Established *Gardnerella* biofilms can survive metronidazole treatment by reducing

metabolic activity

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Abstract

Gardnerella spp., a hallmark of bacterial vaginosis, can form biofilm and it has been suggested

that failure of antibiotic treatment of bacterial vaginosis and recurrent vaginosis are linked to its

ability to form biofilm. Here, we tested the hypothesis that biofilm formation provides protection

from the effects of metronidazole. We performed a broth microdilution assay to measure the

minimum inhibitory concentration (MIC) of metronidazole for thirty-five *Gardnerella* isolates in

two different growth media: one medium in which *Gardnerella* spp. grow primarily as biofilm

and the other medium in which *Gardnerella* spp. grow primarily in planktonic form. The MIC of

Gardnerella isolates observed in the two conditions were highly correlated (R^2= 0.69, p <0.001)

and 27/35 isolates had no difference in MIC between the two growth modes. When established

biofilms were treated with metronidazole, live *Gardnerella* could be recovered following

treatment in most cases (7/9 isolates tested). Metabolic activity of established biofilms of thirty-

one isolates with and without metronidazole treatment was measured using a resazurin assay.

Most (27/31) isolates showed reduced metabolic activity following treatment with 128 μg/ml of

metronidazole relative to untreated controls. The amount of biofilm produced by *Gardnerella*

isolates was not enhanced by sub-inhibitory concentrations of metronidazole and scanning

electron microscopy revealed no architectural differences between treated and untreated

biofilms. Our results suggest that *Gardnerella* spp. growing in established biofilms reduce

metabolic activity as a mechanism of protection from the bactericidal effects of metronidazole.

Introduction

Gardnerella spp. are considered a hallmark of bacterial vaginosis: a vaginal dysbiosis defined by the shift from a *Lactobacillus* spp. dominated microbiome to a more diverse microbiome, comprising many aerobic and anaerobic bacteria, including *Gardnerella* spp.. The genus *Gardnerella* includes at least four cpn60-defined subgroups corresponding to four whole-genome sequence defined clades, which were more recently amended to thirteen genome species (1–3). One major diagnostic feature of bacterial vaginosis is the presence of clue cells – epithelial cells coated with multispecies biofilm (4, 5). It has been observed that *Gardnerella* accounts for a significant proportion of this multispecies biofilm *in vivo* (6), and several studies have shown that *Gardnerella* spp. can also form biofilm *in vitro* (7–10). Since the recognition of multiple *Gardnerella* spp., it has also been demonstrated *in vitro* that *Gardnerella* can form multispecies biofilm (8). Biofilm formation is often considered a stress response that protects bacterial cells from environmental stresses such as antimicrobial substances, immune cells, and predators (11–15). Alternatively, biofilm may be a natural and preferred mode of growth for some bacteria in particular environments (12).

Growth in biofilm form can provide protection from antibiotics in a variety of ways including enhanced production of extracellular matrix, reduction of metabolic activity, generation of environmental heterogeneity, and induction of phenotypic diversity (16, 17). Slow diffusion of antimicrobials within a biofilm may allow the bacteria living within to produce more extracellular matrix to prevent penetration of antibiotics (18). In fact, for some well characterized bacterial species, sublethal concentration of antibiotics have been demonstrated to lead to increased production of biofilm (19–22).

Metronidazole, a bactericidal drug that causes DNA breakage by formation of reactive oxygen

species (23), is widely prescribed for the treatment of bacterial vaginosis (9) and there is

increasing concern about treatment failure (24, 25). Resistance to metronidazole can occur

through reduced uptake of the prodrug, increased export and nitroimidazole reductase activity

(26, 27). The ability of *Gardnerella* spp. to form biofilm is often suggested to be correlated with

metronidazole treatment failure and recurrent BV (9, 24, 25, 28). Although metronidazole

resistance in *Gardnerella* spp. has been reported, no mechanisms other than their capacity to

form biofilm has yet been suggested (5, 24, 25, 29). The objectives of our current study,

therefore, were to determine if biofilm formation by *Gardnerella* spp. provides protection against

metronidazole, if sub-inhibitory concentrations of metronidazole stimulate biofilm production,

and to identify possible mechanisms of protection against metronidazole treatment of established

Gardnerella biofilm.

Methods

Bacterial Isolates

Thirty-five *Gardnerella* isolates representing the four subgroups defined by cpn60 barcode

sequence (n= 9, subgroup A (including *G. swidsinskii* and *G. leopoldii*); *n*= 10, subgroup B (*G.*

piotii and genome sp. 3); *n* = 9 subgroup C (*G. vaginalis*); and *n*= 7, subgroup D (genome sp. 8,

9 and 10) were revived from freezer stocks on Columbia agar plates supplemented with 5% (v/v)

sheep blood by incubating them anaerobically for 48 h at 37 ºC (BD GasPak EZ Anaerobe Gas

Generating Pouch System, NJ, USA). To prepare inoculum for the broth microdilution assay,

approximately ten well-isolated colonies from each blood agar plate were transferred to 5 ml

brain heart infusion (BHI) medium supplemented with 0.25% (w/v) maltose and 10% (v/v) heat

inactivated horse serum and incubated anaerobically for 18 h at 37 ºC.

Broth microdilution assay

A stock solution, of metronidazole (102.4 mg/ml, M3761-25G, Sigma-Aldrich, ON, Canada) in

DMSO was prepared and stored at -20 ºC. Immediately before each experiment, the stock

solution was diluted 1:100 in DMSO to make a 1024 µg/ml solution. A broth microdilution assay

was performed to determine the minimum inhibitory concentration (MIC) of metronidazole (30).

Briefly, 100 µl of media were aliquoted into each well of a flat bottom 96 well plate (Corning

Costar, NY, USA) using a multichannel pipettor. To make two-fold serial dilutions, 100 µl of

1024 µg/ml metronidazole was added to each well of the first column of a 96-well plate. After

mixing by pipetting up and down 4-6 times, 100 µl was transferred to the second column, and the

process was repeated to column 10. After pipetting up and down, 100 µl from column 10, instead

of transferring to column 11, was discarded. Column 11 was used as growth control (no

antibiotic). Column 12 was used negative control (sterile media). A freshly grown broth culture

was adjusted to an OD$_{595}$ of 0.5, corresponding to 10^6-10^7 cfu/ml, and 5 µl of adjusted broth

culture was added to each well of the 96 well plate, up to column 11. The plates were then

incubated anaerobically at 37 °C for 72 h. The process was repeated for all 35 isolates, and each

isolate was tested in two growth media: BHI + 0.25% maltose (v/v) and BHI + 0.25% maltose

(v/v) + 10% heat inactivated horse serum.

Co-culture microbroth dilution assay

Four representative isolates of the four subgroups were selected for a co-culture assay (Subgroup

A, VN003; Subgroup B, N170; Subgroup C, N165, and Subgroup D, NR002). All four isolates

were revived on blood agar plates. Colonies were harvested and resuspended in BHI + 0.25%

maltose (v/v) + 10% inactivated horse serum. The resuspended isolates were then incubated for

18 h anaerobically at 37 °C. The OD_{595} of fresh cultures were adjusted to 0.5. Isolates were

mixed in equal proportions in snap cap tubes (15 ml) in six combinations: AB, AC, AD, BC, BD,

and CD. Broth microdilution assays of co-cultures were performed as described above.

Quantification of total growth, planktonic and biofilm growth

The total growth in each well at 72 h was determined by measuring optical density at 595 nm

using a microplate reader (VarioSkan LUX Multimode plate reader). After measuring the total

growth, which includes both the planktonic bacteria and any biofilm formed at the bottom of the

well, the supernatant portion (planktonic growth) was transferred to a fresh flat-bottom 96 well

plate scanned at 595 nm. Biofilm quantification was performed using a CV assay as described

previously (8). Briefly, the 96-well plates were thoroughly washed twice with water. The wells

were then stained with 1% (w/v) crystal violet for 20 minutes. Then the plates were washed

twice with water and were dried before the addition of 33% (v/v) glacial acetic for biofilm

solubilization. The plates were then read at 595 nm to quantify biofilm.

Metabolic activity and viability measurement

Bacterial colonies harvested from blood agar plates were transferred to BHI + 0.25% maltose +

10% heat-inactivated horse blood serum and were incubated anaerobically for 18h. Inoculum

was prepared using 18 h old culture by adjusting the OD to 0.5 (corresponding to 10^6-10^7 cfu/ml)

in BHI + 0.25% maltose and 100 µl was pipetted into each well of duplicate 96-well plates (one

plate for viability assay and one for metabolic activity measurement). One column of each plate

was maintained containing sterile media only as negative control. After 48h of anaerobic

incubation at 37 °C, each plate was divided into two sections: rows A through D as control and E

through H as treatment. Overall OD_{595} was recorded, and the planktonic portion was transferred

to a new plate to measure planktonic OD_{595} only. Fresh BHI + 0.25% maltose was pipetted into

the control wells. For the treatment wells, fresh BHI + 0.25% maltose was supplemented with

metronidazole at a final concentration of 128 µg/ml. Media supplemented with metronidazole

were pipetted into treatment wells (Rows E-H) and the 96-well plates were incubated

anaerobically at 37 °C for another 24h. Following 24h incubation, overall OD_{595} was measured.

The planktonic fraction (supernatant) was transferred to a new plate and OD_{595} was recorded.

To determine viability of the cells growing in the biofilm mode post-treatment, biofilm formed at

the bottom of wells were scraped into 100 µl of PBS added to each well, pipetted up and down to

completely resuspend the cells and then 10 µl was transferred into new 96-well plate containing

90 µl of PBS using a multichannel pipettor. A serial dilution was made in the fresh 96-well plate

and 10^{-3} through 10^{-6} dilutions were spotted (2.5 µl each spot) onto blood agar plates. The blood

agar plates were incubated for 48 h and the colonies were counted on each spot. Each experiment

contained four technical replicates.

To measure metabolic activity, 100 µl of PBS (pH 7) was added to each well of the original plate

after removal of the planktonic growth. CellTitre Blue® reagent (20 µl)(Promega G8080) was

pipetted into both plates: biofilm growth plate and planktonic growth plate, avoiding direct

exposure of light. The incubation period for planktonic and biofilm fractions varied: visual

colour change was observed in planktonic fractions containing plates sooner (at 20 min) than the

biofilm cells containing plates. Plates were monitored every 20 min for up to 2 hours of

incubation at 37 °C. Fluorescence for the biofilm forming cells was recorded after 2 h.

Fluorescence was measured using VarioSkan LUX Multimode plate reader at 560 nm

(excitation) and 590 nm (emission). Metabolic activity was measured by subtracting RFU values

of the sterile control wells from the RFU values of the test wells.

Scanning Electron Microscopy

One *Gardnerella* isolate (N170, subgroup B, genome sp. 3) was grown anaerobically for 48 h on

blood agar. Ten well isolated colonies were harvested and transferred to BHI + 0.25% maltose +

10% horse blood serum. After 18h of growth, inoculum was prepared by adjusting the OD_{600} to

0.5 in BHI + 0.25%. An aliquot of 500 µl of inoculum was pipetted into 24-well plates

containing autoclaved round glass coverslips. The 24-well plate was incubated anaerobically for

48 h before replacing the media with fresh BHI + 0.25% maltose (control) and BHI + 0.25%

maltose supplemented with 128 µg/ml of metronidazole (treatment). The planktonic fraction was

removed 24 h post-treatment and the coverslips were flooded with PBS. Biofilm cells were fixed

by carefully adding 500 µl of 2% glutaraldehyde in 0.1 M sodium cacodylate (pH 7.2) and by

incubating for 4 hours at 4 °C. Cells were further fixed by adding 1% osmium tetroxide (OsO_4)

for 1 h followed by dehydration by consecutive washes in 30%, 50%, 70%, 80%, 90%, 95%, and

100% (3×) ethanol. After fixation, the coverslips were carefully washed twice with 0.1 M

sodium cacodylate (pH 7.2), and then 500 µl of fresh wash buffer was added to each well and the

24-well plate was sealed with parafilm. Fixed cells were dried and substituted using

hexamethyldislazane (HMDS) by first adding 1:2 HMDS and EtOH solution for 10 min followed

by treatment with 2:1 HMDS and EtOH solution for an additional 10 min. Finally, cells were

treated with 100% HMDS twice for 10 min. Excess HMDS was removed, and coverslips were

air dried overnight. Prior to microscopic observation, samples were treated with 10 nm gold. The

biofilm cells were then observed at different magnifications (400X, 6000X, 20,000X, 45,000X)

using a scanning electron microscope (Hitachi UHR FE-SEM SU8000 Series). All captured

images were evaluated by an observer blinded to the treatment to avoid observation bias.

Statistical analysis

To test if biofilm growth and planktonic growth were significantly different in the two different

media (with or without serum), a Mann-Whitney test was performed. To determine the

relationship between the MIC values for *Gardnerella* isolates in the two different culture

conditions, a Pearson-coefficient test was performed. To determine if the cell counts were

significantly different between controls and treatments, a Mann-Whitney U test and Holm-Šídák

multiple comparisons were performed. To test if metabolic activity is significantly different

between treated and control biofilms, a multiple unpaired t-test and Holm-Šídák multiple

comparisons were performed. All statistical analyses were performed using GraphPad Prism

(v.9.2.0).

Results

Impact of serum on biofilm formation

To investigate if the presence of serum affects biofilm formation, all isolates were grown in BHI

+ 0.25% (w/v) maltose with or without addition of 10% (v/v) heat inactivated horse serum.

Thirty-five isolates were grown in four technical replicates. Planktonic growth was significantly

higher in media containing serum compared to serum-free media while biofilm growth was

significantly higher in serum-free media than in media with serum (p <0.0001, Mann-Whitney U

test, Fig 1).

Fig 1: Growth mode is affected by serum (A) Planktonic growth in media with serum (BHI+ 0.25% maltose (w/v) + 10% (v/v) heat inactivated horse serum) and without serum (BHI+ 0.25% (w/v) maltose) measured by absorbance of broth culture. (B) Biofilm formation in media with serum (BHI+ 0.25% (w/v) maltose + 10% (v/v) heat inactivated horse serum) and without serum (BHI+ 0.25% (w/v) maltose) measured by crystal violet stain. Each data point is the average of four technical replicates of each of 35 isolates. Mann-Whitney test was performed to test significance and p values are indicated.

Impact of growth mode on susceptibility to metronidazole

Since serum significantly reduces biofilm formation and encourages planktonic growth, we used

presence or absence of serum to control mode of growth of the tested isolates in subsequent broth

microdilution assays. If growth in biofilm reduces susceptibility to metronidazole, we would

expect to see higher MIC values for isolates grown in serum-free media than in media with

serum. Thirty-five *Gardnerella* isolates were grown in metronidazole concentrations ranging

from 1 µg/ml to 512 µg/ml (two-fold serial dilution) in BHI + 0.25% (w/v) maltose with or

without 10% (v/v) heat inactivated horse serum. The MIC for most of the tested isolates (19/35,

54.28%) was 64 µg/ml (range 4-128 µg/ml). Overall, MIC values determined in the two media

were highly correlated (Pearson correlation co-efficient, R^2= 0.69, p <0.001) and 27/35 isolates

had the same MIC in both media. Of the 35 isolates tested, the observed MIC differed between

the two conditions for eight (8/35, 23%) isolates: NR010 of subgroup A; GH007, GH019 &

GH022 of subgroup B; and N165, GH015, GH021, and VN001 of subgroup C. Except N165, the

seven other isolates (GH007, GH015, GH019, GH021, GH022, NR010, and VN001) had a lower

MIC value in serum free media than in media with serum. There was no apparent relationship

between subgroup and MIC (Table 1).

Table 1. MIC of thirty-five *Gardnerella* isolates in BHI+ 0.25% (w/v) maltose with or without 10% (v/v) heat inactivated horse serum.

Subgroup	Isolate	MIC (µg/ml)	
		+ serum	No serum
A	GH005	32	32
	NR010	1	32
	NR015	32	32
	NR016	64	64
	NR019	64	64
	NR020	64	64
	VN003	32	32
	WP021	64	64
	WP022	16	16
B	GH007	16	8
	GH019	4	4
	GH022	32	2
	N95	64	64
	N101	64	64
	N144	64	64
	N170	64	64
	NR026	64	64
	VN002	64	64
	W11	4	4
C	ATCC14018	32	8
	GH015	32	32
	GH021	16	8
	N165	64	128
	NR001	8	4
	NR038	64	64
	NR039	64	64
	VN001	32	4
	WP023	16	16
D	NR002	64	64
	NR003	64	64
	NR043	64	64
	NR044	64	64
	NR047	64	64
	N160	64	64
	WP012	64	64

Viability of treated biofilm vs. control biofilm

In the broth microdilution assay, a suspension of cells is exposed to antibiotic simultaneously

with inoculation of assay plates. To investigate if established biofilms formed by *Gardnerella*

provide protection against subsequent metronidazole treatment, preformed biofilms (48 h old) of

nine *Gardnerella* isolates were treated for 24 h with 128 µg/ml metronidazole, which is double

the highest recorded MIC value for any of the tested isolates. Total viable counts of isolates

treated with metronidazole and untreated controls were compared. Viable cells were recovered

from all controls and all treated biofilms except VN003 and ATCC 14018, which had no viable

cells after treatment. In cases where viable cells were recovered, there were no significant

differences in cfu/ml between treated and untreated (Fig 2, Mann-Whitney test, Holm-Šídák

multiple comparisons).

Fig 2: *Gardnerella* isolates in established biofilms can survive metronidazole treatment. 48 h old established biofilms of nine *Gardnerella* isolates were either treated with 128 µg/ml of metronidazole or not treated (controls). Biofilm cells were scraped, resuspended and total viable counts were performed on blood agar plates. Error bars show standard deviation of four technical replicates. Mann-Whitney U test was performed to test statistical significance (**** = $p<0.0001$, *** = $p<0.001$, ns = not significant).

Metabolic activity of treated biofilm vs. control biofilm

To determine if treated and untreated biofilms differ in metabolic activity, a resazurin assay was

performed. If cells are metabolically active, resazurin is reduced to resosurfin – a highly

fluorescence substance. We measured fluorescence (560/590nm) for thirty-one *Gardnerella*

isolates growing in biofilm mode, which were untreated or treated with 128 μg/ml metronidazole

for 24 h. Metabolic activity, measured as RFU values, was appreciably higher in untreated

biofilms: in 87% (27/31) of isolates metabolic activity was lower in the metronidazole treated

biofilm than in the corresponding untreated control (Fig 3). Of the 27 isolates which showed

reduced metabolic activity in preformed biofilms treated with metronidazole, the reduction was

significant in seventeen isolates (Fig 3, unpaired t-test, Holm-Šídák multiple comparisons).

Although three isolates (NR021, N95, NR026) showed higher metabolic activity in treatment

than in controls, these differences were not significant (Fig 3).

Fig 3: Metabolic activity of *Gardnerella* isolates growing in biofilms is reduced after metronidazole treatment. Thirty-three *Gardnerella* isolates were grown in BHI + 0.25% maltose for 48 h to form biofilms. Biofilms were treated with 128 μg/ml of metronidazole for 24 h, with four replicates per isolate. Metabolic activity was measured as baseline-subtracted relative fluorescence units (RFU) at 560/590 nm. An unpaired t-test and Holm-Šídák multiple comparisons were performed to test if the differences were statistically significant (* = p <0.005, ** = p <0.05).

Impact of sub-inhibitory metronidazole on biofilm formation

To investigate if sub-MIC concentrations of metronidazole stimulate biofilm formation by

Gardnerella, we compared the amount of biofilm growth of each isolate at each concentration of

metronidazole in serum-free media. No enhancement of biofilm formation was observed in most

of the tested isolates in the presence of metronidazole compared to biofilm formation in the

absence of metronidazole, except for NR026 (Subgroup B), VN001 (Subgroup C), and NR043

(Subgroup D) (Fig 4).

Fig 4: Biofilm formation at different concentrations of metronidazole. Thirty-five *Gardnerella* isolates were grown in media without serum. Each isolate was replicated four times in a 96-well plate. Crystal violet staining was performed to quantify biofilm biomass and OD_{595} measured. Each data point is the average of four technical replicates. Results are shown for isolates in cpn60-defined subgroups A, B, C and D (panels A-D).

Architecture of metronidazole treated and untreated *Gardnerella* biofilms

Next, we investigated if the structure of biofilm formed by isolate N170 and treated with

metronidazole differed from untreated biofilm. We chose N170 as a representative isolate

because it is a good biofilm former. There was no visible difference between treated and

untreated biofilms (Fig 5). Morphological heterogeneity of *Gardnerella* cells was observed in

both treated and untreated biofilms. Extracellular polymeric substances were observed in both

control and treatment; however, tightly packed cells were more common than extracellular

polymeric matrix in both biofilms (Fig 5). Dividing cells were observed in both treated and

untreated biofilms (Fig 5E-H).

Fig 5: *Gardnerella* N170 biofilms. Established biofilms of isolate N170 were treated with 128 g/ml of metronidazole for 24 h. Un-treated controls were maintained. SEM reveals no architectural or morphological differences between treated (A, C, E, G) and control (B, D, F, H) biofilms. Panels A-D are representative images captured at 6,000× and E-H are images at 20,000×.

Effect of co-culture on survival of *Gardnerella* treated with metronidazole

Since stressful conditions can lead to cooperation between bacterial species, we tested if the

susceptibility of *Gardnerella* isolates grown in co-culture was different than when grown alone.

We also investigated if biofilm formation is enhanced when *Gardnerella* isolates are co-cultured

in the presence of metronidazole. No co-culture had a higher MIC than the highest MIC value of

either of the two co-cultured isolates (Table 2), and no co-culture produced more biofilm than

any of the individual isolates included in the co-culture (data not shown).

Table 2. MIC of co-cultures of *Gardnerella* isolates in BHI+ 0.25% (w/v) maltose with or without 10% (v/v)
heat inactivated horse serum.

| | | MIC (µg/ml) | | | | | |
| | | + serum | | | no serum | | |
Isolate 1 (Subgroup)	Isolate 2 (Subgroup)	co-culture	Isolate 1	Isolate 2	co-culture	Isolate 1	Isolate 2
VN003 (A)	N170 (B)	64	32	64	32	32	64
VN003 (A)	N165 (C)	64	32	64	64	32	128
VN003 (A)	NR002 (D)	32	64	64	32	64	64
N170 (B)	N165 (C)	64	64	64	64	64	128
N170 (B)	NR002 (D)	16	64	64	16	64	64
N165 (C)	NR002 (D)	64	64	64	64	128	64

Discussion

It is widely reported that biofilm formation by bacteria provides protection against antibiotics

(16, 18, 31, 32). It has also been suggested that bacterial vaginosis treatment failure and

recurrence is largely because of the capacity of *Gardnerella* and other vaginal bacteria to form

biofilm (9, 28), however, this phenomenon has not been demonstrated *in vitro,* and a mechanism

by which biofilm formation protects *Gardnerella* has not been identified.

To facilitate two different modes of growth in our study: biofilm and planktonic, we used media

with or without horse serum. Although the mechanisms are yet to be fully understood, there are

reports that inclusion of serum discourages biofilm formation (33, 34), and that low molecular

weight proteins present in the serum may inhibit the transcription of biofilm genes (33). Also, it

has been proposed that for motile species, serum may promote twitching motility, which may

encourage planktonic growth (34). In our study, planktonic growth was dominant in the presence

of serum while biofilm growth was dominant in media without serum (Fig. 1). Despite this

dramatic difference in growth habit, MIC values in the two conditions were highly correlated and

identical MIC values were observed for most isolates regardless of growth medium (Table 1).

The MIC of the majority isolates (54.2%) in both media was 64 µg/ml, which is in agreement

with a previous study which also reported that the MIC of 50% of tested *Gardnerella* isolates

was 64 µg/ml (29). The lack of difference in MIC between biofilm and planktonic cultures

suggests that resistance to metronidazole and differences in MIC among isolates are the result of

properties of the individual isolates and not solely a function of growth mode (planktonic or

biofilm).

Although it has been widely accepted that biofilm formation is a stress response that protects

bacteria from insults, including antibacterial compounds, it has also been suggested that biofilm

may simply be a default mode of growth for many bacterial species in particular environments

(12). Based on observations of clinical specimens, this certainly seems to be the case for

Gardnerella in the vaginal microbiome (4, 5, 35, 36). While the broth microdilution assay and

MIC determination provides some information about susceptibility of isolates to metronidazole,

it does not simulate the situation *in vivo* where BV associated biofilm is well established prior to

treatment. Biofilm formation can protect bacterial cells by the production of extracellular

polymeric substances, by release of antibiotic modifying enzymes and extracellular DNA, and

reduction of metabolic activity and growth rate (17, 37). Since metronidazole, an antibiotic

bactericidal to a broad range of anaerobes, is a common choice of treatment for BV, we

investigated if established *Gardnerella* biofilm can protect its inhabitants from being killed by

metronidazole.

To understand how and to what extent biofilm can protect *Gardnerella* cells from metronidazole,

48 h old *Gardnerella* biofilms were exposed to 128 μg/ml metronidazole for 24 h, a

concentration higher than the maximum recorded MIC values of isolates we tested. We measured

viability and metabolic activity by total viable count and resazurin assay. The resazurin assay is a

high-throughput assay to assess metabolic activity (38, 39) and has been used to assess metabolic

activity of bacteria residing in biofilms (40, 41). Our results reveal that metabolic activity is

reduced in most of the tested isolates after exposure to metronidazole for 24 h (Fig 3), however,

in most cases we tested viable *Gardnerella* cells can be recovered from treated biofilms (Fig 2).

Our findings suggest that biofilms can protect cells from the killing effect of metronidazole at the

cost of reduced metabolic activity. Metronidazole enters bacteria by passive diffusion as a

prodrug and has limited activity until it is reduced, which occurs within bacterial cells (42, 43),

and thus, metabolic activity is necessary for the bactericidal effects of the drug to occur.

Exposure to antibiotics can also cause the emergence of persister cells in a biofilm, which can

survive antibiotic treatment by reducing metabolic activity (13).

Reduction of metabolic activity at antibiotic concentrations exceeding the MIC has also been

demonstrated in *E. coli* and *S. aureus*; however, in this study metabolic activity was also

increased at sub-MIC concentrations (44). Subinhibitory concentrations of antibiotics can

increase the production of extracellular matrix, enhancing biofilm biomass, slowing the diffusion

of antibiotics, and reducing exposure of the bacteria within the biofilm (17, 18). We did not

observe any enhancement of biofilm formation in the vast majority of the tested *Gardnerella*

isolates at sub-MIC concentrations of metronidazole (Fig 4). Enhancement of biofilm formation

by sub-inhibitory concentrations of antibiotics likely depends on the mechanisms of actions of

antibiotics. Yu et al. demonstrated enhancement of biofilm formation in *Enterococcus faecalis* (a

host associated Gram-positive cocci often associated with nosocomial infection) in response to

cell wall synthesis inhibitors such as ampicillin, oxacillin, and Fosfomycin, but not in response to

protein synthesis, DNA synthesis, and RNA synthesis inhibitors, such as erythromycin,

ciprofloxacin, and rifampicin (22). It has been suggested that antimicrobial compounds, such as

pyocins, which kill bacteria by damaging the cell wall, can enhance cellular attachment at sub-

lethal concentrations leading to increased biofilm formation (45). Metronidazole, however, kills

primarily anaerobic and facultative anaerobic bacteria by formation of reactive oxygen species

(ROS), which damages bacterial DNA (23). Therefore, it is conceivable that due to its mode of

action, metronidazole would not be expected to stimulate biofilm formation.

Since metabolic activity was reduced in biofilms treated with metronidazole and no enhancement

of biofilm formation was observed at sub-MIC levels, we sought to determine if metronidazole

treatment affects the structure of *Gardnerella* biofilm. We performed an SEM to visualize any

morphological or structural differences between biofilms treated with metronidazole and

untreated control biofilms. Although no differences were observed between treated and untreated

biofilms formed by isolate N170, we observed that the biofilm was largely composed of bacterial

cells in compact masses, and extracellular polymeric substance was not a major component of

the structure. Although SEM alone cannot determine if any other changes were happening in the

biofilms treated with metronidazole (sensors, florescence microscopy, and nanoparticles can

provide a better understanding of what changes may occur in a biofilm treated with antibiotics),

the fact that biofilm formation was not enhanced by sub-inhibitory concentrations of

metronidazole and extracellular polymeric substance was not abundant in *Gardnerella* biofilm

suggest that extracellular polymeric substance does not play a major role in providing protection

against metronidazole (46, 47).

When exposed to antimicrobials, otherwise competing bacteria may cooperate for a greater

purpose: to survive environmental stress (48, 49). Targeting cooperative behaviours can be an

effective method to treat biofilm infection (50). The results of our co-culture experiments

showed no evidence of synergy between *Gardnerella* spp. when exposed to antibiotics. This

finding is contrary to some other observations of either environmental (48) or well-characterized

Gram-negative bacterial isolates (50) but the overall dearth of information available regarding

cooperation between isolates when exposed to antibiotics makes it impossible to know if these

cases are the exception or the rule. We nevertheless, reported previously that coculturing

Gardnerella isolates does not have any synergistic effects (8, 51).

Conclusions

Overall, we have observed that established *Gardnerella* biofilm can survive metronidazole

treatment at levels above the MIC and this survival is associated with a reduction in metabolic

activity during antibiotic exposure. Metronidazole does not affect the architecture of *Gardnerella*

biofilm *in vitro* as observed by SEM. By reducing metabolic activity in response to exposure to

metronidazole, *Gardnerella* growing in established biofilms in the vaginal microbiome may

avoid the bactericidal effects of the drug and resume growth once treatment ends. From a clinical

perspective, management of recurrent vaginosis may be improved by methods to mitigate the

ecological processes that lead to expansion of *Gardnerella* populations and establishment of

biofilm.

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References
386
1.   Ahmed A, Earl J, Retchless A, Hillier SL, Rabe LK, Cherpes TL, Powell E, Janto B, Eutsey
R, Hiller NL, Boissy R, Dahlgren ME, Hall BG, Costerton JW, Post JC, Hu FZ, Ehrlich
GD. 2012. Comparative genomic analyses of 17 clinical isolates of *Gardnerella vaginalis*
provide evidence of multiple genetically isolated clades consistent with subspeciation into
genovars. J Bacteriol 194:3922–37.

2.   Paramel Jayaprakash T, Schellenberg JJ, Hill JE. 2012. Resolution and characterization of
distinct cpn60-based subgroups of *Gardnerella vaginalis* in the vaginal microbiota. PLoS
ONE 7:e43009.

3.   Vaneechoutte M, Guschin A, Van Simaey L, Gansemans Y, Van Nieuwerburgh F, Cools P.
2019. Emended description of *Gardnerella vaginalis* and description of *Gardnerella*
leopoldii sp. nov., *Gardnerella piotii* sp. nov. and *Gardnerella swidsinskii* sp. nov., with
delineation of 13 genomic species within the genus *Gardnerella*. International Journal of
Systematic and Evolutionary Microbiology 69:679–687.

4.   Swidsinski A, Mendling W, Loening-Baucke V, Ladhoff A, Swidsinski S, Hale LP, Lochs
H. 2005. Adherent biofilms in bacterial vaginosis. Obstet Gynecol 106:1013–1023.

5.   Swidsinski A, Verstraelen H, Loening-Baucke V, Swidsinski S, Mendling W, Halwani Z.
2013. Presence of a polymicrobial endometrial biofilm in patients with bacterial vaginosis.
PLoS One 8:e53997.

6.   Hardy L, Cerca N, Jespers V, Vaneechoutte M, Crucitti T. 2017. Bacterial biofilms in the
vagina. Research in Microbiology 168:865–874.

7.   Harwich MD, Alves JM, Buck GA, Strauss JF, Patterson JL, Oki AT, Girerd PH, Jefferson
KK. 2010. Drawing the line between commensal and pathogenic *Gardnerella vaginalis*
through genome analysis and virulence studies. BMC Genomics 11:375.

8.   Khan S, Voordouw MJ, Hill JE. 2019. Competition among *Gardnerella* subgroups from the
human vaginal microbiome. Front Cell Infect Microbiol 9:374.

9.   Machado D, Castro J, Palmeira-de-Oliveira A, Martinez-de-Oliveira J, Cerca N. 2015.
Bacterial vaginosis biofilms: Challenges to current therapies and emerging solutions.
Frontiers in Microbiology 6:1528.

10. Patterson JL, Stull-Lane A, Girerd PH, Jefferson KK. 2010. Analysis of adherence, biofilm
formation and cytotoxicity suggests a greater virulence potential of *Gardnerella vaginalis*
relative to other bacterial-vaginosis-associated anaerobes. Microbiology 156:392–9.

11. Donlan RM, Costerton JW. 2002. Biofilms: survival mechanisms of clinically relevant
microorganisms. Clin Microbiol Rev 15:167–193.

12. Jefferson KK. 2004. What drives bacteria to produce a biofilm? FEMS Microbiology
Letters 236:163–173.

13. Lewis K. 2008. Multidrug Tolerance of Biofilms and Persister Cells, p. 107–131. *In*
Romeo, T (ed.), Bacterial Biofilms. Springer, Berlin, Heidelberg.

14. Raghupathi PK, Liu W, Sabbe K, Houf K, Burmølle M, Sørensen SJ. 2018. Synergistic
Interactions within a Multispecies Biofilm Enhance Individual Species Protection against
Grazing by a Pelagic Protozoan. Frontiers in Microbiology 8:2649.

15. Vidakovic L, Singh PK, Hartmann R, Nadell CD, Drescher K. 2018. Dynamic biofilm
architecture confers individual and collective mechanisms of viral protection. Nat
Microbiol 3:26–31.

16. Lebeaux D, Ghigo J-M, Beloin C. 2014. Biofilm-related infections: bridging the gap
between clinical management and fundamental aspects of recalcitrance toward antibiotics.
Microbiol Mol Biol Rev 78:510–543.

17. Mah T-FC, O'Toole GA. 2001. Mechanisms of biofilm resistance to antimicrobial agents.
Trends in Microbiology 9:34–39.

18. Mah T-FC. 2012. Biofilm-specific antibiotic resistance. Future Microbiology 7:1061–1072.

19. Andersson DI, Hughes D. 2014. Microbiological effects of sublethal levels of antibiotics.
Nat Rev Microbiol 12:465–478.

20. Hoffman LR, D'Argenio DA, MacCoss MJ, Zhang Z, Jones RA, Miller SI. 2005.
Aminoglycoside antibiotics induce bacterial biofilm formation. Nature 436:1171–1175.

21.   Oliveira NM, Martinez-Garcia E, Xavier J, Durham WM, Kolter R, Kim W, Foster KR.
441   2015. Biofilm formation as a response to ecological competition. PLoS Biology
442   13:e1002191.

443   22.   Yu W, Hallinen KM, Wood KB. 2018. Interplay between Antibiotic Efficacy and Drug-
444   Induced Lysis Underlies Enhanced Biofilm Formation at Subinhibitory Drug
445   Concentrations. Antimicrobial Agents and Chemotherapy 62:e01603-17.

446   23.   Sigeti JS, Guiney DG Jr, Davis CE. 1983. Mechanism of action of metronidazole on
447   *Bacteroides fragilis*. The Journal of Infectious Diseases 148:1083–1089.

448   24.   Swidsinski A, Mendling W, Loening-Baucke V, Swidsinski S, Dorffel Y, Scholze J, Lochs
449   H, Verstraelen H. 2008. An adherent *Gardnerella vaginalis* biofilm persists on the vaginal
450   epithelium after standard therapy with oral metronidazole. American Journal of Obstetrics
451   and Gynecology 198:97 e1–6.

452   25.   Verwijs MC, Agaba SK, Darby AC, Wijgert JHHM van de. 2020. Impact of oral
453   metronidazole treatment on the vaginal microbiota and correlates of treatment failure.
454   American Journal of Obstetrics & Gynecology 222:157.e1-157.e13.

455   26.   Alauzet C, Lozniewski A, Marchandin H. 2019. Metronidazole resistance and nim genes in
456   anaerobes: A review. Anaerobe 55:40–53.

457   27.   Smith A. 2018. Metronidazole resistance: a hidden epidemic? Br Dent J 224:403–404.

458   28.   Muzny CA, Schwebke JR. 2015. Biofilms: An Underappreciated Mechanism of Treatment
459   Failure and Recurrence in Vaginal Infections. Clinical Infectious Diseases 61:601–606.

460   29.   Petrina MAB, Cosentino LA, Rabe LK, Hillier SL. 2017. Susceptibility of bacterial
461   vaginosis (BV)-associated bacteria to secnidazole compared to metronidazole, tinidazole
462   and clindamycin. Anaerobe 47:115–119.

463   30.   Wiegand I, Hilpert K, Hancock REW. 2008. Agar and broth dilution methods to determine
464   the minimal inhibitory concentration (MIC) of antimicrobial substances. Nat Protoc 3:163–
465   175.

466   31.   Bowler P, Murphy C, Wolcott R. 2020. Biofilm exacerbates antibiotic resistance: Is this a
467   current oversight in antimicrobial stewardship? Antimicrobial Resistance & Infection
468   Control 9:162.

469   32.   Costerton JW. 1999. Bacterial Biofilms: A Common Cause of Persistent Infections. Science
470   284:1318–1322.

471   33.   Abraham NM, Jefferson KK. 2010. A low molecular weight component of serum inhibits
472   biofilm formation in *Staphylococcus aureus*. Microbial Pathogenesis 49:388–391.

34. Hammond A, Dertien J, Colmer-Hamood JA, Griswold JA, Hamood AN. 2010. Serum
Inhibits *P. aeruginosa* Biofilm Formation on Plastic Surfaces and Intravenous Catheters.
Journal of Surgical Research 159:735–746.

35. Hardy L, Jespers V, Dahchour N, Mwambarangwe L, Musengamana V, Vaneechoutte M,
Crucitti T. 2015. Unravelling the bacterial vaginosis-associated biofilm: A multiplex
Gardnerella vaginalis and *Atopobium vaginae* fluorescence in situ hybridization assay
using peptide nucleic acid probes. PLoS One 10:e0136658.

36. Hardy L, Jespers V, Abdellati S, De Baetselier I, Mwambarangwe L, Musengamana V, van
de Wijgert J, Vaneechoutte M, Crucitti T. 2016. A fruitful alliance: the synergy between
Atopobium vaginae and Gardnerella vaginalis in bacterial vaginosis-associated biofilm.
Sexually Transmitted Infections 92:487–491.

37. Hall CW, Mah T-F. 2017. Molecular mechanisms of biofilm-based antibiotic resistance and
tolerance in pathogenic bacteria. FEMS Microbiology Reviews 41:276–301.

38. Costa P, Gomes ATPC, Braz M, Pereira C, Almeida A. 2021. Application of the Resazurin
Cell Viability Assay to Monitor *Escherichia coli* and *Salmonella* Typhimurium Inactivation
Mediated by Phages. 8. Antibiotics 10:974.

39. Osaka I, Hefty PS. 2013. Simple Resazurin-Based Microplate Assay for Measuring
Chlamydia Infections. Antimicrobial Agents and Chemotherapy 57:2838–2840.

40. Dalecki AG, Crawford CL, Wolschendorf F. 2016. Targeting Biofilm Associated
Staphylococcus aureus Using Resazurin Based Drug-susceptibility Assay. JoVE (Journal of
Visualized Experiments) e53925.

41. Mariscal A, Lopez-Gigosos RM, Carnero-Varo M, Fernandez-Crehuet J. 2009. Fluorescent
assay based on resazurin for detection of activity of disinfectants against bacterial biofilm.
Appl Microbiol Biotechnol 82:773–783.

42. Freeman CD, Klutman NE, Lamp KC. 1997. Metronidazole. Drugs 54:679–708.

43. Samuelson J. 1999. Why Metronidazole Is Active against both Bacteria and Parasites.
Antimicrobial Agents and Chemotherapy 43:1533–1541.

44. Lobritz MA, Belenky P, Porter CBM, Gutierrez A, Yang JH, Schwarz EG, Dwyer DJ,
Khalil AS, Collins JJ. 2015. Antibiotic efficacy is linked to bacterial cellular respiration.
PNAS 112:8173–8180.

45. Oliveira NM, Martinez-Garcia E, Xavier J, Durham WM, Kolter R, Kim W, Foster KR.
2015. Biofilm Formation As a Response to Ecological Competition. PLOS Biology
13:e1002191.

46. Cronenberg T, Hennes M, Wielert I, Maier B. 2021. Antibiotics modulate attractive
interactions in bacterial colonies affecting survivability under combined treatment. PLOS
Pathogens 17:e1009251.

47.   Powell LC, Abdulkarim M, Stokniene J, Yang QE, Walsh TR, Hill KE, Gumbleton M,
Thomas DW. 2021. Quantifying the effects of antibiotic treatment on the extracellular
polymer network of antimicrobial resistant and sensitive biofilms using multiple particle
tracking. npj Biofilms Microbiomes 7:1–11.

48.   Burmølle M, Webb JS, Rao D, Hansen LH, Sørensen SJ, Kjelleberg S. 2006. Enhanced
Biofilm Formation and Increased Resistance to Antimicrobial Agents and Bacterial
Invasion Are Caused by Synergistic Interactions in Multispecies Biofilms. Applied and
Environmental Microbiology 72:3916–3923.

49.   Piccardi P, Vessman B, Mitri S. 2019. Toxicity drives facilitation between 4 bacterial
species. PNAS 116:15979–15984.

50.   Dieltjens L, Appermans K, Lissens M, Lories B, Kim W, Van der Eycken EV, Foster KR,
Steenackers HP. 2020. Inhibiting bacterial cooperation is an evolutionarily robust anti-
biofilm strategy. Nat Commun 11:107.

51.   Khan S, Vancuren SJ, Hill JE. 2020. A generalist lifestyle allows rare *Gardnerella* spp. to
persist at low levels in the vaginal microbiome. Microb Ecol
https://doi.org/10.1007/s00248-020-01643-1.