Acidification-dependent suppression of *C. difficile* by enterococci in vitro

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Abstract: *Clostridioides difficile* and Vancomycin-resistant *Enterococcus faecium* (VRE) are
commonly co-isolated from hospitalized patients. We sought to develop *in vitro* co-culture
systems to identify interactions and study biofilm formation by these two opportunistic
pathogens. We found that VRE quickly acidifies media containing glucose, fructose and
trehalose to a pH that is not compatible with growth of *C. difficile*. Acidification was necessary
and sufficient for VRE-mediated suppression of *C. difficile* and this mechanism is conserved
among a panel of enterococci and *Clostridia*. Robust co-culture conditions and biofilm formation
were achieved by managing the available carbon source.

Importance: The steady state pH of the colon in humans and mice is below the growth limiting
pH for *C. difficile* found in this study and others. Following treatment with antibiotics, pH of the
colon rises to neutral or slightly alkaline, which correlates with the loss of colonization resistance
to *C. difficile*. These data suggest that manipulation of pH by managing the available carbon
source may affect colonization by pathogenic and commensal *Clostridioides*.

Introduction

High levels of population diversity in the gut microbiota is generally correlated with health across

gastro-intestinal diseases. Treatment with antibiotics can disrupt the gut microbiota to the point

that a single species can expand and dominate the gut, making up a high percentage of the reads

in a 16S sequencing data set. Treatment with broad-spectrum antibiotics can lead to expansion

of VRE (Donskey et al. 2000) and domination of the gut microbiota by the genus *Enterococcus*.

This was observed in humans (Taur et al. 2012) and mice (Ubeda et al. 2010). This domination

occurs commonly in human antibiotics-treated patients, such as hematopoietic stem cell

transplant patients where a low diversity microbiota is correlated with mortality (Liao et al. 2021;

Taur et al. 2012). Vancomycin-resistant *Enterococcus faecium* (VRE) is a rising clinical concern

that causes difficult-to-treat systemic infections. But it is often forgotten that *E. faecium* is also a

common member of the human gut microbiota, a lactic acid bacterium, and a commonly used

probiotic in humans and agricultural animal production (Dubin and Pamer 2014; Krawczyk et al.

2021).

Patients with a low-diversity gut microbiota following antibiotic treatment are also at elevated risk

for *Clostridioides difficile* infection (CDI). Colonization of the gut with VRE and the genus

Enterococcus has been correlated with increased risk of CDI in hospitalized human patients

(Fujitani et al. 2011; Lee et al. 2017; Smith et al. 2022). *Enterococcus* species in the gut microbiota

were predicted to enhance CDI risk in mathematical modeling that combined data from human

and mouse infections (Buffie et al. 2015). In mouse models, genus *Enterococcus* was also

correlated with increased persistence of *C. difficile* in the gut (Tomkovich et al. 2020) and

increased toxin production and virulence under high dietary zinc conditions (Zackular et al. 2016).

One other study described correlation of genus *Enterococcus* with attenuation of *C. difficile*

virulence (De Wolfe et al. 2019). Two direct tests of the effects of *Enterococcus* colonization on

the CDI mouse model reported higher toxin titre and pathology (Keith et al. 2020; Smith et al.

2022). The mechanism of enhancement of CDI severity in mice was linked to metabolic cross-

talk between *E. faecalis* OG1RF and *C. difficile* in which arginine supplementation was sufficient

to reduce toxin production and pathology, without significantly affecting colonization by either

organism (Smith et al. 2022).

Both *C. difficile* and enterococci form biofilms (Ch'ng et al. 2019; Tremblay and Dupuy 2022). In

both species biofilms contribute to antibiotic tolerance (Dapa and Unnikrishnan 2013; Holmberg

and Rasmussen 2016) and may be a reservoir for infection recurrence in CDI (Frost, Cheng, and

Unnikrishnan 2021; Normington et al. 2021). This study began as an attempt to establish an in

vitro co-culture biofilm model of VRE and *C. difficile*. We quickly noticed that the byproducts of

primary metabolism produced by VRE negatively affected *C. difficile* growth. Here we have

established that VRE and commensal enterococci are capable of acidifying unbuffered bacterial

growth media below a pH that is growth inhibitory to *C. difficile* and other commensal and

opportunistic *Clostridia* species. Under these conditions, we show that acidification of a carbon

source is necessary and sufficient for inhibition of *C. difficile* and *Clostridia* growth. Finally, we

demonstrate that alteration of the available carbon source creates a permissive environment for

co-culture and biofilm formation by *C. difficile* and VRE. These data suggest that in conditions

where lactic acid bacteria such as VRE dominate the local environment, alteration of acid

production and pH levels in a carbon source-dependent manner may help to control expansion of

C. difficile.

Results

We began this work as an attempt to establish a dual-species in vitro biofilm model for VRE and

C. difficile. Typically for Gram-positive bacteria, glucose is added to the culture media to a final

concentration of 0.2-1%, which promotes attachment and production of exopolysaccharide matrix

(Kristich et al. 2004; Pillai et al. 2004; Toledo-Arana et al. 2001; Donelli et al. 2012; Dapa and

Unnikrishnan 2013). When we performed a pilot experiment of co-culture biofilm growth in

Supplemented Brain Heart Infusion (BHI) broth with 0.4% added glucose (total glucose = 0.6%)

we found a significant decrease in *C. difficile* growth at 8 and 24 hours post-inoculation when in

co-culture with VRE (Figure 1A). We observed a similar elimination of *C. difficile* when co-cultured

with VRE in Sporulation Media (SM) which lacks an added carbon source, when it was

supplemented with 0.6% glucose in co-culture (Figure 1C).

Next to determine if the inhibitory factor produced by VRE is soluble and filterable, we generated

conditioned media by growing VRE to exhaustion (OD600 ~ 1.8) and filtered it through a 0.22 µm

filter. To determine if the inhibition was dose-dependent, we generated VRE conditioned media

with escalating levels of added glucose. The conditioned media was then inoculated with *C.*

difficile and grown for 48-hours. We found that increasing the concentration of glucose results in

inhibition of *C. difficile* growth and that the inhibitory factor is soluble and filterable in both BHI and

SM (Figure 1B,1D). Enterococci are closely related to lactic acid bacteria and are known to

produce large amounts of acid when cultured in glucose (Ramsey, Hartke, and Huycke 2014).

We tested the pH of the VRE conditioned media and found that pH is inversely correlated with

glucose concentration. In BHI conditioned media the starting pH was < 5.3 for all tested glucose

concentrations, which did not support *C. difficile* growth (Figure 1B). In conditioned SM with 0.4%

added glucose and an average starting pH of 6.3, *C. difficile* growth was not supported (Figure

1D). These data suggest a inhibitory pH threshold of around 6 for *C. difficile* in VRE conditioned

media.

The inhibition of *C. difficile* growth described above could be the result of an inhibitory factor

produced by VRE or it could be due to nutrient limitation. To differentiate between these two

mechanisms, we first generated VRE conditioned SM in a range of glucose concentrations. Then

we created a dilution series of those conditioned media in sterile PBS. VRE conditioned media

inhibits *C. difficile* growth with 0.4% and 0.6% total glucose concentration (Figure 2). When VRE

conditioned media containing 0.4% glucose is diluted 1:2 in PBS, it no longer inhibits *C. difficile*

growth. These data confirm that VRE produces an inhibitor of *C. difficile* in a glucose

concentration-dependent manner, which can be titrated below its inhibitory concentration through
dilution.

To determine if VRE-mediated acidification is necessary for inhibition of *C. difficile* we neutralized
VRE conditioned BHI + 0.4% glucose (pH 5) with sodium hydroxide to pH 7. In the neutralized
conditioned media *C. difficile* grew to similar levels as in naive BHI + 0.4% glucose (Figure 3A).
To determine if acidification of media is sufficient to inhibit *C. difficile* growth we acidified naive
BHI and SM (pH 7.0) with hydrochloric acid and found that *C. difficile* growth was inhibited at a
pH between 5.0-4.5 in acidified BHI and 6.0-5.5 in acidified SM (Figure 3B). Finally, to determine
if acidification has the potential to synergize with other secreted effectors in VRE conditioned
media, we used HCl to acidify VRE-conditioned SM, which had a starting pH of 7.6, to a range of
pH from 7.0 to 4.5 Here we observed an inhibitory pH between 6.0-5.5, similar to the threshold
observed in HCl acidification of naive SM (Figure 3C). These data suggest that acidification is the
primary inhibitor of *C. difficile* under these in vitro conditions.

Next we tested the hypothesis that the acidification of any sugar is sufficient to cause VRE to
inhibit the growth of *C. difficile*. We used a panel of simple sugars that differed in their reported
ability to be metabolized to acid by enterococci. Glucose and fructose were reported to be
acidified, while fucose and xylose were not acidified (Schleifer and Kilpper-Balz 1984). Tagatose
and arabinose acidification was reported to differentiate between *E. faecalis* and *E. faecium*
(Schleifer and Kilpper-Balz 1984). We also included the disaccharide trehalose and the
polysaccharide inulin which have been implicated experimentally in mouse models of *C. difficile*
infection (Hryckowian et al. 2018; Collins et al. 2018). We generated VRE conditioned SM with
0.6% of each sugar and grew *C. difficile* for 48 hours before plating to simulate biofilm culture
conditions. We found that only VRE conditioned SM containing glucose, fructose and trehalose
inhibited growth of *C. difficile* when compared to growth in the same naive media (Figure 4A).
Glucose, fructose and trehalose lowered pH of the conditioned media significantly with mean pH
of 6.1, 6.0 and 5.7, respectively. These pH levels are consistent with the inhibitory pH levels
described above.

Toxin production is regulated in part by glucose-mediated catabolite repression via the
transcription factor CcpA (Dupuy and Sonenshein 1998; Antunes, Martin-Verstraete, and Dupuy
2011; Hofmann et al. 2021). We performed cytotoxicity assays using filtered supernatants from
the carbon source screen described above. We did not observe a significant change in toxin titre

in excess glucose as previously reported, however, our samples were collected at 48 hours post-
inoculation, which is 12-36 hours later than previously reported results on catabolite repression
(Dupuy and Sonenshein 1998; Antunes, Martin-Verstraete, and Dupuy 2011). Thus, our assay
represents total accumulated toxin following growth of *C. difficile* to exhaustion. Another study
examined TcdA protein levels by ELISA at 48 hours and found a decrease in TcdA in 0.5%
glucose at 48 hours, whereas we found no difference in toxin titre by cytotoxicity at 48 hours
(Hofmann et al. 2021). Our most significant reductions in toxin production came in VRE
conditioned SM containing the acidified carbon sources, glucose, fructose or trehalose, which
reflects the killing of *C. difficile* by VRE (Figure 4B). Additionally, we observed a trend toward
reduction in toxin titre when *C. difficile* was grown in VRE conditioned SM containing arabinose
(p = 0.062), which is slightly acidified by VRE, without a significant reduction in *C. difficile* CFUs
(Figure 4A).

To test the effects of carbon source availability in a more physiologically relevant in vitro system,
we utilized extracts from cecal content of germ free mice and compared growth of *C. difficile* in
naive and VRE conditioned filter-sterilized cecal extracts. In cecal content conditioned by VRE,
we observed a slight, but statistically significant increase in *C. difficile* growth after 48 hours
(Figure 5A). However, when we added 0.6% glucose as a carbon source to the cecal extract
before VRE conditioning, subsequent growth of *C. difficile* was not supported and pH was reduced
to 4.0. Addition of 0.6% fucose as a carbon source did not result in a significant difference in *C.*
difficile growth between naive and VRE conditioned media. These data suggest that the
byproducts of carbon source metabolism by VRE can suppress *C. difficile* growth in cecal
extracts. In these conditions we did not observe a significant reduction in toxin titre of VRE
conditioned cecal content extract containing glucose, despite suppression of *C. difficile* growth
below the level of detection (Figure 5B). We did, however, observe a significant decrease in toxin
titre in cecal content without an added carbon source.

We then tested if acidification-mediated suppression of *C. difficile* is conserved among
enterococci. We generated conditioned SM + 0.6% glucose from a panel of enterococci including
E. hirae, and vancomycin sensitive isolates of *E. faecuim* and *E. faecalis*. All of the tested strains
completely suppressed *C. difficile* growth and produced conditioned media with a pH below 6
(Figure 5A). We then tested a small panel of *Clostridioides* for growth in VRE conditioned media
containing glucose (Figure 5B). Growth of *C. scindens, C. inoccuum, C. citrone, and C. difficile*
ribotype 027 strain R20291 were completely inhibited, while *C. bifermentans* showed significantly

reduced growth. Acidification was necessary for growth inhibition of all strains as growth was
restored when VRE conditioned media containing glucose was neutralized with NaOH. These
data suggest that acidification is conserved among enterococci and is necessary and sufficient to
inhibit growth of diverse *Clostridioides* under these conditions.

This study began with an attempt to establish an *in vitro* co-culture biofilm model of *C. difficile* and
VRE. We again attempted to establish a co-culture polystyrene plate biofilm model using SM
liquid media containing fucose or xylose as a carbon source to avoid media acidification (Figure
7). We also added deoxycholic acid which stimulated formation of *C. difficile* and VRE
monoculture biofilms in previous studies (McKenney et al. 2019; Dubois et al. 2019) and pre-
coated the plates with human fibrinogen (Flores-Mireles et al. 2014). After 48 hours of growth,
mono-cultures of *C. difficile* grew in all sugar conditions (Figure 7A). VRE grew in all mono- and
dual-species biofilm carbon sources. *C. difficile* grew in dual-species culture with VRE only in non-
acidifying sugars, fucose and xylose. As expected, *C. difficile* was inhibited by VRE in the
presence of glucose. We used confocal microscopy to image biofilms after 48 hours of growth in
SM with and without 0.6% glucose or 0.6% fructose (Figure 7B). Single species biofilms of VRE
resembled a monolayer of cells with distinct microcolony clumps of cells under all three media
conditions. Single species biofilms of *C. difficile* also formed a monolayer of cells in all three media
conditions. However, SYTO-9 staining resulted in discrete foci of fluorescence in SM and SM +
fucose, which we hypothesize to be condensed DNA in *C. difficile* sporangia. These foci were
absent from biofilms grown in SM + Glucose which appeared as a mat of cell strands, similar to
a previous report (Dubois et al. 2019). In co-culture biofilms in SM and SM + 0.6% fucose, we
observed a mixed monolayer containing C. difficile and VRE with comparatively smaller biofilm
microcolonies when compared to VRE alone. In co-culture biofilms in 0.6% glucose, we observed
a monolayer of cells primarily made up of C. difficile with microcolonies of VRE. Thus, by
controlling the available carbon source we were able to produce robust *C. difficile* - VRE co-culture
biofilms.

Discussion

We initially set out to develop an in vitro co-culture biofilm model of VRE and *C. difficile* using
excess glucose to promote adherence of the bacteria to plastic plates. Growth in excess glucose
was not supported in co-culture (Figure 1). We found that acidification of glucose is necessary,
sufficient and appears to be the primary mechanism by which VRE affects *C. difficile* growth in

the presence of excess glucose in vitro (Figure 3). To test if VRE conditioned media inhibits *C.*

difficile under all growth conditions we altered the available carbon source and found that growth

inhibition is limited to contexts in which the carbon source is acidified by VRE. We observed a

pH-mediated inhibition of growth in the presence of glucose, fructose and trehalose (Figure 4A).

Our results were similar when the growth medium was germ-free mouse cecal content extract

(Figure 5A). These data suggest that control of the available carbon source is critical to

developing in vitro co-culture assays with lactic acid bacteria. Substitution of glucose for fucose

or xylose, neither of which were acidified by VRE, allowed for the formation of a stable co-

culture biofilm (Figure 7A).

We also measured the toxin titre of *C. difficile* in the carbon source screen and did not find

significant changes in toxin production without an underlying inhibition of growth (Figure 4B).

This is likely due to the 48 hour time point chosen for analysis. In the case of added l-arabinose

there was a slight trend towards reduced toxin expression ($p = 0.062$). Arabinose was acidified

by VRE (*E. faecium* ATCC 700221), which contains a predicted arabinose operon (McKenney et

al. 2016; van Schaik et al. 2010). VRE conditioned media containing arabinose was acidified to

an average pH of 6.9 ($p = 0.053$ compared to naive SM) but did not inhibit *C. difficile* growth, so

the nature of this reduction of cytotoxicity is unknown. *E. faecium* and *E. faecalis* type strains

generally grow when l-arabinose is the carbon source on phenotype culture arrays (Lebreton et

al. 2017). A recent characterization of vancomycin-resistant *E. faecium* isolates from pediatric

cancer patients found a high level of variation in the ability of isolates to utilize l-arabinose as a

sole carbon source (Chilambi et al. 2020). Data from clinical carbohydrate acidification assays,

phenotype culture arrays (Collins et al. 2018; Scaria et al. 2014; Norsigian et al. 2020) as well as

continuous flow culture (Wilson and Perini 1988) suggest that *C. difficile* does not utilize l-

arabinose as a sole carbon source. Together these data suggest that metabolites produced by VRE

grown in the presence of l-arabinose may suppress *C. difficile* toxin production or stability in a

48-hour culture. We also note high levels of variability in *C. difficile* growth in SM containing

added tagatose. We did not find a significant decrease in cytotoxicity in VRE conditioned cecal

content containing added glucose ($p = 0.136$), despite our inability to recover *C. difficile* CFUs at

48 hours post inoculation. We hypothesize that toxin was produced by the inoculated *C. difficile*

early during the 48 hour culture period and that toxin was stable under these conditions.

In mouse models of infection, *C. difficile* first begins to accumulate in the caecum 6-12 hours

post infection (Koenigsknecht et al. 2015). The colon, particularly the cecum, is densely

colonized and is a site of high degrees of population diversity and countless metabolic products.

A general feature of the mouse (Shimizu et al. 2021; Sorbara et al. 2019) and human cecum

(Koziolek et al. 2015; Nugent et al. 2001) is an acidic pH of 5.0-6.5 at steady state. During *in*

vitro culture *C. difficile* growth and sporulation is limited at pH of less than 6 (Woo et al. 2011;

Wetzel and McBride 2020). Treatment with antibiotics raises colon pH from acidic to slightly

alkaline conditions, suggesting that the gut microbiota are necessary for maintaining acidic pH

(Shimizu et al. 2021; Sorbara et al. 2019). These data suggest that pH of the gut lumen, unlike

the pH of blood, is not tightly buffered and may be among the many factors that contribute to *C.*

difficile colonization resistance mediated by the gut microbiota. Most bacteria are capable of

living in a pH range of 3-4 units and pH may act as a constraint on growth of commensals and

opportunistic pathogens (Jin and Kirk 2018). Furthermore, significant variations in fecal pH,

both alkaline and acidic were associated with a significantly increased risk of subsequent

bacteremia in critically ill patients (Osuka et al. 2012).

The pH of the gut lumen is modulated and constrained by inputs from the host diet, and the

metabolism of the gut microbiota and the colonic epithelium. The colonic epithelium produces

and secretes bicarbonate, which increases the alkalinity of the gut lumen (Alka and Casey 2014).

The colonic epithelium also produces lactic acid as a byproduct of glycolysis which can be

converted into short chain fatty acids by the gut microbiota (Louis et al. 2022). Primary

metabolism by the gut microbiota produces weak organic acids such as lactic acid and short

chain fatty acids when grown in a fermentable carbon source (Gregory, Pensinger, and

Hryckowian 2021). Multiple groups have reported that changes in pH affect growth and survival

of core taxa of the gut microbiota. For example, during in vitro culture at pH 5.5 multiple human

gut isolates from genus *Bacteroides* failed to grow (Duncan et al. 2009). This pH sensitivity of

Bacteroides has been replicated in several batch culture fermenter studies seeded with donor

human feces (Firrman et al. 2022; Ilhan et al. 2017; Wang et al. 2020). These studies also

consistently reported reductions in levels of genus *Clostridioides* (or *Clostridium*) under low pH

conditions.

Sporadic clinical trials have tested the efficacy of probiotic lactic acid bacteria on *C. difficile*

infections with mixed results (Goldstein et al. 2017; Mills, Rao, and Young 2018). However it is

clear that strains from genus *Bifidobacterium* and *Lactobacillus* can inhibit *C. difficile* in vitro by

decreasing pH (Fredua-Agyeman et al. 2017) and in some cases similar probiotics have reduced

C. difficile virulence in animal models of infection (Wei et al. 2018). For example, lactic acid

production by *Streptococcus thermophilus* lowered the pH of conditioned media and was

inversely correlated with *C. difficile* growth and toxin production *in vitro* and in a mouse model

of infection (Kolling et al. 2012).

In certain cases, such as in critically ill patients treated with antibiotics who become dominated

by enterococci (Liao et al. 2021), it may seem desirable to enhance the acidity of the gut lumen

through administration of a diet that results in acid production and suppression of *C. difficile*. In

keeping with the batch fermentation studies mentioned above, we also found that commensal

Clostridioides are subject to a similar pH-mediated sensitivity to VRE-conditioned media as *C.*

difficile (Figure 6). Therefore, efforts to remediate dysbiosis in recurrent *C. difficile* infection by

reintroducing commensal spore-forming anaerobes (Feuerstadt et al. 2022, Louie et al. 2023)

may benefit from a different strategy. Here, temporarily limiting acid production by enterococci

and other lactic acid bacteria through dietary intervention may favor engraftment of the

bacteriotherapy. These types of individually tailored prebiotic & probiotic combination therapies

are a long way from clinical reality, however, gut lumen pH levels may be a useful biomarker for

states of dysbiosis and permissiveness to colonization by commensals.

Figure1

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Figure1 *C. difficile* **– VRE co-culture** A) Time course CFUs of C. difficile and VRE single co-
culture in BHI + 0.4% glucose (0.6% total glucose). Data are combined from 2 independent
experiments (n=5-6 per time point). B) VRE was grown for 48 hours in BHI + 0, 0.2, 0.4 or 0.6%
additional glucose, then filter sterilized to create conditioned media (VRE CM) which was then
inoculated with *C. difficile*. The average pH of the VRE CM is shown below the graph (n=2).
CFU data are combined from 2 independent experiments (n=6). C) Time course CFUs of C.
difficile and VRE single and co-culture in SM + 0.6% glucose. Data are combined from 2
independent experiments (n=5-6 per time point). D) VRE was grown for 48 hours in SM + 0, 0.2,
0.4 or 0.6% additional glucose, then filter sterilized to create VRE CM which was then
inoculated with *C. difficile* and grown for 48 hours. The average pH of the VRE CM (n=3) is
shown below the graph. CFU data are combined from 3 independent experiments (n=6-9 per
condition). * p = 0.04, ** p =0.008, All comparisons: Unpaired t-test with Welch correction

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Figure 2

309 **Figure 2: Dilutions of Inhibition by VRE-conditioned media.** VRE conditioned media were generated

310 with increasing concentrations of added glucose, filter sterilized, then diluted 1:1 or 1:2 with reduced

311 PBS before inoculation with *C. difficile* and plating at 48 hours of growth. Data are combined from 3

312 independent experiments (n=9-12 per condition). Statistics: Kruskal-Wallace 1-way ANOVA with Dunn's

313 correction vs. 0% glucose. **** $p < 0.0001$, ns $p > 0.05$

Figure 3

Figure 3: Acidification is necessary and sufficient for inhibition of *C. difficile* a) VRE-conditioned BHI + 0.4% glucose was neutralized with NaOH to a pH of 7 and inoculated with *C. difficile* for 48 hours before plating. Data are combined from 3 independent experiments (n=9). **** p < 0.0001 Kruskal-Wallis One-way ANOVA with Dunn's correction. B) BHI and SM were acidified with reduced HCl in 0.5 unit pH increments before inoculation with *C. difficile* and growth for 48 hours. Data are combined from 3 independent experiments (n=9). *** p < 0.0003, **** p < .0001 Kruskal-Wallis One-way ANOVA with Dunn's correction versus pH 7.0 CFUs for each medium. C) VRE conditioned SM was filter-sterilized and acidified with reduced HCl before inoculation with *C. difficile* for 48 hours. Data are combined from 3 independent experiments (n=9). ** p < 0.006, * p = 0.026 Kruskal-Wallis One-way ANOVA with Dunn's correction versus pH 7.0 VRE Conditioned SM CFUs for each condition.

Figure 4

Figure 4: Effects of VRE Carbon Source Metabolism on C. difficile Growth. A) C. difficile
was grown in fresh SM + 0.6% of the carbon source (SM + Sugar) indicated on the x-axis or
VRE conditioned SM + 0.6% carbon source (VRE CM + Sugar). Starting pH of VRE CM +
Sugar for each condition is reported above each pair of bars and is the mean of 3
measurements. Data are combined from 3 independent experiments (n=9). Unpaired Welch's t-
tests between SM + Sugar and VRE CM + Sugar ** p < 0.006, * p = 0.035 B) Cytotoxicity on
Vero cells of filtered supernatants from A. Data are combined from 3 independent experiments.
Unpaired Welch's t-tests naive SM + sugar vs VRE CM + sugar. **** p < 0.00001

Figure 5

Figure 5 Effects of VRE Carbon Source Metabolism on *C. difficile* Growth in Cecal

Content Extracts. A) Sterile filtered extracts of cecal content from germ-free mice were

prepared with reduced PBS and the indicated added carbon source or equivalent volume PBS

and inoculated with VRE and grown for 24 hours. Conditioned extracts were sterile filtered then

inoculated with *C. difficile* and grown for 48 hours followed by plating on selective media. Data

are combined from 3 independent experiments (n = 9) B) Vero cell cytotoxicity assay on filtered

supernatants following *C. difficile* culture. Assay was performed twice on extracts from A, Data

are representative of one assay (n = 9). * p < 0.02, **** p = 0.00009, Unpaired Welch's t-Test.

384 **Figure 6**

| | | Mean pH | 6.8 | 5.8 | 5.3 | 5.8 | 5.2 |

Figure 6: Conservation of Mechanism. A) SM + 0.6 % glucose was conditioned by incubation with the

indicated strains on the x-axis followed by inoculation with *C. difficile* and growth for 48 hours. Mean pH

of the conditioned media are displayed below the x-axis (n=2). CFU data are combined from 2

independent experiments (n=6) **** p < 0.0001 Kruskal-Wallis One-way ANOVA with Dunn's correction

vs. Naive BHI B) VRE conditioned SM + 0.6% glucose was created by 48 hours of VRE growth followed by

filter sterilization or was neutralized with NaOH to pH7 before filter sterilization inoculation with *C.*

difficile for 48 hours. Data are combined from 3 independent experiments (n=9). Kruskal-Wallis One-way

ANOVA with Dunn's correction vs. Naive SM + Glu **** p < 0.0001, *** p = 0.0002, ** p = 0.006, * p =

0.017

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Figure 7 - Co-culture biofilm growth under different carbon sources. A) Biofilms were
generated in polystyrene plates with 5mg/mL fibrinogen coating 24 hours before inoculation in
SM + 125 µM DCA + 0.6% of the indicated sugar for 48 hours followed by selective plating.
Data are combined from 3 independent experiments (n=9). ** p = 0.001 Unpaired Welch's t-test
of Alone vs. Co-culture B) Confocal microscopy of 48 hour biofilms stained with SYTO-9.
Images show one representative field of equal size, with projected z-intensity vertically and
horizontally. Scale bar = 20 µm, Images are representative of 2 experiments (n = 6 per
condition).

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Figure Legends

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PBS before inoculation with *C. difficile* and plating at 48 hours of growth. Data are combined from 3
independent experiments (n=9-12 per condition). Statistics: Kruskal-Wallace 1-way ANOVA with Dunn's
correction vs. 0% glucose. **** p < 0.0001, ns p > 0.05

Figure 3: Acidification is necessary and sufficient for inhibition of *C. difficile* a) VRE-conditioned BHI +
0.4% glucose was neutralized with NaOH to a pH of 7 and inoculated with *C. difficile* for 48 hours before
plating. Data are combined from 3 independent experiments (n=9). **** p < 0.0001 Kruskal-Wallis One-
way ANOVA with Dunn's correction. B) BHI and SM were acidified with reduced HCl in 0.5 unit pH
increments before inoculation with *C. difficile* and growth for 48 hours. Data are combined from 3
independent experiments (n=9). *** p < 0.0003, **** p < .0001 Kruskal-Wallis One-way ANOVA with
Dunn's correction versus pH 7.0 CFUs for each medium. C) VRE conditioned SM was filter-sterilized and
acidified with reduced HCl before inoculation with *C. difficile* for 48 hours. Data are combined from 3
independent experiments (n=9). ** p < 0.006, * p = 0.026 Kruskal-Wallis One-way ANOVA with Dunn's
correction versus pH 7.0 VRE Conditioned SM CFUs for each condition.

Figure 4: Effects of VRE Carbon Source Metabolism on C. difficile Growth. A) C. difficile
was grown in fresh SM + 0.6% of the carbon source (SM + Sugar) indicated on the x-axis or
VRE conditioned SM + 0.6% carbon source (VRE CM + Sugar). Starting pH of VRE CM +
Sugar for each condition is reported above each pair of bars and is the mean of 3
measurements. Data are combined from 3 independent experiments (n=9). Unpaired Welch's t-
tests between SM + Sugar and VRE CM + Sugar ** p < 0.006, * p = 0.035 B) Cytotoxicity on
Vero cells of filtered supernatants from A. Data are combined from 3 independent experiments.
Unpaired Welch's t-tests naive SM + sugar vs VRE CM + sugar. **** p < 0.00001

Figure 5 Effects of VRE Carbon Source Metabolism on *C. difficile* Growth in Cecal
Content Extracts. A) Sterile filtered extracts of cecal content from germ-free mice were

prepared with reduced PBS and the indicated added carbon source or equivalent volume PBS
and inoculated with VRE and grown for 24 hours. Conditioned extracts were sterile filtered then
inoculated with *C. difficile* and grown for 48 hours followed by plating on selective media. Data
are combined from 3 independent experiments (n = 9) B) Vero cell cytotoxicity assay on filtered
supernatants following *C. difficile* culture. Assay was performed twice on extracts from A, Data
are representative of one assay (n = 9). * p < 0.02, **** p = 0.00009, Unpaired Welch's t-Test.
463
Figure 6: Conservation of Mechanism. A) SM + 0.6 % glucose was conditioned by incubation with the
indicated strains on the x-axis followed by inoculation with *C. difficile* and growth for 48 hours. Mean pH
of the conditioned media are displayed below the x-axis (n=2). CFU data are combined from 2
independent experiments (n=6) **** p < 0.0001 Kruskal-Wallis One-way ANOVA with Dunn's correction
vs. Naive BHI B) VRE conditioned SM + 0.6% glucose was created by 48 hours of VRE growth followed by
filter sterilization or was neutralized with NaOH to pH7 before filter sterilization inoculation with *C.*
difficile for 48 hours. Data are combined from 3 independent experiments (n=9). Kruskal-Wallis One-way
ANOVA with Dunn's correction vs. Naive SM + Glu **** p < 0.0001, *** p = 0.0002, ** p = 0.006, * p =
0.017
473
Figure 7 - Co-culture biofilm growth under different carbon sources. A) Biofilms were
generated in polystyrene plates with 5mg/mL fibrinogen coating 24 hours before inoculation in
SM + 125 µM DCA + 0.6% of the indicated sugar for 48 hours followed by selective plating.
Data are combined from 3 independent experiments (n=9). ** p = 0.001 Unpaired Welch's t-test
of Alone vs. Co-culture B) Confocal microscopy of 48 hour biofilms stained with SYTO-9.
Images show one representative field of equal size, with projected z-intensity vertically and
horizontally. Scale bar = 20 µm, Images are representative of 2 experiments (n = 6 per
condition).
482

484 **Table 1: Table of Strains**

Species	Strain	Source
Clostridioides difficile	VPI 10463	ATCC
Enterococcus faecium (VRE)	700223	ATCC
Enterococcus hirae	9790	ATCC
Enterococcus faecium	19434	ATCC
Enterococcus faecalis	19433	ATCC
Clostridioides difficile	R20291	DSMZ
Paraclostridium bifermentans	638	ATCC
Clostridium scindens	35704	ATCC
Clostridium citronae	BAA-1317	ATCC
Clostridium innocuum	14501	ATCC

Methods

Methods

Strains and Growth Conditions

Strains are listed in table 1. All experiments were conducted in an anaerobic chamber (Coy Laboratory Products), with an atmosphere of 90% N_2, 5% CO_2 and 5% H_2. *C. difficile* and other *Clostridia* strains were routinely cultured on BHI plates and liquid media (Brain Heart Infusion + 0.5% yeast extract) supplemented with 0.1% taurocholate. VRE and other enterococci were routinely cultured in BHI liquid media and Enterococcosel (BD Biosciences) plates. For differential selection during co-culture VRE and enterococci were plated on Enterococcosel while *C. difficile* was plated on BHI plates supplemented with 0.1% taurocholate, 250 ug/mL D-cycloserine, 16 ug/mL cefoxitin. Commensal *Clostridia* were enumerated by plating Columbia Blood Agar and counting by distinguishing between colony morphology of VRE.

Media

Brain heart infusion (BHI) and Sporulation Media (SM) were used in the described experiments. BHI was made with 36g/L Bacto BHI powder with 5g/L yeast extract, bacterial, autoclaved, then 3 mL filter sterilized 10% L-cysteine was added to the media before aliquoting and reducing in the anaerobic chamber. Sporulation media was made with 90g Bacto peptone, 5 g Bacto protease peptone, 1 g ammonium sulfate and 1.5 g tris base, then 3 mL 10% L-cystine was added after autoclaving. All liquid and plate media were pH adjusted to 7.0 with HCl unless otherwise specified before autoclaving. Glucose and other sugars used were dissolved into water at a 6% weight per volume ratio before being filter sterilized. Sugars were then added into the media before being placed in the anaerobic chamber or allowed to reduce in the chamber before being added to the media. Inulin was added as described with heating to allow full solubility before being filtered. All plates were poured in 18mL volumes and kept at 4°C until needed. 8-24 hours before using, plates were placed in the anaerobic chamber to reduce fully.

C. difficile Growth in VRE and enterococci conditioned media

Mid-log VRE overnight culture was OD-normalized to 0.5 before being inoculated (1:20 dilution) into SM + 0.6% sugar. The culture was grown for at least 24 hours anaerobically at 37°C until the OD_{600} was > 2 to ensure growth to saturation. Cultures were spun at 1500g x 15 minutes before being filter sterilized with a 0.22 μm filter syringe into 3 mL aliquots into glass tubes. 1.5 mL aliquots were also frozen at -80C for further use in cytotoxicity assays. *C. difficile* was inoculated 1:60 from mid-log into the VRE-conditioned media and incubated at 37°C for 48 hours before being serially diluted and drop plated for CFU/mL enumeration.

Glucose Titration in BHI and SM

BHI and SM were used to create media containing the following glucose concentrations: 0.0%, 0.2%, 0.4% and 0.6%. Media was placed in the anaerobic chamber to reduce before using. VRE was inoculated 1:20 into each glucose concentration of both BHI and SM. Cultures were incubated for 24 hours before being filtered sterilized as described above. *C. difficile* was inoculated 1:60 into VRE-conditioned media and fresh BHI and SM conditions and incubated for 24 hours before serial dilutions and drop plating for enumeration.

Dilution of inhibition by VRE Conditioned Media

VRE conditioned media was prepared by inoculating VRE 1:20 into BHI with 0.0%, 0.2%, 0.4% and 0.6% added glucose. Cultures were grown for 24-36 hours to an OD_{600} >2 before being spun down and filter sterilized. A subset of the supernatant was taken out of the chamber for pH recording. The VRE-conditioned media was then diluted 0, 1:1, 1:2, 1:4 and 1:8 with sterile PBS. After dilution, 3 mL aliquots were divided into test tubes per each biological replicate. C. difficile mid-log cultures were diluted 1:10 in sporulation media, then added to the aliquots in a 1:60 dilution and grown between 24 hour before drop plating for enumeration.

Acidification and Neutralization of SM and BHI

Acidification of SM and BHI was created by titrating HCl into the media to a pH of 7.0, 6.5, 6.0, 5.5, 5.0 and 4.5 before being autoclaved and aliquoted. *C. difficile* was inoculated into the reduced media 1:60 and incubated at 37°C for 48 hours before being serial diluted and drop plated for enumeration.

Neutralization was performed by growing VRE in SM + 0.6% glucose or BHI + 0.4% glucose to exhaustion before being spun down and filter sterilized. The filtered media pH was recorded to ensure full acidification at or below 5.5, then neutralized to a pH of 7.0 with NaOH. Neutralized media was filter sterilized again and aliquoted into 3 mL test tubes then placed in an anaerobic incubator for 24 hours to ensure full media reduction. 3 mL aliquots of the acidified media were collected to be used as a negative control. After being reduced, *C. difficile* was inoculated 1:60 into the media conditions. *C. difficile* was also inoculated 1:60 into fresh media at a pH of 7.0 as a positive control. All media conditions were incubated at 37°C for 48 hours before drop plating and enumeration.

Cytotoxicity Assays

Vero cells were grown at 10,000 cells per well in a 96-well plate in Eagle's minimum essential media (EMEM) + 10% Fetal Bovine Serum and 1x Penicillin & Streptomycin overnight. Culture supernatants were frozen at -80C until assay. All samples were spun down for 15 minutes at 15,000g before being filter sterilized into new tubes. Each sample was serial diluted down to 10^{-6} in a fresh 96-well plate with PBS. *C. difficile* purified toxin (TechLab) was diluted into 1 mL of sterile water as a positive toxin control. 96 µL of each sample was placed in the top row of a 96-well plate and 4 µL of the anti-toxin (TechLab) was added and incubated for at least 20 minutes to ensure full toxin neutralization from the anti-toxin. Samples with antitoxin were serially diluted in the remaining rows down to 10^{-6} in PBS. Once all toxin, aliquoted samples and antitoxin samples were completed, 100uL of each sample and the dilutions were placed onto their respective Vero-cell wells. Vero cells were incubated at 37°C with 5.0% CO_2 overnight. Cytotoxicity was then analyzed with microscopy. Cells that showed rounding were positive for cytotoxicity. To calculate toxin cytotoxicity, dilutions with less than 80% cell rounding were considered cytotoxic-negative, and the previous dilution was considered cytotoxic positive. This cytotoxic positive dilution number was then used to calculate the Log10 reciprocal cytotoxicity value.

Conservation of Mechanism

We first grew each enterococcal in BHI+0.6% glucose overnight, filter sterilized and inoculated *C. difficile* VPI to grow for 48 hours at 37°C before serial dilution and drop plating on *C. difficile* plates for enumeration. We then used VRE to condition SM + 0.6% glucose, spun down and filter sterilized as previously described. We then inoculated mid-log cultures of the remaining Clostridia panel into the VRE-conditioned media in a 1:60 dilution and grew C. difficile for 48 hours at 37°C before drop plating. We also performed neutralization and acidification as described above with this clostridia panel.

In-vitro Biofilms

24-well polystyrene cell culture plates were treated with 100 µL of 5mg/mL human fibrinogen overnight or until dry before being placed in the anaerobic chamber. All SM used for these experiments also contained 125 µM deoxycholic acid (DCA). 2 mL aliquots of each condition, SM, SM + 0.6% glucose, SM + 0.6% fucose, SM + 0.6% xylose was placed into the middle wells of the 24-well fibrinogen treated plate with 3 technical replicates as well as one replicate for a contamination blank. *C. difficile* and VRE overnight mid-log cultures were normalized to 0.5 OD_{600}. Monoculture inoculation of *C. difficile* and VRE in a 1:60 dilution was used as positive controls in each media condition. Dual cultures were created by combining the normalized culture 1 to 1 in a new tube before being inoculated 1:60 into the media conditions. The remaining empty wells around each 24-well treated plate were 2/3 filled with sterile water to mitigate media evaporation. The plates were incubated at 37°C for 48 hours without media changes. After 48 hours, the plates were tilted at a 45° angle and the media was slowly discarded in 200 µL aliquots, taking care to only take off the media from the edge and just below the air-liquid interface to ensure the biofilms stayed intact. 500 µL sterile PBS was then slowly added into the biofilm wells, maintaining the 45° angle,

575 and adding the water to the bottom edge of the well to not disturb the biofilm. The plate was then tilted the opposite
576 direction twice, before discarding the liquid in sets of 200 µL slowly to wash the biofilm. 500 µL of sterile PBS was
577 then added to each biofilm and the plate was gently vortexed for 10 minutes to resuspend the biofilm in liquid. After
578 resuspension, the liquid was used for serial dilutions and drop plating for enumeration. *****Microscopy Details*****

Live/Dead Staining of Biofilms

Biofilms were grown as described above in SM, SM + 0.6% glucose or SM + 0.6% fucose, with 125 uM DCA
added to the media. C. difficile was grown alone and in a 1:1 ratio with VRE, diluted 1:100 into the biofilm wells.
Biofilms were grown undisturbed for 48 hours. Biofilm supernatant was discarded as described above and washed
once with 200uL PBS. 1 mL of PBS was gently placed on top of the biofilm samples. For fluorescent confocal
microscopy, biofilms were stained with Invitrogen™ LIVE/DEAD™ BacLight™ Bacterial Viability Kit, for
microscopy (Catalog number: L7007). CYTO-9 and Propidium Iodide solutions were mixed 1:1 before adding 3 uL
to each biofilm sample for 15 minutes in the dark in the anaerobic chamber. Wells were swirled gently to ensure the
stain was homogeneously mixed on top of the biofilms. After staining, the supernatant was discarded, wells were
washed with 200 uL PBS and 300uL of fresh 4% paraformaldehyde (PFA) and incubated for 20 minutes.

Confocal Imaging of Biofilms

Biofilm samples were kept in their original 24 well plate for microscopy. The Leica-Sp5 confocal scanning
microscope was used for fluorescent imaging of the Live/Dead stain. The stains SYTO-9 and Propidium Iodide used
in the Live/Dead staining procedure have emission wavelengths of 490 and 480 and excitation wavelengths of 635
and 500 nm, respectively. These emission and excitation wavelengths were programmed into the Leica LAS-AF set
up, with the Argon laser being set to a total power of 30%. Channel 1 was set to the SYTO-9 (green) wavelength of
500nm and Channel 2 was set to the propidium iodide (red) wavelength of 635 nm. A 10x objective lens was used
for all confocal imaging with a resolution of 2046 x 2046. A 10x zoom was used to visualize individual biofilm
formations and 2-D images were taken using z-stacking of 3.00 micron thickness to image the bottom to the top of
an individual microcolony. Imaging was also taken of unstained biofilms, SM stained and unstained with and
without DCA and empty wells to verify a lack of background fluorescence. LAS X application version 3.7.4.23463
was used to visualize the z-stacks and compile snapshots as seen in figure 7.

References

Alka, Kumari, and Joseph R. Casey. 2014. "Bicarbonate Transport in Health and Disease." IUBMB Life 66 (9): 596–615.

Antunes, Ana, Isabelle Martin-Verstraete, and Bruno Dupuy. 2011. "CcpA-Mediated Repression of Clostridium Difficile Toxin Gene Expression." Molecular Microbiology 79 (4): 882–99.

Buffie, Charlie G., Vanni Bucci, Richard R. Stein, Peter T. McKenney, Lilan Ling, Asia Gobourne, Daniel No, et al. 2015. "Precision Microbiome Reconstitution Restores Bile Acid Mediated Resistance to Clostridium Difficile." Nature 517 (7533): 205–8.

Chilambi, Gayatri Shankar, Hayley R. Nordstrom, Daniel R. Evans, Jose A. Ferrolino, Randall T. Hayden, Gabriela M. Marón, Anh N. Vo, et al. 2020. "Evolution of Vancomycin-Resistant Enterococcus Faecium during Colonization and Infection in Immunocompromised Pediatric Patients." Proceedings of the National Academy of Sciences of the United States of America 117 (21): 11703–14.

Ch'ng, Jun-Hong, Kelvin K. L. Chong, Ling Ning Lam, Jun Jie Wong, and Kimberly A. Kline. 2019. "Biofilm-Associated Infection by Enterococci." Nature Reviews. Microbiology 17 (2): 82–94.

Collins, J., C. Robinson, H. Danhof, C. W. Knetsch, H. C. van Leeuwen, T. D. Lawley, J. M. Auchtung, and R. A. Britton. 2018. "Dietary Trehalose Enhances Virulence of Epidemic Clostridium Difficile." Nature 553 (7688): 291–94.

Dapa, Tanja, and Meera Unnikrishnan. 2013. "Biofilm Formation by Clostridium Difficile." Gut Microbes.

De Wolfe, T. J., A. E. Kates, L. Barko, B. J. Darien, and N. Safdar. 2019. "Modified Mouse Model of Clostridioides Difficile Infection as a Platform for Probiotic Efficacy Studies." Antimicrobial Agents and Chemotherapy 63 (7). https://doi.org/10.1128/AAC.00111-19.

Donelli, Gianfranco, Claudia Vuotto, Rita Cardines, and Paola Mastrantonio. 2012. "Biofilm-Growing Intestinal Anaerobic Bacteria." FEMS Immunology and Medical Microbiology 65 (2): 318–25.

Donskey, C. J., T. K. Chowdhry, M. T. Hecker, C. K. Hoyen, J. A. Hanrahan, A. M. Hujer, R. A. Hutton-Thomas, C. C. Whalen, R. A. Bonomo, and L. B. Rice. 2000. "Effect of Antibiotic Therapy on the Density of Vancomycin-Resistant Enterococci in the Stool of Colonized Patients." The New England Journal of Medicine 343 (26): 1925–32.

Dubin, Krista, and Eric G. Pamer. 2014. "Enterococci and Their Interactions with the Intestinal Microbiome." Microbiology Spectrum 5 (6). https://doi.org/10.1128/microbiolspec.BAD-0014-2016.

Dubois, Thomas, Yannick D. N. Tremblay, Audrey Hamiot, Isabelle Martin-Verstraete, Julien Deschamps, Marc Monot, Romain Briandet, and Bruno Dupuy. 2019. "A Microbiota-Generated Bile Salt Induces Biofilm Formation in Clostridium Difficile." Npj Biofilms and Microbiomes 5 (1): 14.

Duncan, Sylvia H., Petra Louis, John M. Thomson, and Harry J. Flint. 2009. "The Role of pH in Determining the Species Composition of the Human Colonic Microbiota." Environmental Microbiology 11 (8): 2112–22.

Dupuy, B., and A. L. Sonenshein. 1998. "Regulated Transcription of Clostridium Difficile Toxin Genes." Molecular Microbiology 27 (1): 107–20.

Feuerstadt, Paul, Thomas J. Louie, Bret Lashner, Elaine E. L. Wang, Liyang Diao, Jessica A. Bryant, Matthew Sims, et al. 2022. "SER-109, an Oral Microbiome Therapy for Recurrent Clostridioides Difficile Infection." The New England Journal of Medicine 386 (3): 220–29.

Firrman, Jenni, Linshu Liu, Karley Mahalak, Ceylan Tanes, Kyle Bittinger, Vincent Tu, Jamshed Bobokalonov, Lisa Mattei, Huanjia Zhang, and Pieter Van den Abbeele. 2022. "The Impact of Environmental pH on the Gut Microbiota Community Structure and Short Chain Fatty Acid Production." FEMS Microbiology Ecology 98 (5). https://doi.org/10.1093/femsec/fiac038.

Flores-Mireles, Ana L., Jerome S. Pinkner, Michael G. Caparon, and Scott J. Hultgren. 2014. "EbpA Vaccine Antibodies Block Binding of Enterococcus Faecalis to Fibrinogen to Prevent Catheter-Associated Bladder Infection in Mice." Science Translational Medicine 6 (254): 254ra127.

Fredua-Agyeman, Mansa, Paul Stapleton, Abdul W. Basit, Anthony E. Beezer, and Simon Gaisford. 2017. "In Vitro Inhibition of Clostridium Difficile by Commercial Probiotics: A Microcalorimetric Study." International Journal of Pharmaceutics 517 (1-2): 96–103.

Frost, Lucy R., Jeffrey K. J. Cheng, and Meera Unnikrishnan. 2021. "Clostridioides Difficile Biofilms: A Mechanism of Persistence in the Gut?" PLoS Pathogens 17 (3): e1009348.

Fujitani, Shigeki, W. Lance George, Margie A. Morgan, Stephen Nichols, and A. Rekha Murthy. 2011. "Implications for Vancomycin-Resistant Enterococcus Colonization Associated with Clostridium Difficile Infections." American Journal of Infection Control 39 (3): 188–93.

Goldstein, E. J. C., S. J. Johnson, P-J Maziade, C. T. Evans, J. C. Sniffen, M. Millette, and L. V. McFarland. 2017. "Probiotics and Prevention of Clostridium Difficile Infection." Anaerobe 45 (June): 114–19.

Gregory, Anna L., Daniel A. Pensinger, and Andrew J. Hryckowian. 2021. "A Short Chain Fatty Acid-Centric View of Clostridioides Difficile Pathogenesis." PLoS Pathogens 17 (10): e1009959.

Hofmann, Julia Danielle, Rebekka Biedendieck, Annika-Marisa Michel, Dietmar Schomburg, Dieter Jahn, and Meina Neumann-Schaal. 2021. "Influence of L-Lactate and Low Glucose Concentrations on the Metabolism and the Toxin Formation of Clostridioides Difficile." PloS One 16 (1): e0244988.

Holmberg, Anna, and Magnus Rasmussen. 2016. "Mature Biofilms of Enterococcus Faecalis and Enterococcus Faecium Are Highly Resistant to Antibiotics." Diagnostic Microbiology and Infectious Disease 84 (1): 19–21.

Hryckowian, Andrew J., William Van Treuren, Samuel A. Smits, Nicole M. Davis, Jackson O. Gardner, Donna M. Bouley, and Justin L. Sonnenburg. 2018. "Microbiota-Accessible Carbohydrates Suppress Clostridium Difficile Infection in a Murine Model." Nature Microbiology 3 (6): 662–69.

Ilhan, Zehra Esra, Andrew K. Marcus, Dae-Wook Kang, Bruce E. Rittmann, and Rosa Krajmalnik-Brown. 2017. "pH-Mediated Microbial and Metabolic Interactions in Fecal Enrichment Cultures." mSphere 2 (3). https://doi.org/10.1128/mSphere.00047-17.

Jin, Qusheng, and Matthew F. Kirk. 2018. "pH as a Primary Control in Environmental Microbiology: 1. Thermodynamic Perspective." Frontiers of Environmental Science & Engineering in China 6. https://doi.org/10.3389/fenvs.2018.00021.

Keith, James, Qiwen Dong, Matthew T. Sorbara, Simone Becattini, Jonathan K. Sia, Mergim Gjonbalaj, Ruth Seok, Ingrid Leiner, Eric Littmann, and Eric G. Pamer. 2020. "Impact of

Antibiotic-Resistant Bacteria in the Mouse Intestine on Immune Activation and Clostridioides
Difficile Infection." Infection and Immunity, January. https://doi.org/10.1128/IAI.00362-19.
Koenigsknecht, Mark J., Casey M. Theriot, Ingrid L. Bergin, Cassie A. Schumacher, Patrick D.
Schloss, and Vincent B. Young. 2015. "Dynamics and Establishment of Clostridium Difficile
Infection in the Murine Gastrointestinal Tract." Infection and Immunity 83 (3): 934–41.
Kolling, Glynis L., Martin Wu, Cirle A. Warren, Evelyn Durmaz, Todd R. Klaenhammer, Michael
P. Timko, and Richard L. Guerrant. 2012. "Lactic Acid Production by Streptococcus
Thermophilus Alters Clostridium Difficile Infection and in Vitro Toxin A Production." Gut
Microbes 3 (6): 523–29.
Koziolek, Mirko, Michael Grimm, Dieter Becker, Ventzeslav Iordanov, Hans Zou, Jeff Shimizu,
Christoph Wanke, Grzegorz Garbacz, and Werner Weitschies. 2015. "Investigation of pH and
Temperature Profiles in the GI Tract of Fasted Human Subjects Using the Intellicap(®) System."
Journal of Pharmaceutical Sciences 104 (9): 2855–63.
Krawczyk, Beata, Paweł Wityk, Mirosława Gałęcka, and Michał Michalik. 2021. "The Many
Faces of Enterococcus spp.—Commensal, Probiotic and Opportunistic Pathogen."
Microorganisms 9 (9): 1900.
Kristich, Christopher J., Yung-Hua Li, Dennis G. Cvitkovitch, and Gary M. Dunny. 2004. "Esp-
Independent Biofilm Formation by Enterococcus Faecalis." Journal of Bacteriology 186 (1):
154–63.
Lebreton, François, Abigail L. Manson, Jose T. Saavedra, Timothy J. Straub, Ashlee M. Earl,
and Michael S. Gilmore. 2017. "Tracing the Enterococci from Paleozoic Origins to the Hospital."
Cell 169 (5): 849–61.e13.
Lee, Yeon Joo, Esther S. Arguello, Robert R. Jenq, Eric Littmann, Grace J. Kim, Liza C. Miller,
Lilan Ling, et al. 2017. "Protective Factors in the Intestinal Microbiome Against Clostridium
Difficile Infection in Recipients of Allogeneic Hematopoietic Stem Cell Transplantation." The
Journal of Infectious Diseases 215 (7): 1117–23.
Liao, Chen, Bradford P. Taylor, Camilla Ceccarani, Emily Fontana, Luigi A. Amoretti, Roberta J.
Wright, Antonio L. C. Gomes, et al. 2021. "Compilation of Longitudinal Microbiota Data and
Hospitalome from Hematopoietic Cell Transplantation Patients." Scientific Data 8 (1): 71.
Louie, Thomas, Yoav Golan, Sahil Khanna, Dmitri Bobilev, Nathalie Erpelding, Candida
Fratazzi, Meg Carini, et al. 2023. "VE303, a Defined Bacterial Consortium, for Prevention of
Recurrent Clostridioides Difficile Infection: A Randomized Clinical Trial." JAMA: The Journal of
the American Medical Association 329 (16): 1356–66.
Louis, Petra, Sylvia Helen Duncan, Paul Owen Sheridan, Alan William Walker, and Harry James
Flint. 2022. "Microbial Lactate Utilisation and the Stability of the Gut Microbiome." Gut
Microbiome 3: e3.
McKenney, Peter T., Lilan Ling, Guilin Wang, Shrikant Mane, and Eric G. Pamer. 2016.
"Complete Genome Sequence of Enterococcus Faecium ATCC 700221." Genome
Announcements 4 (3). https://doi.org/10.1128/genomeA.00386-16.
McKenney, Peter T., Jinyuan Yan, Julien Vaubourgeix, Simone Becattini, Nina Lampen, Andrew
Motzer, Peter J. Larson, et al. 2019. "Intestinal Bile Acids Induce a Morphotype Switch in
Vancomycin-Resistant Enterococcus That Facilitates Intestinal Colonization." Cell Host &
Microbe 25 (5): 695–705.e5.

Mills, John P., Krishna Rao, and Vincent B. Young. 2018. "Probiotics for Prevention of
Clostridium Difficile Infection." Current Opinion in Gastroenterology 34 (1): 3–10.
Normington, Charmaine, Ines B. Moura, Jessica A. Bryant, Duncan J. Ewin, Emma V. Clark,
Morgan J. Kettle, Hannah C. Harris, et al. 2021. "Biofilms Harbour Clostridioides Difficile,
Serving as a Reservoir for Recurrent Infection." NPJ Biofilms and Microbiomes 7 (1): 16.
Norsigian, Charles J., Heather A. Danhof, Colleen K. Brand, Numan Oezguen, Firas S. Midani,
Bernhard O. Palsson, Tor C. Savidge, Robert A. Britton, Jennifer K. Spinler, and Jonathan M.
Monk. 2020. "Systems Biology Analysis of the Clostridioides Difficile Core-Genome
Contextualizes Microenvironmental Evolutionary Pressures Leading to Genotypic and
Phenotypic Divergence." NPJ Systems Biology and Applications 6 (1): 31.
Nugent, S. G., D. Kumar, D. S. Rampton, and D. F. Evans. 2001. "Intestinal Luminal pH in
Inflammatory Bowel Disease: Possible Determinants and Implications for Therapy with
Aminosalicylates and Other Drugs." Gut 48 (4): 571–77.
Osuka, Akinori, Kentaro Shimizu, Hiroshi Ogura, Osamu Tasaki, Toshimitsu Hamasaki, Takashi
Asahara, Koji Nomoto, Masami Morotomi, Yasuyuki Kuwagata, and Takeshi Shimazu. 2012.
"Prognostic Impact of Fecal pH in Critically Ill Patients." Critical Care / the Society of Critical
Care Medicine 16 (4): R119.
Pillai, Satish K., George Sakoulas, George M. Eliopoulos, Robert C. Moellering Jr, Barbara E.
Murray, and Roger T. Inouye. 2004. "Effects of Glucose on Fsr-Mediated Biofilm Formation in
Enterococcus Faecalis." The Journal of Infectious Diseases 190 (5): 967–70.
Ramsey, Matthew, Axel Hartke, and Mark Huycke. 2014. "The Physiology and Metabolism of
Enterococci." In Enterococci: From Commensals to Leading Causes of Drug Resistant Infection,
edited by Michael S. Gilmore, Don B. Clewell, Yasuyoshi Ike, and Nathan Shankar. Boston:
Massachusetts Eye and Ear Infirmary.
Scaria, Joy, Jenn-Wei Chen, Nicodemus Useh, Hongxuan He, Sean P. McDonough, Chunhong
Mao, Bruno Sobral, and Yung-Fu Chang. 2014. "Comparative Nutritional and Chemical
Phenome of Clostridium Difficile Isolates Determined Using Phenotype Microarrays."
International Journal of Infectious Diseases: IJID: Official Publication of the International Society
for Infectious Diseases 27 (October): 20–25.
Schaik, Willem van, Janetta Top, David R. Riley, Jos Boekhorst, Joyce E. P. Vrijenhoek,
Claudia M. E. Schapendonk, Antoni P. A. Hendrickx, et al. 2010. "Pyrosequencing-Based
Comparative Genome Analysis of the Nosocomial Pathogen Enterococcus Faecium and
Identification of a Large Transferable Pathogenicity Island." BMC Genomics 11 (April): 239.
Schleifer, K. H., and R. Kilpper-Balz. 1984. "Transfer of Streptococcus Faecalis and
Streptococcus Faecium to the Genus Enterococcus Nom. Rev. as Enterococcus Faecalis
Comb. Nov. and Enterococcus Faecium Comb. Nov." International Journal of Systematic
Bacteriology 34 (1): 31–34.
Shimizu, Kouki, Issei Seiki, Yoshiyuki Goto, and Takeshi Murata. 2021. "Measurement of the
Intestinal pH in Mice under Various Conditions Reveals Alkalization Induced by Antibiotics."
Antibiotics (Basel, Switzerland) 10 (2). https://doi.org/10.3390/antibiotics10020180.
Smith, Alexander B., Matthew L. Jenior, Orlaith Keenan, Jessica L. Hart, Jonathan Specker,
Arwa Abbas, Paula C. Rangel, et al. 2022. "Enterococci Enhance Clostridioides Difficile
Pathogenesis." Nature 611 (7937): 780–86.

Sorbara, Matthew T., Krista Dubin, Eric R. Littmann, Thomas U. Moody, Emily Fontana, Ruth
Seok, Ingrid M. Leiner, et al. 2019. "Inhibiting Antibiotic-Resistant Enterobacteriaceae by
Microbiota-Mediated Intracellular Acidification." The Journal of Experimental Medicine 216 (1):
84–98.
Taur, Ying, Joao B. Xavier, Lauren Lipuma, Carles Ubeda, Jenna Goldberg, Asia Gobourne,
Yeon Joo Lee, et al. 2012. "Intestinal Domination and the Risk of Bacteremia in Patients
Undergoing Allogeneic Hematopoietic Stem Cell Transplantation." Clinical Infectious Diseases:
An Official Publication of the Infectious Diseases Society of America 55 (7): 905–14.
Toledo-Arana, A., J. Valle, C. Solano, M. J. Arrizubieta, C. Cucarella, M. Lamata, B. Amorena,
J. Leiva, J. R. Penadés, and I. Lasa. 2001. "The Enterococcal Surface Protein, Esp, Is Involved
in Enterococcus Faecalis Biofilm Formation." Applied and Environmental Microbiology 67 (10):
4538–45.
Tomkovich, Sarah, Joshua M. A. Stough, Lucas Bishop, and Patrick D. Schloss. 2020. "The
Initial Gut Microbiota and Response to Antibiotic Perturbation Influence Clostridioides Difficile
Clearance in Mice." mSphere 5 (5). https://doi.org/10.1128/mSphere.00869-20.
Tremblay, Yannick Dn, and Bruno Dupuy. 2022. "The Blueprint for Building a Biofilm the
Clostridioides Difficile Way." Current Opinion in Microbiology 66 (April): 39–45.
Ubeda, Carles, Ying Taur, Robert R. Jenq, Michele J. Equinda, Tammy Son, Miriam Samstein,
Agnes Viale, et al. 2010. "Vancomycin-Resistant Enterococcus Domination of Intestinal
Microbiota Is Enabled by Antibiotic Treatment in Mice and Precedes Bloodstream Invasion in
Humans." The Journal of Clinical Investigation 120 (12): 4332–41.
Wang, Shui Ping, Luis A. Rubio, Sylvia H. Duncan, Gillian E. Donachie, Grietje Holtrop, Galiana
Lo, Freda M. Farquharson, et al. 2020. "Pivotal Roles for pH, Lactate, and Lactate-Utilizing
Bacteria in the Stability of a Human Colonic Microbial Ecosystem." mSystems 5 (5).
https://doi.org/10.1128/mSystems.00645-20.
Wei, Yanxia, Fan Yang, Qiong Wu, Jing Gao, Wenli Liu, Chang Liu, Xiaokui Guo, et al. 2018.
"Protective Effects of Bifidobacterial Strains Against Toxigenic Clostridium Difficile." Frontiers in
Microbiology 9 (May): 888.
Wetzel, Daniela, and Shonna M. McBride. 2020. "The Impact of pH on Clostridioides Difficile
Sporulation and Physiology." Applied and Environmental Microbiology 86 (4).
https://doi.org/10.1128/AEM.02706-19.
Wilson, K. H., and F. Perini. 1988. "Role of Competition for Nutrients in Suppression of
Clostridium Difficile by the Colonic Microflora." Infection and Immunity 56 (10): 2610–14.
Woo, Timothy D. H., Kentaro Oka, Motomichi Takahashi, Fuhito Hojo, Takako Osaki, Tomoko
Hanawa, Satoshi Kurata, Hideo Yonezawa, and Shigeru Kamiya. 2011. "Inhibition of the
Cytotoxic Effect of Clostridium Difficile in Vitro by Clostridium Butyricum MIYAIRI 588 Strain."
Journal of Medical Microbiology 60 (Pt 11): 1617–25.
Zackular, Joseph P., Jessica L. Moore, Ashley T. Jordan, Lillian J. Juttukonda, Michael J. Noto,
Maribeth R. Nicholson, Jonathan D. Crews, et al. 2016. "Dietary Zinc Alters the Microbiota and
Decreases Resistance to Clostridium Difficile Infection." Nature Medicine 22 (11): 1330–34.
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