



Yuille, S., MacKay, W.G., Morrison, D.J. and Tedford, M.C. (2020)
Drivers of *Clostridioides difficile* hypervirulent ribotype 027 spore
germination, vegetative cell growth and toxin production in vitro. *Clinical
Microbiology and Infection*, 26(7), 941.e1-941.e7. (doi:
[10.1016/j.cmi.2019.11.004](https://doi.org/10.1016/j.cmi.2019.11.004))

The material cannot be used for any other purpose without further
permission of the publisher and is for private use only.

There may be differences between this version and the published version.
You are advised to consult the publisher's version if you wish to cite from
it.

<http://eprints.gla.ac.uk/202361/>

Deposited on 04 November 2019

Enlighten – Research publications by members of the University of
Glasgow
<http://eprints.gla.ac.uk>

1 **Drivers of *Clostridioides difficile* hypervirulent ribotype 027 spore germination,**
2 **vegetative cell growth and toxin production *in vitro*.**

3 Yuille S. ¹, Mackay W. G. ¹, Morrison D. J.³ and Tedford M. C. ²

4 ¹*School of Health & Life Sciences and* ²*School of Computing Engineering & Physical*
5 *Sciences, University of the West of Scotland, Paisley, Scotland;* ³*Scottish Universities*
6 *Environmental Research Centre, University of Glasgow, East Kilbride, Scotland.*

7

8 **Keywords: *Clostridioides difficile*; SCFA; infection; CDI; hospital-acquired infection;**
9 **infectious disease**

10

11 **Author Contributions:** All authors contributed to the planning of the work, SY conducted
12 the laboratory work and all authors contributed to drafting and editing the manuscript.

13

14 **Word count: 2524**

15

16

17 **Corresponding Author:**

18 Professor Catriona Tedford

19 School of Computing, Engineering & Physical Sciences

20 University of the West of Scotland

21 Paisley, PA1 2BE,

22 Scotland, UK

23 Email: Catriona.Tedford@uws.ac.uk

24

25

26 **ABSTRACT**

27 **Objectives** *Clostridioides difficile* infection (CDI) is a considerable healthcare and economic
28 burden worldwide. Faecal microbial transplant remains the most effective treatment for CDI,
29 but is not at the present time the recommended standard of care. We hereby investigate which
30 factors derived from a healthy gut microbiome might constitute the colonisation resistance
31 barrier (CRB) in the gut, inhibiting CDI.

32 **Method** CRB drivers pH, short chain fatty acid (SCFA), and oxidation-reduction potential
33 (ORP) were investigated *in vitro* using *C. difficile* NAP1/BI/027. Readouts for inhibitory
34 mechanisms included germination, growth, toxin production and virulence gene expression.
35 pH ranges (3 – 7.6), SCFA concentrations (25 – 200mM) and ORP (-300 - +200mV) were
36 manipulated in brain heart infusion broth cultures under anaerobic conditions to assess the
37 inhibitory action of these mechanisms.

38 **Results** <pH 5.3 completely inhibited *C. difficile* growth to OD of 0.019 vs. 1.19 for control
39 pH 7.5. Toxin production was reduced to 25 units vs 3125 units for pH 7.6 (1 in 5 dilutions).
40 Virulence gene expression reduced by 150 fold compared with pH 7.6 (p<0.05). Germination
41 and proliferation of spores below pH 6.13 yielded an average OD of 0.006 vs. 0.99 for
42 control. SCFA were potent regulators of toxin production at 25mM and above (p<0.05).
43 Acetate significantly inhibited toxin production to 25 units independent of OD (0.8733) vs.
44 control (OD 0.6 and toxin titer 3125) (p<0.05). ORP did not impact *C. difficile* growth.

45 **Conclusion** This study highlights the critical role that pH has in the CRB, regulating CDI *in*
46 *vitro* and that SCFA can regulate *C. difficile* function independent of pH.

47

48

49 **INTRODUCTION**

50 *Clostridioides difficile* (*C. difficile*) remains a major cause of antibiotic associated diarrhoea
51 and ulcerative colitis in the healthcare setting (1-3). The gut microbiota plays a vital role in
52 protection against opportunistic pathogen infections and in many disease states an altered or
53 dysbiotic gut microbiota is observed (4-7). A competent gut microbiota and environmental
54 conditions created in the gut forms a barrier to infectious colonisation and is a main
55 contributor to protect against enteric infection (7). A gut epithelial mucus layer forms a
56 physical barrier between bacteria and host (8) moderating interaction of opportunistic
57 pathogens with the gut epithelium and preventing bacterial translocation and infection (9).
58 The gut microbiota/host interactions are also fundamentally important for training host innate
59 immune responses to pathogen burden (10).

60

61 There is compelling evidence that oxidation-reduction potentials (ORP), pH and short chain
62 fatty acids (SCFA) govern microbial colonisation in the gut (3, 4, 10-12). SCFA have also
63 been shown to downregulate pathogenic virulence factors in enterohaemorrhagic *E. coli*
64 O157:H7 by inhibiting shiga toxin synthesis (13). These protective mechanisms are
65 collectively termed the colonisation resistance barrier (CRB).

66

67 Pinpointing an effective therapeutic for *C. difficile* infection (CDI) is challenging. Current
68 treatment for CDI has changed from metronidazole and vancomycin to fidaxomicin and
69 vancomycin (14-16). Fidaxomicin carries a lower risk of recurrence, but its cost-
70 effectiveness is a topic of debate (17). The main risk factor to CDI is gut microbiota dysbiosis
71 (12, 18), associated with age and/or administration of broad-spectrum antibiotics. Dysbiosis
72 leads to an impairment in the CRB yielding opportunities for pathogenic bacteria to
73 proliferate (3, 11, 12). Maintaining a diverse microbial ecosystem in the colon supports

74 adequate pH control, optimum ORP and increased SCFA production (19, 20), crucial
75 elements of the CRB. In the present study, we sought to investigate which elements of the
76 CRB act as drivers of virulence, germination and growth inhibition of *Clostridioides difficile*
77 hypervirulent ribotype 027.

78

79 **MATERIALS AND METHODS**

80 *Culture conditions for vegetative cells and spores*

81 *C. difficile* NAP1/BI/027 (BAA-1803, Hall and O'Toole Prevot, ATCC, USA) was prepared
82 alongside a third passage working cell bank and stored in 10% glycerol at -80°C. Unless
83 otherwise stated, unsupplemented Brain Heart Infusion (BHI) (Oxoid, UK) broth with a final
84 pH=7.5 was used for all growth experiments (19, 20). An anaerobic 1% inoculum of $\sim 10^6$
85 cells was used for each experiment (Don Whitley A45 anaerobic workstation; anaerobic gas
86 mix (10% CO₂, 10% H₂, 80% N₂)) at 37°C for 48 hours.

87

88 *Preparation of spore suspension*

89 A spread of *C. difficile* ATCC 1803 was carried out on cycloserine/cefoxitin (250 mg/L and 8
90 mg/L respectively) supplemented BHI agar plates (to select for *C. difficile* and avoid
91 contaminant organisms). The plates were incubated at 37°C anaerobically for approximately
92 7-10 days to encourage sporulation. Colonies were transferred to 1:1 sterile PBS (1%) and
93 ethanol (100%) for at least 72 hours aerobically to purify the spore suspension. The spores
94 were then centrifuged (4000 x g for 10 minutes), washed twice and resuspended in sterile 1%
95 PBS before 1:10 serial dilutions were plated onto blood agar using the modified Miles and
96 Misra drop plate technique (21) for enumeration.

97

98

99 *pH experiments*

100 pH ranges reflecting the gastrointestinal tract were examined (pH 3.3-7.6). Sterile BHI broth
101 was prepared at appropriate pH with 0.1M citric acid and 0.2M disodium phosphate buffer in
102 10mL glass universals and pre-equilibrated anaerobically overnight. Vegetative cell and
103 spore suspensions were used at a 1% inoculum of an overnight culture or stored spore
104 suspension respectively ($\sim 10^6$ CFU). Challenged vegetative cells were incubated for 48 hours
105 anaerobically and spore suspensions for 72 hours anaerobically.

106

107 *Continuous culture*

108 A glass 500mL continuous culture vessel was sealed and filled with sterile pH buffered BHI
109 with an anaerobic gas mix (10% CO₂, 10% H₂, 80% N₂) bubbled through the vessel. Vessel
110 media (pH=7.5) was heated to 37°C on a hotplate/magnetic stirrer in a laminar flow hood and
111 inoculum (5mL vegetative cells) added to media and continuously transferred to the vessel at
112 1 mL/minute. pH was adjusted by feeding appropriate pH buffered BHI (as described in pH
113 experiments). pH of the vessel was continually monitored; samples were measured for OD
114 (600nm) and purity streaks were conducted daily.

115

116 *Manipulating ORP of BHI broth*

117 100mL sterile, pH buffered BHI broth (pH 5.37, 6.65 and 7.07) was pre-equilibrated
118 overnight anaerobically. An ORP probe (Cole Parmer, UK) was disinfected in 2% Virkon
119 (v/v) for 15 minutes before being rinsed in sterile dH₂O. The ORP probe was calibrated using
120 pH 4 and pH 7 buffer saturated with quinhydrone. BHI broth ORP was continually measured
121 (mV) as filter sterilised 4-5 mL of 2% (v/v) potassium ferricyanide was added to raise the
122 ORP to + 150mV (19) or above until the level plateaued. The broth was then immediately
123 inoculated with 1 mL of an overnight culture of *C. difficile*. Cultures were incubated for 48

124 hours anaerobically at 37°C. E_h readings were taken at 24 and 48 hours, followed by
125 measurement of optical density (600nm) at 48 hours.

126

127 *SCFA concentrations in BHI broth*

128 BHI broth was buffered to desired pH ranges between pH 3.3-7.6 and sodium salts of SCFA
129 (acetate, butyrate and propionate) were prepared in a 2M stock solution in H₂O and filter
130 sterilised. Concentrations of SCFA used in experiments ranged from 25 – 300mM.

131

132 *Vero cell culture conditions and assay design*

133 African green monkey kidney vero cells (kindly provided by Dr Gillian Douce, University of
134 Glasgow, UK) were cultured in 75cm² tissue culture flasks (Starlab, UK) using Eagle's
135 Minimum Essential Medium (MEM) (Sigma Aldrich, UK) supplemented with 10% faecal
136 calf serum and 1% penicillin/streptomycin (complete MEM) with 5% CO₂ at 37°C. 96 well
137 (flat bottomed) microtiter plates were seeded with log 10⁴ vero cells per well and incubated
138 until a 95% confluent monolayer had formed on the base of the wells. Five-fold serial
139 dilutions of the cell-free supernatants from pH and SCFA studies were carried out in
140 complete MEM and exposed to the vero cell monolayer overnight. The monolayers were
141 observed using a bright field inverted microscope (Olympus, UK) for cell rounding. The
142 highest dilution of supernatant with less than 30% cell rounding indicated the toxin titer.
143 Controls were clean BHI broth and MEM. Little to no variation was observed in the triplicate
144 samples. There were carried out in duplicate to ensure reliability of results and confirmed by
145 another researcher.

146

147

148

149 *qPCR virulence/colonisation gene analysis*

150 Bacterial cell pellets were treated with RNAprotect (Qiagen, UK) upon conclusion of
151 experimentation according to the manufacturer's instructions. The pellets were stored at –
152 80°C until RNA extraction. RNA was extracted and purified using the RNeasy kit (Qiagen,
153 UK) with an additional bead beating step upon addition of RNeasy lysis buffer (Qiagen, UK)
154 using 0.1mm glass beads (Sigma, UK). DNase treatment was conducted using the RNase free
155 DNase set following the manufacturer's instructions (Qiagen, UK). Reverse transcription was
156 carried out with the Quanti-Tect reverse transcription kit according to manufacturer's
157 instructions (Qiagen, UK). In order to quantify virulence gene expression, quantitative PCR
158 was carried out using PrecisionPLUS 2x qPCR MasterMix premixed with SYBR Green
159 (PrimerDesign, UK). The virulence/colonisation genes and primers utilised in this
160 experiment (22, 23) are described in supplementary file 1 (Life Technologies, UK). The
161 cycling protocol was 95°C hot start for 2 minutes, x40 cycles of 95°C for 15 seconds and
162 60°C annealing temperature for 1 minute. Cycle threshold (Ct) values were collected and
163 percentage expression calculated in comparison to a housekeeping gene (*rpoA*) by calculation
164 of $\Delta\Delta CT$.

165

166 *Statistical Analysis*

167 Statistical analysis on data to determine statistical significance between groups was carried
168 out on Graphpad Prism 7 (GraphPad Software, USA). Shapiro-Wilkes normality test was
169 conducted to determine distribution of data. Statistical analysis between groups of parametric
170 data was carried out using a one-way analysis of variance (ANOVA) with Dunnet's post hoc
171 test or a Kruskal-Wallis test with Tukey's post hoc test for multiple comparisons. In cases
172 where treatment/dose was investigated, a two-way ANOVA with Dunn's post hoc analysis
173 was used. Statistical significance was achieved if $p < 0.05$.

174

175 **RESULTS**

176 *pH strongly influences C. difficile germination, growth, toxin production and colonisation*
177 *factor gene expression.*

178 A narrow pH threshold of less than 0.5 pH units differentiated between inhibition of growth
179 and full confluent growth of *C. difficile* vegetative cells and spores (**Figure 1**). Already
180 revived vegetative cells successfully proliferated at pH=5.83 and above ($p<0.01$), whilst
181 spores germinated successfully at pH=6.19 and above ($p<0.01$). Some of the variability in
182 results was likely due to noticeable ‘clumping’ in all *C. difficile* cultures in which confluent
183 growth had occurred. The OD of the higher pH cultures (pH=6.65, pH=7.07 and pH=7.67)
184 were not statistically significant from pH=5.83 ($p>0.1$). Additional studies demonstrated
185 (**Figure 2**) no germination for an inoculated spore suspension at pH=5.83 (**Fig 2A**), and a
186 shift in lag phase from spore and vegetative cells at pH=6.65 (**Fig 2B**) and pH=7.76 (**Fig 2C**).
187 Inoculation with a spore suspension versus inoculation with a live culture did not result in a
188 change of maximum optical density (OD) (1.0-1.5). These effects of pH fluctuations on
189 vegetative cell suspensions were replicated in a continuous culture model (**Fig 2D**). Lowering
190 pH below 5.80 resulted in a drop in OD, which was successfully recovered when pH was
191 raised to above pH=6 in three separate cycles.

192

193 Toxin production was significantly decreased due to the effect of pH=5.37 and 5.83 on *C.*
194 *difficile* ($p<0.01$, **Figure 3**). Maximum toxin production was found at pH=7.67, with a step-
195 wise increase in a vegetative cell/spore mixed culture (expressed as the dilution at which the
196 toxin longer resulted in verocell rounding). Gene expression of TcdA appeared to increase
197 above pH=6.65 although expression was only significantly higher compared with control at
198 pH=7.67 ($p=0.03$, **Fig 4A**). TcdB expression was not increased when *C. difficile* was
199 challenged over the range pH=5.8 to pH=6.19, but was significantly higher at pH=6.65

200 (p=0.002), pH=7.07 (p=0.007) and pH=7.67 (p=0.0015, **Fig 4B**). Cwp84 expression
201 increased significantly (ten-fold) at pH=7.67 compared with control (p=0.0368, **Fig 4C**).
202 CWP84 expression was not significantly increased at any other pH condition in comparison
203 with the control, which may be linked to fibrous filament morphology found at pH=7.67
204 (**Figure 1**). Flagellar protein FliD expression was not detectable at pH=5.83 and pH=6.19,
205 and was significantly lower at pH=6.65 (p=0.0122) and pH=7.07 (p=0.0024) (**Fig 4D**).

206

207 *C. difficile* toxin production is regulated by acetate

208 Acetate, propionate and butyrate all had inhibitory effects on *C. difficile* toxin production at
209 varying concentrations (**Figure 5**). Acetate (at all concentrations used) at pH=6.67 did not
210 influence growth, but significantly inhibited toxin production at 50mM, 100mM and 200mM
211 (p<0.01, **Figure 5**). Butyrate reduced *C. difficile* toxin titer at 25mM, 100mM and 200mM
212 but did not affect growth (p<0.01). Propionate-treated cell supernatant resulted in high vero
213 cell rounding at 200mM, with low bacterial OD, but 25mM, 50mM and 100mM significantly
214 affected toxin burden on vero cell rounding (p<0.01, **Figure 5**). Experimental error was ruled
215 out by challenging vero cells with supernatants of three biological replicates and conducting
216 the assay with three technical replicates.

217

218 *ORP* has no significant role in the regulation of *C. difficile* growth

219 At pH=6.65, increased ORP significantly increased growth (OD) compared with control
220 (p=0.003) (**Figure 6**) but no other significant effects were observed when ORP was varied
221 under experimental conditions.

222

223

224

225 **DISCUSSION**

226 Understanding what constitutes the CRB is important to preventing CDI in an ageing
227 population. This study demonstrates the exquisite sensitivity of *C. difficile* to subtle changes
228 around pH=5.67. Increased filamentous morphology was observed at higher pH (pH=6.7 and
229 above for vegetative cells) which correlates with an increased expression of *Cwp84* at
230 pH=7.67, perhaps due to shorter lag phase. Previous work has shown increased colonisation
231 gene expression in response to a neutral/basic pH gut environment, observations noted in a
232 dysbiotic gut (24, 25).

233

234 pH in the colon can reach as low as 5.37–5.83 when consuming a high fibre diet (26, 27). We
235 demonstrate that manipulation of colonic pH may prevent the colonisation, germination,
236 growth and toxin production of hypervirulent *C. difficile* 027. May *et al.*, (1994) highlight the
237 influence of dietary fibre on the CRB, attributed to increased SCFA production and lowered
238 pH around the inhibitory ranges we have identified (28). We demonstrate a prolonged lag
239 phase, decrease in toxin production at pH range 5.37–7.07 and correlation with decreased
240 expression of the virulence genes *tcdA* and *tcdB*. Decreased cytotoxicity and enhanced
241 colonisation resistance was previously demonstrated in fermentation systems supplemented
242 with oligosaccharides, which was not attributable *Bifidobacteria* spp. but may be related to
243 pH=5.5 maintenance in this model (29). Wetzel and McBride (2019) described increased
244 toxin A production at pH=5.5 with a solid media matrix. Our results in liquid media suggest a
245 clear impact of narrow pH thresholds on *C. difficile* germination and growth. pH impact on
246 toxin appears to be related to influence on lag phase length and not the impact on the cells
247 toxin production capacity.

248

249 We demonstrate that *C. difficile* spore suspension growth was inhibited below pH=6.19 but
250 proliferation of vegetative cell suspensions above pH=5.67 suggesting that at pH<6.19
251 germination and outgrowth of spores specifically is prevented. Maximal germination has
252 previously been shown to occur above pH=6.5 (30). *C. difficile* can withstand oxidative
253 environments like *S. enterica* serotype Typhimurium (31). *C. difficile* utilises TcdB-induced,
254 NADPH oxidase (NOX) epithelial cell ROS upregulation to facilitate survival over a wide
255 range of redox potentials, indicating specialised survival mechanisms in *C. difficile* at
256 extreme E_h ranges (32). We observed that extreme positive E_h at the point of inoculation does
257 not affect *C. difficile* growth, and that pH drives its ability to proliferate at extreme E_h .
258 Manipulation of pH in the colon is a plausible mechanism for influencing *C. difficile*
259 virulence and pathogenicity regardless ORP perturbations.

260

261 We found significant effects of SCFA on toxin gene expression but no effect on *C. difficile*
262 growth. We observed that 100mM sodium butyrate and 100mM sodium propionate increased
263 *tcdA* gene expression. Similarly, 100mM sodium butyrate and 50mM sodium acetate
264 increased *tcdB* gene expression (Data not shown). However, this was not reflected with toxin
265 titer in response to the SCFA challenge, which was downregulated. A similar occurrence was
266 discussed by Dupuy and Sonenshein, (1998) who found that *C. difficile* toxin gene expression
267 was increased as a stringent response to catabolism repression at stationary phase of growth
268 (33). Increased virulence as a stringent response to stressors is one mechanism by which *C.*
269 *difficile* can utilise a competitive environment to its advantage. This highlights the
270 importance of identifying colonisation/virulence modifying therapeutics which may alter the
271 CRB in the colon.

272

273 The limitations of this work are that it does not combine all explored factors and include
274 complexities of the gut microbiome. Further work is needed to determine if these findings
275 translate to humans. Future work into the combined effect which incorporates a competent
276 microbiome, with a detailed understanding of the impact this has on *C. difficile* germination,
277 growth and virulence would be a beneficial next step.

278

279 **CONCLUSION**

280 This work highlights colonic environmental mechanisms which can be exploited for
281 developing CDI therapeutics (34). SCFA and pH, within physiological ranges, are important
282 to prevent *C. difficile* colonisation, germination, growth and/or virulence *in vitro*. Studies
283 which enhance the CRB in humans at risk of CDI are warranted, particularly if they can
284 reduce the antibiotic burden, and they may be achievable relatively simply and inexpensively
285 through dietary means.

286

287 **Acknowledgements:** We thank Dr. Gillian Douce, University of Glasgow. We also thank
288 University of the West of Scotland for financial support in the form of a studentship award to
289 SY. All authors confirm they have no association that might pose a conflict of interest.

290

291 **FIGURE LEGENDS**

292 **Figure 1:** a) *C. difficile* vegetative cell and spore growth when challenged with pH ranging
293 from pH 3.36 to pH 7.67 (n = 9). Letters highlight statistically significant groups (p<0.05)

294

295 **Figure 2:** Vegetative cell vs spore lag phase at A) pH 5.83 B) pH 6.65 and C) pH 7.67 (n=3).

296 D) pH Effect of pH on *C. difficile* growth study conducted in chemostat continuous flow
297 culture showing fluctuations in pH leads to decrease and recovery in OD. Conducted over 35
298 days with continuous 1 mL/min flow rate of clean, pH buffered BHI broth.

299

300 **Figure 3:** Toxin titer of *C. difficile* 027 challenged with pH 5.37 – 7.67 (n=3). Toxin titer
301 was enumerated as the lowest serial dilutions that resulted in 30 % cell rounding on vero cell
302 monolayers (expressed as dilution – 1 in 5 increments). Letters highlight statistically
303 significant groups (p<0.05)

304

305 **Figure 4:** a) *C. difficile* tcdA expression at varied pH ranges pH (5.6 - 7.6). b) *C. difficile*
306 tcdB expression at varied pH ranges (pH 5.6 – 7.6), c) *C. difficile* Cwp84 expression at varied
307 pH ranges (pH 5.6 – 7.6). d) *C. difficile* FliD expression at varied pH ranges (pH 5.6 – 7.6).
308 e) *C. difficile* toxin titer at varied pH (pH 5.3 - 7.6) with control (culture in BHI at pH 7.5).
309 The experiment was conducted from biological replicates of the effect of pH on *C. difficile*
310 growth work (n = 3). This work was conducted from biological replicates of the effect of pH
311 on *C. difficile* growth work (n = 3). Each biological replicate was tested in duplicate. Letters
312 highlight statistically significant groups (p<0.05).

313

314 **Figure 5:** Quantification of toxin titer and OD (600 nm) of *C. difficile* 027 in response to
315 challenge of varied concentrations of SCFA sodium salts of acetate, butyrate and propionate

316 from 25 – 200 mM (n = 3). Left axis displays toxin titer, enumerated as the lowest serial
317 dilutions that resulted in 30 % cell rounding on vero cell monolayers (expressed as dilution –
318 1 in 5 increments). Data is shown in bar chart form. Right axis displays OD (600 nm). Data is
319 shown in scatterplot form. Letters highlight statistically significant groups (p<0.0001)

320

321 **Figure 6:** Effect of perturbations in ORP at point of inoculation on *C. difficile* 027 growth
322 (n=3). ORP is expressed as ΔEh and results are shown as OD (600 nm). Asterisk highlights
323 statistical significance from control group. ** p<0.01.

324

325

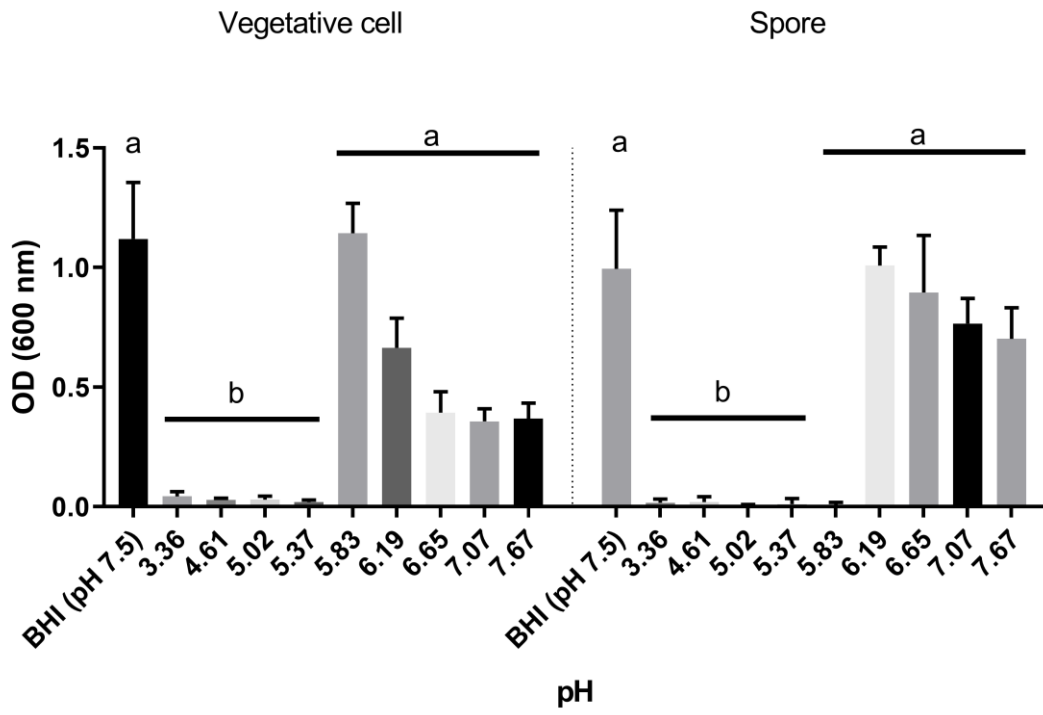
326 **REFERENCES**

- 327 1. Reveles KR, Lawson KA, Mortensen EM, Pugh MJV, Koeller JM, Argamany JR, et al. National
328 epidemiology of initial and recurrent *Clostridium difficile* infection in the Veterans Health
329 Administration from 2003 to 2014. *PloS one*. 2017;12(12):e0189227.
- 330 2. Bartlett JG. *Clostridium difficile*: history of its role as an enteric pathogen and the current
331 state of knowledge about the organism. *Clinical infectious diseases : an official publication of the*
332 *Infectious Diseases Society of America*. 1994;18 Suppl 4:S265-72.
- 333 3. Lo Vecchio A, Zacur GM. *Clostridium difficile* infection: an update on epidemiology, risk
334 factors, and therapeutic options. *Current opinion in gastroenterology*. 2012;28(1):1-9.
- 335 4. Freter R, Brickner H, Botney M, Cleven D, Aranki A. Mechanisms that control bacterial
336 populations in continuous-flow culture models of mouse large intestinal flora. *Infection and*
337 *immunity*. 1983;39(2):676-85.
- 338 5. Berg RD. Mechanisms confining indigenous bacteria to the gastrointestinal tract. *The*
339 *American journal of clinical nutrition*. 1980;33(11 Suppl):2472-84.
- 340 6. Wu HJ, Wu E. The role of gut microbiota in immune homeostasis and autoimmunity. *Gut*
341 *microbes*. 2012;3(1):4-14.
- 342 7. Hentges DJ. Enteric pathogen--normal flora interactions. *The American journal of clinical*
343 *nutrition*. 1970;23(11):1451-6.
- 344 8. Singh AK, Xia W, Riederer B, Juric M, Li J, Zheng W, et al. Essential role of the electroneutral
345 Na⁺-HCO₃⁻ cotransporter NBCn1 in murine duodenal acid-base balance and colonic mucus layer
346 build-up in vivo. *The Journal of physiology*. 2013;591(8):2189-204.
- 347 9. Kelly P, Besa E, Zyambo K, Louis-Auguste J, Lees J, Banda T, et al. Endomicroscopic and
348 Transcriptomic Analysis of Impaired Barrier Function and Malabsorption in Environmental
349 Enteropathy. *PLoS neglected tropical diseases*. 2016;10(4):e0004600.
- 350 10. Di Mauro A, Neu J, Riezzo G, Raimondi F, Martinelli D, Francavilla R, et al. Gastrointestinal
351 function development and microbiota. *Italian journal of pediatrics*. 2013;39:15.
- 352 11. Kachrimanidou M, Malisiovas N. *Clostridium difficile* infection: a comprehensive review.
353 *Critical reviews in microbiology*. 2011;37(3):178-87.
- 354 12. van den Elsen LW, Poyntz HC, Weyrich LS, Young W, Forbes-Blom EE. Embracing the gut
355 microbiota: the new frontier for inflammatory and infectious diseases. *Clinical & translational*
356 *immunology*. 2017;6(1):e125.
- 357 13. de Sablet T, Chassard C, Bernalier-Donadille A, Vareille M, Gobert AP, Martin C. Human
358 microbiota-secreted factors inhibit shiga toxin synthesis by enterohemorrhagic *Escherichia coli*
359 O157:H7. *Infection and immunity*. 2009;77(2):783-90.
- 360 14. Cohen SH, Gerding DN, Johnson S, Kelly CP, Loo VG, McDonald LC, et al. Clinical practice
361 guidelines for *Clostridium difficile* infection in adults: 2010 update by the society for healthcare
362 epidemiology of America (SHEA) and the infectious diseases society of America (IDSA). *Infection*
363 *control and hospital epidemiology*. 2010;31(5):431-55.
- 364 15. Bauer MP, Notermans DW, van Benthem BH, Brazier JS, Wilcox MH, Rupnik M, et al.
365 *Clostridium difficile* infection in Europe: a hospital-based survey. *Lancet (London, England)*.
366 2011;377(9759):63-73.
- 367 16. McDonald LC, Gerding DN, Johnson S, Bakken JS, Carroll KC, Coffin SE, et al. Clinical Practice
368 Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious
369 Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA).
370 *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*.
371 2018;66(7):e1-e48.
- 372 17. Al Momani LA, Abughanimeh O, Boonpheng B, Gabriel JG, Young M. Fidaxomicin vs
373 Vancomycin for the Treatment of a First Episode of *Clostridium Difficile* Infection: A Meta-analysis
374 and Systematic Review. *Cureus*. 2018;10(6):e2778.

- 375 18. Aguayo C, Flores R, Levesque S, Araya P, Ulloa S, Lagos J, et al. Rapid spread of *Clostridium*
376 *difficile* NAP1/027/ST1 in Chile confirms the emergence of the epidemic strain in Latin America.
377 *Epidemiology and infection*. 2015;143(14):3069-73.
- 378 19. Onderdonk AB, Lowe BR, Bartlett JG. Effect of environmental stress on *Clostridium difficile*
379 toxin levels during continuous cultivation. *Applied and environmental microbiology*. 1979;38(4):637-
380 41.
- 381 20. Rolfe RD. Role of volatile fatty acids in colonization resistance to *Clostridium difficile*.
382 *Infection and immunity*. 1984;45(1):185-91.
- 383 21. Miles AA, Misra SS, Irwin JO. The estimation of the bactericidal power of the blood. *The*
384 *Journal of hygiene*. 1938;38(6):732-49.
- 385 22. Deneve C, Delomenie C, Barc MC, Collignon A, Janoir C. Antibiotics involved in *Clostridium*
386 *difficile*-associated disease increase colonization factor gene expression. *Journal of medical*
387 *microbiology*. 2008;57(Pt 6):732-8.
- 388 23. Barketi-Klai A, Monot M, Hoys S, Lambert-Bordes S, Kuehne SA, Minton N, et al. The flagellin
389 *FliC* of *Clostridium difficile* is responsible for pleiotropic gene regulation during *in vivo* infection. *PLoS*
390 *one*. 2014;9(5):e96876.
- 391 24. Zimmer J, Lange B, Frick JS, Sauer H, Zimmermann K, Schwiertz A, et al. A vegan or
392 vegetarian diet substantially alters the human colonic faecal microbiota. *European journal of clinical*
393 *nutrition*. 2012;66(1):53-60.
- 394 25. Walker AW, Sanderson JD, Churcher C, Parkes GC, Hudspith BN, Rayment N, et al. High-
395 throughput clone library analysis of the mucosa-associated microbiota reveals dysbiosis and
396 differences between inflamed and non-inflamed regions of the intestine in inflammatory bowel
397 disease. *BMC microbiology*. 2011;11:7.
- 398 26. Bourke E, Milne MD, Stokes GS. Caecal pH and ammonia in experimental uraemia. *Gut*.
399 1966;7(5):558-61.
- 400 27. Pouteau E, Vahedi K, Messing B, Flourie B, Nguyen P, Darmaun D, et al. Production rate of
401 acetate during colonic fermentation of lactulose: a stable-isotope study in humans. *The American*
402 *journal of clinical nutrition*. 1998;68(6):1276-83.
- 403 28. May T, Mackie RI, Fahey GC, Jr., Cremin JC, Garleb KA. Effect of fiber source on short-chain
404 fatty acid production and on the growth and toxin production by *Clostridium difficile*. *Scandinavian*
405 *journal of gastroenterology*. 1994;29(10):916-22.
- 406 29. Hopkins MJ, Macfarlane GT. Nondigestible oligosaccharides enhance bacterial colonization
407 resistance against *Clostridium difficile* *in vitro*. *Applied and environmental microbiology*.
408 2003;69(4):1920-7.
- 409 30. Kochan TJ, Shoshiev MS, Hastie JL, Somers MJ, Plotnick YM, Gutierrez-Munoz DF, et al.
410 Germinant Synergy Facilitates *Clostridium difficile* Spore Germination under Physiological
411 Conditions. *mSphere*. 2018;3(5).
- 412 31. Winter SE, Thiennimitr P, Winter MG, Butler BP, Huseby DL, Crawford RW, et al. Gut
413 inflammation provides a respiratory electron acceptor for *Salmonella*. *Nature*. 2010;467(7314):426-
414 9.
- 415 32. Farrow MA, Chumbler NM, Lapierre LA, Franklin JL, Rutherford SA, Goldenring JR, et al.
416 *Clostridium difficile* toxin B-induced necrosis is mediated by the host epithelial cell NADPH oxidase
417 complex. *Proceedings of the National Academy of Sciences of the United States of America*.
418 2013;110(46):18674-9.
- 419 33. Dupuy B, Sonenshein AL. Regulated transcription of *Clostridium difficile* toxin genes.
420 *Molecular microbiology*. 1998;27(1):107-20.
- 421 34. Carroll KC, Bartlett JG. Biology of *Clostridium difficile*: implications for epidemiology and
422 diagnosis. *Annual review of microbiology*. 2011;65:501-21.

423

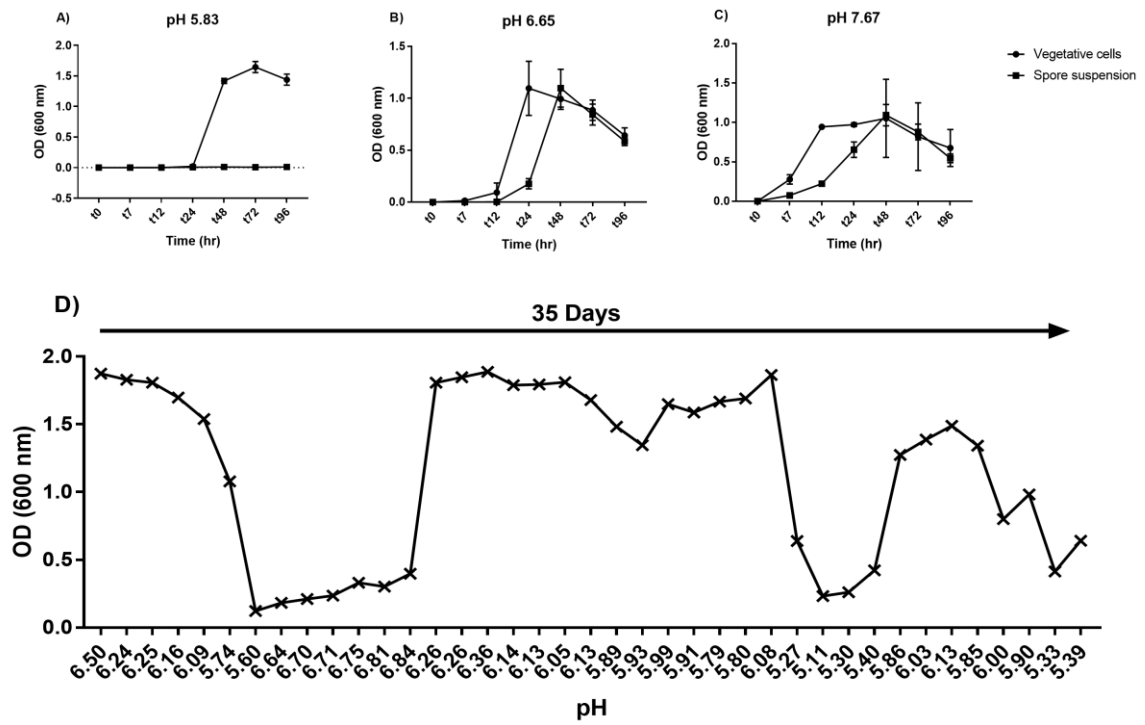
424



426

427

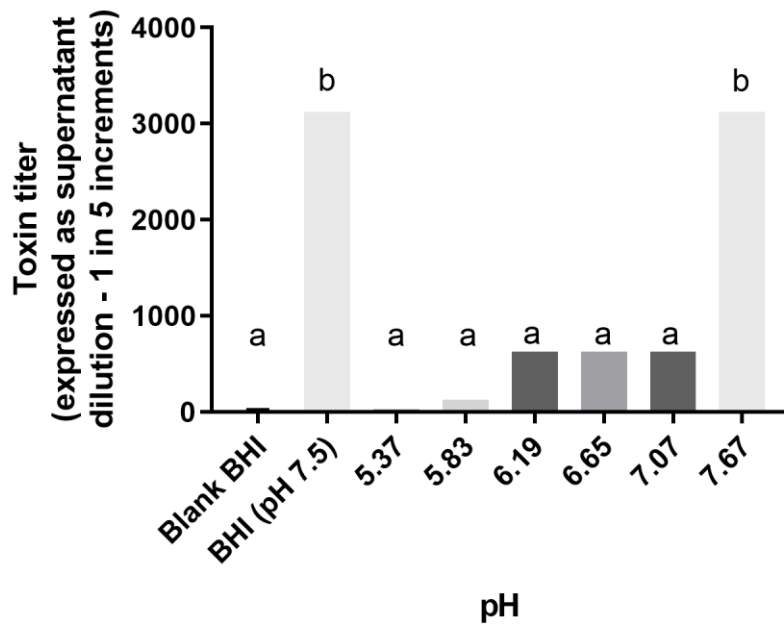
428 Figure 2



429

430

431 Figure 3

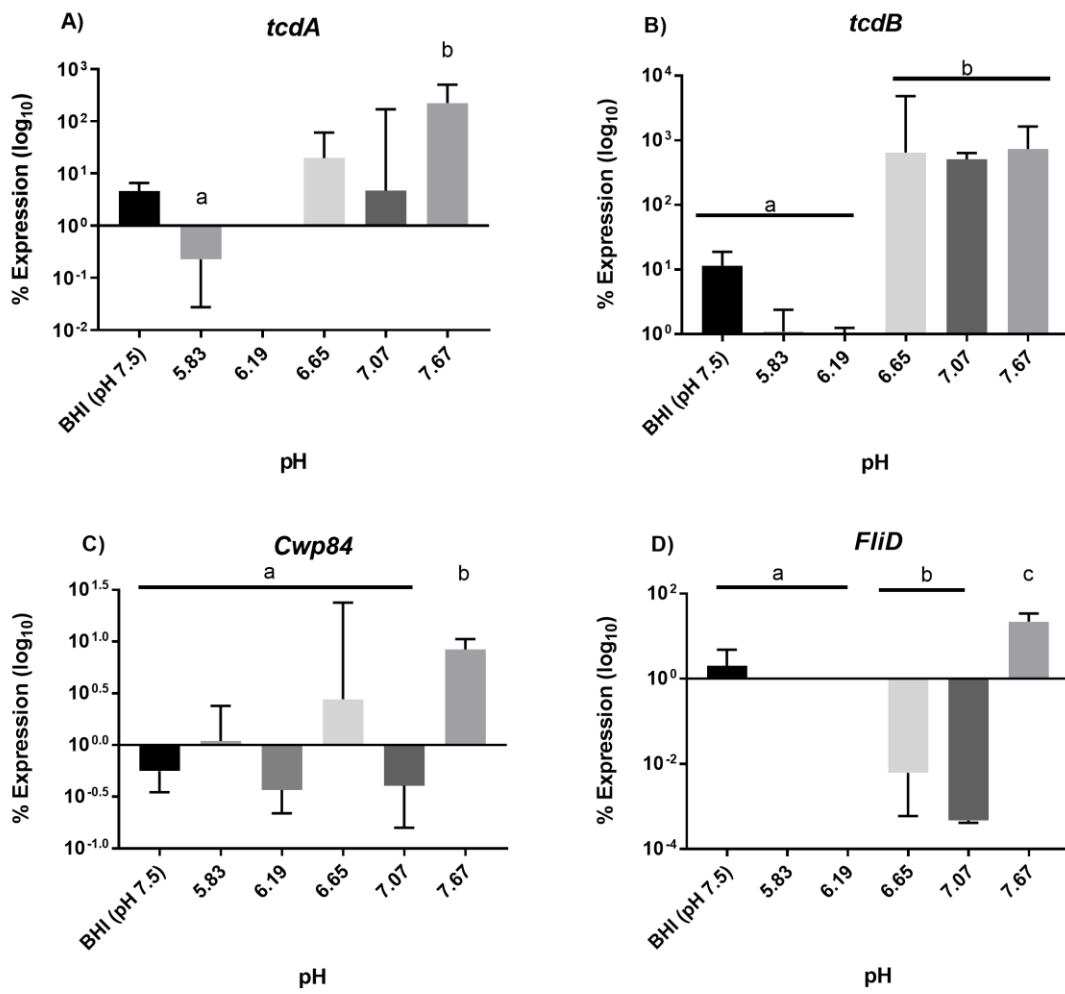


432

433

434 Figure 4

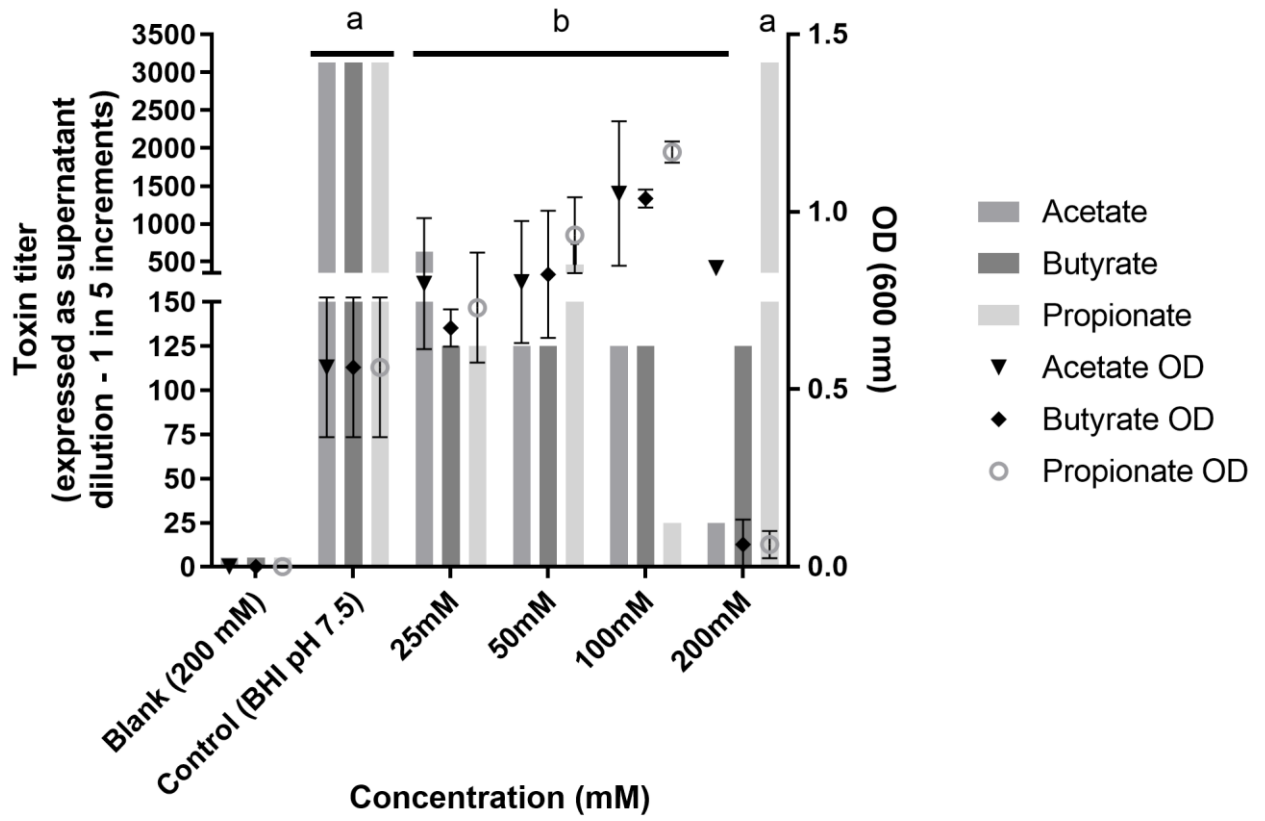
435



436

437

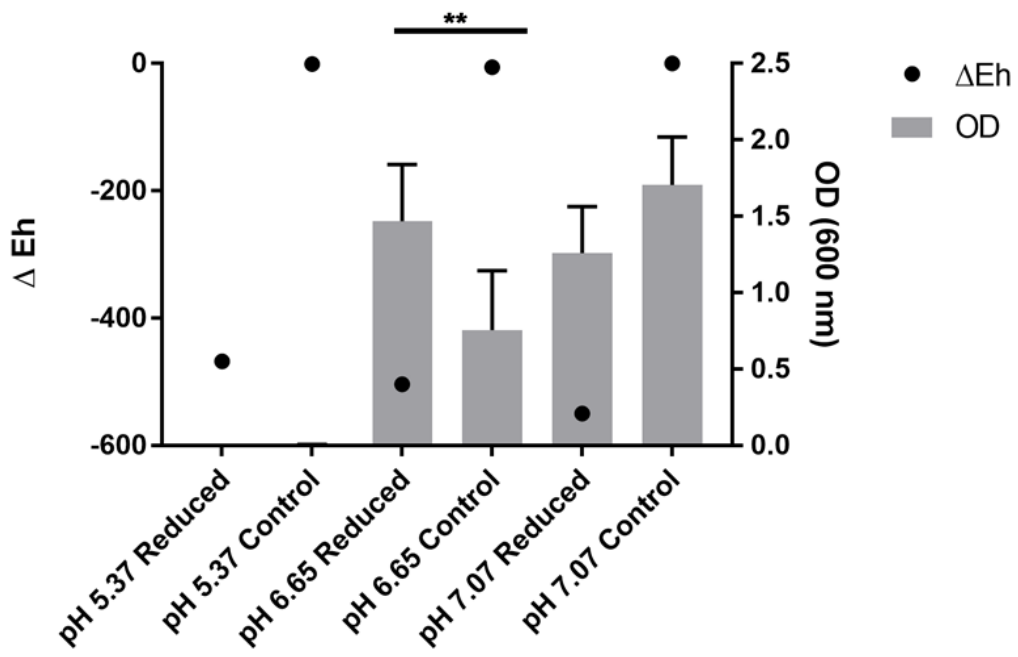
438 Figure 5



439

440

441 Figure 6



442