

UC San Diego

UC San Diego Previously Published Works

Title

Genome Sequence Comparison of Staphylococcus aureus TX0117 and a Beta-Lactamase-Cured Derivative Shows Increased Cationic Peptide Resistance Accompanying Mutations in relA and mnaA

Permalink

<https://escholarship.org/uc/item/3sz601pr>

Journal

Microbiology Resource Announcements, 9(18)

ISSN

2576-098X

Authors

Sales, Mia Jade
Sakoulas, George
Szubin, Richard
[et al.](#)

Publication Date

2020-04-30

DOI

10.1128/mra.01515-19

Peer reviewed



Genome Sequence Comparison of *Staphylococcus aureus* TX0117 and a Beta-Lactamase-Cured Derivative Shows Increased Cationic Peptide Resistance Accompanying Mutations in *relA* and *mnaA*

Mia Jade Sales,^a George Sakoulas,^b Richard Szubin,^a Bernhard Palsson,^{a,b} Cesar Arias,^{c,d} Kavindra V. Singh,^{c,d} Barbara E. Murray,^{c,d} Jonathan M. Monk^a

^aBioengineering Department, University of California San Diego, La Jolla, California, USA

^bDepartment of Pediatrics, University of California, San Diego School of Medicine, La Jolla, California, USA

^cDivision of Infectious Diseases, Department of Internal Medicine, McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), Houston, Texas, USA

^dCenter for Antimicrobial Resistance and Microbial Genomics, McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), Houston, Texas, USA

ABSTRACT *Staphylococcus aureus* strain TX0117 is a methicillin-susceptible bacterium with type A beta-lactamase exhibiting a high cefazolin inoculum effect. TX0117 was cured of *blaZ*, yielding TX0117c with increased antimicrobial peptide resistance. The sequencing and genome assembly of TX0117 elucidate six mutations between TX0117 and TX0117c, including *relA* truncation and *mnaA_1* substitution.

Beta-lactam therapy has been associated with better outcomes than non-beta-lactam therapy (i.e., vancomycin) in patients with methicillin-susceptible *Staphylococcus aureus* (MSSA) bacteremia (1–4). Treatment standards recommend therapy with either an isoxazolyl penicillin (e.g., nafcillin, oxacillin) or cefazolin (5). Recent data have emerged to show that cefazolin demonstrates similar efficacy but better tolerability in patients than do antistaphylococcal isoxazolyl penicillins (6, 7). However, cefazolin treatment failures have been reported due to a cefazolin inoculum effect, which is defined by isolates showing an MIC of ≥ 16 mg/liter in assays utilizing a bacterial inoculum of 10^7 CFU/ml compared to the standard inoculum of 10^5 CFU/ml (8–11). The cefazolin inoculum effect is based on the ability of the beta-lactamase of some MSSA strains to overcome and hydrolyze cefazolin when bacteria are at high inoculum, and it has been shown to cause clinical failures in certain deep-seated infections. These isolates may be uncommon, but considerable regional variability is seen in their prevalence (12–15).

In order to examine the effects of different antimicrobial therapies *in vitro* against MSSA with a significant cefazolin inoculum effect, a clinical strain was isolated from a patient with MSSA endocarditis who relapsed after cefazolin therapy (strain TX0117) (11). This strain was subsequently cured by heat at 43°C and by novobiocin exposure to inactivate the beta-lactamase, yielding TX0117c (16–18). The TX0117 and TX0117c MSSA strain pair have been extensively studied in various *in vitro* models and in *in vivo* rat endocarditis models to better understand the comparative efficacy of different antibiotics against MSSA exhibiting the beta-lactamase-mediated cefazolin inoculum effect and against an isogenic MSSA that has been cured of its beta-lactamase (19, 20).

Our evaluation of TX0117 and TX0117c showed subtle but consistent increased resistance to cationic antimicrobial peptides in strain TX0117c compared to that in the TX0117 parent strain (Fig. 1), leading us to hypothesize that in addition to curing the

Citation Sales MJ, Sakoulas G, Szubin R, Palsson B, Arias C, Singh KV, Murray BE, Monk JM. 2020. Genome sequence comparison of *Staphylococcus aureus* TX0117 and a beta-lactamase-cured derivative shows increased cationic peptide resistance accompanying mutations in *relA* and *mnaA*. *Microbiol Resour Announc* 9:e01515-19. <https://doi.org/10.1128/MRA.01515-19>.

Editor Irene L. G. Newton, Indiana University, Bloomington

Copyright © 2020 Sales et al. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Address correspondence to Jonathan M. Monk, jmonk@ucsd.edu.

Received 17 December 2019

Accepted 26 March 2020

Published 30 April 2020

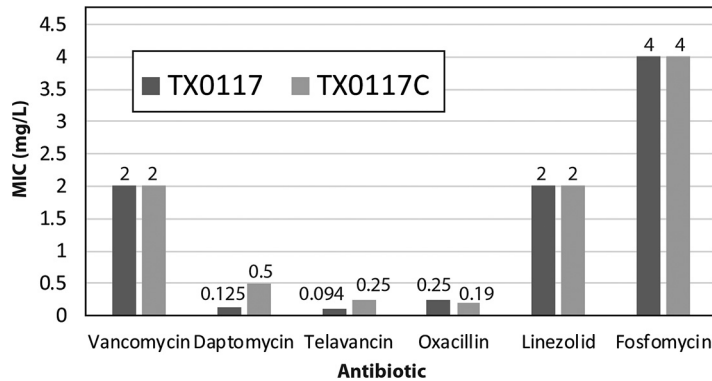


FIG 1 Susceptibilities (MIC, mg/liter) of different antibiotics against TX0117 and beta-lactamase-cured derivative TX0117c, determined by Etest.

strain of beta-lactamase, novobiocin and heat treatment may have additionally coselected previously uncharacterized mutations in TX0117c. To investigate these mutations, we mapped short reads from the TX0117c genome to our newly sequenced and assembled TX0117 genome using breseq version 0.31.0 (option `breseq -r TX0117_reference.gbk TX0117c_R1.fastq TX0117c_R2.fasta`) (21).

The growth-improved clones were isolated and grown in M9 minimal medium supplemented with 4 g/liter glucose. Cells were then harvested while in exponential growth, and genomic DNA was extracted using a KingFisher Flex purification system previously validated for the high-throughput platform mentioned below (22). Shotgun metagenomic sequencing libraries were prepared using a miniaturized version of the HyperPlus Illumina-compatible library prep kit (Kapa Biosystems). DNA extracts were normalized to 5 ng total input per sample using an Echo 550 acoustic liquid-handling robot (Labcyte, Inc.), and 1/10 scale enzymatic fragmentation, end repair, and adapter ligation reactions were carried out using a Mosquito high-throughput sequencing (HTS) liquid-handling robot (TTP Labtech, Inc.). Sequencing adapters were based on the iTru protocol (23), in which short universal adapter stubs are ligated first, and then sample-specific barcoded sequences are added in a subsequent PCR step. Amplified and barcoded libraries were then quantified using a PicoGreen assay and pooled in approximately equimolar ratios before being sequenced on an Illumina HiSeq 4000 instrument with a paired-end protocol and read lengths of 150 nucleotides (nt). For all software, default parameters were used throughout, unless otherwise noted. The resulting short reads were checked for quality control using FastQC (version 0.11.5), which showed that 698,669 paired-end reads were produced in the TX0117c sequencing run with 32% GC content, and approximately 710,028 paired-end reads were produced in the TX0117 run with 33% GC content. The short reads were then assembled with Unicycler (version 0.4.2) (24). The draft TX0117 genome consists of 163 contigs and 2.758 Mb in total. The final assembled genome was annotated using Prokka (version 1.12) (25). The genome has 2,562 annotated coding sequences (CDSs), 16 tRNAs, and 4 rRNAs.

Using the breseq mutation prediction pipeline, we identified genes altered from TX0117 to the TX0117c strain (Table 1). In addition to seven deletions corresponding to regions of decreased coverage, six coding mutations were identified, which will be the focus of this initial study. Most noteworthy is the curing of *blaZ*, as previously documented. The major mechanism of penicillin resistance, involving the hydrolysis of the beta-lactam ring, has been attributed to beta-lactamase, which is encoded by the *blaZ* gene (26). Type A beta-lactamases contribute to more efficient inactivation of beta-lactam drugs and therefore correlate to the inoculum effect (27).

TX0117c also displayed a truncation of *relA*, the GTP pyrophosphokinase involved in the stress response. *relA* encodes the RELA protein, which most commonly binds NFKB1 to form a NF-kappa-B transcription factor, activated downstream by processes such as

TABLE 1 Differences in coding regions between TX0117 and TX0117C

Gene	Description	Mutation	Annotation
TX0117_02137–TX0117_02167	<i>lytN_3, atl_4</i>	Δ25,714 bp	
TX0117_02458–TX0117_02470	<i>dnaC_2</i>	Δ6,772 bp	
TX0117_02498–TX0117_02505		Δ4,321 bp	
TX0117_02518–TX0117_02522		Δ2,700 bp	
TX0117_02535–TX0117_02538		Δ1,460 bp	
<i>intQ</i>	<i>intQ</i>	Δ1,166 bp	
<i>xis</i> –TX0117_02547	<i>xis</i>	Δ928 bp	
<i>blaZ</i> ←	Beta-lactamase	(T) ₈ →7	Coding (92/846 nt)
<i>relA</i> →	GTP pyrophosphokinase	C → T	Q657* (CAA → TAA) (86% truncation)
TX0117_02559→	Hypothetical protein	T → A	N24K (AAT → AAA)
TX0117_01069←	Hyaluronate lyase	T → C	N476S (AAT → AGT)
		T → C	I471V (ATC → GTC)
		T → C	D457G (GAC → GGC)
		T → G	S450R (AGT → CGT)
		T → G	K271T (AAA → ACA)
		A → T	L262M (TTG → ATG)
		C → T	V254I (GTT → ATT)
<i>mnaA_1</i> →	UDP- <i>N</i> -acetylglucosamine 2-epimerase	C → T	P149S (CCA → TCA)
TX0117_02434←	65-kDa membrane protein	A → T	N181K (AAT → AAA)
		C → T	S177N (AGC → AAC)

inflammation, tumorigenesis, and differentiation (28). Also mutated, via substitution, is the *mnaA_1* gene. It encodes a UDP-*N*-acetylglucosamine 2-epimerase responsible for converting UDP-GlcNAc into UDP-*N*-acetyl mannosamine, which is then oxidized in the formation of teichoic acids (29). Teichoic acids bind to either peptidoglycans or cytoplasmic membranes and dictate functions from cellular shape to pathogenesis. They have been proven necessary for beta-lactam resistance in methicillin-resistant *Staphylococcus aureus* (MRSA) (30) and have been shown to control bacteria susceptibility to antimicrobial peptides and cationic antibiotics (31, 32). Additional studies will be needed to examine the role of *relA* and *mnaA* in *S. aureus* susceptibility to cationic antimicrobial peptides.

Data availability. This whole-genome sequencing project has been deposited in NCBI GenBank under the accession no. [VSSN000000000](https://www.ncbi.nlm.nih.gov/nuclseq/SSSN000000000), and the Illumina short read data for TX0117 and TX0117c have been deposited in the SRA under the accession no. [SAMN12622398](https://www.ncbi.nlm.nih.gov/sra/SAMN12622398) and [SAMN12622402](https://www.ncbi.nlm.nih.gov/sra/SAMN12622402), respectively.

REFERENCES

- Chang F-Y, Peacock JE, Jr, Musher DM, Triplett P, MacDonald BB, Mylotte JM, O'Donnell A, Wagener MM, Yu VL. 2003. *Staphylococcus aureus* bacteremia: recurrence and the impact of antibiotic treatment in a prospective multicenter study. *Medicine (Baltimore)* 82:333–339. <https://doi.org/10.1097/01.md.0000091184.93122.09>.
- Schweizer ML, Furuno JP, Harris AD, Johnson JK, Shardell MD, McGregor JC, Thom KA, Cosgrove SE, Sakoulas G, Perencevich EN. 2011. Comparative effectiveness of nafcillin or cefazolin versus vancomycin in methicillin-susceptible *Staphylococcus aureus* bacteremia. *BMC Infect Dis* 11:279. <https://doi.org/10.1186/1471-2334-11-279>.
- Wong D, Wong T, Romney M, Leung V. 2016. Comparative effectiveness of β-lactam versus vancomycin empiric therapy in patients with methicillin-susceptible *Staphylococcus aureus* (MSSA) bacteremia. *Ann Clin Microbiol Antimicrob* 15:27. <https://doi.org/10.1186/s12941-016-0143-3>.
- Stryjewski ME, Szczech LA, Benjamin DK, Jr, Inrig JK, Kanafani ZA, Engemann JJ, Chu VH, Joyce MJ, Reller LB, Corey GR, Fowler VG, Jr. 2007. Use of vancomycin or first-generation cephalosporins for the treatment of hemodialysis-dependent patients with methicillin-susceptible *Staphylococcus aureus* bacteremia. *Clin Infect Dis* 44:190–196. <https://doi.org/10.1086/510386>.
- Holland TL, Arnold C, Fowler VG, Jr. 2014. Clinical management of *Staphylococcus aureus* bacteremia: a review. *JAMA* 312:1330–1341. <https://doi.org/10.1001/jama.2014.9743>.
- Li J, Echevarria KL, Hughes DW, Cadena JA, Bowling JE, Lewis JS, II. 2014. Comparison of cefazolin versus oxacillin for treatment of complicated bacteremia caused by methicillin-susceptible *Staphylococcus aureus*. *Antimicrob Agents Chemother* 58:5117–5124. <https://doi.org/10.1128/AAC.02800-14>.
- McDanel JS, Roghmann M-C, Perencevich EN, Ohl ME, Goto M, Livorsi DJ, Jones M, Albertson JP, Nair R, O'Shea AMJ, Schweizer ML. 2017. Comparative effectiveness of cefazolin versus nafcillin or oxacillin for treatment of methicillin-susceptible *Staphylococcus aureus* infections complicated by bacteremia: a nationwide cohort study. *Clin Infect Dis* 65:100–106. <https://doi.org/10.1093/cid/cix287>.
- Bryant RE, Alford RH. 1977. Unsuccessful treatment of staphylococcal endocarditis with cefazolin. *JAMA* 237:569–570. <https://doi.org/10.1001/jama.1977.03270330059022>.
- Quinn EL, Pohlod D, Madhavan T, Burch K, Fisher E, Cox F. 1973. Clinical experiences with cefazolin and other cephalosporins in bacterial endocarditis. *J Infect Dis* 128:S386–S389. https://doi.org/10.1093/infdis/128.supplement_2.s386.
- Fernández-Guerrero ML, de Górgolas M. 2005. Cefazolin therapy for *Staphylococcus aureus* bacteremia. *Clin Infect Dis* 41:127. <https://doi.org/10.1086/430833>.
- Nannini EC, Singh KV, Murray BE. 2003. Relapse of type A beta-lactamase-producing *Staphylococcus aureus* native valve endocarditis during cefazolin therapy: revisiting the issue. *Clin Infect Dis* 37:1194–1198. <https://doi.org/10.1086/379021>.

12. Nannini EC, Stryjewski ME, Singh KV, Bourgogne A, Rude TH, Corey GR, Fowler VG, Jr, Murray BE. 2009. Inoculum effect with cefazolin among clinical isolates of methicillin-susceptible *Staphylococcus aureus*: frequency and possible cause of cefazolin treatment failure. *Antimicrob Agents Chemother* 53:3437–3441. <https://doi.org/10.1128/AAC.00317-09>.
13. Wang SK, Gilchrist A, Loukitcheva A, Plotkin BJ, Sigar IM, Gross AE, O'Donnell JN, Pettit N, Buros A, O'Driscoll T, Rhodes NJ, Bethel C, Segreti J, Charnot-Katsikas A, Singh K, Scheetz MH. 2018. Prevalence of a cefazolin inoculum effect associated with blaZ gene types among methicillin-susceptible *Staphylococcus aureus* isolates from four major medical centers in Chicago. *Antimicrob Agents Chemother* 62:e00382-18. <https://doi.org/10.1128/AAC.00382-18>.
14. Chong YP, Park S-J, Kim ES, Bang K-M, Kim M-N, Kim S-H, Lee S-O, Choi S-H, Jeong J-Y, Woo JH, Kim YS. 2015. Prevalence of blaZ gene types and the cefazolin inoculum effect among methicillin-susceptible *Staphylococcus aureus* blood isolates and their association with multilocus sequence types and clinical outcome. *Eur J Clin Microbiol Infect Dis* 34:349–355. <https://doi.org/10.1007/s10096-014-2241-5>.
15. Rincón S, Reyes J, Carvajal LP, Rojas N, Cortés F, Panesso D, Guzmán M, Zurita J, Adachi JA, Murray BE, Nannini EC, Arias CA. 2013. Cefazolin high-inoculum effect in methicillin-susceptible *Staphylococcus aureus* from South American hospitals. *J Antimicrob Chemother* 68:2773–2778. <https://doi.org/10.1093/jac/dkt254>.
16. Nannini EC, Singh KV, Arias CA, Murray BE. 2013. In vivo effects of cefazolin, daptomycin, and nafcillin in experimental endocarditis with a methicillin-susceptible *Staphylococcus aureus* strain showing an inoculum effect against cefazolin. *Antimicrob Agents Chemother* 57:4276–4281. <https://doi.org/10.1128/AAC.00856-13>.
17. McHugh GL, Swartz MN. 1977. Elimination of plasmids from several bacterial species by novobiocin. *Antimicrob Agents Chemother* 12:423–426. <https://doi.org/10.1128/aac.12.3.423>.
18. Shore AC, Brennan OM, Ehrlich R, Monecke S, Schwarz S, Slickers P, Coleman DC. 2010. Identification and characterization of the multidrug resistance gene cfr in a Pantone-Valentine leukocidin-positive sequence type 8 methicillin-resistant *Staphylococcus aureus* IVa (USA300) isolate. *Antimicrob Agents Chemother* 54:4978–4984. <https://doi.org/10.1128/AAC.01113-10>.
19. Singh KV, Tran TT, Nannini EC, Tam VH, Arias CA, Murray BE. 2017. Efficacy of ceftaroline against methicillin-susceptible *Staphylococcus aureus* exhibiting the cefazolin high-inoculum effect in a rat model of endocarditis. *Antimicrob Agents Chemother* 61:e00324-17. <https://aac.asm.org/content/61/7/e00324-17>.
20. Carvajal LP, Santiago A, Echeverri A, Rios R, Rincon S, Panesso D, Diaz L, Miller W, Sun Z, Palzkill T, Arias C, Reyes J. 2018. 2063. Extracellular release of β -lactamase is responsible for the cefazolin inoculum effect (CzIE) in methicillin-susceptible *Staphylococcus aureus*. *Open Forum Infect Dis* 5:S602. <https://doi.org/10.1093/ofid/ofy210.1719>.
21. Deatherage DE, Barrick JE. 2014. Identification of mutations in laboratory-evolved microbes from next-generation sequencing data using breseq. *Methods Mol Biol* 1151:165–188. https://doi.org/10.1007/978-1-4939-0554-6_12.
22. Marotz C, Amir A, Humphrey G, Gaffney J, Gogul G, Knight R. 2017. DNA extraction for streamlined metagenomics of diverse environmental samples. *Biotechniques* 62:290–293. <https://doi.org/10.2144/000114559>.
23. Glenn TC, Nilsen RA, Kieran TJ, Sanders JG, Bayona-Vásquez NJ, Finger JW, Jr, Pierson TW, Bentley KE, Hoffberg SL, Louha S, García-De León FJ, Del Rio Portilla MA, Reed KD, Anderson JL, Meece JK, Aggery SE, Rekaya R, Alabady M, Bélanger M, Winker K, Faircloth BC. 2016. Adapterama I: universal stubs and primers for 384 unique dual-indexed or 147,456 combinatorially-indexed Illumina libraries (iTru & iNext). *bioRxiv* <https://doi.org/10.1101/049114>.
24. Wick RR, Judd LM, Gorrie CL, Holt KE. 2017. Unicycler: resolving bacterial genome assemblies from short and long sequencing reads. *PLoS Comput Biol* 13:e1005595. <https://doi.org/10.1371/journal.pcbi.1005595>.
25. Seemann T. 2014. Prokka: rapid prokaryotic genome annotation. *Bioinformatics* 30:2068–2069. <https://doi.org/10.1093/bioinformatics/btu153>.
26. Olsen JE, Christensen H, Aarestrup FM. 2006. Diversity and evolution of blaZ from *Staphylococcus aureus* and coagulase-negative staphylococci. *J Antimicrob Chemother* 57:450–460. <https://doi.org/10.1093/jac/dki492>.
27. Kernodle DS, Classen DC, Burke JP, Kaiser AB. 1990. Failure of cephalosporins to prevent *Staphylococcus aureus* surgical wound infections. *JAMA* 263:961–966. <https://doi.org/10.1001/jama.1990.03440070049031>.
28. GeneCards Human Gene Database. RELA Gene | TF65 Protein | TF65 Antibody. GeneCards. <https://www.genecards.org/cgi-bin/carddisp.pl?gene=RELA>.
29. The Metabolomics Innovation Centre. Showing metabocard for UDP-N-acetyl-D-mannosamine (HMDB0013112). Human Metabolome Database. <http://www.hmdb.ca/metabolites/HMDB0013112>.
30. Brown S, Xia G, Luhachack LG, Campbell J, Meredith TC, Chen C, Winstel V, Gekeler C, Irazoqui JE, Peschel A, Walker S. 2012. Methicillin resistance in *Staphylococcus aureus* requires glycosylated wall teichoic acids. *Proc Natl Acad Sci U S A* 109:18909–18914. <https://doi.org/10.1073/pnas.1209126109>.
31. Peschel A, Otto M, Jack RW, Kalbacher H, Jung G, Götz F. 1999. Inactivation of the dlt operon in *Staphylococcus aureus* confers sensitivity to defensins, protegrins, and other antimicrobial peptides. *J Biol Chem* 274:8405–8410. <https://doi.org/10.1074/jbc.274.13.8405>.
32. Peschel A, Vuong C, Otto M, Götz F. 2000. The D-alanine residues of *Staphylococcus aureus* teichoic acids alter the susceptibility to vancomycin and the activity of autolytic enzymes. *Antimicrob Agents Chemother* 44:2845–2847. <https://doi.org/10.1128/aac.44.10.2845-2847.2000>.