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**Reproducible Community Dynamics of the Gastrointestinal Microbiota  
Following Antibiotic Perturbation**

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## 29 **Abbreviations**

30 V6, sixth hypervariable region of the 16S ribosomal RNA-encoding gene; AMB,  
31 amoxicillin, metronidazole and bismuth; SSU, small subunit; rRNA, ribosomal  
32 RNA; GAST, global alignment for sequence taxonomy; RDP, ribosomal database  
33 project; OTU, operational taxonomic unit; GI, gastrointestinal; SPF, specific  
34 pathogen free

## 35 **Abstract**

36 Shifts in microbial communities are implicated in the pathogenesis of a number of  
37 gastrointestinal diseases, but we have limited understanding of the mechanisms  
38 that lead to altered community structures. One difficulty with studying these  
39 mechanisms in human subjects is the inherent baseline variability of the  
40 microbiota in different individuals that arise due to varying life histories. To try  
41 and overcome this baseline variability we employed a mouse model to control  
42 host genotype, diet and other possible influences on the microbiota. This allowed  
43 us to determine if the indigenous microbiota in such mice had a stable baseline  
44 community structure and whether this community exhibited a consistent  
45 response following antibiotic administration. We employed a tag sequencing  
46 strategy targeting the V6 hypervariable region of the bacterial small-subunit (16S)  
47 ribosomal RNA combined with massively parallel sequencing to determine the  
48 community structure of the gut microbiota. Inbred mice in a controlled  
49 environment harbored a reproducible baseline community that was significantly  
50 impacted by antibiotic administration. The ability of the gut microbial community  
51 to recover to baseline following cessation of antibiotic administration varied  
52 according to the antibiotic regimen administered. Severe antibiotic pressure  
53 resulted in reproducible long-lasting alterations in the gut microbial community  
54 including a decrease in overall diversity. The finding of stereotypic responses of  
55 the indigenous microbiota to ecologic stress implies that a better understanding  
56 of the factors that govern community structure could lead to strategies for the

57 intentional manipulation of this ecosystem to preserve or restore a healthy  
58 microbiota.

## 59 **Introduction**

60           A highly diverse, complex community of microorganisms inhabits the  
61 gastrointestinal tract of mammals. This community, referred to as the indigenous  
62 microbiota, exists in a delicate symbiosis with the host (3, 15). A significant body  
63 of research has demonstrated that disturbances in this balance can disrupt  
64 intestinal homeostasis. Multiple disease states may arise, at least in part, in  
65 response to altered indigenous microbial communities in the gut (10, 47, 53, 56).  
66 Conversely, research on probiotics indicates the normal balance between the  
67 indigenous microbiota and the host can be protected or restored through  
68 administration of beneficial microbes (6, 45, 60).

69           The relationship between the indigenous microbiota and a host involves  
70 multiple interactions. The indigenous microbiota play a central role in digestion  
71 and nutrition of the host (30, 56). These microbes also affect the regulation and  
72 homeostasis of the host immune system (27, 46). As part of the innate defenses  
73 of the gastrointestinal tract, the community of indigenous microbes forms and  
74 ecologic barrier that prevents the ingress of pathogenic microorganisms. For  
75 example, the development of *Clostridium difficile*-associated colitis following  
76 antibiotic administration arises from a loss of intrinsic “colonization resistance”  
77 against pathogenic organisms (61). Antibiotic disturbance of the normal  
78 community structure of the microbiota may allow germination of environmentally  
79 acquired spores with subsequent overgrowth of the pathogen and toxin  
80 production. Alternatively, *C. difficile* colitis may develop subsequent to the  
81 expansion of low-abundance *C. difficile* populations that normally produce

82 insignificant levels of toxin. In either case, the disruption of the indigenous  
83 microbiota by antibiotic administration is a key component of pathogenesis (7).

84 Murine models have provided important insights about the interactions  
85 between the microbiota and the host. One consistent feature of microbiota  
86 studies in human subjects is that there is significant interindividual variation in the  
87 indigenous microbiota (12, 13). This variation likely arises from the accumulated  
88 effects of genetic and environmental influences on the gut microbial community  
89 (11). Significant baseline variation makes it difficult to conduct studies that follow  
90 the dynamics of the gut microbiota in humans, especially if the goal is to discern  
91 stereotypic responses to a given manipulation. Therefore, as with other areas of  
92 biomedical research, murine models offer unique advantages for microbiota  
93 experimentation.

94 Several recent studies describe murine models of disease in which altered  
95 indigenous gut microbial communities are generated through the administration  
96 of antibiotics. These altered communities can either be permissive or required for  
97 the development of the model disease state, although in other cases they appear  
98 to be protective (5, 9, 24, 26, 52). Although these studies have provided insight  
99 into many of the host responses to the indigenous microbiota, we have  
100 remarkably little information as to the exact nature of the effect of antibiotic  
101 administration on the microbial communities themselves. For example, these  
102 studies assume that genetically identical mice would harbor a consistent baseline  
103 microbiota. Furthermore, it is also assumed that the microbiota respond in a  
104 reproducible manner to the antibiotic administration resulting in consistent

105 changes in the structure and function of the microbiota responsible for the  
106 observed changes in the host response. These crucial assumptions have not  
107 been rigorously tested to date.

108         Early studies on the gut microbiota relied upon culture-based techniques  
109 that characterizes only a small fraction of the microbial diversity present (19). The  
110 introduction of molecular techniques e.g. DNA sequencing of PCR amplicons  
111 from ribosomal RNA genes, allowed the detection and enumeration of  
112 microorganisms that are refractory to cultivation (41, 62). Each sequence serves  
113 as a proxy for the occurrence of a microbial genome in a microbial community.  
114 Most of the amplicon sequences from the human gut microbiota correspond to  
115 Firmicutes or Bacteroidetes (13) and their total complexity exceeds 15,000  
116 different operational taxonomic units (OTUs) (42).

117         For most complex microbial communities including the gut microbiota, a  
118 small number of phylotypes dominate population structures and mask the  
119 appearance of many distinct but low-abundance taxa in most molecular surveys  
120 (55). A meaningful comparison of microbial population structures for different  
121 complex communities requires analysis of many thousands of PCR amplicon  
122 sequences in order to estimate the relative abundance of different phylotypes  
123 and to detect the presence of rare taxa. Recent advances in DNA sequencing  
124 technology have permitted the development of methods for deep culture-  
125 independent surveys of microbial diversity at relatively low cost. In this  
126 communication we conducted controlled experiments to characterize the  
127 changes in the community structure of the murine gastrointestinal microbiota

128 during antibiotic administration and to monitor the response of this community  
129 after withdrawal of drug. Using a high-throughput 16S tag sequencing approach  
130 targeting the V6 hypervariable region (21, 55), we gained an unprecedented view  
131 of the diversity present in the gut microbiota and were able to detail the dynamics  
132 of the gut microbial community during periods of ecologic stress brought on by  
133 antibiotic administration. We find that antibiotic administration results in  
134 reproducible, significant, and in some cases, long lasting, changes in the  
135 community structure of the gut microbiota. These changes most likely disturb the  
136 balanced interactions between the indigenous microbiota and the host and  
137 account for observed changes in gut homeostasis that have been shown to result  
138 from antibiotic administration in both clinical and experimental settings.

## 139 **Materials and Methods**

140 **Mouse models and housing conditions.** C57BL/6 IL-10<sup>-/-</sup> mice were from a  
141 breeding colony maintained in specific pathogen free conditions at Michigan  
142 State University (MSU), derived from mice originally purchased from Jackson  
143 Laboratories (Bar Harbor, ME). C57BL/6J wild-type mice were purchased directly  
144 from Jackson Laboratories and housed with autoclaved food, bedding, and  
145 water. For the antibiotic therapy experiments selected four- to six-week old mice  
146 were either treated with antibiotics supplemented in their food (amoxicillin [3.0  
147 mg], metronidazole [0.69 mg] and bismuth [0.185 mg] formulated per 5 gram  
148 tablet/day/average [20 g] mouse [BioServ, Frenchtown, NJ]) or in their drinking  
149 water (cefoperazone [0.5 mg/mL] [Sigma-Aldrich]). Experiments with amoxicillin,  
150 metronidazole and bismuth were carried out at the University Research



151 Containment Facility at MSU and the experiments with cefoperazone were  
152 carried out in the Unit for Laboratory Animal Medicine at the University of  
153 Michigan. All experimental protocols were approved the animal use and care  
154 committees at the respective institutions.

155 **Sample collection and DNA extraction.** At the conclusion of the experiments,  
156 mice were euthanized by CO<sub>2</sub> asphyxiation. The cecum of each mouse was  
157 removed and washed in phosphate-buffered saline to remove luminal contents.  
158 The cecal tip was then excised, bisected, and snap-frozen in liquid nitrogen prior  
159 to storage at -80<sup>o</sup> C. Genomic DNA was then extracted from cecal tip samples  
160 (25-100 mg) with the QIAGEN DNeasy<sup>®</sup> Blood & Tissue Kit using a modified  
161 protocol. These modifications included: (1) adding a bead beating step using  
162 UltraClean<sup>™</sup> Fecal DNA Bead Tubes (MO BIO Laboratories, Inc.) that were  
163 shaken using a MiniBeadbeater-8<sup>™</sup> (BioSpec Products, Inc.) at the  
164 “homogenize” setting for one minute; (2) increasing the amount of Buffer ATL  
165 used in the initial steps of the protocol (from 180 μL to 360 μL); (3) increasing the  
166 volume of proteinase K used (from 20 μL to 40 μL); and (4) decreasing the  
167 amount of Buffer AE used to elute the DNA at the end of the protocol (decreased  
168 from 200 μL to 100 μL).

169 **Sequencing and data analysis.** The data presented here are based on 39 PCR  
170 amplicon libraries sequenced in five 454 runs using the GS-FLX platform (454  
171 Life Sciences, Roche Diagnostics Corp). V6 tag sequence amplicon libraries  
172 were constructed as previously described (54). Primer sets corresponding to  
173 967F and 1046R used in the library preparation and the permuted primer

174 approach for sequencing multiple libraries within a single GS-FLX 454 run  
175 without use of a physical partition are described in Huber et al., 2007 (21).  
176 Primers were trimmed off and all sequences without an exact match to the  
177 forward primer, shorter than 50 nt, or containing ambiguous base calls were  
178 removed as low quality reads. Sequences were organized in a relational  
179 database, and operational taxonomic units were created by aligning with  
180 MUSCLE and clustering with DOTUR as described in Huber et al., 2007 (14, 21,  
181 50). Taxonomic assignments were made through direct comparison of tags to a  
182 reference database of close to 200,000 distinct V6 sequences and using a  
183 consensus of the nearest tags in a global alignment of tags and reference  
184 sequences (22).

185 **Quantitative PCR.** Quantitative PCR reactions were used to separately assay  
186 the quantity of rRNA operons in the DNA samples relative to a single-copy host  
187 gene (mouse TNF- $\alpha$ ). A portion of the 16S rRNA encoding gene from  
188 *Helicobacter hepaticus* 3B1 was cloned and used as a positive control (between  
189 positions 331 and 797 based on *Escherichia coli* numbering of the 16S rRNA  
190 gene). A 264-bp portion of the gene encoding TNF-  $\alpha$  from *Mus musculus* was  
191 also cloned and used as a positive control for the host gene target (between  
192 positions 6455 and 6718 of the mouse TNF-  $\alpha$  encoding gene; GenBank  
193 accession number Y00467). Plasmids were purified from each clone and a 10-  
194 fold dilution series was used to determine detection limits of the assay as well as  
195 provide standard curves for absolute quantification in the qPCR reactions (range  
196 of  $10^1$ - $10^7$  copies per reaction). Assay volumes were comprised of the

197 LightCycler<sup>®</sup> 480 Probes Master reaction mix (Roche) at 1x concentration, and  
198 appropriate primer-probe sets to increase specificity of the detected signals from  
199 the sample DNA (100 ng). For detection of the bacterial signal 100 nanomoles of  
200 each of the forward and reverse primers and the fluorogenic probe were included  
201 in the reactions. Sequences for the forward primer (5'-  
202 TCCTACGGGAGGCAGCAGT-3'), the reverse primer (5'-  
203 GGACTACCAGGGTATCTAATCCTGTT-3'), and the probe (5'-[6-FAM]-  
204 CGTATTACCGCGGCTGCTGGCAC-[TAMRA]-3') were based on Nadkarni et al.,  
205 2002 (39). Final assay volumes of 20  $\mu$ L were dispensed in triplicate in 96-well  
206 plates. Signals were detected with a LightCycler 480 instrument (Roche). The  
207 reaction conditions for amplification of DNA were 95 °C for 10 minutes and 40  
208 cycles of 95 °C for 15 seconds and 60 °C for 1 minute. Detection of the host  
209 signal used 200 nanomoles of the forward (TNFa\_mu\_se; 5'-  
210 GGCTTTCCGAATTCAGTGGAG-3') and reverse primers (TNFa\_mu\_as; 5'-  
211 CCCCAGCCTTCCAAATAAA-3'), and 100 nanomoles of the probe  
212 (TNFa\_mu\_probe; 5'-[Cy5]-ATGTCCATTCCTGAGTTCTGCAAAGGGA-[Iowa  
213 Black RQ<sup>™</sup>]-3') adapted from Nitsch et al., 2001 (40). Amplification of the host  
214 signal began with an incubation at 95°C for 10 minutes, followed by 45 cycles of  
215 95°C for 20 seconds and 64°C for 30 seconds. Comparison in relative bacterial  
216 load was performed via the  $\Delta\Delta C_T$  method normalizing the 16S signal to the host  
217 signal (51).

## 218 **Results**

### 219 **Antibiotic administration alters the structure of the gut microbiota**

220 To characterize the impact of antibiotic administration on the composition  
221 of the gut microbiota, a combination of amoxicillin, metronidazole and bismuth  
222 (AMB) was administered to C57BL/6 IL-10<sup>-/-</sup> mice via their chow for 10 days  
223 (Figure 1). The C57BL/6 IL-10<sup>-/-</sup> strain was chosen as it is utilized as model of  
224 inflammatory bowel disease that is responsive to antibiotic therapy (33). The  
225 microbial community in one group of mice was assessed immediately following  
226 the 10-day treatment, while a second group of mice was switched back to drug  
227 free chow for two weeks before microbial community analysis. The microbiota  
228 from mice in both groups were compared to a group of control mice that had  
229 been fed conventional chow for the duration of the study.

230 We used a massively-parallel pyrosequencing strategy to retrieve  
231 sequences of the V6 hypervariable region of the small-subunit (SSU) rRNA gene  
232 (55) to determine the composition of the microbial community associated with the  
233 cecal mucosal of these was mice. These SSU sequence tags are generated by  
234 PCR amplification and function as proxies for the presence of individual  
235 phylotypes present in a given community. The use of pyrosequencing permitted  
236 characterization of a greater number of phylotypes than previously practical via  
237 PCR amplification, cloning and capillary sequencing of SSU genes. GAST  
238 (Global Alignment for Sequence Taxonomy) provided taxonomic assignments for  
239 each of the tag sequences (22).

240 We collected a total of 1,006,137 sequence tags were generated from  
241 representative samples (9 control, 2 treated and 10 treated followed by  
242 recovery). The vast majority of the sequence tags recovered from the cecal  
243 community of control animals affiliated with the phyla Bacteroidetes and  
244 Firmicutes, with only about 1% belonging to Proteobacteria (Figure 2, Table S1).  
245 In the antibiotic-treated animals however, the majority of tags (73,010 of 102,822,  
246 [71%]) were Proteobacteria. Two specific tags, assigned to the family  
247 Enterobacteriaceae accounted for 67,717 (93%) of these Proteobacteria tags  
248 (Table S2). In the control animals, these two tags represented only 106 out of a  
249 total of 5214 (2%) tags belonging to Proteobacteria.

250 In the animals whose gut microbial community was allowed to recover via  
251 a two-week antibiotic-free period, Firmicutes and Bacteroidetes returned to  
252 dominance (70% and 22% of the total number of tags, respectively).  
253 Proteobacteria decreased to 5.77% of the total, greater than the 1.2% in the  
254 animals that never received antibiotics, but much less than the 73% that they  
255 comprised at the end of the AMB treatment (Figure 2). The relative increase in  
256 Proteobacteria resulted from increases in tags that mapped to several taxonomic  
257 groups within the phylum (Table S1). The two Enterobacteriaceae tags that were  
258 dominant in the AMB-treated mice were encountered only 201 times out of a total  
259 of 26,964 (0.75%) Proteobacteria tags (Table S2).

260 A global comparison of all of the gut microbial communities in each of the  
261 animals was performed by calculating the Bray-Curtis measure of community  
262 similarity (34). This index is based upon presence/absence and relative

263 abundance of each phylotype encountered the mucosa-associated communities.  
264 We calculated the average Bray-Curtis similarity for each pair-wise comparison  
265 of the control, treated and recovered animals (Table 1). ANOVA of these Bray-  
266 Curtis values confirmed that the mucosa-associated microbiota from antibiotic  
267 treated animals differed significantly from both the control animals and the  
268 recovered animals ( $p < 0.05$ ). The average Bray-Curtis similarity comparing  
269 communities from antibiotic-treated animals to communities from the other two  
270 experimental groups was significantly lower.

### 271 **Variability in the murine gut microbiota**

272 Despite the significant differences in the gut microbiota between control  
273 animals and animals that received the triple antibiotic cocktail, there was still  
274 inter-animal variation noted within each experimental group. The animals in this  
275 experiment were selected from a breeding colony maintained at Michigan State  
276 University over a time period of approximately 5 months. The animals therefore  
277 came from several different litters born to separate mothers.

278 To determine the degree of similarity amongst animals that shared as  
279 many variables as possible, we sequenced and compared 48,594 V6 sequence  
280 tags from the mucosa-associated microbiota located in the cecae of three age-  
281 matched, wild-type C57BL/6 mice purchased from a commercial vendor. Figure 3  
282 depicts the results of taxonomic assignments and Bray-Curtis measures of  
283 community similarity based upon presence/absence and relative phylotype  
284 abundance from the mucosa-associated community of each animal. As observed  
285 previously, Firmicutes and Bacteroidetes dominated the microbial communities in

286 the cecae of each of the three animals. All three communities displayed similar  
287 phylotype distributions at all taxonomic levels with Bray-Curtis similarities > 0.9  
288 for all pairwise community comparisons. We recovered approximately 16,000  
289 tags from each community (Figure 3). Using an operational taxonomic unit (OTU)  
290 assignment of 97% sequence similarity, this yielded ~1000 OTUs in each  
291 community. The non-parametric Chao1 estimator (8), suggests that for this  
292 sampling effort, there are ~1200 unique 97% OTUs in each mucosa-associated  
293 gut community.

#### 294 **Antibiotic administration can result in a prolonged decrease in the** 295 **diversity of the gut microbiota**

296 In spite of the dramatic shifts in the composition of the gut microbiota  
297 following administration of the amoxicillin, metronidazole and bismuth cocktail,  
298 the community structure returned largely to the baseline state two weeks after  
299 discontinuation of the drugs. In an additional pilot experiment, the broad-  
300 spectrum cephalosporin antibiotic cefoperazone appeared to have a similar  
301 dramatic effect on the microbiota of C57BL/6 IL-10<sup>-/-</sup> mice, but in this case there  
302 were significant long-term effects on the community structure, including lower  
303 overall diversity, after antibiotic recovery (data not shown).

304 To extend this initial observation, we undertook an additional antibiotic  
305 administration trial employing cefoperazone in twenty female wild type C57BL/6  
306 mice (Figure 1B). Five mice were maintained in a single cage on standard mouse  
307 chow and sterile water (control group). The remaining 15 mice were switched to  
308 water supplemented with cefoperazone (0.5 mg/mL) and after 10 days, these

309 antibiotic-treated mice were divided into three subsequent treatments. Three  
310 mice were immediately euthanized to observe the effects of cefoperazone on the  
311 gut microbiota. Six mice, housed three animals per cage, were returned to sterile  
312 water for six weeks (isolated recovery) while another group of six mice (again  
313 divided into two cages) were housed with a control mouse added to each cage  
314 during the antibiotic-free period (donor recovery). The addition of the control  
315 mouse allowed reinoculation of the gut microbiota via natural coprophagic  
316 activity.

317         We recovered a total of 308,505 tag sequences were recovered from the  
318 seventeen samples representing the animals in the three experimental groups  
319 (Table S3). On average ~18,000 high quality sequence tags (23) were recovered  
320 per sample. Amplification of sequence tags was not possible for the three  
321 cefoperazone-treated mice that were euthanized at the end of antibiotic  
322 treatment (without a drug-free recovery period). Real-time PCR targeting the 16S  
323 SSU gene was used to determine to what effect the antibiotics had on overall  
324 bacterial load (judged by the relative ratio of the 16S SSU signal to a genomic  
325 murine target gene), and whether this could explain the inability to amplify  
326 sequence tags from these animals. The bacterial load in animals treated with  
327 antibiotics decreased by three orders of magnitude (average fold change 4300)  
328 compared to control animals. Both groups of animals that were allowed to  
329 recover from antibiotic administration for 6 weeks (isolated recovery and donor  
330 recovery) had levels of bacteria that were comparable to the control animals



331 (average fold change 0.91 for donor recovery animals and 1.20 for isolated  
332 recovery animals).

333         Pairwise Bray-Curtis similarities are displayed in heatmap format (Figure  
334 4) to allow visualization of all of the pair-wise comparisons. The bacterial  
335 community in cefoperazone-treated animals six weeks after discontinuation of  
336 the drug was distinct from that in control animals. However, the microbial  
337 community in the animals that recovered from antibiotic-administration in the  
338 presence of an untreated donor animal returned to a state that was very similar  
339 to that seen in the control animals.

340         When we examined the composition of the phylotypes at the level of  
341 phylum, the primary distinction was a reduction of Bacteroidetes diversity in the  
342 animals that recovered without additional input of microbes. While phylotypes  
343 assigned to Bacteroidetes comprised about 15% of the total community in the  
344 control animals and in the animals that recovered in the presence of a donor  
345 animals, they were only 0.33% of the total community in the animals that  
346 recovered in the absence of a donor.

347         At finer levels of taxonomic distinction, there were additional differences  
348 noted between the animals that did not have a donor animal present during the  
349 recovery phase compared to either the control animals or those that recovered  
350 with a donor (Figure 5 Table S3). At the genus level, the composition of the  
351 microbial community from controls and recovery with donor animals was quite  
352 different from the composition of the community from animals that recovered

353 without a donor. These data also suggest that the gut community in animals that  
354 recovered without a donor was composed of a decreased number of phylotypes.

355         Rarefaction curves demonstrated there were fewer phylotypes present in  
356 the microbial community from animals that recovered without a donor.

357 Rarefaction analysis involves resampling of community survey data to generate  
358 idealized collector's curves, providing an indication of overall phylotype richness  
359 (17, 34). In addition, rarefaction can provide an estimate of the depth to which a  
360 complex community has been sampled. Rarefaction curves from the control  
361 animals and the animals that recovered in the presence of a donor overlapped,  
362 confirming that the overall diversity (phylotype richness) was similar between the  
363 two (Figure 6). Conversely, rarefaction analysis of the communities from the  
364 animals that recovered without a donor indicated that the diversity of these  
365 communities was lower than for the other two experimental groups.

## 366 **Discussion**

367         The myriad interactions between the indigenous gastrointestinal  
368 microbiota and their mammalian host have been a focus of considerable recent  
369 scientific investigation. Studies on human subjects have the advantage of  
370 directly examining the natural community responsible for specific diseases.  
371 However, due to technical and ethical constraints of examining the human  
372 microbiota, a great deal of effort has been applied to studying model systems, in  
373 particular murine models.

374         Two main lines of research have provided insights about host/microbiota  
375 interactions in murine models. Studies in germ free and gnotobiotic mice have

376 demonstrated that gut bacteria can transmit signals that influence host responses  
377 (20, 44). However, these are highly simplified systems where community  
378 complexity is orders of magnitude lower than naturally occurring murine  
379 microbiota. An alternative approach has been to study ecologic stressors shape  
380 complex communities in murine model systems. In many cases antibiotics are  
381 employed to alter the indigenous microbiota thus disturbing the normal, baseline  
382 host/microbe interactions. Such an approach has demonstrated a role for the  
383 microbiota in genetic models of murine inflammatory bowel disease (26, 33) and  
384 in the modulation of glucose tolerance in mouse models of insulin resistance  
385 (37). Antibiotic treatment studies have shown that antibiotic resistant bacterial  
386 pathogens can exploit innate immune deficits triggered by antibiotic  
387 administration (5). Antibiotic regimens have been used to demonstrate a role for  
388 the indigenous microbiota in shaping physiologic responses of the gut mucosa  
389 including mediating protective responses to direct epithelial injury (43) and  
390 directing the differentiation of IL-17-producing T-helper cells in the mucosa of the  
391 small intestine (24). Antibiotic treated mice demonstrate altered susceptibility to  
392 experimental infection with pathogenic bacteria. Streptomycin treatment of mice  
393 increases susceptibility to oral infection with *Salmonella enterica* serovar  
394 Typhimurium (52). A recently described murine model of *Clostridium difficile*-  
395 associated colitis employed pretreatment with a mixture of five antibiotics  
396 followed by a single dose of clindamycin a day prior to oral challenge with *C.*  
397 *difficile* (9).

398           The focus of these studies has generally been on the host response to the  
399 alteration in the indigenous microbiota. In most cases the nature of the antibiotic-  
400 induced changes on the microbiota were not investigated. Some studies  
401 measured changes in total aerobic and anaerobic colts available bacteria  
402 following antibiotic administration and in a few cases limited culture-independent  
403 investigation of the microbiota was performed. An implicit assumption for these  
404 studies is that genetically identical mice harbor a consistent baseline microbiota.  
405 A further assumption is that the use of antibiotics would result in reproducible  
406 changes in the microbiota that were responsible for the altered host responses  
407 observed. This critical assumption has never been formally addressed in detail  
408 until the current study.

409           It has been proposed that an adult mammal harbors a stable, “climax  
410 community” in each anatomic area of the GI tract (48). Although there can be  
411 individual variation in the composition of shallow phylogenetic lineages within the  
412 gut microbiota, there are relatively few deep lineages, with Firmicutes and  
413 Bacteroidetes generally dominant in most surveys (11, 29). These observations  
414 most likely reflect the influence of a variety of ecologic and evolutionary  
415 constraints on the gut microbial community (28, 29). Our results, demonstrating  
416 marked similarity between the gut microbiota from individual animals, albeit  
417 among individuals with identical genetic background maintained in a tightly  
418 controlled environment, provide strong evidence that the gut microbial community  
419 represents a stable ecosystem. This high degree of similarity also provides

420 evidence for the existence of community “assembly rules” that govern the  
421 establishment and stability of these microbial consortia.

422         Perhaps the more critical assumption in experiments that involve antibiotic  
423 manipulation of the indigenous gut microbiota is that drug treatment results in  
424 reproducible alterations of the microbial community structure. The relative  
425 stability of the indigenous microbiota has been debated. From an ecological  
426 standpoint, the term stability (also commonly referred to as robustness)  
427 encompasses a number of components (2, 31). One aspect is temporal stability,  
428 which is the constancy of community structure over time. In addition, the term  
429 resistance refers to the ability of a community to maintain a given structure in the  
430 setting of a perturbation, while resilience is the ability of a community to return to  
431 its baseline structure following a perturbation in community structure. In this  
432 regard, if a community exhibits temporal stability, this implies the presence of  
433 resistance and resilience in the community structure as one assumes that most  
434 communities will experience ecologic stress at some point in time.

435         A number of studies have indicated that an individual’s gut microbiota can  
436 have a relatively stable community composition over a period of months to years  
437 (36, 49, 58, 63). These observations have led to the conclusion that the  
438 community of microbes in the gut is relatively resistant to perturbation by various  
439 ecologic stressors. Subsequent environmental influences including diet, host  
440 genetics, medication use, and exposure to infectious agents can all have an  
441 influence on the resultant microbial community (11). It has been reported that  
442 short-term administration of antibiotics (a 7 day course of clindamycin) could

443 result in long-term changes in the structure of the fecal microbiota of humans (12,  
444 25, 32). In all of these human studies, there was considerable individual baseline  
445 variation in the microbiota, which made it difficult to make inter-individual  
446 comparisons in the microbiota responses.

447         Although human studies such as these are important, one advantage of  
448 conducting murine experiments as described herein is that the ability to conduct  
449 true controlled, replicate experiments. Our replicate experiments allowed us to  
450 detect consistent shifts in the gut microbial community in the response to  
451 antibiotic administration. The reproducibility of these changes indicates that even  
452 if the influences on microbial community structure are complex and numerous,  
453 the community will exhibit stereotypic responses, if ecologic stressors are  
454 consistently applied. We observed reproducible shifts in the community structure  
455 of the gut microbiota following antibiotics including significant alterations in both  
456 the richness and distribution of 16S V6 phylotypes. The power of a deep survey  
457 of diversity allowed us to demonstrate that certain low abundance phylotypes  
458 present at baseline could become dominant in response to the shift in  
459 environmental conditions brought about by antibiotic administration. In control  
460 animals, 16S V6 tag sequences corresponding to members of the family  
461 Enterobacteriaceae comprised only a small fraction of the populations (1%).  
462 During administration of amoxicillin, metronidazole and bismuth (AMB), this  
463 group of organisms became the most dominant phylotype, indicating that this  
464 antibiotic regimen created an environment that somehow favored this taxonomic  
465 group of organisms. Simple resistance to the antibiotics cannot entirely explain

466 this observation as other phylotypes were unchanged in relative abundance  
467 following AMB administration, but did not undergo the remarkable relative  
468 expansion during drug treatment exhibited by the Enterobacteriaceae.

469 In this case, the gut microbial community exhibited resilience as the  
470 community structure shifted back towards the baseline state following cessation  
471 of the AMB treatment. However, the ability of this community to recover following  
472 antibiotic disturbance was not absolute. The administration of cefoperazone also  
473 caused dramatic shifts in community structure, but in this case, diversity did not  
474 recover even six weeks after the discontinuation of the drug. Rarefaction analysis  
475 revealed a persistent, significant decrease in overall species richness in the gut  
476 community following cefoperazone administration. However, the addition of an  
477 untreated mouse to cages of cefoperazone-treated animals during the recovery  
478 phase allowed complete restoration of diversity, presumably through natural  
479 coprophagic activity. This observation indicates that cefoperazone administration  
480 did not change host physiology, as exposure to a baseline microbiota resulted in  
481 normalization of the community structure. Additionally, we infer that the baseline  
482 community structure is “preferred” since all four animals in the cage possessed a  
483 community that we not distinguish from that in untreated control animals. Since  
484 the donor animal were exposed to the altered community present in the  
485 cefoperazone-treated animals, it is possible that the resultant communities would  
486 possess the antibiotic-altered community structure or an intermediate structure.

487 The reasons for the observed differences in community resilience are not  
488 entirely clear. The ecologic disturbance mediated by cefoperazone appears to

489 have overcome the community resilience, potentially due to different spectra of  
490 anti-microbial activity. Regardless of the underlying reasons for the differences  
491 in observed community resilience, from an experimental standpoint it is important  
492 to understand that manipulation of the indigenous gut microbiota by various  
493 antibiotic regimens may result in altered community structures that persist even  
494 after the antibiotic is discontinued. Whether or not the gut community returns to  
495 the baseline state after perturbation can influence the conclusions that can be  
496 drawn from a particular experiment.

497         The implications of long-lasting changes in community diversity following  
498 antibiotic administration are several-fold. Even though the microbial composition  
499 of the animals that recovered from cefoperazone treatment remained altered  
500 compared to baseline, overall bacterial biomass returned to the level observed in  
501 control mice. It has been postulated that functional redundancy in complex  
502 microbial communities can allow an altered community to perform equivalent  
503 ecosystem functions as the original community (2). Studies are ongoing to  
504 determine if the specific alterations in the gut microbiota result in any significant  
505 changes in gut ecosystem functioning.

506         One function of the gut microbiota that has captured our attention is that of  
507 “colonization resistance”, the ability of the indigenous microbiota to prevent  
508 ingress of pathogens into the gut community (16, 18, 59). Antibiotic associated  
509 colitis resulting from *Clostridium difficile* infection may result from a loss of the  
510 intrinsic colonization resistance of the gut microbiota (4, 38). Theoretically, the  
511 administration of antibiotics could disturb the indigenous microbiota allowing *C.*



512 *difficile* spores encountered in the environment to germinate and successfully  
513 colonize the gut (4, 61). Although *C. difficile* infection responds to the  
514 administration of specific anti-microbial therapy, including metronidazole or  
515 vancomycin, recurrence following the end of *C. difficile* therapy has become an  
516 increasing problem (35). In a previous study, we have provided evidence that  
517 recurrent *C. difficile* infection is associated with a decrease in fecal microbial  
518 diversity (7). This observation is in line with the fact that the administration of  
519 stool from healthy individuals to patients with recurrent *C. difficile* can break the  
520 cycle of recurrence (1, 57). The data presented here indicate that antibiotic  
521 therapy of sufficient magnitude can result in an altered microbial community. It  
522 remains to be determined if this can be directly correlated with a loss of  
523 colonization resistance, but our findings provide evidence that antibiotic  
524 administration can result in long term decreases in gut microbial diversity, which  
525 in turn is associated with recurrent *C. difficile* disease.

526         As we learn more about the intricate relationship between the gut  
527 microbiota and their host we may find that unintended disturbance of this  
528 microbial community will have significant deleterious health effects. A more  
529 complete understanding of the ecologic forces that determine the formation and  
530 maintenance of microbial community structures could lead to novel ways to  
531 prevent or treat diseases that result from disruptions of the gut microbiota.

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533

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## 734 **Figure legends**

735

736 Figure 1. **Schemata for antibiotic administration.** A. Fifteen C57BL/6 IL-10<sup>-/-</sup>  
737 mice received the combination of amoxicillin, metronidazole and bismuth in their  
738 chow for 10 days while 10 animals remained on control chow. Mice were either  
739 euthanized immediately after antibiotic administration or after a 2-week period of  
740 recovery on non-medicated chow. Control animals remained on non-medicated  
741 chow for the entire experiment. B. Five animals remained on sterile water while  
742 15 mice were treated with 0.5 mg/ml of cefoperazone in sterile drinking water for  
743 10 days. The antibiotic-treated animals were subsequently divided into three  
744 groups. One group of 3 animals was immediately sacrificed. One group of 6  
745 animals (divided into two cages) was returned to sterile water without antibiotics  
746 for a 6-week recovery period. A final group of 6 animals (also divided into two  
747 cages) was returned to water without antibiotics, and a non-treated control  
748 mouse was added to the cage for the 6-week recovery period. The cecae of all  
749 animals were harvested for microbial community analysis.

750

751 Figure 2. **Comparison of the microbial community composition in the cecae**  
752 **of antibiotic treated mice.** Over one million V6 sequence tags were retrieved  
753 and classified from cecal DNA purified from untreated mice (Control), animals  
754 that received amoxicillin, metronidazole and bismuth (AMB) in chow for 10 days  
755 (Antibiotic Treated) or AMB-treated mice that were allowed to recover on plain  
756 chow for two weeks (Recovery). The sequence tags were classified to the level



757 of bacterial division (phylum). The pie charts show the distribution of the pooled  
758 tags for each experimental group with the mean  $\pm$  S.D. distribution of tags  
759 recovered from each individual animal is indicated.

760

761 **Figure 3. Genus level diversity of the gut communities in the cecae of**  
762 **control animals.** Approximately 16,000 V6 SSU hypervariable region tags were  
763 retrieved from the cecal mucosa-associated microbiota from each of three wild-  
764 type C57BL/6 mice. Pie charts show the distribution for the most prevalent  
765 taxonomically assigned tags while the percentages for the 12 most common  
766 assignments is indicated below. Bray-Curtis similarities were calculated for each  
767 pairwise comparison. The nonparametric Chao1 diversity estimator was  
768 calculated for each community based on 97% sequence similarity.

769

770 **Figure 4. Comparison of microbial communities in cefoperazone-treated**  
771 **animals.** Over 300,000 V6 sequence tags were retrieved from the cecae of  
772 cefoperazone treated mice that recovered from drug treatment in the presence or  
773 absence of an untreated “donor” animal. The tags were assigned a taxonomy at  
774 the level of genus and the pair-wise Bray-Curtis distance calculated for all  
775 possible comparisons. The Bray-Curtis values are presented in a heatmap  
776 fashion as a color-coded distance matrix with the most similar (Bray-Curtis  
777 similarity of 1.0) represented by blue and the most dissimilar (Bray-Curtis  
778 similarity of 0.0) represented in red. The housing of the animals is indicated and  
779 the animals that served as “donor” in each cage are marked with a star.

780

781 **Figure 5 Genus level diversity of the gut communities from cefoperazone-**  
782 **treated animals.** The taxonomic assignments of V6 tags from untreated animals  
783 (control), animals that recovered without an untreated animal (isolated recovery)  
784 and animals that recovered in the presence of an untreated animal (donor  
785 recovery) are shown. The pie charts show the most abundant genus level  
786 assigned tags for the pooled animals in each experimental group. The average ( $\pm$   
787 S.D.) distribution of tags recovered from each individual animal is indicated  
788 below. ND = not detected.

789

790 **Figure 6 Rarefaction analysis of microbial communities from cefoperazone**  
791 **treated animals.** The number of assigned phlotypes as a function of the  
792 number of tags retrieved. The V6 tags from untreated animals (control), animals  
793 that recovered without an untreated animal (isolated recovery) and animals that  
794 recovered in the presence of an untreated animal (donor recovery) were used to  
795 construct rarefaction curves with an OTU definition of >97% sequence similarity.

796  
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798

**Table 1** Bray-Curtis similarities comparing communities from AMB-treated mice

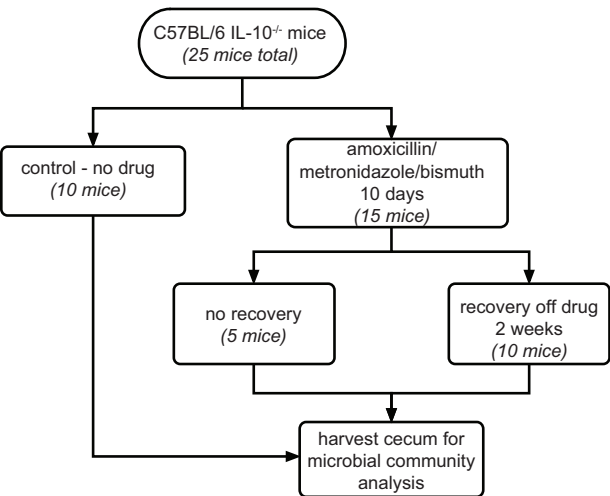
	<b>Control</b>	<b>Recover</b>	<b>Treated</b>
<b>Control (n=9)</b>	0.765 ± 0.014 <sup>a1</sup>		
<b>Recover (n=11)</b>	0.756 ± 0.008 <sup>a</sup>	0.749 ± 0.011 <sup>a</sup>	
<b>Treated (n=2)</b>	0.212 ± 0.019 <sup>b</sup>	0.205 ± 0.018 <sup>b</sup>	0.845 ± 0.083 <sup>a</sup>

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803

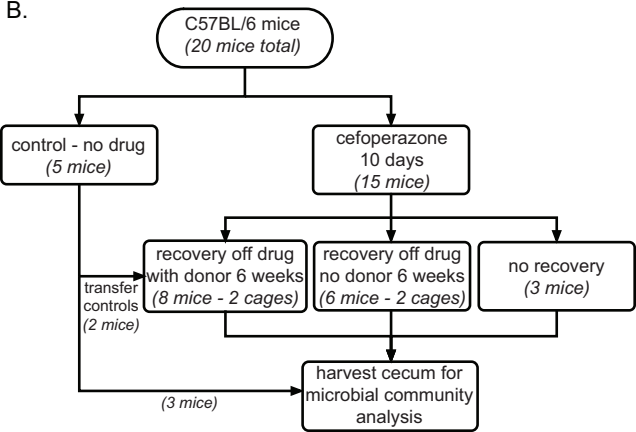
<sup>1</sup> average ± S.D.

<sup>a,b</sup> values not connected by the same letter are significantly different. Groups were compared by ANOVA with significance set at  $p < 0.05$  by Tukey Kramer.

A.



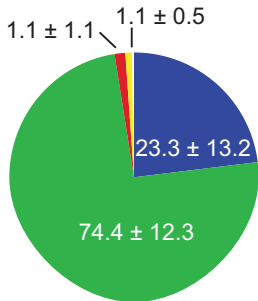
B.



## Phylum level tag assignment

- Bacteroidetes
- Firmicutes
- Proteobacteria
- Other Bacterial phyla

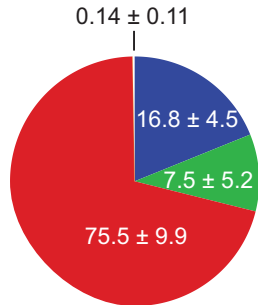
### Control



number of animals  
number of tags

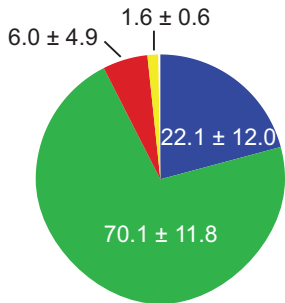
9  
435,893

### Antibiotic Treated



2  
102,801

### Recovery



10  
467,253

Similarity 0.9013

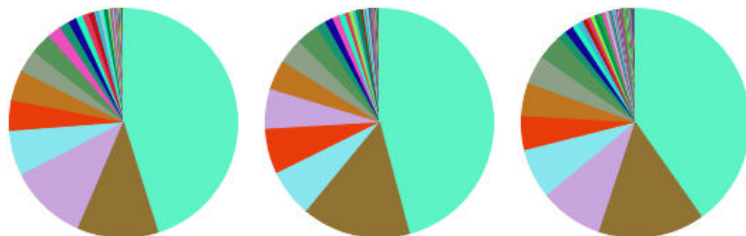
Similarity 0.9126

Similarity 0.9077

Mouse #1

Mouse #2

Mouse #3

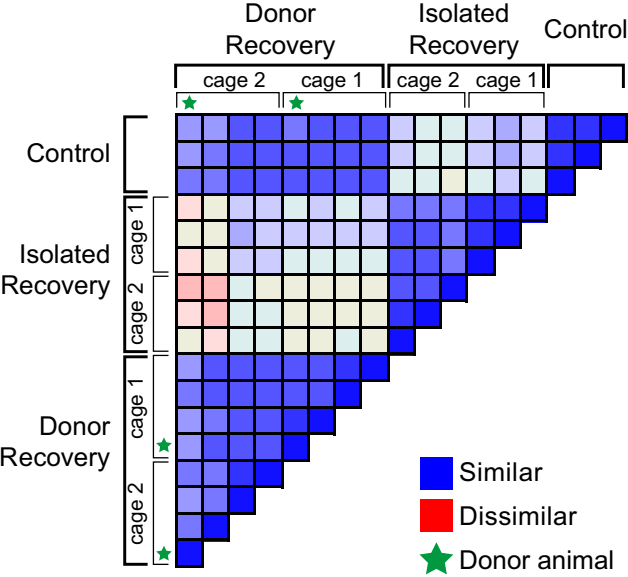


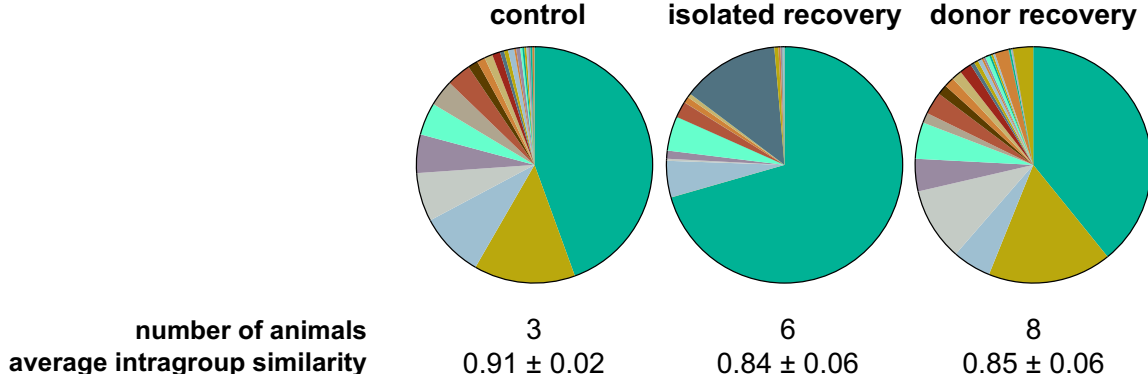
	Mouse #1	Mouse #2	Mouse #3
<b>Total tags</b>	16490	16172	15932
<b>Unique tags</b>	967	928	1038
<b>Chao estimate</b>	1183	1095	1399
<b>Chao 95% c.i.</b>	1128-1257	1049-1158	1314-1510

### Genus level tag assignment

### Percentage of total community















Firmicutes Lachnospiraceae NA	43.8	47.9	43.3
Bacteroidetes Porphyromonadaceae NA	11.4	15.2	14.9
Proteobacteria Pseudomonadaceae Pseudomonas	10.8	6.3	8.9
Firmicutes NA	9.5	8.7	6.6
Firmicutes Ruminococcaceae NA	7.6	5.5	7.0
Firmicutes Ruminococcaceae Paillibacter	4.5	4.8	4.9
Bacteria NA	2.8	3.3	3.7
Firmicutes Erysipelotichaceae Turicibacter	1.9	0.9	0.5
Firmicutes Clostridiaceae NA	0.8	0.8	0.4
Firmicutes NA Bryantella	0.8	0.8	0.8
Firmicutes Ruminococcaceae Ruminococcus	0.8	0.3	1.1
Firmicutes Eubacteriaceae Anaerovorax	0.6	0.5	0.5





**Genus level tag assignment**

**Average percentage ( $\pm$ S.D.)**

 Bacteroidetes Lachnospiraceae NA	47 $\pm$ 2.4	73 $\pm$ 3.8	46 $\pm$ 7.8
 Bacteroidetes Porphyromonadaceae NA	15 $\pm$ 2.3	0.1 $\pm$ .24	18 $\pm$ 4.1
 Proteobacteria Pseudomonadaceae Pseudomonas	8.9 $\pm$ 2.8	5.5 $\pm$ 3.1	6.1 $\pm$ 3.3
 Firmicutes Ruminococcaceae NA	8.1 $\pm$ 0.8	1.4 $\pm$ 1.3	11 $\pm$ 2.5
 Firmicutes NA NA	7.9 $\pm$ 1.8	6.2 $\pm$ 5.9	4.9 $\pm$ 0.9
 Firmicutes Ruminococcaceae Papillibacter	5.0 $\pm$ 0.3	4.1 $\pm$ 3.8	6.0 $\pm$ 1.0
 Bacteria NA NA	3.5 $\pm$ .52	0 (ND)	1.2 $\pm$ 0.62
 Firmicutes Erysipelotrichaceae Turicibacter	1.2 $\pm$ .72	0.5 $\pm$ 0.6	1.3 $\pm$ 0.3
 Firmicutes Ruminococcaceae Ruminococcus	0.91 $\pm$ 0.27	0 (ND)	0.8 $\pm$ 0.34
 Firmicutes NA Bryantella	0.83 $\pm$ 0.045	0.8 $\pm$ 1.2	0.6 $\pm$ 0.17
 Firmicutes Eubacteriaceae Anaerovorax	0.54 $\pm$ 0.51	0 (ND)	0.39 $\pm$ 0.09
 Firmicutes Burkholderiaceae Ralstonia	0.4 $\pm$ 0.14	0.23 $\pm$ 0.2	0.33 $\pm$ 0.24
 Firmicutes Clostridiaceae Clostridium	0.3 $\pm$ 0.18	8.6 $\pm$ 5.4	0.45 $\pm$ 0.28
 Firmicutes Erysipelotrichaceae Allobaculum	0.07 $\pm$ 0.02	0.023 $\pm$ 0.056	3.1 $\pm$ 2.0
Firmicutes Clostridia NA	0.53 $\pm$ 0.30	0 (ND)	0.35 $\pm$ 0.10



