E. Intravaginal inoculation of mice with  
418 the *Chlamydia trachomatis* mouse pneumonitis biovar results in infertility. *Infect Immun.*  
419 1994;62(5):2094-7.
- 420 9. Zhang Q, Huang Y, Gong S, Yang Z, Sun X, Schenken R, et al. In vivo and ex vivo  
421 imaging reveals a long-lasting chlamydial infection in the mouse gastrointestinal tract following  
422 genital tract inoculation. *Infect Immun.* 2015;83(9):3568-77. doi: 10.1128/iai.00673-15.
- 423 10. Workowski KA. Centers for Disease Control and Prevention sexually transmitted  
424 diseases treatment guidelines. *Clin Infect Dis.* 2015;61 Suppl 8:S759-62. doi:  
425 10.1093/cid/civ771. PubMed PMID: 26602614.
- 426 11. Emerson PM, Ngondi J. Mass antibiotic treatment alone does not eliminate ocular  
427 chlamydial infection. *PLoS Negl Trop Dis.* 2009;3(3):e394. doi: 10.1371/journal.pntd.0000394.  
428 PubMed PMID: 19333370; PubMed Central PMCID: PMCPMC2657205.
- 429 12. Ramadhani AM, Derrick T, Macleod D, Holland MJ, Burton MJ. The relationship  
430 between active trachoma and ocular *Chlamydia trachomatis* infection before and after mass  
431 antibiotic treatment. *PLoS Negl Trop Dis.* 2016;10(10):e0005080. doi:  
432 10.1371/journal.pntd.0005080. PubMed PMID: 27783678; PubMed Central PMCID:  
433 PMCPMC5082620.

- 434 13. Peterson J, Treadway G. Impact of community-based azithromycin treatment of trachoma  
435 on carriage and resistance of *Streptococcus pneumoniae*. *Clin Infect Dis*. 1998;26(1):248-9.  
436 PubMed PMID: 9455579.
- 437 14. Seidman JC, Coles CL, Silbergeld EK, Levens J, Mkocho H, Johnson LB, et al. Increased  
438 carriage of macrolide-resistant fecal *E. coli* following mass distribution of azithromycin for  
439 trachoma control. *Int J Epidemiol*. 2014;43(4):1105-13. doi: 10.1093/ije/dyu062. PubMed  
440 PMID: 24659584; PubMed Central PMCID: PMC4121557.
- 441 15. McFarland LV. Use of probiotics to correct dysbiosis of normal microbiota following  
442 disease or disruptive events: a systematic review. *BMJ Open*. 2014;4(8):e005047. doi:  
443 10.1136/bmjopen-2014-005047. PubMed PMID: PMC4156804.
- 444 16. van de Wijgert JHHM, Borgdorff H, Verhelst R, Crucitti T, Francis S, Verstraelen H, et  
445 al. The vaginal microbiota: what have we learned after a decade of molecular characterization?  
446 *PLoS One*. 2014;9(8):e105998. doi: 10.1371/journal.pone.0105998.
- 447 17. Kurowski K, Ghosh R, Singh SK, Beaman KD. Clarithromycin-induced alterations in  
448 vaginal flora. *Am J Ther*. 2000;7(5):291-5. PubMed PMID: 11317173.
- 449 18. Keeney KM, Yurist-Doutsch S, Arrieta MC, Finlay BB. Effects of antibiotics on human  
450 microbiota and subsequent disease. *Annu Rev Microbiol*. 2014;68:217-35. doi: 10.1146/annurev-  
451 micro-091313-103456. PubMed PMID: 24995874.
- 452 19. Fujisaka S, Ussar S, Clish C, Devkota S, Dreyfuss JM, Sakaguchi M, et al. Antibiotic  
453 effects on gut microbiota and metabolism are host dependent. *J Clin Invest*. 2016;126(12):4430-

- 454 43. Epub 2016/10/25. doi: 10.1172/JCI86674. PubMed PMID: 27775551; PubMed Central  
455 PMCID: PMC5127688.
- 456 20. Somani J, Bhullar VB, Workowski KA, Farshy CE, Black CM. Multiple drug-resistant  
457 *Chlamydia trachomatis* associated with clinical treatment failure. J Infect Dis.  
458 2000;181(4):1421-7. PubMed PMID: 10762573.
- 459 21. Wang SA, Papp JR, Stamm WE, Peeling RW, Martin DH, Holmes KK. Evaluation of  
460 antimicrobial resistance and treatment failures for *Chlamydia trachomatis*: a meeting report. J  
461 Infect Dis. 2005;191(6):917-23. doi: 10.1086/428290. PubMed PMID: 15717267.
- 462 22. Joseph SJ, Marti H, Didelot X, Read TD, Dean D. Tetracycline Selective Pressure and  
463 Homologous Recombination Shape the Evolution of *Chlamydia suis*: A Recently Identified  
464 Zoonotic Pathogen. Genome Biol Evol. 2016;8(8):2613-23. doi: 10.1093/gbe/evw182. PubMed  
465 PMID: 27576537; PubMed Central PMCID: PMC5010913.
- 466 23. Lenart J, Andersen AA, Rockey DD. Growth and development of tetracycline-resistant  
467 *Chlamydia suis*. Antimicrob Agents Chemother. 2001;45(8):2198-203. PubMed PMID:  
468 11451674.
- 469 24. Wanninger S, Donati M, Di Francesco A, Hassig M, Hoffmann K, Seth-Smith HM, et al.  
470 Selective Pressure Promotes Tetracycline Resistance of *Chlamydia Suis* in Fattening Pigs. PLoS  
471 One. 2016;11(11):e0166917. doi: 10.1371/journal.pone.0166917. PubMed PMID: 27893834;  
472 PubMed Central PMCID: PMC5125646.
- 473 25. Bao X, Gylfe A, Sturdevant GL, Gong Z, Xu S, Caldwell HD, et al. Benzylidene  
474 acylhydrazides inhibit chlamydial growth in a type III secretion- and iron chelation-independent



- 475 manner. J Bacteriol. 2014;196(16):2989-3001. Epub 2014/06/11. doi: 10.1128/JB.01677-14  
476 JB.01677-14 [pii]. PubMed PMID: 24914180.
- 477 26. Zhang H, Kunadia A, Lin Y, Fondell JD, Seidel D, Fan H. Identification of a strong and  
478 specific antichlamydial N-acylhydrazone. PLoS One. 2017;12(10):e0185783. doi:  
479 10.1371/journal.pone.0185783.
- 480 27. Bonner C, Caldwell HD, Carlson JH, Graham MR, Kari L, Sturdevant GL, et al.  
481 *Chlamydia trachomatis* virulence factor CT135 is stable in vivo but highly polymorphic in vitro.  
482 Pathog Dis. 2015;73(6):ftv043. doi: 10.1093/femspd/ftv043. PubMed PMID: 26109550; PubMed  
483 Central PMCID: PMC4852218.
- 484 28. Balakrishnan A, Patel B, Sieber SA, Chen D, Pachikara N, Zhong G, et al.  
485 Metalloprotease inhibitors GM6001 and TAPI-0 inhibit the obligate intracellular human  
486 pathogen *Chlamydia trachomatis* by targeting peptide deformylase of the bacterium. J Biol  
487 Chem. 2006;281(24):16691-9.
- 488 29. Bao X, Pachikara ND, Oey CB, Balakrishnan A, Westblade LF, Tan M, et al. Non-  
489 coding nucleotides and amino acids near the active site regulate peptide deformylase expression  
490 and inhibitor susceptibility in *Chlamydia trachomatis*. Microbiol. 2011;157(9):2569-81. doi:  
491 10.1099/mic.0.049668-0.
- 492 30. Read TD, Brunham RC, Shen C, Gill SR, Heidelberg JF, White O, et al. Genome  
493 sequences of *Chlamydia trachomatis* MoPn and *Chlamydia pneumoniae* AR39. Nucl Acids Res.  
494 2000;28(6):1397-406.

- 495 31. Mueller KE, Wolf K, Fields KA. *Chlamydia trachomatis* transformation and allelic  
496 exchange mutagenesis. *Curr Protoc Microbiol.* 2017;45:11A 3 1-A 3 5. doi: 10.1002/cpmc.31.  
497 PubMed PMID: 28510361; PubMed Central PMCID: PMC5545879.
- 498 32. Liu Y, Chen C, Gong S, Hou S, Qi M, Liu Q, et al. Transformation of *Chlamydia*  
499 *muridarum* reveals a role for Pgp5 in suppression of plasmid-dependent gene expression. *J*  
500 *Bacteriol.* 2014;196(5):989-98. Epub 2013/12/24. doi: 10.1128/JB.01161-13. PubMed PMID:  
501 24363344.
- 502 33. DeMars R, Weinfurter J, Guex E, Lin J, Potucek Y. Lateral gene transfer in vitro in the  
503 intracellular pathogen *Chlamydia trachomatis*. *J Bacteriol.* 2007;189(3):991-1003. doi:  
504 10.1128/jb.00845-06.
- 505 34. Marti H, Kim H, Joseph SJ, Dojiri S, Read TD, Dean D. Tet(C) Gene Transfer between  
506 *Chlamydia suis* Strains Occurs by Homologous Recombination after Co-infection: Implications  
507 for Spread of Tetracycline-Resistance among Chlamydiaceae. *Front Microbiol.* 2017;8:156. doi:  
508 10.3389/fmicb.2017.00156. PubMed PMID: 28223970; PubMed Central PMCID:  
509 PMC5293829.
- 510 35. Engstrom P, Nguyen BD, Normark J, Nilsson I, Bastidas RJ, Gylfe A, et al. Mutations in  
511 hemG mediate resistance to salicylidene acylhydrazides, demonstrating a novel link between  
512 protoporphyrinogen oxidase (HemG) and *Chlamydia trachomatis* infectivity. *J Bacteriol.*  
513 2013;195(18):4221-30. doi: 10.1128/JB.00506-13. PubMed PMID: 23852872; PubMed Central  
514 PMCID: PMC3754756.

- 515 36. Kari L, Goheen MM, Randall LB, Taylor LD, Carlson JH, Whitmire WM. Generation of  
516 targeted *Chlamydia trachomatis* null mutants. *Proc Natl Acad Sci*. 2011;108. doi:  
517 10.1073/pnas.1102229108.
- 518 37. Nguyen BD, Valdivia RH. Forward genetic approaches in *Chlamydia trachomatis*.  
519 *Journal of visualized experiments : JoVE*. 2013;(80):e50636. doi: 10.3791/50636. PubMed  
520 PMID: 24192560.
- 521 38. Bao X, Nickels BE, Fan H. *Chlamydia trachomatis* protein GrgA activates transcription  
522 by contacting the nonconserved region of  $\sigma^{66}$ . *Proc Natl Acad Sci USA*. 2012;109(42):16870-5.  
523 doi: 10.1073/pnas.1207300109.
- 524 39. Desai M, Wurihan W, Di R, Fondell JD, Nickels BE, Bao X, et al. A role for GrgA in  
525 regulation of  $\sigma^{28}$ -dependent transcription in the obligate intracellular bacterial pathogen  
526 *Chlamydia trachomatis*. *J Bacteriol*. 2018. doi: 10.1128/jb.00298-18.

527

Fig. 1

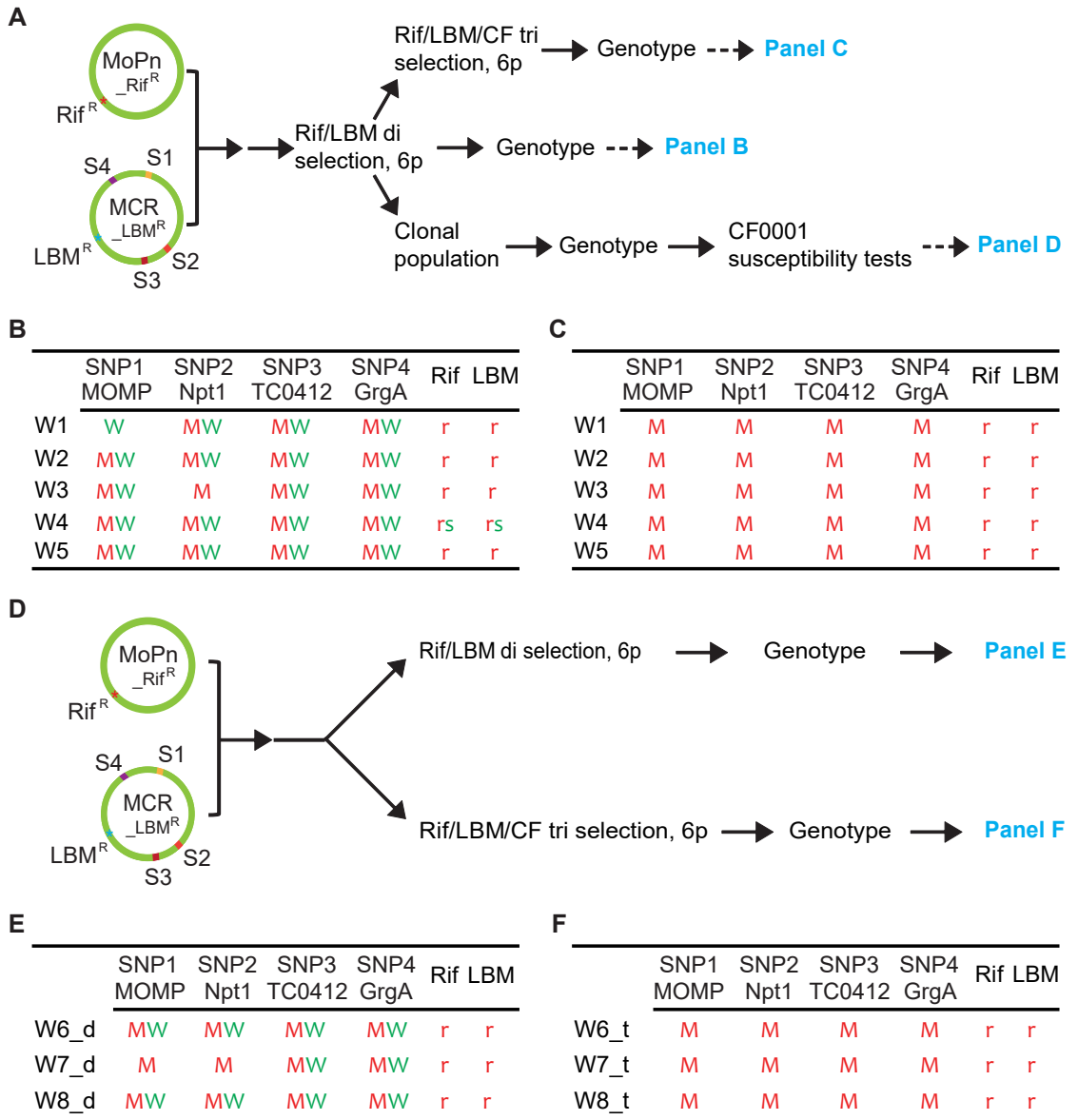


Fig. 2

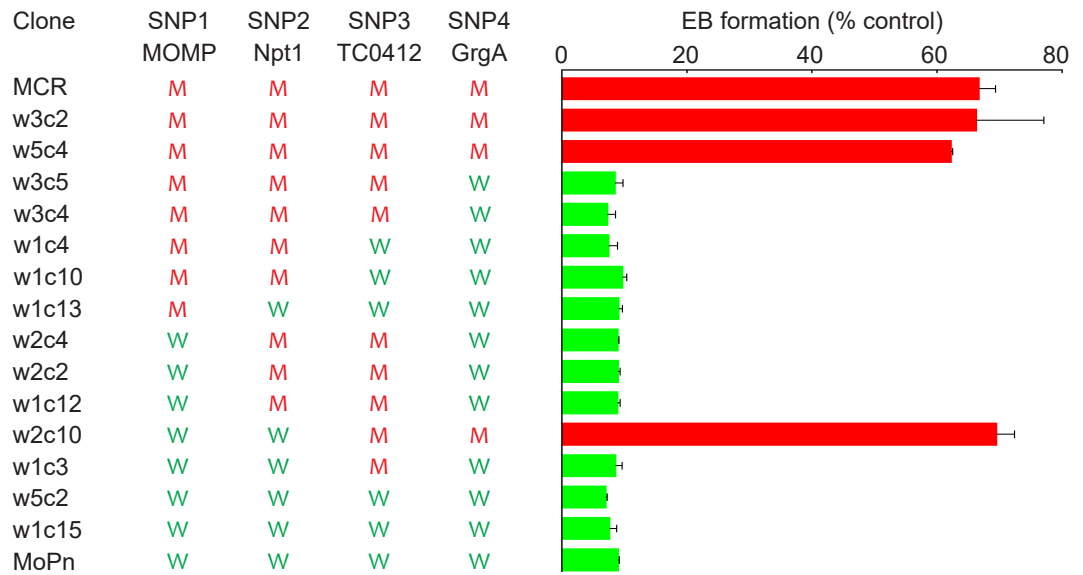


Fig. 3

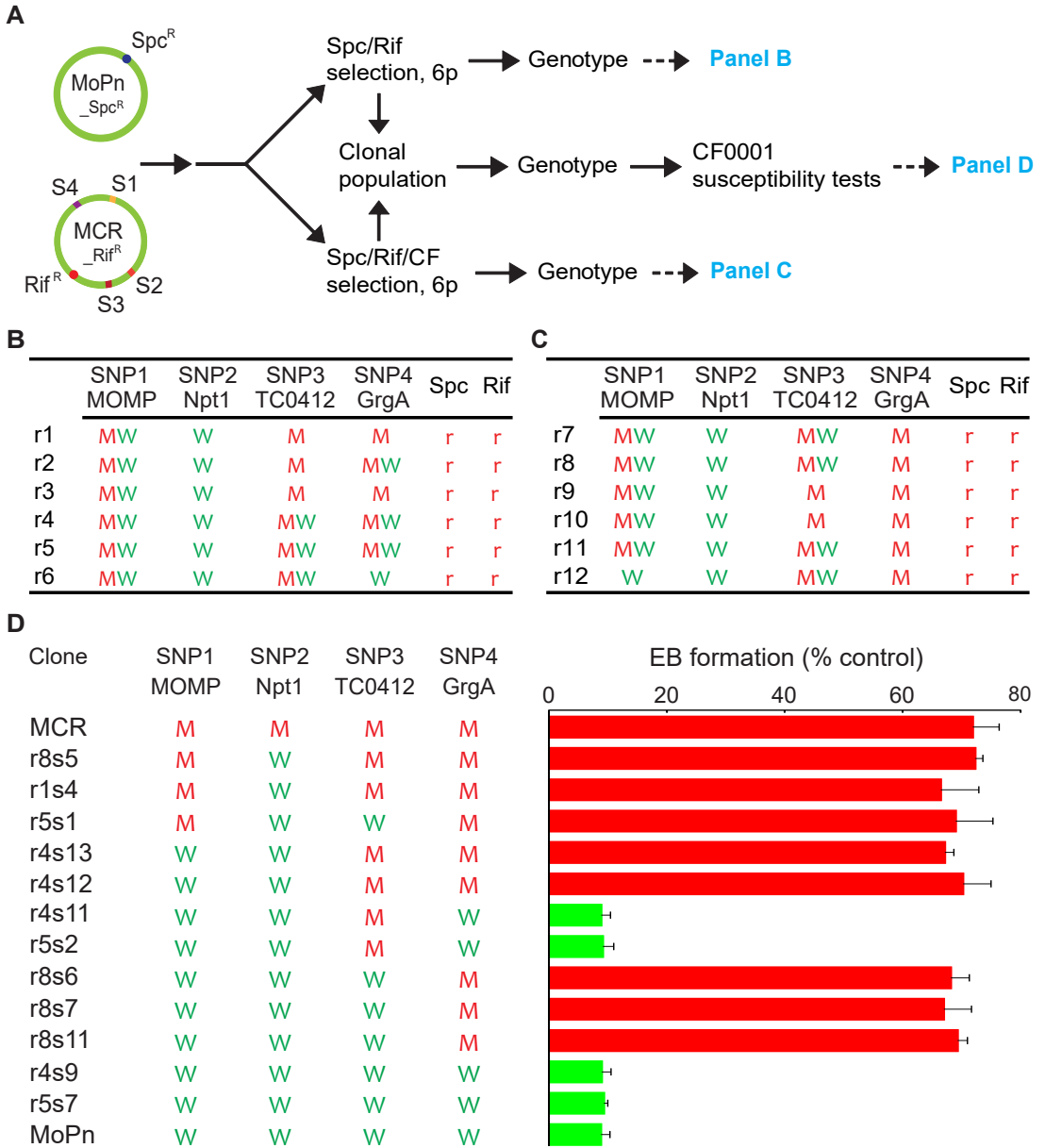


Fig. 4

