Probing host-anaerobe interactions in innovative human gut cellular models

Blessing O. Anonye[a], Jack Hassall[b], Jamie Patient[c], Usanee Detamornrat[c], Afnan

Aladdad[c], Stephanie Schüller[d,e], Felicity R.A.J Rose[c], Meera Unnikrishnan [a#]

[a]Microbiology and Infection Unit, Division of Biomedical Sciences, Warwick Medical

School, University of Warwick, Coventry, United Kingdom

[b]Warwick Integrative Synthetic Biology Centre, School of Life Sciences, University of

Warwick, Coventry, United Kingdom

[c]Division of Regenerative Medicine and Cellular Therapies, School of Pharmacy, Centre

for Biomolecular Sciences, University of Nottingham, Nottingham, United Kingdom

[d]Norwich Medical School, University of East Anglia, Norwich, United Kingdom

[e]Gut Health and Food Safety Programme, Quadram Institute Bioscience, Norwich,

United Kingdom

14
15 Running title: Host-anaerobe interactions in human gut cellular models
16

17 [#] Address for correspondence: Meera Unnikrishnan, m.unnikrishnan@warwick.ac.uk

18
19 Abstract word count: 244
20
21 Text word count: 5069
22
23 KEYWORDS**:** *C. difficile*, adherence, 3-D gut epithelium, colonization, anaerobic,

24 vertical diffusion chamber

ABSTRACT

Interactions of anaerobic gut bacteria with the intestinal mucosa have been poorly studied due to challenges in culturing anaerobes with the oxygen-requiring gut epithelium. Gut colonization by the anaerobic pathogen *Clostridium difficile*, a leading cause of hospital-acquired diarrhea, is a key determinant of disease outcome. However, precise mechanisms of mucosal attachment and spread remain unclear. Here, using human gut cells co-cultured within controlled dual environment chambers, we describe the dynamics of *C. difficile* infection. We demonstrate that *C. difficile* adheres and multiplies as micro-communities when grown on a mucin-producing Caco-2/HT29-MTX gut epithelial cell layer. Prolonged infection causes redistribution of actin and loss of epithelial integrity, accompanied by production of *C. difficile* spores, and interestingly *C. difficile* filamentation*,* a potentially new mechanism of *C. difficile* persistence. Intriguingly, we find that even in the absence of major *C. difficile* toxins, the bacterium is able to disrupt epithelial barrier function. To examine *C. difficile*-commensal interactions, we co-cultured *C. difficile* with the anaerobic gut commensal *Bacteroides dorei. B. dorei* adheres to gut cells and inhibits *C. difficile* multiplication. Furthermore, we have developed novel multilayer and three-dimensional gut models containing gut myofibroblasts. *C. difficile* adheres more efficiently to epithelial cells in these models compared to the monolayer systems, inducing a stronger chemokine response, indicating a role for myofibroblasts in early host responses to *C. difficile*. Our study describes new human gut models which effectively recreate the *C. difficile* infection process, and enable host-anaerobe and pathogen-commensal interaction studies *in vitro*.

56
57
58 **IMPORTANCE**
59
Understanding the host responses to anaerobic gut pathogens or commensals, and

gaining mechanistic insights into the three-way interaction between pathogens,

commensals and the gut epithelium is fundamental to advancing our knowledge of gut

microbiome function. Host-pathogen interaction studies of the human anaerobic

pathogen, *C. difficile* and other gut-associated anaerobes is challenging due to the lack

of appropriate *in vitro* systems. In this study, employing novel two and three-

dimensional models, we have tracked *C. difficile* infection over longer time scales,

examining the attachment and invasion of the gut epithelium and the effects of key

virulence factors. Furthermore, we demonstrate interactions of other important gut

commensals like *Bacteroides* with the epithelium and with *C. difficile*. This study

provides new insight into the molecular and cellular events that occur at the gut

epithelial interface during infection.

72
73
74 **INTRODUCTION**
75
Clostridium difficile, an anaerobic spore-forming bacterium is the main cause of

infectious diarrhea in healthcare settings. A major risk factor for *C. difficile* infection

(CDI) is antibiotic use, which results in the disruption of the intestinal microbiota,

allowing *C. difficile* to colonize and proliferate (1, 2). An increase in severe disease and

deaths from CDI has been observed in the US, estimated at 453,000 cases, with 29,000

deaths (3). Estimates of about 13,000 cases were recorded in the UK and incidence of

CDI have been reported across Europe, Canada and Australia (4-6).

C. difficile produces two main toxins, toxin A and toxin B (TcdA and TcdB), and some

strains produce a binary toxin (CDT), all of which contribute to bacterial pathogenicity.

Toxins A and B are known to disrupt the intestinal epithelial barrier function through

activation of the MAPK pathway leading to a cytokine response (7, 8). The key role for

toxins during infection has been demonstrated in mouse models using toxin mutants (7,

9). However, *C. difficile* colonization of the intestinal mucosa is a key factor in CDI, and

several bacterial factors such as surface layer proteins (10, 11), adhesins (12-14), cell

wall proteins (15) and flagella are thought to play a role in this process (16, 17).

Moreover, *C. difficile* is also known to produce spores that are resistant to antibiotics

and disinfectants (18, 19). These spores may serve as reservoir for recurrence of

infection in the host.

Although animal models of CDI have been used to understand *C. difficile* pathogenesis,

molecular mechanisms of bacterial interactions with the human gut mucosa are best

studied using *in vitro* human colon derived cell cultures. *In vitro* models enable

molecular and cellular studies on both the host and the pathogen, easier testing of

multiple conditions and visualization of infection dynamics. Infection of human intestinal

epithelial cell (IEC) lines has been used to study *C. difficile* pathogenesis but these

models have been limited to short time periods as *C. difficile* requires an anaerobic

environment for optimal growth (20-22). A dual environment system such as a vertical

diffusion chamber (VDC), which permits growth of the bacteria and IECs in appropriate

gaseous environments was used previously by Schüller and Phillips to demonstrate

increased adherence of enterohaemorrhagic *Escherichia coli* (EHEC) to polarized IECs

in microaerobic conditions, with enhanced expression and translocation of EHEC type

III secreted effector proteins (23). Similarly, an increase in *Campylobacter jejuni*

invasion of IECs was observed under a microaerobic environment in the VDC (24).

Recently, a VDC was employed to culture *C. difficile* with T84 cells where an anaerobic

environment was shown to enhance *C. difficile*-induced cytokine production, although

this was only studied over a short time course (25).

Models that replicate the physiology and local tissue environment found *in vivo* are ideal

for investigating host-pathogen interactions in IECs. Three-dimensional (3-D) gut

cellular models are more suited for epithelial cell growth and differentiation through

secretion of proteins such as growth factors by the underlying cells, and supporting

scaffolds can be designed to meet the cell type-specific needs (26, 27). Scaffolds

generated from natural or synthetic polymers such as matrigel, collagen and

polyethylene terephthalate (PET) have been used to generate the matrix (27, 28). More

recently, electrospinning has been employed to fabricate fibers from polymers creating

a structure similar to the natural fibrous network of the extracellular matrix (ECM) (26,

27). Electrospinning was used to create nanofiber and microfiber scaffolds for optimal 3-

D *in vitro* culture of airway epithelial and fibroblast cells (26). Fibroblast cells play an

active role in producing ECM, and producing chemokines in response to bacterial

infection (29).

Three-dimensional gut models have been employed to understand key bacterial and

host pathways in a range of pathogens including *C. difficile* (30, 31), *Salmonella* (32),

Cryptosporidium parvum (33) and Coxsackievirus B (34). In human intestinal organoids

infected with *C. difficile,* bacteria were reported to be viable for up to 12h (31), while a 3-

D model using Caco-2 cells grown as cysts in a matrigel monitored the adhesion and

translocation of *C. difficile* for 1h (30). While both studies investigated the role of *C.*

difficile toxins in these models, neither was able to follow the infection for a longer

period of time due to the lack of an optimal environment for bacterial growth.

In this study, we have determined the infection dynamics of *C. difficile* over an extended

time frame using novel human gut epithelium models. We demonstrate that *C. difficile*

adheres and forms communities over 24h, while it produces spores, toxins and bacterial

filamentous forms, accompanied by chemokine production over 48h in a monolayer

VDC model. Furthermore, we demonstrate that this system can be used to study

interactions of obligate anaerobes such as the gut commensal, *Bacteroides dorei*, with

IECs. Interestingly, we demonstrate that *B. dorei* inhibits *C. difficile* replication on gut

epithelial cells. Notably, in a complex 3-D model that we developed which contains

myofibroblasts on electrospun nanofiber scaffolds, we observed increased bacterial

adhesion to IECs and an enhanced host cell response, compared to the monolayer

model.

148
149
150   **RESULTS**
151
Development of a gut cellular model for *C. difficile*

A polarized cell layer comprising IECs (epithelial Caco-2 and mucus producing HT29-

MTX goblet cells) was cultured on the apical side of a Snapwell insert as shown in Fig.

1. Inserts with polarized cell layers were placed in the VDC and experiments were

performed by perfusing a mixture of 5% CO_2 and 95% air in the basolateral

compartment for epithelial cell growth and an anaerobic gas mixture (10% CO_2, 80% N_2

and 10% H_2) on the apical side for bacterial growth. The barrier integrity of IECs was

monitored by measuring the transepithelial electrical resistance (TEER). The TEER

values demonstrated an intact epithelium in the control IECs incubated within the VDC,

although a slight decline was observed over 24h (Fig. 2A). However, no significant

disruption to the IECs was seen after 24h or 48h by microscopy; actin staining showed

that the cytoskeleton of the control cells was intact at 24h and 48h (Fig. 2B).

Immunofluorescent staining of the Snapwell inserts for MUC2, a major mucus protein

produced by goblet cells, showed that a small amount of mucus was produced (Fig.

S1).

Furthermore, growth of *C. difficile* in the apical compartment of the VDC for 3h was

compared to growth in the anaerobic cabinet. No significant differences were observed

indicating that the VDC maintained anaerobic conditions in the apical chamber (Fig.

S2).

C. difficile colonization leads to disruption of the intestinal epithelium

To determine how *C. difficile* interacts with the human host in the short and long term,

Caco-2/HT29-MTX layers were infected with *C. difficile* R20291 at an MOI of 100:1 for

different periods of time in the anaerobic chamber of the VDC (Fig. 1). In order to study

bacteria that adhere to the IECs and their replication, for all experiments, at 3h p.i., the

apical supernatant containing the *C. difficile* was removed, the IECs washed in PBS,

fresh pre-reduced media added, followed by incubation for the required time. The

number of adherent *C. difficile* was determined by counting colony forming units (CFUs)

from the cell lysates, after washing off non-adherent bacteria. A significant increase in

the number of cell-associated *C. difficile* was observed from 3h to 24h p.i. (Fig. 2C).

This increase in cell-associated bacteria corresponded to a decrease in TEER

measurements indicating disruption of the intestinal epithelial barrier (Fig. 2A). Confocal

microscopy showed *C. difficile* present as small micro-communities on the IECs. At

early time points (3h and 6h p.i.), there was little disruption of the actin filaments but at

24h and 48h p.i., destruction of the cytoskeleton was evident (Fig. 2D). Interestingly, at

48h p.i., immunofluorescent staining showed the presence of filamenting *C. difficile* (Fig.

2D).

Prolonged infection is associated with spore and toxin production, and host

responses

In order to fully understand bacterial factors necessary for CDI persistence, we

performed an extended infection for up to 48h in the 2-D monolayer epithelial model.

Spores, a major bacterial mechanism of persistence, were detected in the cell-

associated fraction and in the apical supernatants at 24h and 48h p.i. (Fig. 3A).

Toxin A was monitored over time during infection and while not detectable at early time

points, increased production was seen at 24h and 48h p.i. as determined by ELISA (Fig.

3B). Analysis of the basolateral supernatant for the host chemokine IL-8, which has

been previously implicated in *C. difficile* infection (35), revealed that IL-8 levels were low

at 6h p.i. but increased at 24h and 48h p.i. in the monolayer epithelial model (Fig. 3C).

Major *C. difficile* toxins are not solely responsible for disruption of the epithelial

barrier

As the toxins are considered to be the major virulence factors in CDI, we sought to

determine their effects on the epithelial cells. To do this, we utilized a triple toxin mutant

(ΔABCDTa) strain, which is unable to produce toxins A, B and the binary toxin (subunit

CdtA) (36) to perform adhesion assays on the gut epithelium. The absence of all three

toxins did not affect the adhesion of *C. difficile* to the IECs (Fig. 4A). As *C. difficile* toxins

are known to cause disruption to the tight junctions of the epithelium, leading to a more

permeable epithelial barrier, we measured the TEER to determine the effects of the

triple toxin mutant on the IECs. At 6h p.i., there was less disruption compared to the wild

type (WT) but at 24h p.i., there was no significant difference between the WT and the

triple mutant (Fig. 4B). Immunofluorescent staining indicated less redistribution of the

actin cytoskeleton at 24h p.i. compared to the WT strain (Fig. 4C).

Co-culturing *C. difficile* with *Bacteroides dorei* results in *C. difficile* inhibition

within an epithelial gut model.

220
To determine if our VDC-based cellular system could be extended for use with other

anaerobic bacteria, we studied a strict commensal anaerobe, *B. dorei* within the

monolayer epithelial model using similar conditions as for *C. difficile*. Adherence to the

IECs was determined at 3h and 24h by CFU counts, as described for *C. difficile*. *B.*

dorei adhered to the epithelial cells and multiplied over 24h, as observed for *C. difficile*

(Fig. 5A, B). *B. dorei* and *C. difficile* were then grown as mixed cultures in the VDC.

Cell-associated bacteria were quantitated by plating on a medium used to selectively

isolate *C. difficile* colonies, which also allowed the growth of *B. dorei*. *Bacteroides*

colonies were distinguished by colony size, color and morphology (small colonies). A

significant decrease in the number of *C. difficile* was observed when co-cultured with *B.*

dorei in the presence of IECs at 24h p.i. but not at 3h p.i. (Fig. 5A, B, p < 0.001). We

also observed higher colony counts when *B. dorei* was grown in co-culture with *C.*

difficile at 3h and 24h, compared to mono-cultures of *B. dorei* (Fig. 5A, B).

Increased cell-associated bacteria in multilayer and 3-D models containing

fibroblast cells

As the monolayer 2-D models do not optimally represent the human gut epithelium, we

developed this system further by increasing its cell complexity. Typically, a

myofibroblast layer underlies the basement membrane in the human gut. To incorporate

myofibroblasts into our model, human CCD-18co myofibroblasts were first grown on the

basolateral side of the polyester Snapwell insert before seeding the IECs on the apical

side (multilayer model, Fig. 6A). Furthermore, to recreate the highly porous architecture

of the ECM in the basement membrane, epithelial and fibroblasts cells were grown

apically and basolaterally respectively on inserts containing electrospun nanofiber

scaffolds generated from polyethylene terephthalate to develop a 3-D gut epithelium as

reported previously (26). Scanning electron microscopy revealed that these scaffolds

exhibited a uniform nanofibrous matrix (Fig. 6B) that supported the attachment and

proliferation of Caco-2 cells to form a confluent monolayer (Fig. 6C) and enabled the

proliferation of the CCD-18co cells (Fig. 6D).

Interestingly, in the multilayer model, we find that after infection for 3h and 24h, higher

numbers of bacteria adhered to the IECs at both time points compared to the monolayer

model without fibroblasts (Fig. 7A). Anti-fibronectin staining of the basolateral side of the

membrane containing the fibroblast cells indicated likely degradation of fibronectin and

damage to the fibroblast layer at 24h p.i. (Fig. 7B). As before, immunofluorescent

staining showed the localisation of *C. difficile* on the epithelial cells at 3h and 24h p.i.

(Fig. 7C).

Similar to the multilayer model, we observed increased adhesion of *C. difficile* to the

IECs at 3h and 24h p.i. in the 3-D gut epithelium (Fig. 7D). Similarly, anti-fibronectin

staining showed the impaired fibroblast layer in the 3-D model (Fig. 7E). Confocal

microscopy revealed the presence of numerous *C. difficile* colonies on the IECs at 24h

p.i. (Fig. 7F). Interestingly, at 24h p.i., immunofluorescent staining showed the presence

of filamenting *C. difficile* (Fig. 7F), much earlier than seen in the monolayer infection

model.

A stronger chemokine response to *C. difficile* in the presence of fibroblasts

In both the multilayer and the 3-D models of infection, spores were found to adhere to

the epithelium and were present in higher numbers in the apical supernatant, at levels

comparable to the 2-D monolayer model (Fig 8A, B). Although there was higher

variability, levels of toxin A in the apical supernatants from both models were slightly

lower and showed distinct toxin production profiles compared with the 2-D models.

Furthermore, we measured levels of toxin B in the 3-D model and were even lower than

that observed for toxin A (Figure 8C). Notably, higher levels of IL-8 were stimulated by

C. difficile infection from the 3-D model (Figure 8D), suggesting a potential role for the

myofibroblasts in modulating the *C. difficile* response.

DISCUSSION

Attachment to the intestinal mucosa and subsequent multiplication and penetration of

the gut epithelium by a pathogen is generally essential for the establishment of a

successful infection. We report here the development of *in vitro* human gut models for

studying interactions of obligate anaerobes with the host gut epithelium. For the first

time, we have modeled prolonged *C. difficile* infection in an *in vitro* human gut mimic.

Along with demonstrating *C. difficile* micro-communities, we report formation of *C.*

difficile filaments, a potential adaptation mechanism during infection.

Previous *in vitro* infection models have shown the attachment of *C. difficile* on IECs

either using conditions that are not appropriate for the bacterium (such as growing in

aerobic conditions) or that are limited to short term infection due to the anaerobic growth

requirements of *C. difficile* (21, 25, 37). However, in order to study host-pathogen

interactions at a molecular and cellular level, precise environmental control and longer

scales of infection are essential. The monolayer gut epithelial model described here is

ideal for investigating molecular mechanisms underlying *C. difficile*-epithelial

interactions as it offers the ability to make cellular, immunological and molecular

measurements along with easy substitution of knockout cell lines and introduction of

additional cellular components like immune cells.

Filamentation, a process where bacterial cells continue to elongate without division, is

caused in response to environmental or host stress as a way of adaptation and survival

(38). For example, uropathogenic *E. coli* in bladder epithelial cells subvert innate

immune responses by forming filaments, which evade being phagocytosed by

neutrophils (39). Our findings indicate that *C. difficile* filamentation may serve as a

mechanism of persistence in the human host. Filamentation may be associated with

host cell contact and infection, as preliminary studies indicate that incubation in similar

conditions in the absence of cells does not appear to induce this phenotype. Previous

studies demonstrated that *Burkholderia pseudomallei* forms filaments when exposed to

Β-lactam antibiotics to evade killing by the antibiotics (40). Similarly, in *E. coli*, an SOS

response occurs when exposed to β-lactams or fluoroquinolones leading to the

formation of multinucleated filaments (41). It may be that *in vivo*, *C. difficile* form

filaments to avoid being killed by antibiotics but more studies are needed to confirm this

and the mechanisms underlying *C. difficile* filament formation.

Production of spores was observed at 24h and 48h p.i. indicating that spore formation is

a key feature of *C. difficile* infection of the gut epithelium, as reported previously using

mouse models (42). Previous work showed that *C. difficile* spores adhere to

undifferentiated Caco-2 cells after 1h of infection as determined by viable spore counts

and fluorescence microscopy (37). Interestingly, we detected similar numbers of spores

in the cell-associated bacterial fraction and in the apical supernatants in both the

epithelial monolayer and the multilayer/3-D models, suggesting that a high number of

the spores formed adhere to the epithelium. This may further indicate that adhesion of

spores to the gut mucosa is an inherent feature of *C. difficile* infection.

Toxin production by *C. difficile* is known to play a role in pathogenesis by disrupting the

barrier integrity of the intestinal epithelium leading to increased permeability and re-

organization of actin (8). Previous work showed that there was no significant difference

in adherence of *C. difficile* (strains R20291 and 630) and their respective toxin mutants

(tcdA and tcdB) to the IECs (25). Our data indicate that a strain lacking the major toxins

A, B and the binary toxin also does not differ in cell adhesion. Strikingly, the absence of

all toxins did not abrogate the increased permeability of the epithelium seen during

infection. While there appeared to be a slower decrease in permeability for the triple

toxin mutant, ΔABCDTa (Fig. 4B), epithelial integrity was reduced to a level comparable

to the WT by 24h p.i. These data suggest that in addition to the main toxins, secreted

enzymes or other factors produced by *C. difficile* and bacterial adhesion *per se* via cell

surface proteins to the host cells, may contribute to bacterial invasion of the gut

epithelium. Further studies on *C. difficile* surface factors and secreted proteins in a toxin

negative strain background are required to clarify this.

The human gut microbiota is dominated by the Firmicutes and Bacteroidetes, which are

known to play a role in health and disease (43, 44). As >90% of the bacteria inhabiting

the gut are obligate anaerobes, little is known about the adhesion properties of

individual bacteria to the intestinal epithelium. Previous research on *Bacteroides fragilis*,

a dominant bacterium isolated from intestinal tract infections showed that bile salts

enhance the adhesion to the intestinal epithelium and biofilm formation (45). However,

for other dominant members of the Bacteroidetes phylum, there is insufficient data as to

how they interact with the gut epithelium. Our studies with *B. dorei*, a common gut

anaerobe in healthy individuals, demonstrates bacterial adhesion and multiplication on

IECs, and validates the utility of this *in vitro* model in studying host cell interactions of

other anaerobic gut bacteria.

While the gut microbiota is known to protect against *C. difficile* infection (2), the direct

interactions between commensals and gut pathogens have been poorly understood.

Although many genome sequencing studies have associated members of the

Bacteroidetes with healthy status, the roles of individual *Bacteroides* species in the gut

remains unclear (46-48). Recently, it was shown that *Bacteroides ovatus* inhibited *C.*

difficile growth in the presence of bile acids (49). In this study we demonstrate

suppression of gut cell-associated *C. difficile* by *B. dorei*, in the absence of bile acids

and in a physiologically relevant setting. In addition to host-pathogen interactions, the

models developed in this work allow three-way interaction studies between

commensals, pathogens and the host, i.e. the role of commensals in modulating effects

of pathogenic bacteria on the human host. Additionally, as these results may also

suggest the potential of non-spore forming anaerobic bacteria in suppressing *C. difficile*

growth, such *in vitro* tools may have value in screening and developing novel microbial

therapies for treatment of *C. difficile* and other anaerobic infections.

Three-dimensional models are known to promote more *in vivo*-like cell proliferation,

growth differentiation and cell-to cell contact (27). Nanofiber scaffolds, which create a

porous architecture similar to the basement membrane underlying the gut epithelium,

along with myofibroblast cells in the basal layer, form an excellent mimic of the intestinal

epithelium. Morris *et al* showed that nanofibers were beneficial for epithelial cell

differentiation but not penetrable to fibroblasts (26). In addition to producing an ECM

which provides structural and biochemical support to cells, fibroblasts are also known to

produce chemokines when activated by infectious microorganisms such as bacteria

(29). Thus, the increased amount of the chemokine IL-8 observed in the 3-D model

could be attributed to the myofibroblasts, also as the presence of myofibroblasts is the

only difference between the multilayer/3-D models and the monolayer model. Thus, the

myofibroblasts may be important in responding to *C. difficile* infection. In addition, the

increased *C. difficile* adhesion observed in the multilayer and the 3-D models, which

presumably leads to quicker progressing infection, could also be the result of indirect

modulation of the epithelial barrier by the myofibroblast cells. Both the multilayer and 3-

D gut models have huge potential in studying *C. difficile* pathogenesis, particularly for

investigating host invasion and interactions with basolateral surface of the host

epithelium and are currently being utilized for studying functions of secreted *C. difficile*

factors in the laboratory.

Overall, we have developed highly useful tools for studying *C. difficile* host-interactions

which we expect to have broad applications in studying anaerobic gut commensals and

their interactions with pathogens and the host.

MATERIALS AND METHODS

Bacterial strains used and growth conditions

C. difficile R20291 was cultured on brain heart infusion agar (Sigma-Aldrich, UK)

supplemented with 1 g/L cysteine (Sigma-Aldrich, UK), 5 g/L yeast extract (BHIS) under

anaerobic conditions (80% N_2, 10% CO_2, 10% H_2) in a Don Whitley workstation

(Yorkshire, UK). The triple toxin mutant, R20291 *tcd*A *tcd*B *cdt*A ($A^-B^-CDTa^-$), a kind gift

from Sarah Kuehne and Nigel Minton (36) was cultured in the same media as the WT

strain supplemented with lincomycin hydrochloride (Sigma-Aldrich, UK).

Cell culture

Intestinal epithelial cell line, Caco-2 (P6-P21) from American Type Culture Collection,

mucus producing cell line, HT29-MTX (P45-P56), gift from Nathalie Juge and fibroblast

cells, CCD-18co (P10-P17) were used. Caco-2 cells were grown in Dulbecco's Modified

Eagle Medium (DMEM) supplemented with 10% fetal bovine serum (FBS) and 1%

penicillin-streptomycin. HT29-MTX was grown in DMEM and CCD-18co in Eagle's

Minimum Essential Medium media. Both media were supplemented with 10% FBS, 1%

penicillin-streptomycin, 2 mM glutamine and 1% non-essential amino acids (Sigma-

Aldrich, UK). All cell lines were maintained in 5% CO_2 in a humidified incubator at 37°C.

For the epithelial 2-D models, Caco-2 and HT29-MTX were mixed in a 9:1 ratio and 2 x

10^5 cells/mL were seeded on a 12 mm Snapwell inserts (tissue culture treated polyester

membrane, Corning, New York, USA) supported by a detachable ring for 2 weeks to

form a polarized monolayer. For the multilayer and 3-D models, CCD-18co (1 X10^4

cells/ml) were first seeded on the basolateral layer of the polyester Snapwell insert or

electrospun nanofiber scaffold for 5 days after which Caco-2 and HT29-MTX were

seeded on the apical side as in the 2-D models for 14 days. Prior to the infection

experiments, the cell culture medium in the Snapwell inserts was replaced with

antibiotic-free medium.

Vertical diffusion chamber set up and measurement of transepithelial electrical

resistance

The Snapwell inserts containing the polarized cell layer were placed between the two

half chambers of the vertical diffusion chamber (Harvard Apparatus, Cambridge, UK)

and sealed with the provided clamps. DMEM with 10% FBS was placed on both sides of

the chamber. Transepithelial electrical resistance measurements was performed using

Harvard/Navicyte electrodes on the EC-800 Epithelial Voltage Clamp (Harvard

Apparatus, Cambridge, UK) over 24h.

Infection of intestinal epithelial cells (IECs)

A single bacterial colony was inoculated in pre-reduced BHI broth (Oxoid)

supplemented with 1 g/L cysteine (Sigma-Aldrich, UK) and 5 g/L yeast extract and

incubated at 37 ^{o}C overnight. The culture was centrifuged at 10,000g for 5 mins

(Eppendorf 5810R) and bacterial pellet was resuspended in DMEM supplemented with

10% FBS and incubated at 37 ^{o}C for at least an hour. This culture was used to infect the

IECs at a predetermined MOI of 100:1 in the apical side of the VDC containing the

IECs. The apical chamber was diffused with anaerobic gas mixture (10% CO_2, 10% H_2,

80% N_2, BOC, UK) and the basolateral compartment with 5% CO_2 and 95% air (BOC,

UK). At 3h p.i., the apical media containing the *C. difficile* was removed, the IECs

washed in PBS and prereduced DMEM with 10% FBS added. It was incubated for a

further 3h or up to 24h. The apical and basolateral media was then removed and stored

at -80 ^{o}C. The IECs were washed thrice in PBS before lysing in sterile water. Serial

dilutions were performed and plated on appropriate plates to determine the number of

cell-associated bacteria. To determine spore production, the lysed cells and apical

supernatants were heat treated at 65°C for 20 mins, serial dilututed and plated on BHI

agar supplemented with 0.1% sodium taurocholate (Sigma-Aldrich, UK).

For the co-culture experiments with *B. dorei*, the same protocol was followed except

that both strains were grown in Schaedler anaerobic broth (Oxoid, UK) overnight and an

MOI of 1000: 1 was used. To differentiate *C. difficile* colonies from *B. dorei*, the BHIS

agar was supplemented with *C. difficile* selective supplement (Oxoid, UK).

ELISA assays

C. difficile toxin production was determined by ELISA following the manufacturer's

instructions (tgcBIOMICS, Bingen am Rhein, Germany). IL-8 production was also

determined by analysis of basolateral supertants from VDC's using a human IL-8 ELISA

kit (R&D systems, Minneapolis, USA).

Electrospinning protocol

Electrospinning procedure was performed as described previously (26). Briefly,

scaffolds were produced by dissolving polyethylene terephthalate (PET, from food

grade drinking bottles) in equal ratio of trifluoroacetic acid and dichloromethane (1:1) to

create a 10% (w/v) PET solution to produce the nanofiber scaffolds. Electrospinning

processing parameters included an applied voltage of 14kV, a tip-collector distance

(TCD) of 15cm, a flow rate of 0.5 mL/h and an 18 gauge spinneret for a period of 2h.

Electrospinning was conducted at ambient conditions in a ducted fume hood with fibers

collected on a stainless steel rotating drum (50 rpm). Once collected, the scaffolds were

stored in aluminum foil at room temperature until required. Prior to cell culture,

scaffolds were positioned in 12 mm Snapwell inserts (Corning, New York, USA) by

replacing the commercial membrane with the electrospun nanofiber matrix. PET

scaffolds were cut into 2.5 cm diameter circles and fixed with Costar Snapwell

inserts using aquarium sealant glue (King British, Beaphar Company). They were

sterilized by exposing to UV at the power of 80 mJ/cm2 for 15 minutes on each side

using a UV lamp (CL-1000 Ultraviolet Crosslinker) and soaking in 10x antibiotic-

antimycotic solution (final concentration: 1,000 units/mL penicillin, 1 mg/mL

streptomycin and 2.5 µg/mL amphotericin B, Sigma Aldrich, Poole, UK) for 3h at 25 °C.

Antibiotic-antimycotic solution was then removed and the scaffolds were washed with

PBS (pH 7.4) three times. The scaffolds were air-dried in the microbiological class 2

safety cabinet overnight.

Scanning Electron Microscopy (SEM)

The fiber morphology of the nanofiber scaffolds was assessed using SEM. Acellular

samples were sputter coated (Leica EMSCD005) with gold for 4-5 mins prior to

microscopy. Scaffolds seeded with cells were fixed in 3% (v/v) glutaraldehyde overnight

at 4°C. Samples were washed thrice in PBS and dehydrated through a series of

industrial methylated spirits (IMS) concentrations diluted in water (25-100% *v/v*) for 10

mins each. Following dehydration, hexamethyldisilazane (HMDS) was added to

chemically dry the samples, this process was then repeated and the samples allowed to

air dry overnight before sputter coating as described above. Scaffold and cell

morphology was observed at various magnifications as indicated on the scale bar of the

images (JEOL JSM-6100, JEOL, UK). Images were processed using ImageJ software

(W. Rasband, National Institute of Health, USA) to determine the fiber diameter and 150

measurements (50 measurements per scaffold) from 3 independently produced

scaffolds were assessed.

Immunofluorescence and imaging

The Snapwell inserts, containing either the commercial membrane or PET nanofiber

scaffold, were fixed in 4% PFA for 15 min, washed in PBS, permeabilized with 1%

saponin (Sigma-Aldrich, UK) in 0.3% triton X-100 (Fisher Scientific, UK) and thereafter

blocked against non-specific antibody binding with 3% BSA in PBS (Sigma-Aldrich, UK).

For staining *C. difficile*, infected cells were incubated with anti-*C. difficile* serum for 1h,

followed by Alexa Fluor 488 goat anti-rabbit secondary antibody (New England Biolabs,

UK) for 1h. Alexa fluor phalloidin 647 was used to stain the actin cytoskeleton and cell

nuclei were stained with ProLong Gold Antifade mountant containing 4,6-diamidino-2-

phenylindole (DAPI) (New England Biolabs, UK). To determine mucus production, the

Snapwell inserts were fixed, permeabilized and blocked as described above. The

Snapwell insert was incubated with mucin 2 anti-rabbit primary antibody (Santa Cruz

Biotechnology, US) overnight at $4^{o}C$ followed by Alexa Fluor 488 goat anti-rabbit

secondary antibody (New England Biolabs, UK) for 1h. Images were taken using a

confocal spinning-disk microscope (VOX UltraView, PerkinElmer, UK) with a 40X oil

objective and two Hamamatsu ORCA-R2 cameras, by Volocity 6.0 (PerkinElmer, UK).

Post-image analysis was performed with ImageJ software.

Statistical analysis

Student t test (two tailed) was used to determine the significance between two groups.

Significance is represented as *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$ and ****$p < 0.0001$.

Except stated otherwise, all the results presented are the average of 3 independent

experiments performed in duplicates or triplicates. The error bars indicate the standard

deviation (SD).

ACKNOWLEDGEMENTS: This work is funded by the Wellcome Trust Seed Award in

Science to MU (grant no 108263/Z/15/Z) and a Synthetic Biology PhD funded by

BBSRC & EPSRC, grant number: EP/L016494/1 to JH. This grant was awarded to the

Warwick Integrative Synthetic Biology Centre (grant ref: BB/M017982/1) funded under

the UK Research Councils' Synthetic Biology for Growth programme. We thank Nigel

Minton, Sarah Kuehne and Trevor Lawley for providing *C. difficile* strains and Nathalie

Juge for providing the HT29-MTX cell line. We thank Arnaud Kengmo Tchoupa for

reading the manuscript.

REFERENCES

1.   Adamu BO, Lawley TD. 2013. Bacteriotherapy for the treatment of intestinal

dysbiosis caused by *Clostridium difficile* infection. Current Opinion in

Microbiology 16:596-601.

2.   Fuentes S, van Nood E, Tims S, Heikamp-de Jong I, ter Braak CJF, Keller JJ,

Zoetendal EG, de Vos WM. 2014. Reset of a critically disturbed microbial

ecosystem: faecal transplant in recurrent *Clostridium difficile* infection. The ISME

Journal 8:1621-1633.

3.   Lessa FC, Mu Y, Bamberg WM, Beldavs ZG, Dumyati GK, Dunn JR, Farley MM,

Holzbauer SM, Meek JI, Phipps EC. 2015. Burden of *Clostridium difficile* infection

in the United States. N Engl J Med 372: 825-834.

4.   Gravel D, Miller M, Simor A, Taylor G, Gardam M, McGeer A, Hutchinson J,

Moore D, Kelly S, Boyd D, Mulvey M. 2009. Health Care-Associated *Clostridium*

difficile Infection in Adults Admitted to Acute Care Hospitals in Canada: A

Canadian Nosocomial Infection Surveillance Program Study. Clinical Infectious

Diseases 48:568-576.

5.   Collins DA, Selvey LA, Celenza A, Riley TV. 2017. Community-associated

Clostridium difficile infection in emergency department patients in Western

Australia. Anaerobe 48:121-125.

6.   Davies KA, Longshaw CM, Davis GL, Bouza E, Barbut F, Barna Z, Delmée M,

Fitzpatrick F, Ivanova K, Kuijper E, Macovei IS, Mentula S, Mastrantonio P, von

Müller L, Oleastro M, Petinaki E, Pituch H, Norén T, Nováková E, Nyč O, Rupnik

M, Schmid D, Wilcox MH. Underdiagnosis of *Clostridium difficile* across Europe:

the European, multicentre, prospective, biannual, point-prevalence study of

Clostridium difficile infection in hospitalised patients with diarrhoea (EUCLID).

The Lancet Infectious Diseases 14:1208-1219.

7.   Kuehne SA, Cartman ST, Heap JT, Kelly ML, Cockayne A, Minton NP. 2010. The

role of toxin A and toxin B in *Clostridium difficile* infection. Nature 467:711-3.

8.   Aktories K, Schwan C, Jank T. 2017. *Clostridium difficile* Toxin Biology. Annual

Review of Microbiology 71:281-307.

9.   Lyras D, O'Connor JR, Howarth PM, Sambol SP, Carter GP, Phumoonna T,

Poon R, Adams V, Vedantam G, Johnson S, Gerding DN, Rood JI. 2009. Toxin B

is essential for virulence of *Clostridium difficile*. Nature 458:1176-9.

10. Calabi E, Calabi F, Phillips AD, Fairweather NF. 2002. Binding of *Clostridium*

difficile Surface Layer Proteins to Gastrointestinal Tissues. Infection and

Immunity 70:5770-5778.

11.   Merrigan MM, Venugopal A, Roxas JL, Anwar F, Mallozzi MJ, Roxas BAP,

Gerding DN, Viswanathan VK, Vedantam G. 2013. Surface-Layer Protein A

(SlpA) Is a Major Contributor to Host-Cell Adherence of *Clostridium difficile*.

PLOS ONE 8:e78404.

12.   Kovacs-Simon A, Leuzzi R, Kasendra M, Minton N, Titball RW, Michell SL. 2014.

Lipoprotein CD0873 Is a Novel Adhesin of *Clostridium difficile*. The Journal of

Infectious Diseases 210:274-284.

13.   Barketi-Klai A, Hoys S, Lambert-Bordes S, Collignon A, Kansau I. 2011. Role of

fibronectin-binding protein A in *Clostridium difficile* intestinal colonization. Journal

of Medical Microbiology 60:1155-1161.

14.   Hennequin C, Porcheray F, Waligora-Dupriet A-J, Collignon A, Barc M-C,

Bourlioux P, Karjalainen T. 2001. GroEL (Hsp60) of *Clostridium difficile* is

involved in cell adherence. Microbiology 147:87-96.

15.   Waligora A-J, Hennequin C, Mullany P, Bourlioux P, Collignon A, Karjalainen T.

2001. Characterization of a Cell Surface Protein of *Clostridium difficile* with

Adhesive Properties. Infection and Immunity 69:2144-2153.

16.   Tasteyre A, Barc M-C, Collignon A, Boureau H, Karjalainen T. 2001. Role of FliC

and FliD Flagellar Proteins of *Clostridium difficile* in Adherence and Gut

Colonization. Infection and Immunity 69:7937-7940.

17.   Batah J, Kobeissy H, Bui Pham PT, Deneve-Larrazet C, Kuehne S, Collignon A,

Janoir-Jouveshomme C, Marvaud JC, Kansau I. 2017. *Clostridium difficile*

flagella induce a pro-inflammatory response in intestinal epithelium of mice in

cooperation with toxins. Sci Rep 7:3256. doi:10.1038/s41598-017-03621-z.

18.   Lawley TD, Clare S, Deakin LJ, Goulding D, Yen JL, Raisen C, Brandt C, Lovell

J, Cooke F, Clark TG, Dougan G. 2010. Use of Purified *Clostridium difficile*

Spores To Facilitate Evaluation of Health Care Disinfection Regimens. Applied

and Environmental Microbiology 76:6895-6900.

19.   Vohra P, Poxton IR. 2011. Efficacy of decontaminants and disinfectants against

Clostridium difficile. Journal of Medical Microbiology 60:1218-1224.

20.   Janvilisri T, Scaria J, Chang Y-F. 2010. Transcriptional profiling of *Clostridium*

difficile and Caco-2 cells during infection. The Journal of infectious diseases

202:282-290.

21.   Cerquetti M, Serafino A, Sebastianelli A, Mastrantonio P. 2002. Binding of

Clostridium difficile to Caco-2 epithelial cell line and to extracellular matrix

proteins. FEMS Immunology & Medical Microbiology 32:211-218.

22.   Mora-Uribe P, Miranda-Cárdenas C, Castro-Córdova P, Gil F, Calderón I,

Fuentes JA, Rodas PI, Banawas S, Sarker MR, Paredes-Sabja D. 2016.

Characterization of the Adherence of *Clostridium difficile* Spores: The Integrity of

the Outermost Layer Affects Adherence Properties of Spores of the Epidemic

Strain R20291 to Components of the Intestinal Mucosa. Frontiers in Cellular and

Infection Microbiology 6:99. doi: 10.3389/fcimb.2016.00099.

23.   Schüller S, Phillips AD. 2010. Microaerobic conditions enhance type III secretion

and adherence of enterohaemorrhagic *Escherichia coli* to polarized human

intestinal epithelial cells. Environmental Microbiology 12:2426-2435.

24.   Mills DC, Gundogdu O, Elmi A, Bajaj-Elliott M, Taylor PW, Wren BW, Dorrell N.

2012. Increase in *Campylobacter jejuni* invasion of intestinal epithelial cells under

low-oxygen coculture conditions that reflect the *in vivo* environment. Infection and

Immunity 80:1690-1698.

25.   Jafari NV, Kuehne SA, Minton NP, Allan E, Bajaj-Elliott M. 2016. *Clostridium*

difficile-mediated effects on human intestinal epithelia: Modelling host-pathogen

interactions in a vertical diffusion chamber. Anaerobe 37:96-102.

26.   Morris GE, Bridge JC, Brace LA, Knox AJ, Aylott JW, Brightling CE,

Ghaemmaghami AM, Rose FR. 2014. A novel electrospun biphasic scaffold

provides optimal three-dimensional topography for *in vitro* co-culture of airway

epithelial and fibroblast cells. Biofabrication 6:035014.

27.   Kook Y-M, Jeong Y, Lee K, Koh W-G. 2017. Design of biomimetic cellular

scaffolds for co-culture system and their application. Journal of Tissue

Engineering 8:2041731417724640.

28.   Ravi M, Paramesh V, Kaviya SR, Anuradha E, Solomon FDP. 2015. 3D Cell

Culture Systems: Advantages and Applications. Journal of Cellular Physiology

230:16-26.

29.   Smith RS, Smith TJ, Blieden TM, Phipps RP. 1997. Fibroblasts as sentinel cells.

Synthesis of chemokines and regulation of inflammation. The American Journal

of Pathology 151:317-322.

30.   Kasendra M, Barrile R, Leuzzi R, Soriani M. 2014. *Clostridium difficile* Toxins

Facilitate Bacterial Colonization by Modulating the Fence and Gate Function of

Colonic Epithelium. Journal of Infectious Diseases 209:1095-1104.

31.   Leslie JL, Huang S, Opp JS, Nagy MS, Kobayashi M, Young VB, Spence JR.

2015. Persistence and Toxin Production by *Clostridium difficile* within Human

Intestinal Organoids Result in Disruption of Epithelial Paracellular Barrier

Function. Infection and Immunity 83:138-145.

32. Barrila J, Yang J, Crabbé A, Sarker SF, Liu Y, Ott CM, Nelman-Gonzalez MA,

Clemett SJ, Nydam SD, Forsyth RJ, Davis RR, Crucian BE, Quiriarte H, Roland

KL, Brenneman K, Sams C, Loscher C, Nickerson CA. 2017. Three-dimensional

organotypic co-culture model of intestinal epithelial cells and macrophages to

study *Salmonella enterica* colonization patterns. npj Microgravity 3:10.

33. DeCicco RePass MA, Chen Y, Lin Y, Zhou W, Kaplan DL, Ward HD. 2017. Novel

Bioengineered Three-Dimensional Human Intestinal Model for Long-Term

Infection of *Cryptosporidium parvum*. Infection and Immunity 85:e00731-16.

34. Drummond CG, Nickerson CA, Coyne CB. 2016. A Three-Dimensional Cell

Culture Model To Study Enterovirus Infection of Polarized Intestinal Epithelial

Cells. mSphere 1. doi: 10.1128/mSphere.00030-15.

35. Rao K, Erb-Downward JR, Walk ST, Micic D, Falkowski N, Santhosh K, Mogle

JA, Ring C, Young VB, Huffnagle GB. 2014. The systemic inflammatory

response to *Clostridium difficile* infection. PLoS One 9:e92578.

36. Kuehne SA, Collery MM, Kelly ML, Cartman ST, Cockayne A, Minton NP. 2013.

Importance of toxin A, toxin B, and CDT in virulence of an epidemic *Clostridium*

difficile strain. The Journal of Infectious Diseases 209:83-86.

37. Paredes-Sabja D, Sarker MR. 2012. Adherence of *Clostridium difficile* spores to

Caco-2 cells in culture. Journal of Medical Microbiology 61:1208-1218.

38. Justice SS, Hunstad DA, Cegelski L, Hultgren SJ. 2008. Morphological plasticity

as a bacterial survival strategy. Nat Rev Micro 6:162-168.

39.   Justice SS, Hunstad DA, Seed PC, Hultgren SJ. 2006. Filamentation by

659   *Escherichia coli* subverts innate defenses during urinary tract infection.

660   Proceedings of the National Academy of Sciences 103:19884-19889.

661   40.   Jones AL, Beveridge TJ, Woods DE. 1996. Intracellular survival of *Burkholderia*

662   *pseudomallei*. Infection and Immunity 64:782-790.

663   41.   Miller C, Thomsen LE, Gaggero C, Mosseri R, Ingmer H, Cohen SN. 2004. SOS

664   response induction by ß-lactams and bacterial defense against antibiotic lethality.

665   Science 305:1629-1631.

666   42.   Deakin LJ, Clare S, Fagan RP, Dawson LF, Pickard DJ, West MR, Wren BW,

667   Fairweather NF, Dougan G, Lawley TD. 2012. The *Clostridium difficile* spo0A

668   Gene Is a Persistence and Transmission Factor. Infection and Immunity 80:2704-

669   2711.

670   43.   Browne HP, Forster SC, Anonye BO, Kumar N, Neville BA, Stares MD, Goulding

671   D, Lawley TD. 2016. Culturing of 'unculturable'human microbiota reveals novel

672   taxa and extensive sporulation. Nature 533:543-546.

673   44.   Lozupone CA, Stombaugh JI, Gordon JI, Jansson JK, Knight R. 2012. Diversity,

674   stability and resilience of the human gut microbiota. Nature 489:220-230.

675   45.   Pumbwe L, Skilbeck CA, Nakano V, Avila-Campos MJ, Piazza RMF, Wexler HM.

676   2007. Bile salts enhance bacterial co-aggregation, bacterial-intestinal epithelial

677   cell adhesion, biofilm formation and antimicrobial resistance of Bacteroides

678   fragilis. Microbial Pathogenesis 43:78-87.

46.   Qin J, Li R, Raes J, Arumugam M, Burgdorf KS, Manichanh C, Nielsen T, Pons

N, Levenez F, Yamada T. 2010. A human gut microbial gene catalogue

established by metagenomic sequencing. nature 464:59-65.

47.   Consortium HMP. 2012. Structure, function and diversity of the healthy human

microbiome. Nature 486:207-214.

48.   Lloyd-Price J, Abu-Ali G, Huttenhower C. 2016. The healthy human microbiome.

Genome Medicine 8: 51. doi: 10.1186/s13073-016-0307-y.

49.   Yoon S, Yu J, McDowell A, Kim SH, You HJ, Ko G. 2017. Bile salt hydrolase-

mediated inhibitory effect of Bacteroides ovatus on growth of Clostridium difficile.

Journal of Microbiology 55:892-899.

Figure legends

FIG 1. **Scheme for generation of epithelial layers for use within vertical diffusion**

chambers. For the 2-D model, intestinal epithelial cells were grown to form a polarized

confluent monolayer in a Snapwell filter for 2 weeks before inserting in the VDCs. *C.*

difficile was added to the apical chamber which is perfused with an anaerobic gas mix

and incubated for different times while maintaining anaerobic conditions. The

basolateral compartment was perfused with a mixture of 5% CO_2 and 95% air,

necessary for growth of IECs.

FIG 2. **The VDC permits growth of host cells and enables *C. difficile* to adhere and**

multiply on gut epithelial cells. (A) Reduction in TEER measurements after infection

indicating increasing permeability compared to uninfected controls, **p < 0.01 as

determined by two tailed student t test. (B) Immunofluorescent microscopy images of

uninfected controls at 24h and 48h. Actin is stained with phalloidin (red) and cell nuclei

are stained with DAPI (blue), Scale bar =10 µM. (C) Colony counts from infected cells to

determine the number of adherent or cell-associated bacteria. A significant increase in

adherent *C. difficile* is observed as infection progresses. Data is representative of mean

of 3 independent experiments and error bars indicate SD, ***p < 0.001 and ****p<

0.0001 (D) Immunofluorescent microscopy images of *C. difficile* infected IECs at 6h,

24h and 48h p.i. showing colocalization of the bacteria, stained with anti *C. difficile*

antibodies (green) with actin, stained with phalloidin (red). Cell nuclei are stained with

DAPI (blue). Reorganization and destruction of actin filaments is observed at 24h and

48h p.i. Micro-communities formed at 24h p.i, and *C. difficile* filamentous forms,

observed at 48h p.i. are indicated by arrows. Scale bar =10 µM. Inset shows the

orthogonal XZ axis view of the IECs.

FIG 3. Production of *C. difficile* spores, toxins and host responses to infection. (A)

Colony counts of spores recovered after heat treatment of the adherent *C. difficile*

fraction and the apical supernatants in the 2-D epithelial model (B) ELISA for *C. difficile*

toxin A shows increased toxin after extended infection (C). ELISA for human IL-8

indicates increased IL-8 production at 24h and 48h p.i.

FIG 4. *C. difficile* toxins are not required for adherence to gut epithelial cells (A)

Colony counts from epithelial cells infected with the WT R20291 and triple toxin mutant

(A⁻B⁻CDTa⁻) demonstrates that absence of the toxins does not affect adherence to the

IECs (ns, not significant) (B) TEER values showing reduction at 24h p.i. between the

WT and the triple toxin mutant. (C) Representative confocal microscopy images of IECs

infected with the triple toxin mutant at 24h p.i. showing less redistribution of actin,

stained with phalloidin (red) as compared to the WT. Inset shows the orthogonal XZ axis

view of the IECs. *C. difficile* is stained green, actin, red and cell nuclei, blue, Scale bar =

10 μM.

FIG. 5. Studying *C. difficile*-commensal interactions within epithelial models. (A)

Co–culture studies of *B. dorei* with *C. difficile* in the VDC showed no significant inhibition

at 3h p.i. (B) However, at 24h, a significant inhibition of *C. difficile* is observed. Co-

culture Bd and Cd represents the growth of *B. dorei* and *C. difficile* respectively in the

mixed culture (Bd, *B. dorei* and Cd, *C. difficile*). ***$p < 0.001$.

FIG 6. Scheme for generation of multilayer and 3-D models containing fibroblast

cells and cell growth on the electrospun nanofibrous matrix (A) Fibroblast cells

were first seeded on the basolateral side of the Snapwell or nanofiber scaffold for the

multilayer and 3-D models for 5 days. Thereafter, IECs were cultured on the apical side

for 2 weeks before placing the Snapwell filter between two halves of the chamber. *C.*

difficile was infected apically while maintaining anaerobic conditions and the basolateral

compartment was perfused with 5% CO_2 and 95% air. (B) Polyethylene terephthalate

(PET; 10% *w/v*) was electrospun and exhibited a uniform nanofibrous matrix as

determined by scanning electron microscopy. (C) Caco-2 epithelial cells were able to

form a confluent monolayer on the nanofibrous scaffolds (the scaffold can be seen

underneath the cells following processing for SEM). (D) The CCD-18co cells proliferated

across the nanofibrous scaffold forming cell processes to adhere to the nanofibers.

FIG 7. Infection of *C. difficile* in multilayer and 3-D model leads to increased

adhesion. Increased adherence of *C. difficile* in the multilayer and 3-D models, where

fibroblasts are grown as a basolateral layer on polyester and nanofibers respectively.

(A) Serial dilutions of the infected epithelial cell lysates were plated to determine the

number of cell-associated bacteria in the multilayer model. (B) Anti-fibronectin (green)

staining of fibroblast cells in the basolateral layer of the control and infected cells at 24h

p.i showing degradation of the fibroblast layer in the multilayer model. (C)

Representative images of *C. difficile* on the apical layer at 3h and 24h p.i. Inset shows

the orthogonal XZ axis view of the IECs. *C. difficile* is stained green, actin, red and cell

nuclei, blue, Scale bar = 10 μM. (D) *C. difficile* colony counts from infected cells in the 3-

D model (E) Anti-fibronectin (green) staining of fibroblast cells in the basolateral layer at

24h p.i. (F) Immunofluorescent microscopy images of *C. difficile* infected IECs at 3h and

24h p.i in the 3-D model. *C. difficile* filamentous forms are observed at 24h p.i.

(indicated by arrows). Inset shows the orthogonal XZ axis view of the IECs. *C. difficile* is

stained green, actin, red and cell nuclei, blue, Scale bar = 10 μM.

FIG 8. *C. difficile* spores and toxin production, and host response to infection in

the multilayer and 3-D models. Colony counts of spores in the cell-associated *C.*

difficile fraction and the apical supernatants in the (A) multilayer and (B) 3-D model. (C)

Toxin A and B levels in the multilayer and 3-D model. (D) IL-8 levels are significantly

increased in the 3-D model at 24h p.i., **$p < 0.01$ as determined by the student t test.

FIG. S1. Characterization of mucus production in the Caco-2/HT29-MTX

monolayer. Immunofluorescent microscopy images of Caco2/HT29-MTX monolayer

stained with mucin 2 antibody showing mucus production (green) after 14 days of

growth. Actin is stained red and cell nuclei, blue. Inset shows the orthogonal XZ axis

view of the IECs. Scale bar = 10 μM.

FIG. S2. The vertical diffusion chamber maintains anaerobic conditions. *C. difficile*

was grown in the VDC or anaerobic chamber for 3h and serial dilutions of the apical

supernatant were plated to enumerate colony counts (ns, not significant as determined

by students t-test).

FIG S3. Fiber diameter of the electrospun nanofibrous matrix. Fiber diameter

analysis revealed that the average fiber diameter was 457 ± 170 nm, with fibers in the

range of 200-1100 nm (n=150 measurements, 50 measurements per scaffold from 3

independently produced scaffolds).

FIG 1. **Scheme for generation of epithelial layers for use within vertical diffusion chambers**. For the 2-D model, intestinal epithelial cells were grown to form a polarized confluent monolayer in a Snapwell filter for 2 weeks before inserting in the VDCs. *C. difficile* was added to the apical chamber which is perfused with an anaerobic gas mix and incubated for different times while maintaining anaerobic conditions. The basolateral compartment was perfused with a mixture of 5% CO_2 and 95% air, necessary for growth of IECs.

FIG 2. **The VDC permits growth of host cells and enables *C. difficile* to adhere and multiply on gut epithelial cells.** (A) Reduction

in TEER measurements after infection indicating increasing permeability compared to uninfected controls, **p < 0.01 as determined by

two tailed student t test. (B) Immunofluorescent microscopy images of uninfected controls at 24h and 48h. Actin is stained with

phalloidin (red) and cell nuclei are stained with DAPI (blue), Scale bar =10 µM. (C) Colony counts from infected cells to determine the

number of adherent or cell-associated bacteria. A significant increase in adherent *C. difficile* is observed as infection progresses. Data

is representative of mean of 3 independent experiments and error bars indicate SD, ***p < 0.001 and ****p< 0.0001 (D)

Immunofluorescent microscopy images of *C. difficile* infected IECs at 6h, 24h and 48h p.i. showing colocalization of the bacteria,

stained with anti *C. difficile* antibodies (green) with actin, stained with phalloidin (red). Cell nuclei are stained with DAPI (blue).

Reorganization and destruction of actin filaments is observed at 24h and 48h p.i. Micro-communities formed at 24h p.i, and *C. difficile*

filamentous forms, observed at 48h p.i. are indicated by arrows. Scale bar =10 µM. Inset shows the orthogonal XZ axis view of the

IECs.

FIG 3. Production of *C. difficile* spores, toxins and host responses to infection. (A) Colony counts of spores recovered after heat treatment of the adherent *C. difficile* fraction and the apical supernatants in the 2-D epithelial model (B) ELISA for *C. difficile* toxin A shows increased toxin after extended infection (C). ELISA for human IL-8 indicates increased IL-8 production at 24h and 48h p.i.

FIG 4. *C. difficile* **toxins are not required for adherence to gut epithelial cells** (A) Colony counts from epithelial cells

infected with the WT R20291 and triple toxin mutant (A⁻B⁻CDTa⁻) demonstrates that absence of the toxins does not

affect adherence to the IECs (ns, not significant) (B) TEER values showing reduction at 24h p.i. between the WT and

the triple toxin mutant. (C) Representative confocal microscopy images of IECs infected with the triple toxin mutant at

24h p.i. showing less redistribution of actin, stained with phalloidin (red) as compared to the WT. Inset shows the

orthogonal XZ axis view of the IECs. *C. difficile* is stained green, actin, red and cell nuclei, blue, Scale bar = 10 µM.

FIG. 5. Studying *C. difficile*-commensal interactions within epithelial models. (A) Co–culture studies of *B. dorei* with *C. difficile* in the VDC showed no significant inhibition at 3h p.i. (B) However, at 24h, a significant inhibition of *C. difficile* is observed. Co-culture Bd and Cd represents the growth of *B. dorei* and *C. difficile* respectively in the mixed culture (Bd, *B. dorei* and Cd, *C. difficile*). ***p < 0.001.

FIG 6. Scheme for generation of multilayer and 3-D models containing fibroblast cells and cell growth on the electrospun

nanofibrous matrix (A) Fibroblast cells were first seeded on the basolateral side of the Snapwell or nanofiber scaffold for the

multilayer and 3-D models for 5 days. Thereafter, IECs were cultured on the apical side for 2 weeks before placing the Snapwell filter

between two halves of the chamber. *C. difficile* was infected apically while maintaining anaerobic conditions and the basolateral

compartment was perfused with 5% CO_2 and 95% air. (B) Polyethylene terephthalate (PET; 10% *w/v*) was electrospun and exhibited

a uniform nanofibrous matrix as determined by scanning electron microscopy. (C) Caco-2 epithelial cells were able to form a confluent

monolayer on the nanofibrous scaffolds (the scaffold can be seen underneath the cells following processing for SEM). (D) The CCD-

18co cells proliferated across the nanofibrous scaffold forming cell processes to adhere to the nanofibers.

FIG 7. Infection of *C. difficile* in multilayer and 3-D model leads to increased adhesion. Increased adherence of *C. difficile* in the multilayer and 3-D models, where fibroblasts are grown as a basolateral layer on polyester and nanofibers respectively. (A) Serial dilutions of the infected epithelial cell lysates were plated to determine the number of cell-associated bacteria in the multilayer model. (B) Anti-fibronectin (green) staining of fibroblast cells in the basolateral layer of the control and infected cells at 24h p.i showing degradation of the fibroblast layer in the multilayer model. (C) Representative images of *C. difficile* on the apical layer at 3h and 24h p.i. Inset shows the orthogonal XZ axis view of the IECs. *C. difficile* is stained green, actin, red and cell nuclei, blue, Scale bar = 10 μM. (D) *C. difficile* colony counts from infected cells in the 3-D model (E) Anti-fibronectin (green) staining of fibroblast cells in the basolateral layer at 24h p.i. (F) Immunofluorescent microscopy images of *C. difficile* infected IECs at 3h and 24h p.i in the 3-D model. *C. difficile* filamentous forms are observed at 24h p.i. (indicated by arrows). Inset shows the orthogonal XZ axis view of the IECs. *C. difficile* is stained green, actin, red and cell nuclei, blue, Scale bar = 10 μM.

FIG 8. *C. difficile* **spores and toxin production, and host response to infection in the multilayer and 3-D models.**

Colony counts of spores in the cell-associated *C. difficile* fraction and the apical supernatants in the (A) multilayer and (B) 3-D model. (C) Toxin A and B levels in the multilayer and 3-D model. (D) IL-8 levels are significantly increased in the 3-D model at 24h p.i., **$p < 0.01$ as determined by the student t test.