

The initial gut microbiota and response to antibiotic perturbation influence *Clostridioides difficile* clearance in mice

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1 **Abstract**

2 The gut microbiota has a key role in determining susceptibility to *Clostridioides difficile* infections
3 (CDIs). However, much of the mechanistic work examining CDIs in mouse models use animals
4 obtained from a single source. We treated mice from 6 sources (2 University of Michigan colonies
5 and 4 commercial vendors) with clindamycin, followed by a *C. difficile* challenge and then measured
6 *C. difficile* colonization levels throughout the infection. The microbiota were profiled via 16S rRNA
7 gene sequencing to examine the variation across sources and alterations due to clindamycin
8 treatment and *C. difficile* challenge. While all mice were colonized 1-day post-infection, variation
9 emerged from days 3-7 post-infection with animals from some sources colonized with *C. difficile* for
10 longer and at higher levels. We identified bacteria that varied in relative abundance across sources
11 and throughout the experiment. Some bacteria were consistently impacted by clindamycin treatment
12 in all sources of mice including *Lachnospiraceae*, *Ruminococcaceae*, and *Enterobacteriaceae*. To
13 identify bacteria that were most important to colonization regardless of the source, we created
14 logistic regression models that successfully classified mice based on whether they cleared *C.*
15 *difficile* by 7 days post-infection using community composition data at baseline, post-clindamycin,
16 and 1-day post-infection. With these models, we identified 4 bacteria that were predictive of
17 whether *C. difficile* cleared. They varied across sources (*Bacteroides*), were altered by clindamycin
18 (*Porphyromonadaceae*), or both (*Enterobacteriaceae* and *Enterococcus*). Allowing for microbiota
19 variation across sources better emulates human inter-individual variation and can help identify
20 bacterial drivers of phenotypic variation in the context of CDIs.

21 **Importance**

22 *Clostridioides difficile* is a leading nosocomial infection. Although perturbation to the gut microbiota
23 is an established risk, there is variation in who becomes asymptotically colonized, develops
24 an infection, or has adverse infection outcomes. Mouse models of *C. difficile* infection (CDI) are
25 widely used to answer a variety of *C. difficile* pathogenesis questions. However, the inter-individual
26 variation between mice from the same breeding facility is less than what is observed in humans.
27 Therefore, we challenged mice from 6 different breeding colonies with *C. difficile*. We found that the
28 starting microbial community structures and *C. difficile* persistence varied by the source of mice.

29 Interestingly, a subset of the bacteria that varied across sources were associated with how long *C.*
30 *difficile* was able to colonize. By increasing the inter-individual diversity of the starting communities,
31 we were able to better model human diversity. This provided a more nuanced perspective of *C.*
32 *difficile* pathogenesis.

33 Introduction

34 Antibiotics are a common risk factor for *Clostridioides difficile* infections (CDIs) due to their effect on
35 the intestinal microbiota, but there is variation in who goes on to develop severe or recurrent CDIs
36 after exposure (1, 2). Additionally, asymptomatic colonization, where *C. difficile* is detectable, but
37 symptoms are absent, has been documented in infants and adults (3, 4). The intestinal microbiota
38 has been implicated in asymptomatic colonization (5, 6), susceptibility to CDIs (7), and adverse CDI
39 outcomes (9–12). However, it is not clear how much inter-individual microbiota variation contributes
40 to the range of outcomes observed after *C. difficile* exposure relative to other risk factors.

41 Mouse models of CDIs have been a great tool for understanding *C. difficile* pathogenesis (13).
42 The number of CDI mouse model studies has grown substantially since Chen et al. published
43 their C57BL/6 model in 2008, which disrupted the gut microbiota with antibiotics to enable *C.*
44 *difficile* colonization and symptoms such as diarrhea and weight loss (14). CDI mouse models
45 have been used to examine translationally relevant questions regarding *C. difficile*, including the
46 role of the microbiota and efficacy of potential therapeutics for treating CDIs (15). However,
47 variation in the microbiota between mice from the same breeding colony is much less than the
48 inter-individual variation observed between humans (16, 17). Studying CDIs in mice with a
49 homogeneous microbiota is likely to overstate the importance of individual mechanisms. Using
50 mice that have a more heterogeneous microbiota would allow researchers to identify and validate
51 more generalizable mechanisms responsible for CDI.

52 In the past, our group has attempted to introduce more variation into the mouse microbiota by
53 using a variety of antibiotic treatments (18–21). An alternative approach to maximize microbiota
54 variation is to use mice from multiple sources (22, 23). The differences between the microbiota of
55 mice from vendors have been well documented and shown to influence susceptibility to a variety of
56 diseases (24, 25), including enteric infections (22, 23, 26–30). Different research groups have also
57 observed different CDI outcomes despite using similar murine models (13, 18, 21, 31–33). Here
58 we examined how variation in the baseline microbiota and responses to clindamycin treatment in
59 C57BL/6 mice from six different sources influenced susceptibility to *C. difficile* colonization and the
60 time needed to clear the infection.

61 **Results**

62 **The variation in the microbiota is high between mice from different sources.** We obtained
63 C57BL/6 mice from 6 different sources: two colonies from the University of Michigan that were
64 split from each other in 2010 (the Young and Schloss lab colonies) and four commercial vendors:
65 the Jackson Laboratory, Charles River Laboratories, Taconic Biosciences, and Envigo (which was
66 formerly Harlan). These 4 vendors were chosen because they are commonly used for murine CDI
67 studies (26, 34–40). Two experiments were conducted, approximately 3 months apart.

68 We sequenced the V4 region of the 16S rRNA gene from fecal samples collected from these mice
69 after they acclimated to the University of Michigan animal housing environment. We first examined
70 the alpha diversity across the 6 sources of mice. There was a significant difference in the richness
71 (i.e. number of observed operational taxonomic units (OTUs)), but not Shannon diversity index
72 across the sources of mice ($P_{\text{FDR}} = 0.03$ and $P_{\text{FDR}} = 0.052$, respectively; Fig. 1A-B and Tables
73 S1-2). Next, we compared the community structure of mice (Fig. 1C). The source of mice and the
74 interactions between the source and cage effects explained most of the observed variation between
75 fecal communities (PERMANOVA combined $R^2 = 0.90$, $P < 0.001$; Fig. 1C and Table S3). Mice
76 that are co-housed tend to have similar gut microbiotas due to coprophagy (41). Since mice within
77 the same source were housed together, it was not surprising that the cage effect also contributed
78 to the observed community variation. There were some differences between the 2 experiments
79 we conducted, as the experiment and cage effects significantly explained the observed community
80 variation for the Schloss and Young lab mouse colonies (Fig. S1A-B and Table S4). However,
81 most of the vendors also clustered by experiment (Fig. S1C-D, F), suggesting there was some
82 community variation between the 2 experiments within each source, particularly for Schloss, Young,
83 and Envigo mice (Fig. S1G-H). After finding differences at the community level, we next identified
84 the bacteria that varied between sources of mice. There were 268 OTUs with relative abundances
85 that were significantly different between the sources at baseline (Fig. 1D and Table S5). Though
86 we saw differences between experiments at the community level, there were no OTUs that were
87 significantly different between experiments within Schloss, Young, and Envigo mice at baseline (all
88 $P > 0.05$). By using mice from six sources we were able to increase the variation in the starting
89 communities to evaluate in a clindamycin-based CDI model.

90 **Clindamycin treatment renders all mice susceptible to *C. difficile* 630 colonization, but**
91 **clearance time varies across sources.** Clindamycin is frequently implicated with human CDIs
92 (42) and was part of the antibiotic treatment for the frequently cited 2008 CDI mouse model (14). We
93 have previously demonstrated mice are rendered susceptible to *C. difficile*, but clear the pathogen
94 within 9 days, thus colonization is transient when treated with clindamycin alone (21, 43). All mice
95 were treated with 10 mg/kg clindamycin via intraperitoneal injection and one day later challenged
96 with 10^3 *C. difficile* 630 spores (Fig. 2A). The day after infection, *C. difficile* was detectable in all
97 mice at a similar level (median CFU range: 2.2e+07-1.3e+08; $P_{FDR} = 0.15$), indicating clindamycin
98 rendered all mice susceptible regardless of source (Fig. 2B). However, between 3 and 7 days
99 post-infection, we observed variation in *C. difficile* levels across sources of mice (all $P_{FDR} \leq 0.019$;
100 Fig. 2B and Table S6). This suggested the source of mice was associated with *C. difficile* clearance.
101 While the colonization dynamics were similar between the two experiments, the Schloss mice took
102 longer to clear *C. difficile* in the first experiment compared to the second and the Envigo mice
103 took longer to clear *C. difficile* in the second experiment compared to the first (Fig. S2A-B). The
104 change in the mice's weight significantly varied across sources of mice with the most weight loss
105 occurring two days post-infection (Fig. 2C and Table S7). There was also one Jackson and one
106 Envigo mouse that died between 1- and 3-days post-infection during the second experiment. Mice
107 obtained from Jackson, Taconic, and Envigo tended to lose more weight, have higher *C. difficile*
108 CFU levels and take longer to clear the infection compared to the other sources of mice (although
109 there was variation between experiments with Schloss and Envigo mice). This was particularly
110 evident 7 days post-infection (Fig. 2B-C, Fig. S2C-D), when 57% of the mice were still colonized
111 with *C. difficile* (Fig. S2E). By 9 days post-infection the majority of the mice from all sources had
112 cleared *C. difficile* with the exception of 1 Taconic mouse from the first experiment and 2 Envigo
113 mice from the second experiment (Fig. 2B). Thus, clindamycin rendered all mice susceptible to
114 *C. difficile* 630 colonization, regardless of source, but there was significant variation in disease
115 phenotype across the sources of mice.

116 **Clindamycin treatment alters bacteria in all sources, but a subset of bacterial differences**
117 **across sources persists.** Given the variation in fecal communities that we observed across
118 breeding colonies, we hypothesized that variation in *C. difficile* clearance would be explained by

community variation across the 6 sources of mice. As expected, clindamycin treatment decreased the richness and Shannon diversity across all sources of mice (Fig. 3A-B). Interestingly, significant differences in diversity metrics between sources emerged after clindamycin treatment, with Charles River mice having higher richness and Shannon diversity than most of the other sources ($P_{FDR} < 0.05$; Fig 3A-B and Tables S1-2). The clindamycin treatment decreased the variation in community structures between sources of mice. The source of mice and the interactions between source and cage effects explained almost all of the observed variation between communities (combined $R^2 = 0.99$, $P < 0.001$; Fig. 3C and Table S3). However, there were only 18 OTUs with relative abundances that significantly varied between sources after clindamycin treatment (Fig. 3D and Table S8). Next, we identified the bacteria that shifted after clindamycin treatment, regardless of source by analyzing paired fecal samples from mice that were collected at baseline and after clindamycin treatment. We identified 153 OTUs that were altered after clindamycin treatment in most mice (Fig. 3E and Table S9). When we compared the list of significant clindamycin impacted bacteria with the bacteria that varied between sources post-clindamycin, we found 4 OTUs that were shared between the lists (*Enterobacteriaceae* (OTU 1), *Lachnospiraceae* (OTU 130), *Lactobacillus* (OTU 6), *Enterococcus* (OTU 23); Fig. 3D-E and Tables S8-9). Importantly, some of the OTUs that varied between sources also shifted with clindamycin treatment. For example, *Proteus* increased after clindamycin treatment (Fig. 3D), but only in Taconic mice. *Enterococcus* was primarily found in mice purchased from commercial vendors and also increased in relative abundance after clindamycin treatment (Fig. 3D). These findings demonstrate that clindamycin had a consistent impact on the fecal bacterial communities of mice from all sources and only a subset of the OTUs continued to vary between sources.

Microbiota variation between sources is maintained after *C. difficile* challenge. One day post-infection, significant differences in diversity metrics remained across sources ($P_{FDR} < 0.05$, Fig 4A-B and Tables S1-2). Although the Charles River mice had more diverse communities and were also able to clear *C. difficile* faster than the other sources, diversity did not explain the observed variation in *C. difficile* colonization across sources. The Young and Schloss mice had the lowest diversity 1 day post-infection and were able to clear *C. difficile* earlier than Jackson, Taconic and Envigo mice. The source of mice and the interactions between source and cage effects continued

148 to explain most of the observed community variation (combined $R^2 = 0.88$; $P < 0.001$; Fig. 4C
149 and Table S3). One day after *C. difficile* challenge, there were 44 OTUs with significantly different
150 relative abundances across sources (Fig. 4D and Table S10).

151 Throughout the experiment, the source of mice continued to be the dominant factor that explained
152 the observed variation across fecal communities (PERMANOVA $R^2 = 0.35$, $P < 0.001$) followed by
153 interactions between cage effects and the day of the experiment (Movie S1 and Table S11). Fecal
154 samples from the same source of mice continued to cluster closely to each other throughout the
155 experiment. By 7 days post-infection, when approximately 43% mice had cleared *C. difficile*, most
156 of the mice had not recovered to their baseline community structure (Fig. 4E). The distance to
157 the baseline community did not explain the variation in *C. difficile* clearance as the Schloss and
158 Young mice had mostly cleared *C. difficile*, but their communities were a greater distance from
159 baseline 7 days post-infection compared to the Jackson and Taconic mice that were still colonized.
160 In summary, mouse bacterial communities varied significantly between sources throughout the
161 course of the experiment and a consistent subset of bacteria remained different between sources
162 regardless of clindamycin and *C. difficile* challenge.

163 **Baseline, post-clindamycin, and post-infection community data can predict mice that will**
164 **clear *C. difficile* by 7 days post-infection.** After identifying taxa that varied between sources,
165 changed after clindamycin treatment, or both, we determined which taxa were influencing the
166 variation in *C. difficile* colonization at day 7 (Fig. 2B, Fig. S2C). We trained three L2-regularized
167 logistic regression models with either input bacterial community data from the 6 sources of mice
168 at the baseline (day = -1), post-clindamycin (day = 0), or post-infection (day = 1) timepoints of the
169 experiment to predict *C. difficile* colonization status on day 7 (Fig. S3A-B). All models were better
170 at predicting *C. difficile* colonization status on day 7 than random chance (all $P < 0.001$, Table
171 S12). The model based on the post-clindamycin (AUROC = 0.78) community OTU data performed
172 significantly better than the baseline (AUROC = 0.72) or the post-infection (AUROC = 0.67) models
173 ($P_{FDR} < 0.001$ for pairwise comparisons; Fig. S3C and Table S13). Thus, we were able to use
174 bacterial relative abundance data from the time of *C. difficile* challenge to differentiate mice that had
175 cleared *C. difficile* before day 7 from the mice still colonized with *C. difficile* at that timepoint. This
176 result suggests that the bacterial community's response to clindamycin treatment had the greatest

177 influence on subsequent *C. difficile* colonization dynamics.

178 To examine the bacteria that were driving each model's performance, we selected the 20 OTUs
179 that had the highest absolute feature weights in each of the 3 models (Table S14). First, we looked
180 at OTUs from the model with the best performance, which was based on the post-clindamycin
181 treatment (day 0) bacterial community data. Out of the 10 highest ranked OTUs, 7 OTUs were
182 associated with *C. difficile* colonization 7 days post-infection (*Bacteroides*, *Escherichia/Shigella*, 2
183 *Lachnospiraceae*, *Lactobacillus*, *Porphyromonadaceae*, and *Ruminococcaceae*), while 3 OTUs
184 were associated with clearance (*Enterobacteriaceae*, *Lachnospiraceae*, *Porphyromonadaceae*;
185 Fig. 5A). On day 0, the majority of these OTUs were impacted by clindamycin and had relative
186 abundances that were close to the limit of detection (Fig. 5A). Next, we examined whether any of
187 the top 20 ranked OTUs from the post-clindamycin (day 0) model were also important in the other
188 2 classification models based on baseline (day -1) and 1 day post-infection community data. We
189 identified 6 OTUs that were important to the post-clindamycin model and either the baseline or
190 1 day post-infection models (*Enterobacteriaceae*, *Ruminococcaceae*, *Lactobacillus*, *Bacteroides*,
191 *Porphyromonadaceae*, *Erysipelotrichaceae*; Table S14). Thus, a subset of bacterial OTUs were
192 important for determining *C. difficile* colonization dynamics across multiple timepoints.

193 To determine whether the OTUs driving the classification models also varied between sources,
194 were altered by clindamycin treatment, or both, we identified the OTUs from each model that varied
195 between sources (Fig. 1D, 3D, 4D and Tables S5, S8, S10) or were impacted by clindamycin
196 treatment (Fig. 3E and Table S9; Fig. S4). Comparing the features important to the 3 models
197 identified 14 OTUs associated with source, 21 OTUs associated with clindamycin treatment, and
198 6 OTUs associated with both (Fig. 5B). Together, these results suggest that the initial bacterial
199 communities and their responses to clindamycin influenced the clearance of *C. difficile*.

200 Several OTUs that overlapped with our previous analyses appeared across at least 2 models
201 (*Bacteroides*, *Enterococcus*, *Enterobacteriaceae*, *Porphyromonadaceae*), so we examined how
202 the relative abundances of these OTUs varied over the course of the experiment (Fig. 6). Across
203 the 9 days post-infection, there was at least 1 timepoint when the relative abundances of these
204 OTUs significantly varied between sources (Table S15). Interestingly, there were no OTUs that

205 emerged as consistently enriched or depleted in mice that were colonized past 7 days post-infection,
206 suggesting that multiple bacteria influence *C. difficile* colonization dynamics.

207 **Discussion**

208 Applying our CDI model to 6 different sources of mice, allowed us to identify bacterial taxa that were
209 unique to different sources as well as taxa that were universally impacted by clindamycin. We trained
210 L2-regularized logistic regression models with baseline (day -1), post-clindamycin treatment (day 0),
211 and 1-day post-infection fecal community data that could predict whether mice cleared *C. difficile*
212 by 7 days post-infection better than random chance. We identified *Bacteroides*, *Enterococcus*,
213 *Enterobacteriaceae*, *Porphyromonadaceae* (Fig. 6) as candidate bacteria within these communities
214 that influenced variation in *C. difficile* colonization dynamics since these bacteria were all important
215 in the logistic regression models and varied by source, were impacted by clindamycin treatment,
216 or both. Overall, our results demonstrated clindamycin was sufficient to render mice from multiple
217 sources susceptible to CDI and only a subset of the inter-individual microbiota variation across
218 mice from different sources was needed to predict which mice could clear *C. difficile*.

219 Other studies have used mice from multiple sources to identify bacteria that either promote
220 colonization resistance or increase susceptibility to enteric infections (22, 23, 26–30). For example,
221 against *Salmonella* infections, *Enterobacteriaceae* and segmented filamentous bacteria have
222 emerged as protective (22, 27). We found *Enterobacteriaceae* increased in all sources of mice after
223 clindamycin treatment, positively correlating with *C. difficile* colonization. However, there was also
224 variation in *Enterobacteriaceae* relative abundance levels between sources that was associated
225 with the variation in *C. difficile* colonization dynamics across sources. Thus, bacteria may have
226 differential roles in determining susceptibility depending on the type of bacterial infection.

227 Differences in CDI mouse model studies have been attributed to intestinal microbiota variation
228 across sources. For example, researchers using the same clindamycin treatment and C57BL/6
229 mice had different *C. difficile* outcomes, one having sustained colonization (32), while the other had
230 transient colonization (18), despite both using *C. difficile* VPI 10643. Baseline differences in the
231 microbiota composition have been hypothesized to partially explain the differences in colonization

232 outcomes and overall susceptibility to *C. difficile* after treatment with the same antibiotic (13, 31).
233 When we treated mice from 6 different sources with clindamycin and challenged them with *C.*
234 *difficile* 630, we found microbiota variation across sources impacted colonization outcomes, but not
235 susceptibility. A previous study with *C. difficile* identified an endogenous protective *C. difficile* strain
236 LEM1 that bloomed after antibiotic treatment in mice from Jackson or Charles River Laboratories,
237 but not Taconic that protected mice against the more toxigenic *C. difficile* VPI10463 (26). Given
238 that we obtained mice from the same vendors, we checked all mice for endogenous *C. difficile*
239 by plating stool samples that were collected after clindamycin treatment. However, we did not
240 identify any endogenous *C. difficile* strains prior to challenge, suggesting there were no endogenous
241 protective strains in the mice we received and other bacteria mediated the variation in *C. difficile*
242 colonization across sources. The *C. difficile* strain used could also be contributing to the variation in
243 *C. difficile* outcomes seen across different research groups. For example, a group found differential
244 colonization outcomes after clindamycin treatment, with *C. difficile* 630 and M68 infections eventually
245 becoming undetectable while strain BI-7 remained detectable up to 70 days post-treatment (44).
246 One study limitation is that we only used female mice. Sex has been shown to influence microbiota
247 variation in mice (45), so we used female mice to reduce this confounding variable and also
248 match the sex used in previous CDI studies that administered clindamycin to mice (32, 32, 44,
249 46). The bacterial perturbations induced by clindamycin treatment have been well characterized
250 and our findings agree with previous CDI mouse model work demonstrating *Enterococcus* and
251 *Enterobacteriaceae* were associated with *C. difficile* susceptibility and *Porphyromonadaceae*,
252 *Lachnospiraceae*, *Ruminococcaceae*, and *Turicibacter* were associated with resistance (19, 21,
253 32, 33, 43, 44, 46, 47). While we have demonstrated that susceptibility is uniform across sources
254 of mice after clindamycin treatment, there could be different outcomes for either susceptibility or
255 clearance in the case of other antibiotic treatments.

256 We found the time needed to naturally clear *C. difficile* varied across sources of mice implying that
257 at least in the context of the same perturbation, microbiota differences influence infection outcome.
258 More importantly, we were able to explain the variation observed across sources with a subset of
259 OTUs that were also important for predicting *C. difficile* colonization status 7 days post-infection.
260 Since all but 3 mice eventually cleared *C. difficile* 630 by 9 days post-infection and the model built

261 with the post-clindamycin (day 0) OTU relative abundance data had the best performance, our
262 results suggest clindamycin treatment had a larger role in determining *C. difficile* susceptibility and
263 clearance than the source of the mice.

264 Using mice from multiple sources successfully increased the inter-animal variation. One alternative
265 approach that has been used in some CDI studies is to associate mice with human microbiotas
266 (48–53). However, a major caveat to this method is the substantial loss of human microbiota
267 community members upon transfer to mice (54, 55). Additionally, with the exception of 2 recent
268 studies (48, 49), most of these studies associated mice with just 1 type of human microbiota either
269 from a single donor or a single pool from multiple donors (50–53). This approach does not aid in
270 the goal of modeling the interpersonal variation seen in humans to understand how the microbiota
271 influences susceptibility to CDIs and adverse outcomes. Importantly, our study using mice from
272 6 different sources increased the variation between groups of mice compared to using 1 source
273 alone, to better reflect the inter-individual microbiota variation observed in humans.

274 Another motivation for associating mice with human microbiotas is to study the bacteria associated
275 with the disease in humans. Decreased *Bifidobacterium*, *Porphyromonas*, *Ruminococcaceae* and
276 *Lachnospiraceae* and increased *Enterobacteriaceae*, *Enterococcus*, *Lactobacillus*, and *Proteus*
277 have all been associated with human CDIs (7). Encouragingly, these populations were well
278 represented in our study, suggesting most of the mouse sources are suitable for gaining insights
279 into the bacteria influencing *C. difficile* colonization and infections in humans. An important
280 exception was *Enterococcus*, which was primarily absent from University of Michigan colonies and
281 *Proteus*, which was only found in Taconic mice. The fact that some CDI-associated bacteria were
282 only found in a subset of mice has important implications for future CDI mouse model studies, but
283 also models the natural patchiness of microbial populations in humans.

284 Other microbiota and host factors that were outside the scope of our current study may also
285 contribute to the differences in *C. difficile* colonization dynamics between sources of mice.
286 The microbiota is composed of viruses, fungi, and parasites in addition to bacteria, and these
287 non-bacterial members can also vary across sources of mice (56, 57). While our study focused
288 solely on the bacterial portion, viruses and fungi have also begun to be implicated in the context

289 of CDIs or FMT treatments for recurrent CDIs (35, 58–61). Beyond community composition, the
290 metabolic function of the microbiota also has a CDI signature (20, 47, 62, 63) and can vary across
291 mice from different sources (64). For example, microbial metabolites, particularly secondary
292 bile acids and butyrate production, have been implicated as important contributors to *C. difficile*
293 resistance (33, 44). Interestingly, butyrate has previously been shown to vary across mouse
294 vendors and mediated resistance to *Citrobacter rodentium* infection, a model of enterohemorrhagic
295 and enteropathogenic *Escherichia coli* infections (23). Evidence for immunological toning
296 differences in IgA and Th17 cells across mice from different vendors have also been documented
297 (65, 66) and could influence the host response to CDI (67, 68), particularly relevant for *C. difficile*
298 strains that induce more severe disease than *C. difficile* 630. The outcome after *C. difficile* exposure
299 depends on a multitude of factors, including genetics, age, diet, and immunity; all of which also
300 influence the microbiota.

301 We have demonstrated that the ways baseline microbiotas from different mouse sources respond
302 to clindamycin treatment influence the length of time mice remained colonized with *C. difficile* 630.
303 To better understand the contribution of the microbiota to *C. difficile* pathogenesis and treatments,
304 using multiple sources of mice may yield more insights than a single source. Furthermore, for
305 studies wanting to examine the interplay between particular bacteria such as *Enterococcus* and *C.*
306 *difficile*, these results could serve as a resource for selecting mice to address the question. Using
307 mice from multiple sources helps model the interpersonal microbiota variation among humans to
308 aid our understanding of how the gut microbiota provides colonization resistance to CDIs.

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321 **Materials and Methods**

322 **(i) Animals.** All experiments were approved by the University of Michigan Animal Care and Use
323 Committee (IACUC) under protocol number PRO00006983. Female C57BL/7 mice were obtained
324 from 6 different sources: The Jackson Laboratory, Charles River Laboratories, Taconic Biosciences,
325 Envigo, and two colonies at the University of Michigan (the Schloss lab colony and the Young
326 lab colony). The Young lab colony was originally established with mice purchased from Jackson
327 in 2002, and the Schloss lab colony was established in 2010 with mice donated from the Young
328 lab. The 4 groups of mice purchased from vendors were allowed to acclimate to the University of
329 Michigan mouse facility for 13 days prior to starting the experiment. At least 4 female mice (age
330 5-10 weeks) were obtained per source and mice from the same source were primarily housed at a
331 density of 2 mice per cage. The experiment was repeated once, approximately 3 months after the
332 start of the first experiment.

333 **(ii) Antibiotic treatment.** After the 13-day acclimation period, all mice received 10 mg/kg
334 clindamycin (filter sterilized through a 0.22 micron syringe filter prior to administration) via
335 intraperitoneal injection (Fig. 1A).

336 **(iii) *C. difficile* infection model.** Mice were challenged with 10^3 spores of *C. difficile* strain 630
337 via oral gavage post-infection 1 day after clindamycin treatment as described previously (21). Mice
338 weights and stool samples were taken daily through 9 days post-infection (Fig. 1A). Collected
339 stool was split for *C. difficile* quantification and 16S rRNA sequencing analysis. For *C. difficile*
340 quantification, stool samples were transferred to the anaerobic chamber, serially diluted in PBS,
341 plated on taurocholate-cycloserine-cefoxitin-fructose agar (TCCFA) plates, and counted after 24
342 hours of incubation at 37°C under anaerobic conditions. A sample from the day 0 timepoint
343 (post-clindamycin and prior to *C. difficile* challenge) was also plated on TCCFA to ensure mice
344 were not already colonized with *C. difficile* prior to infection. There were 3 deaths recorded over the
345 course of the experiment, 1 Taconic mouse died prior to *C. difficile* challenge and 1 Jackson and 1
346 Envigo mouse died between 1- and 3-days post-infection. Mice were categorized as cleared when
347 no *C. difficile* was detected in the first serial dilution (limit of detection: 100 CFU). Stool samples for
348 16S rRNA sequencing were snap frozen in liquid nitrogen and stored at -80°C until DNA extraction.

349 **(iv) 16S rRNA sequencing.** DNA was extracted from -80 °C stored stool samples using the DNeasy
350 Powersoil HTP 96 kit (Qiagen) and an EpMotion 5075 automated pipetting system (Eppendorf).
351 The V4 region was amplified for 16S rRNA with the AccuPrime Pfx DNA polymerase (Thermo
352 Fisher Scientific) using custom barcoded primers, as previously described (69). The ZymoBIOMICS
353 microbial community DNA standards was used as a mock community control (70) and water was
354 used as a negative control per 96-well extraction plate. The PCR amplicons were cleaned up
355 and normalized with the SequalPrep normalization plate kit (Thermo Fisher Scientific). Amplicons
356 were pooled and quantified with the KAPA library quantification kit (KAPA biosystems), prior to
357 sequencing using the MiSeq system (Illumina).

358 **(v) 16S rRNA gene sequence analysis.** mothur (v. 1.43) was used to process all sequences
359 (71) with a previously published protocol (69). Reads were combined and aligned with the SILVA
360 reference database (72). Chimeras were removed with the VSEARCH algorithm and taxonomic
361 assignment was completed with a modified version (v16) of the Ribosomal Database Project
362 reference database (v11.5) (73) with an 80% confidence cutoff. Operational taxonomic units (OTUs)
363 were assigned with a 97% similarity threshold using the optiClust algorithm (74). Based on the
364 mock communities, our overall sequencing error rate was 0.0112% and all water controls had
365 less than 1000 sequences (range: 18-875). To account for uneven sequencing across samples,
366 samples were rarefied to 5,437 sequences 1,000 times for alpha and beta diversity analyses, and a
367 single time to generate relative abundances for model training. PCoAs were generated based on
368 the Yue and Clayton measure of dissimilarity (θ_{YC}) distances. Permutational multivariate analysis
369 of variance (PERMANOVA) was performed on mothur-generated θ_{YC} distance matrices with the
370 adonis function in the vegan package (75) in R (76).

371 **(vi) Classification model training and evaluation.** Models were generated based on mice that
372 were categorized as either cleared or colonized 7 days post-infection and had sequencing data
373 from the baseline (day -1), post-clindamycin (day 0), and post-infection (day 1) timepoints of the
374 experiment. Input bacterial community relative abundance data at the OTU level from the baseline,
375 post-clindamycin, and 1-day post-infection timepoints was used to generate 3 classification models
376 that predicted *C. difficile* colonization status 7 days post-infection. The L2-regularized logistic
377 regression models were trained and tested using the caret package (77) in R as previously

described (78) with the exception that we used 60% training and 40% testing data splits for testing of the held out test data to measure model performance and repeated k-fold cross-validation of the training data to select the best cost hyperparameter. The modified training to testing ratio was selected to accommodate the small number of samples in the dataset. Code was modified from https://github.com/SchlossLab/ML_pipeline_microbiome to update the classification outcomes and change the data split ratios. The modified repository to regenerate our modeling analysis is available at https://github.com/tomkosev/ML_pipeline_microbiome.

(vii) Statistical analysis. All statistical tests were performed in R (v 4.0.2) (76). The Kruskal-Wallis test was used to analyze differences in *C. difficile* CFU, mouse weight change, and alpha diversity across sources with a Benjamini-Hochberg correction for testing multiple timepoints, followed by pairwise Wilcoxon comparisons with Benjamini-Hochberg correction. For taxonomic analysis and generation of logistic regression model input data, *C. difficile* (OTU 20) was removed. Bacterial relative abundances that varied across sources at the OTU level were identified with the Kruskal-Wallis test with Benjamini-Hochberg correction for testing all identified OTUs, followed by pairwise Wilcoxon comparisons with Benjamini-Hochberg correction. The Wilcoxon rank sum test was used to test for OTUs that differed between experiments within the Schloss, Young, and Envigo sources with Benjamini-Hochberg correction for testing all identified OTUs. OTUs impacted by clindamycin treatment were identified using the paired Wilcoxon signed rank test with matched pairs of mice samples from day -1 and day 0. To determine whether classification models had better performance (test AUROCs) than random chance (0.5), we used the one-sample Wilcoxon signed rank test. To examine whether there was an overall difference in predictive performance across the 3 classification models we used the Kruskal-Wallis test followed by pairwise Wilcoxon comparisons with Benjamini-Hochberg correction for multiple hypothesis testing. The tidyverse package (v 1.3.0) was used to wrangle and graph data (79).

(viii) Code availability. Code for all data analysis and generating this manuscript is available at https://github.com/SchlossLab/Tomkovich_Vendor_mSphere_2020.

(ix) Data availability. The 16S rRNA sequencing data have been deposited in the National Center for Biotechnology Information Sequence Read Archive (BioProject Accession no. PRJNA608529).

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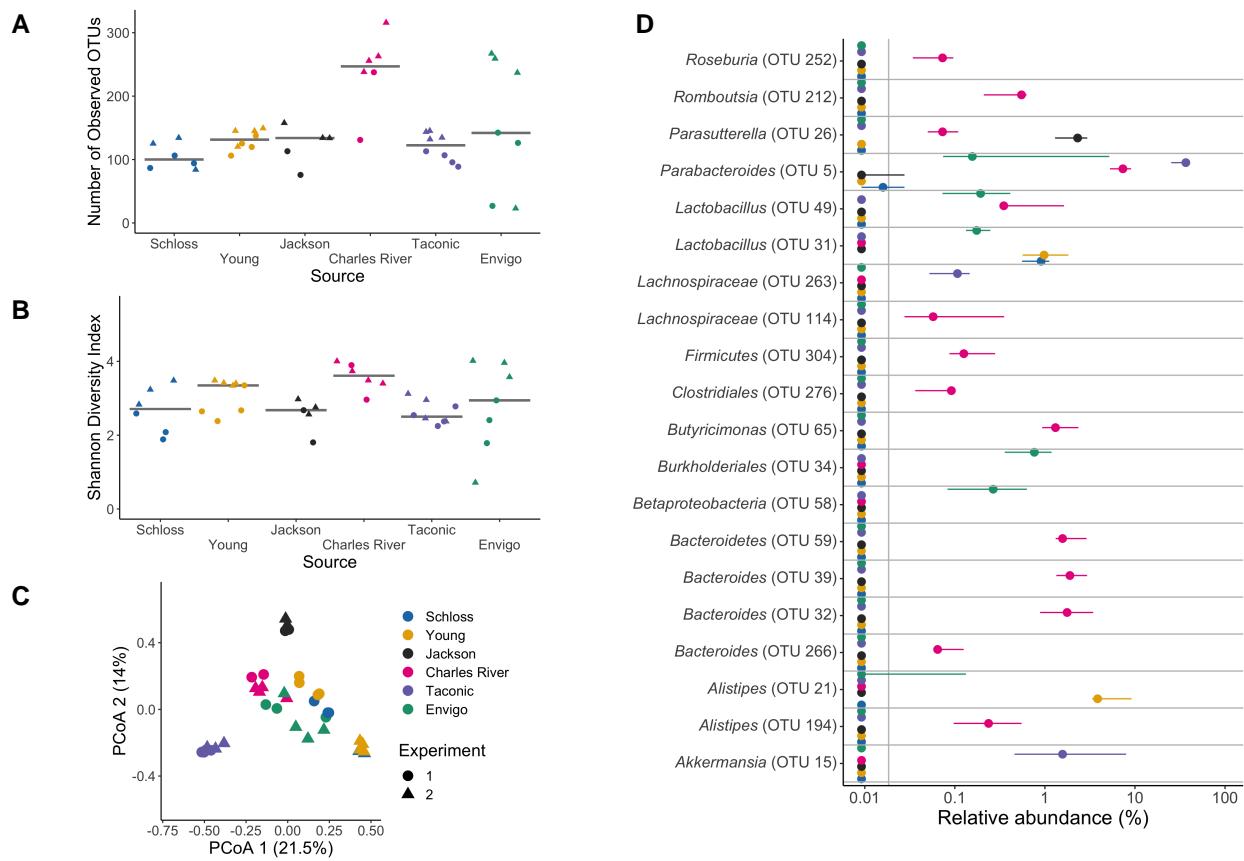
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639 **Figures**

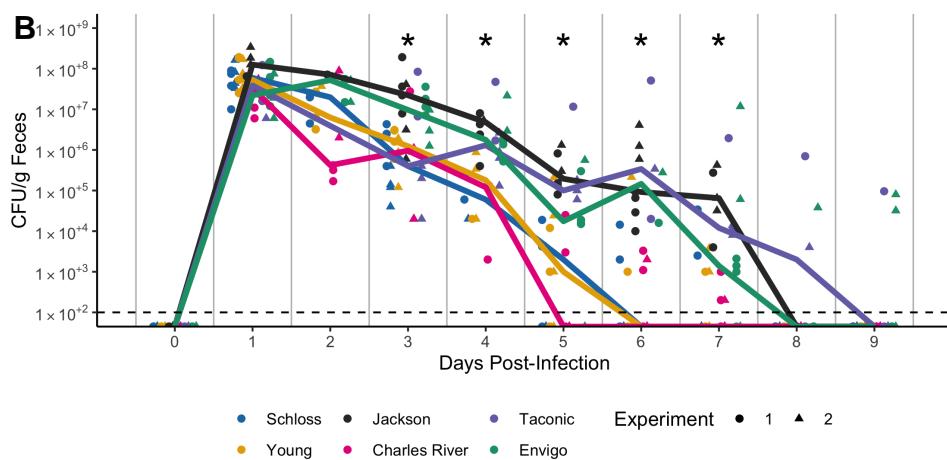
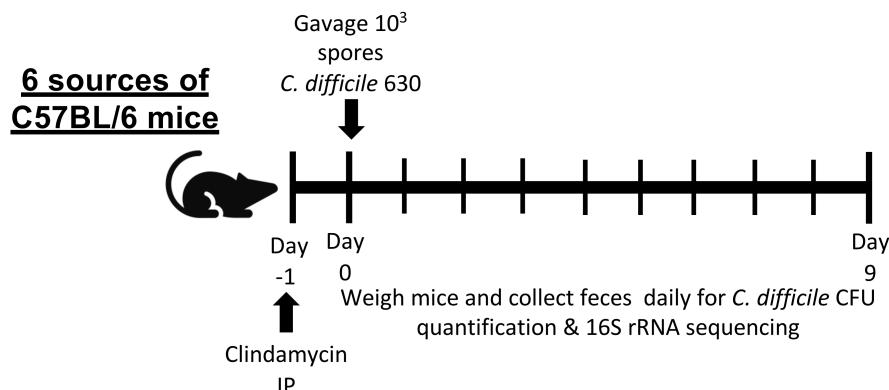


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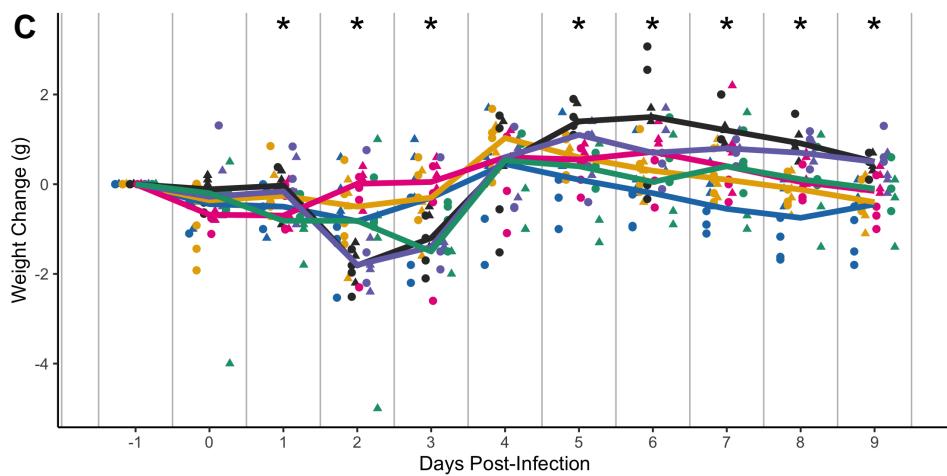
641 **Figure 1. Microbiota variation is high between mice from different sources.** A-B. Number of
642 observed OTUs (A) and Shannon diversity index values (B) across sources of mice at baseline
643 (day -1 of the experiment). Differences between sources were analyzed by Kruskal-Wallis test
644 with Benjamini-Hochberg correction for testing each day of the experiment and the adjusted P
645 value was < 0.05 for panel A (Table S1). None of the P values from pairwise Wilcoxon comparisons
646 between sources were significant after Benjamini-Hochberg correction (Table S2). Gray lines
647 represent the median values for each source of mice. C. Principal Coordinates Analysis (PCoA) of
648 θ_{YC} distances of baseline stool samples. Source and the interaction between source and cage
649 effects explained most of the variation (PERMANOVA combined $R^2 = 0.90$, $P < 0.001$; Table
650 S3). For A-C: each symbol represents the value for a stool sample from an individual mouse,
651 circles represent experiment 1 mice and triangles represent experiment 2 mice. D. The median
652 (point) and interquartile range (colored lines) of the relative abundances for the 20 most significant
653 OTUs out of the 268 OTUs that varied across sources at baseline by Kruskal-Wallis test with

⁶⁵⁴ Benjamini-Hochberg correction (Table S5).

A



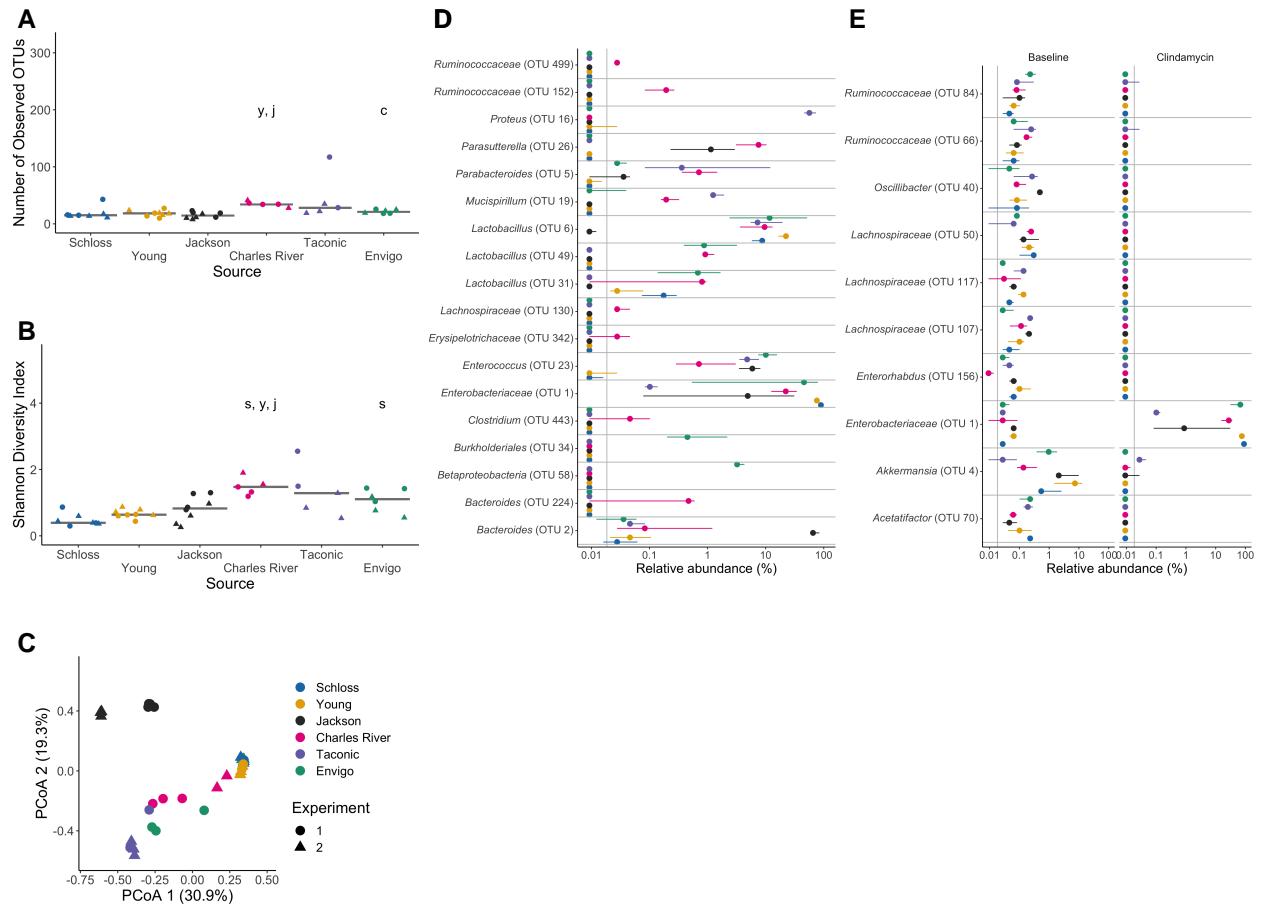
C



655

656 **Figure 2. Clindamycin is sufficient to promote C. difficile colonization in all mice, but**
657 **clearance time varies across sources.** A. Setup of the experimental timeline. Mice for the
658 experiments were obtained from 6 different sources: the Schloss (N = 8) and Young lab (N = 9)
659 colonies at the University of Michigan, the Jackson Laboratory (N = 8), Charles River Laboratory (N

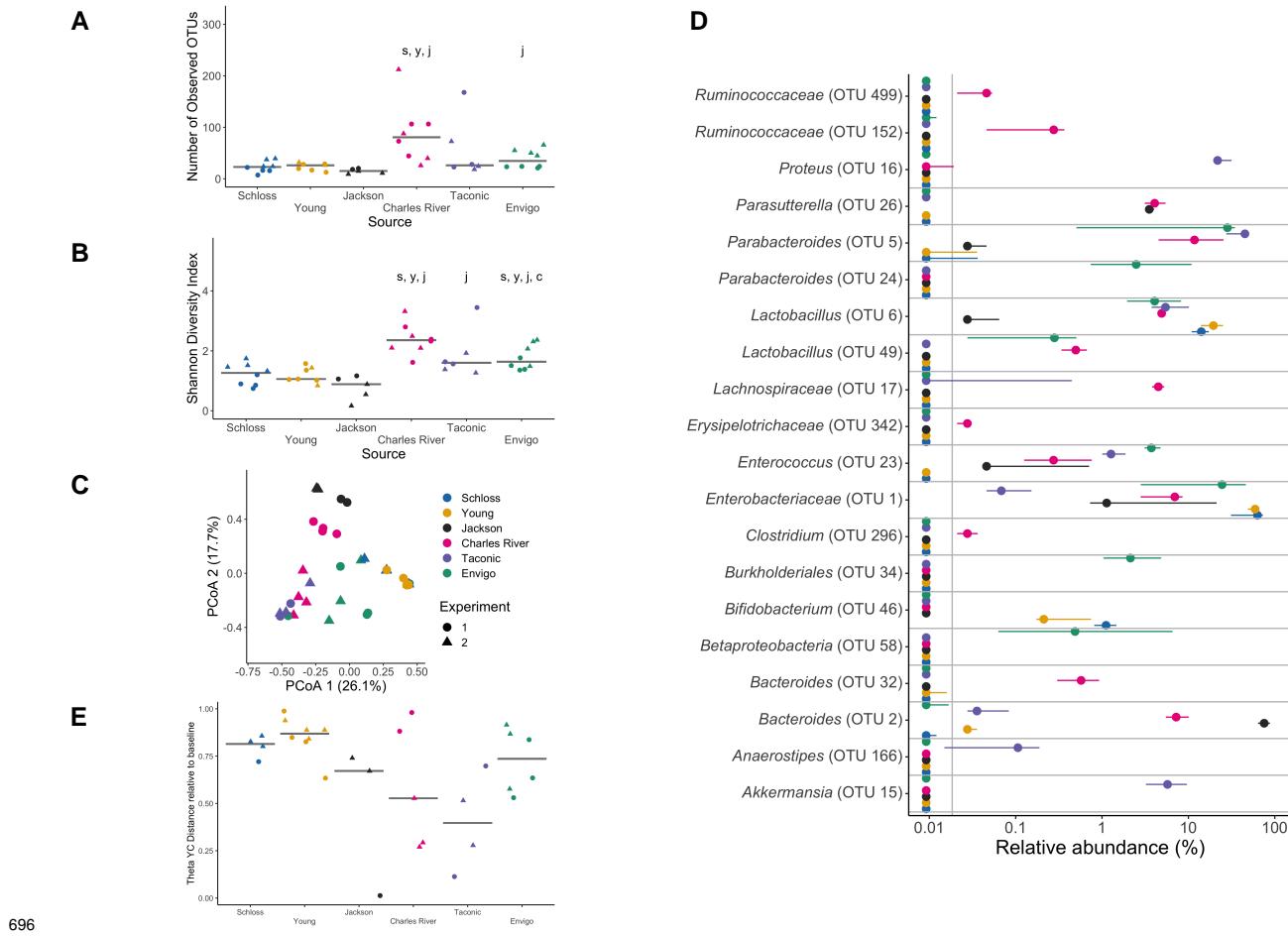
= 8), Taconic Biosciences (N = 8), and Envigo (N = 8). Mice that were ordered from commercial vendors acclimated to the University of Michigan mouse facility for 13 days prior to antibiotic administration. All mice were administered 10 mg/kg clindamycin intraperitoneally (IP) 1 day before challenge with *C. difficile* 630 spores on day 0. Mice were weighed and feces was collected daily through the end of the experiment (9 days post-infection). Note: 3 mice died during course of experiment. 1 Taconic mouse prior to infection and 1 Jackson and 1 Envigo mouse between 1- and 3-days post-infection. B. *C. difficile* CFU/gram stool measured over time (N = 20-49 mice per timepoint) via serial dilutions. The black line represents the limit of detection for the first serial dilution. CFU quantification data was not available for each mouse due to early deaths, stool sampling difficulties, and not plating all of the serial dilutions. C. Mouse weight change measured in grams over time (N = 45-49 mice per timepoint), all mice were normalized to the weight recorded 1 day before infection. For B-C: timepoints where differences between sources of mice were statistically significant by Kruskal-Wallis test with Benjamini-Hochberg correction for testing across multiple days (Table S6 and Table S7) are reflected by the asterisk above each timepoint (*, $P < 0.05$). Lines represent the median for each source and circles represent individual mice from experiment 1 while triangles represent mice from experiment 2.



676

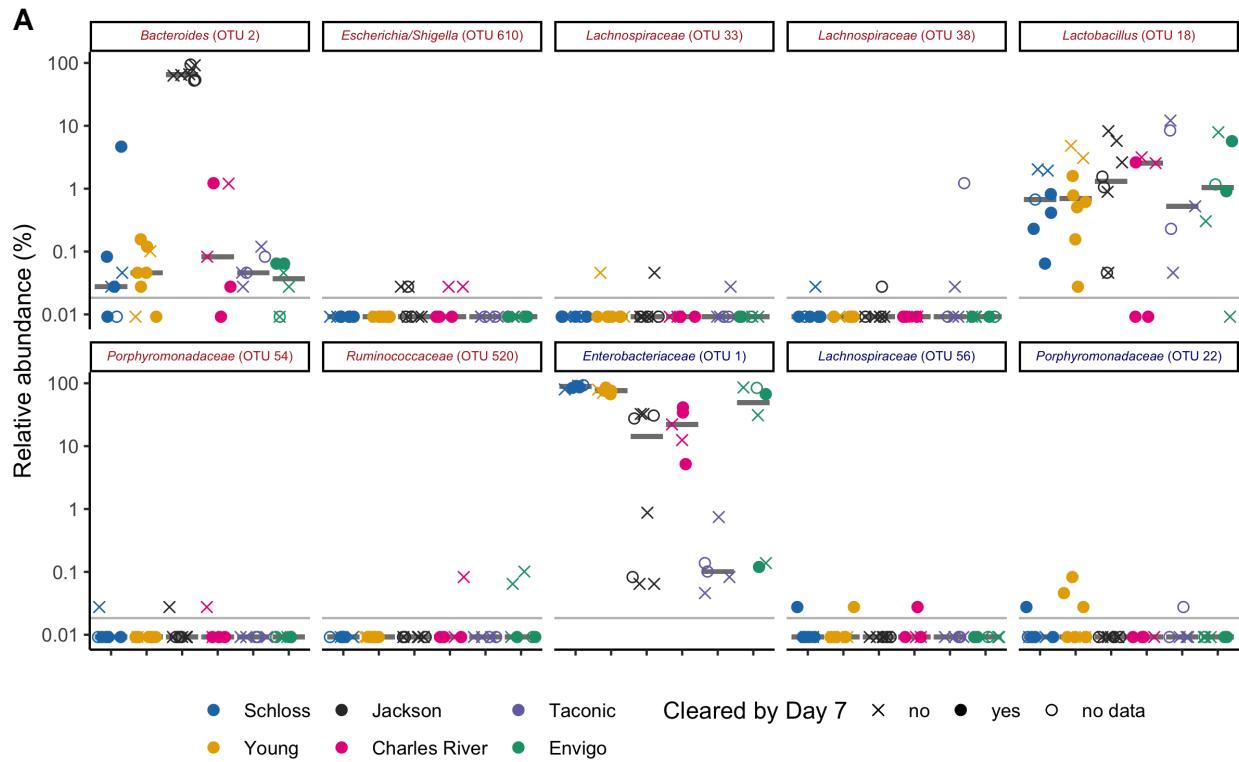
677 **Figure 3. Clindamycin treatment alters bacteria in all sources, but a subset of bacterial**
 678 **differences across sources persists.** A-B. Number of observed OTUs (A) and Shannon diversity
 679 index values (B) across sources of mice after clindamycin treatment (day 0). Differences between
 680 sources were analyzed by Kruskal-Wallis test with Benjamini-Hochberg correction for testing each
 681 day of the experiment and the adjusted P value was < 0.05 (Table S1). Significant P values from
 682 the pairwise Wilcoxon comparisons between sources with Benjamini-Hochberg correction are
 683 displayed as the first initial of each group compared to the group that they are listed above (Table
 684 S2). C. PCoA of θ_{YC} distances from stools collected post-clindamycin. Source and the interaction
 685 between source and cage effects explained most of the variation observed post-clindamycin
 686 (PERMANOVA combined $R^2 = 0.99$, $P < 0.001$; Table S3). For A-C, each symbol represents a
 687 stool sample from an individual mouse, with circles representing experiment 1 mice and triangles
 688 representing experiment 2 mice. D. The median (point) and interquartile range (colored lines) of
 689 the relative abundances for the 18 OTUs (Table S8) that varied between sources after clindamycin

690 treatment (day 0). E. The median (point) and interquartile range (colored lines) of the top 10 most
691 significant OTUs out of 153 with relative abundances that changed because of the clindamycin
692 treatment (adjusted *P* value < 0.05). Data were analyzed by paired Wilcoxon signed rank test of
693 mice that had paired sequence data for baseline (day -1) and post-clindamycin (day 0) timepoints
694 ($N = 31$), with Benjamini-Hochberg correction for testing all identified OTUs (Table S9). The gray
695 vertical line indicates the limit of detection.



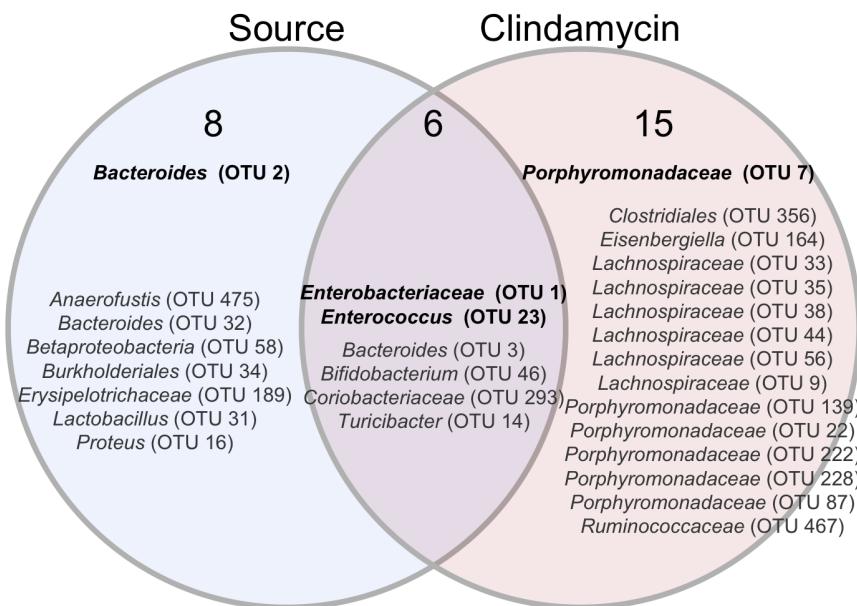
696 **Figure 4. Microbiota variation across sources is maintained after *C. difficile* challenge.** A-B.
697 Number of observed OTUs (A) and Shannon diversity index values (B) across sources of mice
698 1-day post-infection. Data were analyzed by Kruskal-Wallis test with Benjamini-Hochberg correction
699 for testing each day of the experiment and the adjusted *P* value was < 0.05 (Table S1). Significant
700 *P* values from the pairwise Wilcoxon comparisons between sources with Benjamini-Hochberg
701 correction are displayed as the first initial of each group compared to the group that they are listed
702 above (Table S2). PCoA of θ_{YC} distances of 1-day post-infection stool samples. Source and
703 the interaction between source and cage effects explained most of the variation between fecal
704 communities (PERMANOVA combined $R^2 = 0.88$, $P < 0.001$; Table S3). For A-C: each symbol
705 represents the value for a stool sample from an individual mouse, circles represent experiment 1
706 mice and triangles represent experiment 2 mice. D. The median (point) and interquartile range
707 (colored lines) of the relative abundances for the top 20 most significant OTUs out of the 44 OTUs
708 that varied between sources 1-day post-infection. The gray vertical line indicates the limit of
709

⁷¹⁰ detection. For each timepoint OTUs with differential relative abundances across sources of mice
⁷¹¹ were identified by Kruskal-Wallis test with Benjamini-Hochberg correction for testing all identified
⁷¹² OTUs (Table S10). E. θ_{YC} distances of fecal samples collected 7-days post-infection relative to the
⁷¹³ baseline (day -1) sample for each mouse. Each symbol represents an individual mouse. Gray lines
⁷¹⁴ represent the median for each source.



B

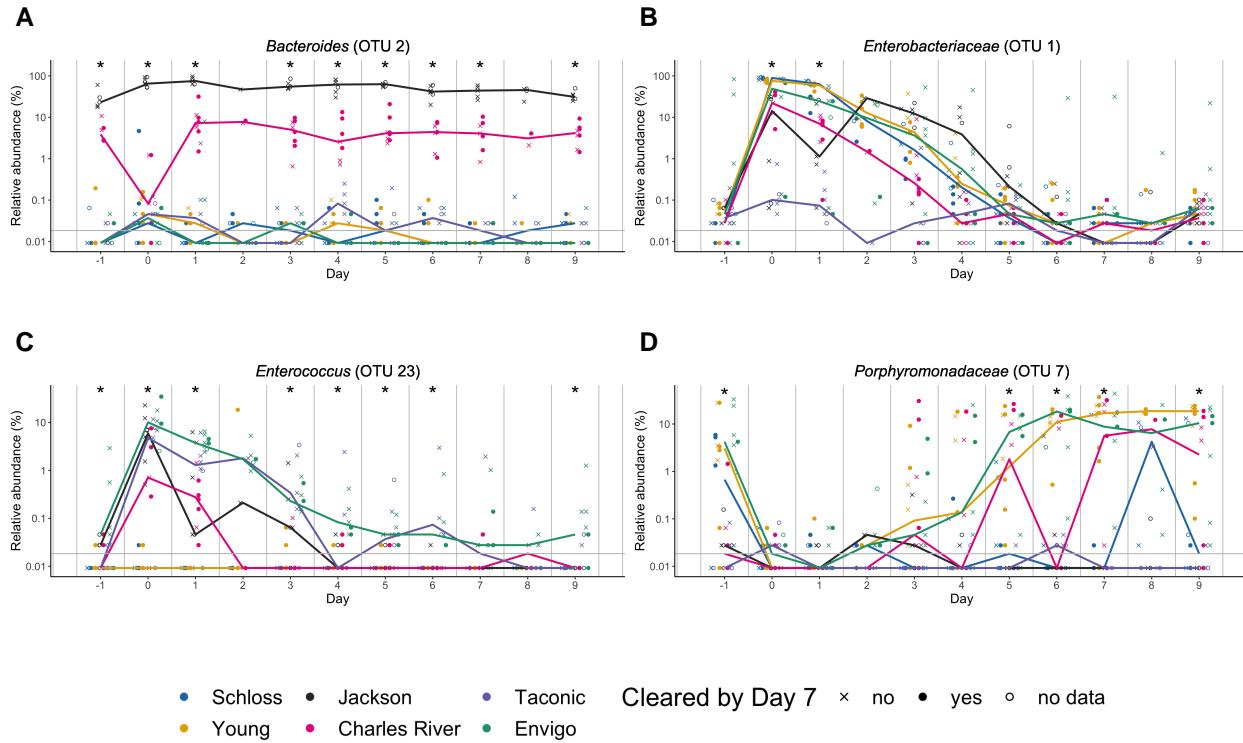
OTU comparisons for day -1, 0, and 1 models



715

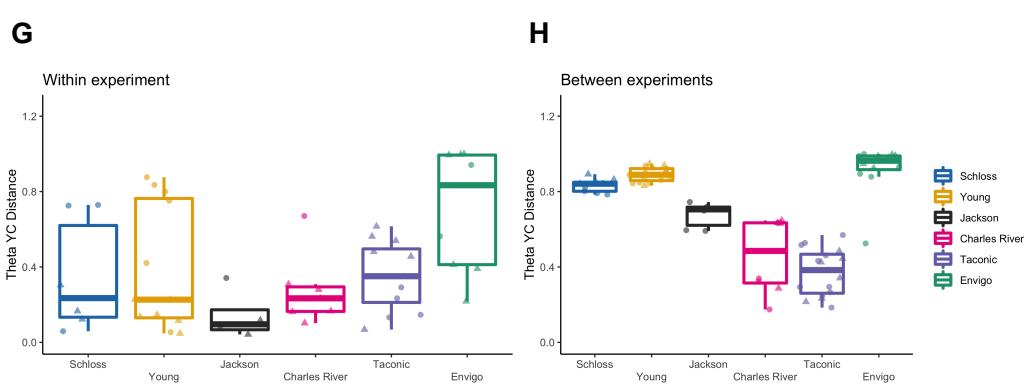
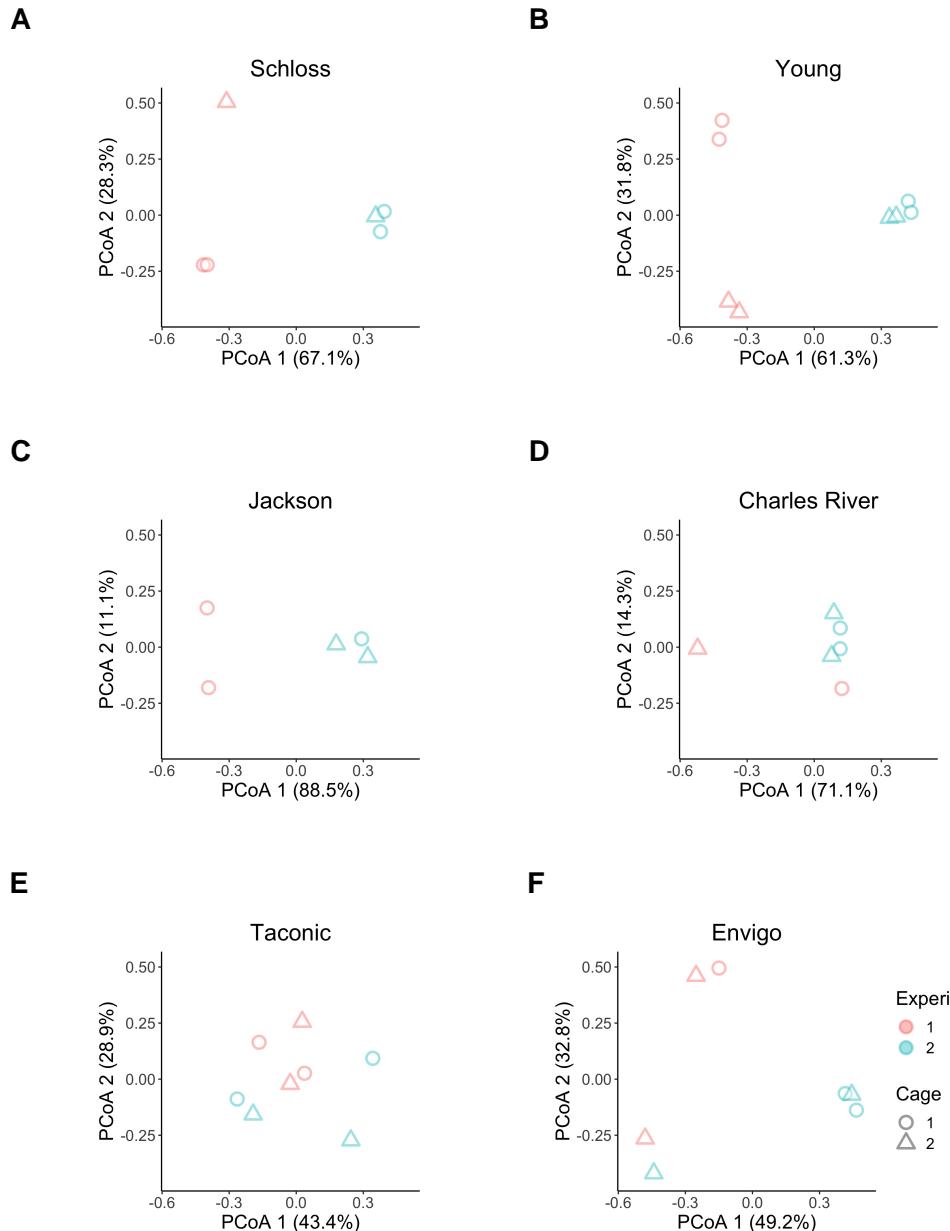
716 **Figure 5. Bacteria that influenced whether mice cleared *C. difficile* by day 7.** A.
717 Post-clindamycin (day 0) relative abundance data for the 10 OTUs with the highest rankings based

718 on feature weights in the post-clindamycin (day 0) classification model. Red font represents OTUs
719 that correlated with *C. difficile* colonization and blue font represents OTUs that correlated with
720 clearance. Symbols represent the relative abundance data for an individual mouse. Gray bars
721 indicate the median relative abundances for each source. The gray horizontal lines indicates the
722 limit of detection. B. Venn diagram that combines OTUs that were important to the day -1, 0, and
723 1 classification models (Fig. S4, Table S14) and either overlapped with taxa that varied across
724 sources at the same timepoint, were impacted by clindamycin treatment, or both. Bold OTUs were
725 important to more than 1 classification model.

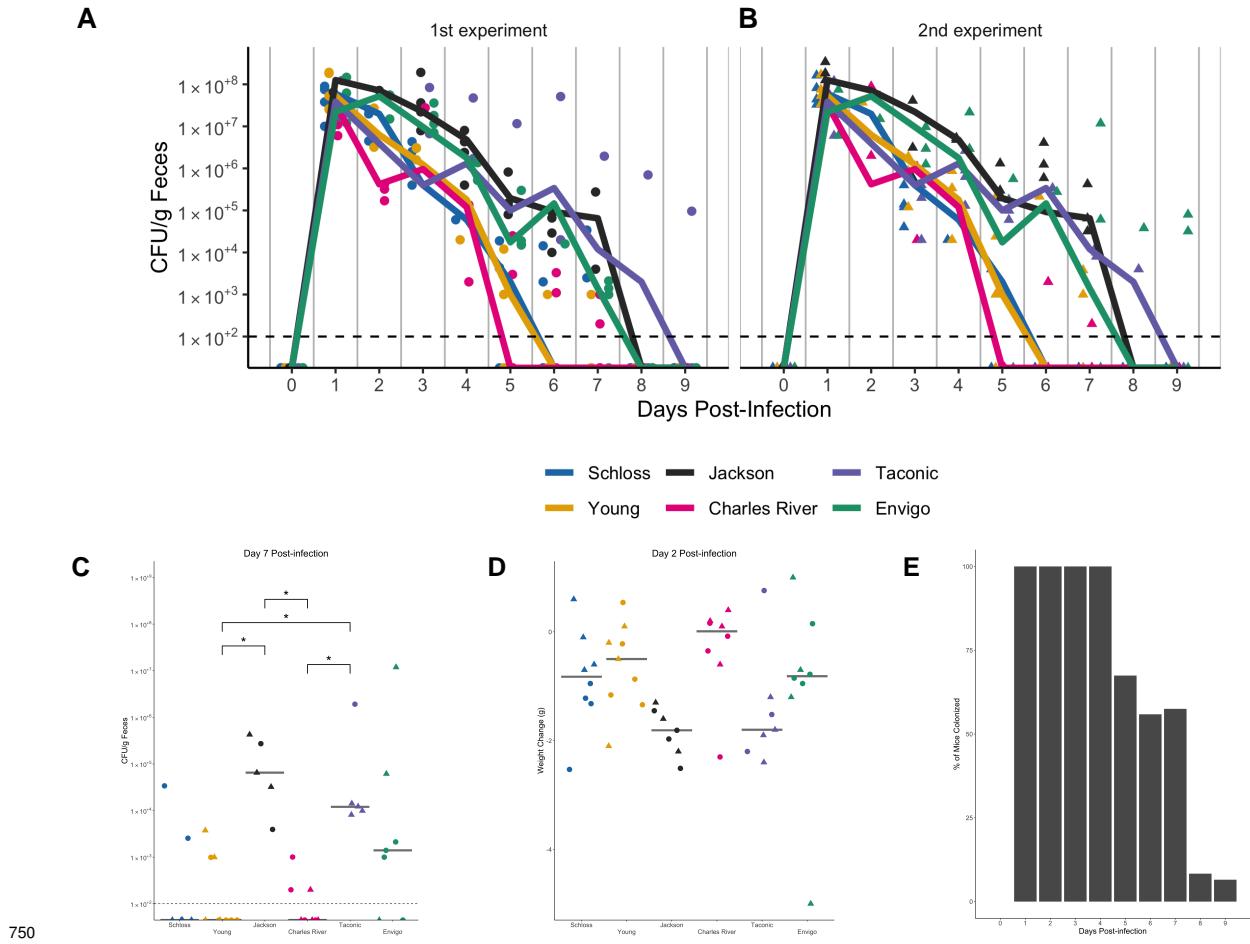


726

727 **Figure 6: OTUs associated with *C. difficile* colonization dynamics vary across sources**
 728 **throughout the experiment.** A-D. Relative abundances of bold OTUs from Fig. 5B that were
 729 important in at least two classification models are shown over time. A. *Bacteroides* (OTU 2), which
 730 varied across sources throughout the experiment. B-C. *Enterobacteriaceae* (B) and *Enterococcus*
 731 (C), which significantly varied across sources and were impacted by clindamycin treatment. D.
 732 *Porphyromonadaceae* (OTU 7), which was significantly impacted by clindamycin treatment and
 733 after examining relative abundance dynamics over the course of the experiment was found to
 734 also significantly vary between sources of mice on days -1, 5, 6, 7, and 9 of the experiment.
 735 Symbols represent the relative abundance data for an individual mouse. Colored lines indicate
 736 the median relative abundances for each source. The gray horizontal line represents the limit of
 737 detection. Timepoints where differences between sources of mice were statistically significant by
 738 Kruskal-Wallis test with Benjamini-Hochberg correction for testing across multiple days (Table S15)
 739 are identified by the asterisk above each timepoint (*, P < 0.05).

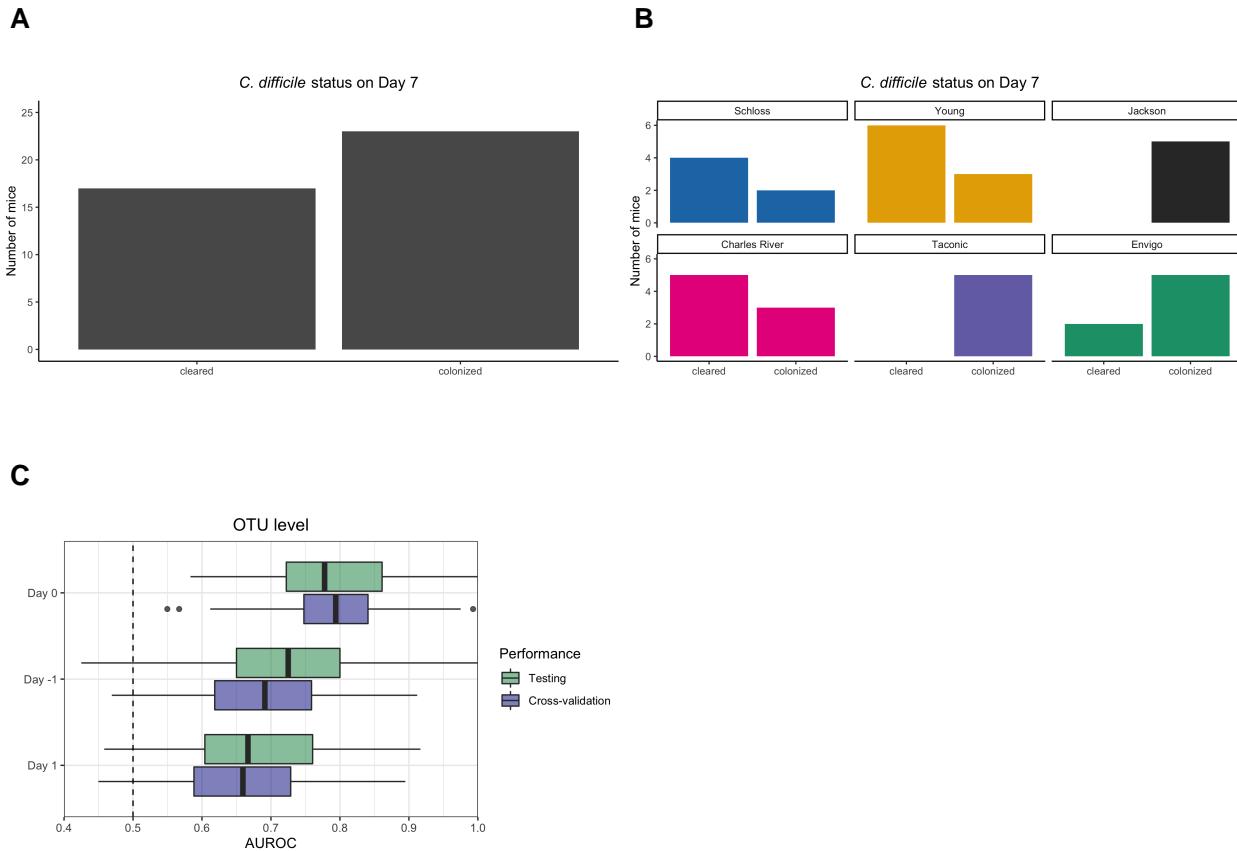


⁷⁴¹ **Figure S1. Bacterial communities vary between experiments for some sources.** A-F. PCoA
⁷⁴² of θ_{YC} distances for the baseline fecal bacterial communities within each source of mice. Each
⁷⁴³ symbol represents a stool sample from an individual mouse with color corresponding to experiment
⁷⁴⁴ and shape representing cage mates. Experiment number and cage effects explained most of the
⁷⁴⁵ observed variation for samples from the Schloss (PERMANOVA combined $R^2 = 0.99$; $P \leq 0.033$)
⁷⁴⁶ and Young (combined $R^2 = 0.95$; $P \leq 0.03$) mice (Table S4). G-H: Boxplots of the θ_{YC} distances of
⁷⁴⁷ the 6 sources of mice relative to mice within the same source and experiment (G) or mice within
⁷⁴⁸ the same source and between experiments (H) at baseline (day -1). Symbols represent individual
⁷⁴⁹ mouse samples: circles for experiment 1 and triangles for experiment 2.



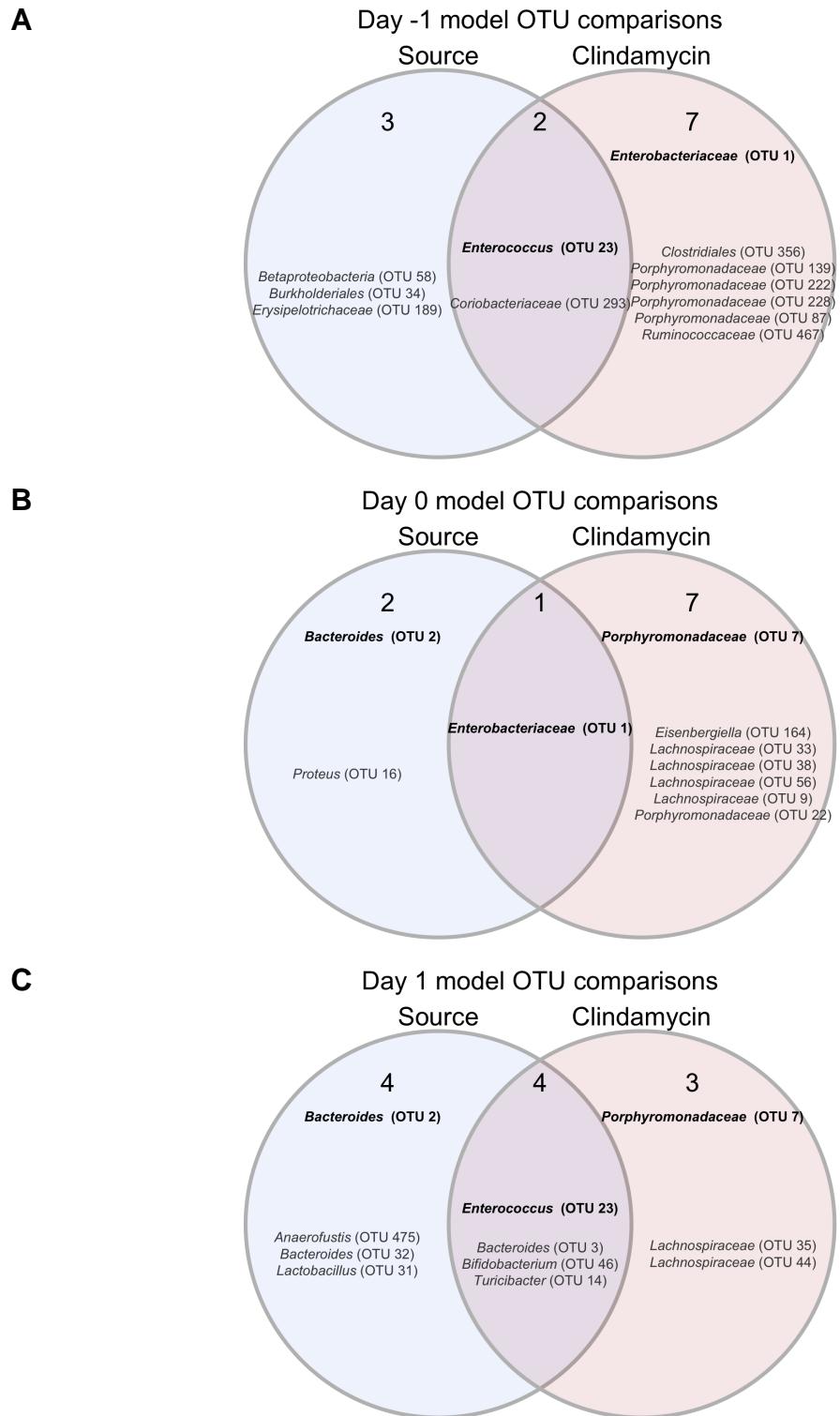
751 **Figure S2.** *C. difficile* CFU variation across sources varies slightly between the 2
752 experiments. A-B. *C. difficile* CFU/gram of stool quantification over time for experiment 1 (A) and
753 2 (B). Experiments were conducted approximately 3 months apart. Lines represent the median
754 CFU for each source, symbols represent individual mice and the black line represents the limit
755 of detection. C. *C. difficile* CFU/gram stool 7-days post-infection across sources of mice with an
756 asterisk for pairwise Wilcoxon comparisons with Benjamini-Hochberg correction where $P < 0.05$.
757 D. Mouse weight change 2-days post-infection across sources of mice, no pairwise Wilcoxon
758 comparisons were significant after Benjamini-Hochberg correction. For C-D: circles represent
759 experiment 1 mice, triangles represent experiment 2 mice and gray lines indicate the median
760 values for each group. E. Percent of mice that were colonized with *C. difficile* over the course of the
761 experiment. Each day the percent is calculated based on the mice where *C. difficile* CFU was
762 quantified for that particular day. Total N for each day: day 1 (N = 42), day 2 (N = 20), day 3 (N =
763 39), day 4 (N = 29), day 5 (N = 43), day 6 (N = 34), day 7 (N = 40), day 8 (N = 36), and day 9 (N =

₇₆₄ 46).



765

766 **Figure S3. Bacterial community composition before, after clindamycin perturbation, and**
 767 **post-infection can predict *C. difficile* colonization status 7 days post-infection.** A. Bar graph
 768 visualizations of overall 7-days post-infection *C. difficile* colonization status that were used as
 769 classification outcomes to build L2-regularized logistic regression models. Mice were classified as
 770 colonized or cleared (not detectable at the limit of detection of 100 CFU) based on CFU g/stool data
 771 from 7 days post-infection. B. *C. difficile* CFU status on Day 7 within each mouse source. N = 8-9
 772 mice per group. C. L2-regularized logistic regression classification model area under the receiving
 773 operator characteristic curve (AUROCs) to predict *C. difficile* CFU on day 7 post-infection (Fig. 2B,
 774 Fig. S2C) based on the OTU community relative abundances at baseline (day -1), post-clindamycin
 775 (day 0), and 1-day post-infection. All models performed better than random chance (AUROC =
 776 0.5, all $P < 0.001$, Table S12) and the model built with post-clindamycin bacterial OTU relative
 777 abundances had the best performance ($P_{FDR} < 0.001$ for all pairwise comparisons, Table S13).
 778 See Table S14 for list of the 20 OTUs that were ranked as most important to each model.



779

780 **Figure S4. OTUs from classification models based on baseline, post-clindamycin treatment,**
 781 **or 1-day post-infection community data vary by source, clindamycin treatment, or both. A-C.**

⁷⁸² Venn diagrams of OTUs from the top 20 OTUs from the baseline (A), post-clindamycin treatment (B),
⁷⁸³ and 1-day post-infection (C) classification models (Table S14) that overlapped with OTUs that varied
⁷⁸⁴ across sources at the corresponding timepoint (Tables S5, 8, 10), were impacted by clindamycin
⁷⁸⁵ treatment (Table S9), or both. Bold OTUs were important to more than 1 classification model.

786 **Supplementary Tables and Movie**

787 **Movie S1. Large shifts in bacterial community structures occurred after clindamycin and**
788 ***C. difficile* infection.** PCoA of θ_{YC} distances animated from days -1 through 9 of the experiment.
789 Source was the variable that explained the most observed variation across fecal communities
790 (PERMANOVA source $R^2 = 0.35$, $P = 0.0001$, Table S11) followed by interactions between cage
791 effects and day of the experiment. Transparency of the symbol corresponds to the day of the
792 experiment, each symbol represents a sample from an individual mouse at a specific timepoint.
793 Circles represent mice from experiment 1 and triangles represent mice from expeirment 2.

794 **Tables S1-S15. Excel workbook of Tables S1-S15.**

795 **Table S1. Alpha diversity metrics Kruskal-Wallis statistical results.**

796 **Table S2. Alpha diversity metrics pairwise Wilcoxon statistical results.**

797 **Table S3. PERMANOVA results for mice at baseline (day -1), post-clindamycin (day 0), and**
798 **post-infection (day 1).**

799 **Table S4. PERMANOVA results for each source of mice at baseline (day -1).**

800 **Table S5. OTUs with relative abumdances that significantly vary between sources at**
801 **baseline (day -1).**

802 **Table S6. *C. difficile* CFU statistical results.**

803 **Table S7. Mouse weight change statistical results.**

804 **Table S8. OTUs with relative abundances that significantly vary between sources**
805 **post-clindamycin (day 0).**

806 **Table S9. OTUs with relative abundances that significantly changed after clindamycin**
807 **treatment.**

808 **Table S10. OTUs with relative abundances that significantly vary between sources 1-day**
809 **post-infection.**

810 **Table S11.** PERMANOVA results for mice across all timepoints.

811 **Table S12.** Statistical results of L2-regularized logistic regression model performances
812 compared to random chance.

813 **Table S13.** Pairwise comparisons of L2-regularized logistic regression model performances.

814 **Table S14.** Top 20 most important OTUs for each of the 3 L2-regularized logistic regression
815 models based on OTU relative abundance data.

816 **Table S15.** OTUs with relative abundances that significantly varied between sources of mice
817 on at least 1 day of the experiment by Kruskal-Wallis test.