Characterization of the clade 4 non-toxigenic *C. difficile* isolate L-NTCD03

carrying the *cfr*(B) gene

Britt Nibbering[1], Sam Nooij[1,2], Céline Harmanus[2], Ingrid M.J.G. Sanders[2], Inez M. Miedema[2], Quinten R. Ducarmon[1,2], Rolf H.A.M. Vossen[3], Susan L. Kloet[3], Colleen K. Ardis[4], Robert A. Britton[4], Farnaz Yousefi[5], Jenna Bayne[6,7], C. Charavaryamath[8,9], Andy Law[10], Morgan L. Murphy[10,11], Brett Sponseller[12,13], Eric R. Burrough[7], Shankumar Mooyottu[5,14], Tanja Opriessnig[7,15], Ed J. Kuijper[1,2], Meta Roestenberg[16], Wiep Klaas Smits [1,2,*]

[1] Centre for Microbiome Analyses and Therapeutics, Leiden University Center for Infectious Diseases (LUCID), Leiden University Medical Center, Leiden, The Netherlands

[2] Experimental Bacteriology, Leiden University Center for Infectious Diseases (LUCID), Leiden University Medical Center, Leiden, The Netherlands

[3] Leiden Genome Technology Center, Department of Human Genetics, Leiden University Medical Center, Leiden, The Netherlands

[4] Therapeutic Microbiology Laboratory, Department of Molecular Virology and Microbiology, Alkek Center for Metagenomics and Microbiome Research, Baylor College of Medicine, Houston TX, USA

[5] Department of Pathobiology, College of Veterinary Medicine, Auburn University, Auburn, AL, USA

[6] Department of Clinical Sciences, College of Veterinary Medicine, Auburn University, Auburn, AL, USA

[7] Department of Veterinary Diagnostic and Production Animal Medicine, College of Veterinary Medicine, Iowa State University, Ames, IA, USA

[8] Department of Biomedical Sciences, College of Veterinary Medicine, Iowa State University, Ames, IA, USA

[9] Department of Veterinary Biomedical Sciences, Shreiber School of Veterinary Medicine, Rowan University, Glassboro, NJ, USA

[10] Department of Veterinary Clinical Sciences, College of Veterinary Medicine, Iowa State University, Ames, IA, USA

[11] Department of Veterinary Medicine and Surgery, College of Veterinary Medicine, University of Missouri, Columbia, MO, USA

[12] Department of Veterinary Microbiology and Preventive Medicine, College of Veterinary Medicine, Iowa

State University, Ames, IA, USA.

[13] Department of Veterinary Science, Martin-Gatton College of Agriculture, Food and Environment, University

of Kentucky, Lexington, KY, USA

[14] Department of Veterinary Pathology, College of Veterinary Medicine, Iowa State University, Ames, IA, USA

[15] Department of Vaccines and Diagnostics, the Moredun Research Institute, Edinburgh, UK.

[16] Controlled Human Infections Center, Leiden University Center for Infectious Diseases, Leiden University

Medical Center, Leiden, The Netherlands

Running title: Characterization of L-NTCD03

Key words: non-toxigenic *C. difficile*, complete genome, antimicrobial resistance, nutrient utilization

* Corresponding author: Experimental Bacteriology group, Leiden University Center for Infectious Diseases,

Leiden University Medical Center, PO Box 9600, 2300RC, Leiden, The Netherlands, phone: +31-71-526 1229,

fax: +31-71-526 6761, E-mail: w.k.smits@lumc.nl

Abstract

Clostridioides difficile infection (CDI) is a toxin-mediated gastro-intestinal disease. Yet, *C. difficile* is a phylogenetically diverse species that includes many non-toxigenic strains. In general, these are understudied, despite having significant potential impact for our understanding of the colonization process and as therapeutic modalities. Here, we present an in-depth characterization – including the complete genome sequence - of the non-toxigenic *C. difficile* strain L-NTCD03. This strain belongs to PCR ribotype 416, clade 4 and multilocus sequence type 39. It is resistant to multiple antimicrobials, but not those used for treatment of CDI. We validated the relevance of the *cfr*(B) gene from this strain in antimicrobial resistance to clindamycin, linezolid, retapamulin and streptogramin A. We found the L-NTCD03 strain to be non-toxic in various assays. Altogether, L-NTCD03 is a promising candidate for developing into a live biotherapeutic product.

Introduction

The Gram-positive anaerobic spore-forming bacterium *Clostridioides difficile* is best known as a nosocomial pathogen and *C. difficile* infection (CDI) is regarded as an important cause of healthcare-associated infectious diarrhea (Leffler & Lamont, 2015, Smits *et al.*, 2016). In this context, in particular strains belonging to the fluoroquinolone resistant PCR ribotype 027 (RT027) are associated with increased morbidity and mortality (Warny *et al.*, 2005, He *et al.*, 2013). Nevertheless, recent years have seen an increase in CDI cases that are not linked to classical risk factors such as antibiotic use or healthcare exposure, and are community-acquired (Smits *et al.*, 2016, Viprey *et al.*, 2022). Strains belonging to different types than RT027, such as those belonging PCR ribotype 078 (RT078), which also occur in many animal species, may be associated with community-acquired disease (Goorhuis *et al.*, 2008, Viprey *et al.*, 2022). Thus, *C. difficile* can be considered a quintessential One Health pathogen (Lim *et al.*, 2020).

Considering its causative role in debilitating disease, much research has focused on the main virulence factors of *C. difficile:* toxin A (TcdA), toxin B (TcdB) and binary toxin (CDT) (Aktories *et al.*, 2017, Kordus *et al.*, 2022). Of note, whereas TcdA and/or TcdB is required for disease, CDT is mainly produced by a subset of

toxigenic *C. difficile* strains, including those belonging to the epidemic types RT027 and RT078 (Smits *et al.*,

2016).

C. difficile colonization does not always lead to disease. Importantly, a fraction of the population is

asymptomatically colonized by toxigenic *C. difficile* (Crobach *et al.*, 2018) and in particular in infants a high

prevalence of *C. difficile* is noted without apparent disease (Ferretti *et al.*, 2023, Mani *et al.*, 2023).

Additionally, *C. difficile* is not a universally pathogenic species; that is, non-toxigenic *C. difficile* (NTCD) strains

exist that lack the genes encoding TcdA, TcdB and CDT, such as those belonging to PCR ribotype 010 (RT010)

(Braun *et al.*, 1996, Monot *et al.*, 2015, Smits *et al.*, 2016). Though these isolates have not been found to

induce disease in humans and animals, it has been noted that they might act as reservoirs for antimicrobial

resistance genes. For instance, resistance to metronidazole is common in RT010 strains (Boekhoud *et al.*, 2020,

Boekhoud *et al.*, 2021) and over half the non-toxigenic isolates from Southeast Asia appeared to carry

antimicrobial resistance determinants on mobile genetic elements (Imwattana *et al.*, 2020).

C. difficile is a phylogenetically diverse species with isolates falling into at least 5 classical clades and 3

so called cryptic clades, that could be considered a separate genomospecies (Knight *et al.*, 2021). Epidemic

strains fall generally into clade 2 (RT027 and related strains) and clade 5 (RT078 and related strains). NTCD

have been reported in multiple clades, such as clade 1 (which includes RT010)(Baktash *et al.*, 2022), clade 4

(Imwattana *et al.*, 2020), clade C-I and clade C-II (Ducarmon *et al.*, 2023). Nevertheless, such strains are

generally understudied compared to the toxigenic counterparts.

There is epidemiological and experimental evidence that NTCD carriage is associated with lower

incidence of CDI, that NTCD colonization can prevent CDI disease and can reduce CDI recurrence in intestinal

models, animals and humans (Natarajan *et al.*, 2013, Gerding *et al.*, 2018, Etifa *et al.*, 2023). The strongest

evidence for use of NTCD as a therapeutic intervention is for strain M3 (a RT010 isolate) in humans (Villano *et*

al., 2012, Gerding *et al.*, 2015, Sambol *et al.*, 2023) and strain Z31 (RT009) in piglets (Oliveira Junior *et al.*,

2019, Oliveira Junior *et al.*, 2019).

In addition to potential use as a live biotherapeutic product, NTCD could provide a chassis for

engineering of immune-epitopes and therefore serve as a potential vaccine (Hughes *et al.*, 2022, Wang *et al.*,

2022, Wang *et al.*, 2022), or be used to study aspects of CDI disease that are generally confounded by toxin-

mediated effects, such as early colonization events.

In light of the possible applications of NTCD, and the relative paucity of well-characterized NTCD

strains, we present here a detailed analysis of L-NTCD03, a clade 4 non-toxigenic *C. difficile* strain.

Materials and Methods

Bacterial strains and growth conditions

L-NTCD03 was isolated from fecal material of a healthy elderly subject negative for HIV-1, HIV-2, HCV, HBV, as

follows. Fecal material was stored in Stool Transport and Recovery (STAR) buffer and stored at -80C. Ethanol

treated material was inoculated into *C. difficile* enrichment modified broth (CDEB MOB; Mediaproducts NV,

Groningen, The Netherlands, cat no. 21.1295). After 6 days of growth at 37C under anaerobic conditions, the

culture was plated onto *C. difficile* selective growth medium (CLO; VWR International, cat.no. 43431). From

this medium, a colony was streaked to singles on a Tryptic Soy Sheep Blood medium (TSS; bioMérieux, cat.no.

43009,), and growth was harvested into glycerol-containing broth (Tritium Microbiology, cat. no. I200.36.0001)

for storage at -80°C.

Control strains belonging to PCR ribotype 027 (LL-027) and 078 (LL-078) were obtained from the

Leeds-Leiden collection (Knetsch *et al.*, 2012, Baktash *et al.*, 2022).

Strains were cultured in simulated ileal effluent medium (SIEM)(Minekus *et al.*, 1999, Wiese *et al.*,

2022), Brain-Heart Infusion (BHI) broth, BHI supplemented with yeast extract (BHI-Y; BHI with 0.5 % yeast

extract) or CDMN (Aspinall & Hutchinson, 1992) medium supplemented with 0.1% sodium taurocholate

(CDMNT).

Molecular biology

A genomic region including *cfr*(B) and its native promoter was amplified by PCR using Q5 polymerase (NEB)

and primers oIMM-01 and oIMM-02. The resulting PCR product was digested with KpnI and BamHI and cloned

into similarly digested pAP24 (Oliveira Paiva *et al.*, 2016). The resulting plasmid, pIMM03, was sequence

verified using primers NF793, NF794 (Fagan & Fairweather, 2011), oIMM-01, oIMM02, oIMM-03 and oIMM-04

was introduced using standard laboratory methods into strain 630Δ*erm* (van Eijk *et al.*, 2015, Roseboom *et al.*,

2023). Transconjugants were verified by PCR using primers oWKS-1070/oWKS-1071 (targeting chromosomal

gluD), oWKS-1387 and oWKS-1388 (targeting plasmid-located *traJ*) and oIMM-01/oIMM-02 (targeting *cfr*(B))

using appropriate controls. All oligonucleotide sequences are listed in **Table 3**.

Antimicrobial susceptibility testing

134   To determine minimal inhibitory concentrations (MIC) of a panel of antibiotics epsilometer tests

(Etests) were used. This panel consisted of cotrimoxazol, linezolid, metronidazole (Liofilchem), augmentin,

cefuroxime, ciprofloxacin, chloramphenicol, clindamycin, erythromycin, meropenem, moxifloxacin, penicillin,

rifampicin, tetracyclin, teicoplanin and vancomycin (bioMerieux). For this test, bacterial suspensions

corresponding to a turbidity of 1.0 McFarland unit were plated on Brucella blood agar supplemented with 5

mg L^{-1} hemin and 1 mg L^{-1} vitamin K (bioMerieux) plates, unless indicated otherwise. MIC values were

determined after 48 h of anaerobic incubation at 37°C as recommended by Clinical and Laboratory Standards

Institute (CLSI), including relevant control strains (CLSI, 2012). Fidaxomicin MIC was determined using the agar

dilution method according to CLSI guidelines on fresh Brucella Blood Agar supplemented with 5 mg L^{-1} hemin

and 1 mg L^{-1} vitamin K. Epidemiological cut-off values were used as defined by European Committee on

Antimicrobial Susceptibility Testing (EUCAST, 2026), when available.

145   MIC measurements for engineered strains (3 independent transconjugants) were performed on BHI-

yeast extract agar with either an E-test (clindamycin, linezolid) (bioMerieux or Liophilchem, respectively) or by

incorporating retapamulin (Sigma CDS023386) or streptogramin A/virginiamycin M1 (Sigma V2753) at 0-128

mg/L into the agar.

PCR ribotyping

Capillary gel electrophoresis ribotyping of L-NTCD03 was performed according to standardized protocols

(Fawley *et al.*, 2015). In short, 2µl of isolated DNA was added to 23 µl of the master mix which includes the 16S

and 23S primers and HotStart Taq Master Mix (Qiagen). Using a MyCycler thermocycler (Biorad), the resulting

DNA mix was subjected to an enzyme activation step at 95 °C for 15 minutes followed by 24 cycles of

amplification at 95 °C for 1 minute, 1 minute at 57 °C and 1 minute at 72 °C. Finally, the DNA mix was

subjected to 72 °C for 30 minutes. The sample was prepared for analysis by adding PCR product as 1 µl of PCR

product to 8.5 µl HiDi formamide (Applied Biosystems) and 0.5 µl of GeneScan™ 1200 LIZ marker (Thermo

Fisher) and samples was denatured at 95 °C for 5 minutes. To determine the ribotype, it was then analyzed

using the ABI3500XL (capillary length 50 cm) and the resulting *.fsa files were compared to a reference

database in BioNumerics (bioMérieux).

Toxin ELISA

To determine the productions of Toxin A and B, the *C. difficile* Tox A/B II™ kit (Techlab) was used according to

manufacturer's protocol with a minor modification. In short, the supernatants that were collected at 0, 24, 48,

72 and 96 h from growth curves in SIEM pH=5.8 and pH=6.8 were filtered using a UNIFILTER microplate device

(0.45 μm cellulose acetate filter, long drip, 96 wells, GE Health Care Life Sciences). The samples were applied to

the filter plate and centrifuged at 3220 G for 5 minutes at 4°C. The filtrates were used in the analysis as

described by manufacturer and the optical density was measured at 450 nm (OD_{450}). A threshold value of

OD_{450} of 0.12 was used determine whether toxins were present in the filtrate.

Cell lines and culture conditions

Human colorectal adenocarcinoma cells (Caco-2) were obtained from the American Type Culture Collection

(ATCC-HTB-37) and cultured in minimum essential medium (MEM, Gibco) supplemented with 10% bovine fetal

serum (10% FCS), 1% non-essential amino acids (NEAA, Lonza), 2 mM glutamine (Sigma Aldrich), 100 units/ml

penicillin (Sigma Aldrich), and 100 units/ml streptomycin (Sigma Aldrich). Epithelial-like, mucin-producing,

LS174T cells were obtained from Sigma Aldrich (87060401) and cultured in the medium described for Caco-2.

Both cells were grown to 80% confluency before experimental conditions were prepared.

In vitro **intestinal epithelial barrier model**

The apical side of Thincert 12 well cell culture inserts (PET, pore size 0.4 μm, Greiner Bio-one) were coated

with 250 μg/well purified human collagen type IV (OptiCol collagen Type IV, dissolved in 0.25% acetic acid, Cell

Guidance Systems) and washed with sterile PBS after 1-2 h incubation.

To mimic the human colon environment, an 80:20 ratio mixture of Caco-2 and LS174T in MEM

supplemented with 10% FCS, 1% non- NEAA, 2 mM glutamine, 100 U/ml penicillin, and 100 U/ml streptomycin

(cell culture medium) was prepared. To function as controls, 100:0 and 0:100 ratio mixtures of Caco-2 and

LS174T were prepared in cell culture medium. For all conditions, $1*10^5$ cells were seeded on the apical side of

the PET membrane. To mimic the intestinal environment, medium was present in both the basal compartment

(the well) and apical compartment (on top of the PET membrane) of the system. The systems were incubated

at 37°C and 5% CO2. The cells in this model were allowed to grow and differentiate for 21 days during which

the medium in both compartments was refreshed every other day.

To monitor the development of the *in vitro* intestinal epithelial barrier model, starting at T=0 the

transepithelial electrical resistance (TEER) values were measured using EVOM-2 resistance meter (World

Precision Instruments) every 7 days.

On day 21, the medium in the apical compartment of the system was replaced with a 10 times

diluted, in cell culture medium, supernatant harvested at 72 h in a growth curve of all of the strains in BHI-y

medium. This supernatant was incubated in the apical compartment for 1 hour at 37°C and 5% CO2, removed

afterwards and replaced with cell culture medium. In every condition, a control well was exposed to calcium

free medium (SMEM, Gibco) to determine as a positive control. TEER measurements were performed at 4

(only SMEM condition), 24, and 48 h post-exposure. Morphology was assessed under light microscopy every

24 hrs.

Swine IsoLoop model

We compared the effect of L-NTCD03 and LL-078 on intestinal mucosa *in vivo* in the pig IsoLoop model, a

translational surgical *in situ* ileal loop platform for host-microbiome-pathogen interface (Bayne *et al.*, 2025). 12

h before the start of the surgery, 1 ml was drawn from a culture in the exponential growth phase of either L-

NTCD-03 or LL-078 in BHI-y and inoculated into fresh, pre-reduced CDMNT medium and grown anaerobically at

37 °C. 10 ml of culture was aliquoted per loop and stored anaerobically at room temperature until injection

was required.

3-month-old, female pigs (*Sus scrofa*, mixed breed, 50-60kg) were used under USDA pain category D,

per Institutional Animal Care and Use Committee (IACUC) protocol IACUC-22-066 essentially as described

(Bayne *et al.*, 2025).

In short, the pig was placed in dorsal recumbency under general anesthesia. Ileal loops were rinsed

with sterile saline solution before treatment with an antibiotic cocktail (60 mg/L norfloxacin; 160 mg/L

moxalactam) for 30 minutes. After a saline rinse, each independent loop except for the most aboral segment

was inoculated using a tuberculin needle full thickness into the lumen. Upon recovery, animals were housed

under standard husbandry conditions with regular veterinary assessments to ensure welfare. The loops were

sampled at euthanasia by cutting the mesentery and immediately cooling the intestines on ice. On ice, the

loops were cut open one by one and a piece of tissue, including intestinal content, was fixed in 10% neutral

buffered formalin (VWR) before embedding in paraffin.

5μm-thick tissue sections were stained with hematoxylin and eosin. Microscopic analysis of

histopathologic features was conducted by a board-certified pathologist, blinded to sample identities. The

scoring rubric, including descriptive statistics applied, is provided as **Supplementary Information**, and raw data

of the scoring is included as **Supplementary Table 1**. Scores are reported as total histological score per ileal

loop (range 0-20), computed as the sum for four 0-5 ordinal components (epithelial necrosis, mucosal/lamina

propria edema, crypt abscess and neutrophils in villi/lamina propria). Statistical analyses of histological scores

were performed in Python (NumPy/SciPy); figures were generated with matplotlib. All tests were two sided

with $\alpha = 0.05$.

DNA extraction and genome sequencing

To extract pure high-molecular weight total DNA, a two-fold serial dilution of L-NTCD03 in BHI-Y medium was

prepared. After overnight incubation at 37°C in an anaerobic environment, 4mL of culture with an optical

density at 600nM between 0.6 and 0.8 was spun down and DNA was extracted from the cell pellet using the

500/G genomic tip kit (Qiagen), according to the instructions of the manufacturer. Quantity and quality of the

DNA was verified by gel electrophoresis on a 0.8% agarose gel, using the Qubit dsDNA high-sensitivity kit

(Qubit) and a Femto Pulse system (Agilent), according to the manufacturer's protocols.

PacBio sequencing libraries were generated according to the manufacturer's multiplexed microbial

library preparation protocol, part number 101-696-100, version 7, July 2020 release (Pacific Biosciences) using

the SMRTbell Express Template Prep Kit v2.0 with the following modifications: genomic DNA was sheared

using Speed 34 on the Megaruptor 3 (Diagenode) and an additional size selection step of 6-50kb fragments on

the Blue Pippin (Sage Science) was included for the final SMRT bell library. The libraries were sequenced on a

Sequel II platform (Pacific Biosciences) using the Sequel II Binding Kit v2.0, Sequencing Primer v4, Sequencing

Kit v2.0 and a 30hr movie time.

Genome annotation and bioinformatics analyses

De novo genome assembly was carried out using Hifiasm (version 0.16.1-r375; parameters '--hg-size 4m')

(Cheng *et al.*, 2021) and the start position was set to *dnaA* using Circlator fixstart (version 1.5.5 using default

parameters) (Hunt *et al.*, 2015). Completeness check was performed using Busco (version 5.2.2; parameters '-

m genome -l clostridia_odb10') (Manni *et al.*, 2021) and assembly statistics were calculated and visualised with

Quast (version 5.0.2; using NZ_CP076401 as reference genome)(Gurevich *et al.*, 2013). Finally, Prokka (version

1.14.6; parameters '--genus Clostridioides --species difficile --compliant')(Seemann, 2014) was used to

annotate the genome.

A database of AMR genes was constructed using the AMRFinder plus tool v3.10.23 (parameters "-n"

"–organism Clostridioides difficile", "—plus") to identify antimicrobial resistance (AMR) genes (Feldgarden *et*

al., 2021). Minimal "% coverage of reference sequence" and "% Identity to refence sequence" were set to 60%

and 90% percent, respectively.

BacAnt (Hua *et al.*, 2021) and MobileElementFinder (Johansson *et al.*, 2021) were used to identify

putative transposable elements. progressiveMauve was used to align genome sequences (Darling *et al.*, 2010).

Multi-locus sequence typing (MLST) was performed using mlst (v2.19.0) with the PubMLST *C. difficile*

database updated to October 21, 2021, (Jolley *et al.*, 2018) and verified on December 1, 2025.

Genomic comparisons were made in Geneious R10 (BioMatters Ltd), and figures for publication were

prepared using CAGECAT (van den Belt *et al.*, 2023) and Adobe Illustrator 26.3.1.

Data availability

L-NTCD03 genome information is available under BioProject PRJEB62683 (raw reads: ERR11495271, assembly:

ERZ18456945). The annotated genome is OX637968.1.

Results

L-NTCD03 belongs to a rare PCR ribotype, RT416

As part of a study investigating carriage of multidrug resistant organisms and *C. difficile* in nursing homes

(Ducarmon *et al.*, 2021), fecal material was obtained from a healthy elderly subject. *C. difficile* was cultured

from this material as described in Materials and Methods. The resulting isolate was negative in a multiplex PCR

that targets the toxin genes *tcdA*, *tcdB, cdtA* and *cdtB* (Control, 2018), suggesting that the isolate was non-

toxigenic. Hereafter, the isolate is referred to as L-NTCD03.

We performed capillary electrophoresis PCR ribotyping (Fawley *et al.*, 2015) of L-NTCD03 through the

Dutch Expertise Center for *C. difficile*, hosted at the LUMC. We initially failed to obtain a ribotype assignment,

as the banding pattern was not present in our database. The *.fsa files were shared with the *Clostridioides*

difficile Ribotyping Network Laboratory (CDRN; PHE Microbiology Services, Leeds, UK), and they determined

the isolate to belong to PCR ribotype 416. Since this identification, no other isolates were identified with the

same ribotype in the Dutch National Expertise Center for *C. difficile* infections. This suggests a prevalence in

the Netherlands that is below 0.01% on the basis of the number of strains typed since then.

L-NTCD03 is susceptible to clinically used antimicrobials

To determine whether L-NTCD03 the minimal inhibitory concentration for different antimicrobials, we

performed antimicrobial susceptibility testing using agar dilution (for fidaxomicin) or Etest (augmentin,

cefuroxime, chloramphenicol, clindamycin, cotrimoxazol, erythromycin, linezolid, metronidazole, meropenem,

moxifloxacin, penicillin, rifampicin, tetracyclin, teicoplanin and vancomycin) methods on Brucella Blood Agar

(BBA), as recommended by CLSI (CLSI, 2012). Out of the 17 antimicrobials tested, L-NTCD03 demonstrated

elevated MICs for cefuroxime, chloramphenicol, ciprofloxacin, erythromycin, linezolid, rifampicin and

tetracycline (**Table 1**). In contrast, the strain is susceptible to antimicrobials that are used in CDI therapy -

fidaxomicin, vancomycin and metronidazole – as well as several others (**Table 1**). As BBA is a suboptimal

medium for determining resistance to metronidazole, we also retested the isolate on recently recommended

Fastidious Anaerobe Agar supplemented with horse blood (Freeman *et al.*, 2025); this confirmed susceptibility

to metronidazole (data not shown). These results demonstrate that L-NTCD03 would likely be suppressed or

eradicated using standard antimicrobial therapy for CDI, but not by certain other antimicrobials that increase

susceptibility for CDI.

Supernatant from L-NTCD03 does not contain detectable toxin A and B

To confirm the absence of toxins, as suggested by the multiplex PCR result, we assessed the presence of TcdA

and TcdB in culture supernatant using an enzyme-coupled immune assay (Techlab). We used a medium that

mimicks the physiological conditions in the gut: simulated ileal effluent medium, SIEM (Minekus *et al.*, 1999,

Wiese *et al.*, 2022).

During 96 h of growth in SIEM, toxin levels were below the limit of detection for all supernatants

derived from L-NTCD03, as well as for the reference non-toxigenic strain LL-010 (**Figure 1A**). In contrast, toxins

were readily detected in culture supernatants derived from the toxigenic reference strains LL-027 and LL-078

(**Figure 1A**).

Supernatant from L-NTCD03 does not affect transepithelial electrical resistance

Though our results clearly indicate the absence of TcdA and TcdB, we considered that there could be other

factors that affect epithelial integrity, not detected in our assays so far. For this reason, we assessed the effect

of culture supernatant derived from L-NTCD03, LL-010, LL-027 and LL-078 in an *in vitro* model for epithelial

integrity. In this model, a mixture of Caco2 and mucin-producing LS174T cells is grown in a transwell system

and the transepithelial electrical resistance (TEER), a proxy for epithelial integrity, is measured using

electrodes.

The TEER values gradually increased over the first 14 days of incubation, consistent with cells growing

to confluency, and stabilized between days 14 and 21 (**Figure 1B**). When filtered supernatants from 72h-

cultures in BHI were applied to the cell layer, no drop in TEER was observed for the non-toxigenic strains (LL-10

and L-NTCD03), whereas LL-027 and LL-078 derived supernatants resulted in a significant decrease (**Figure 1B**).

Similar results were obtained when only LS174T cells or Caco2 cells were used (data not shown). This shows

that no other factors are produced by the non-toxigenic *C. difficile* strains that affect TEER in this cellular

model.

L-NTCD03 grows similar to other isolates in a simulated ileal effluent medium

To assess the growth and sporulation of L-NTCD03 in relation to well-characterized common subtypes of *C.*

difficile in SIEM, we monitored the total number of colony forming units (CFU) per milliliter (mL) over a period

of 14 days. Spore formation was monitored by enumeration of ethanol resistant CFUs.

Growth of L-NTCD03 was indistinguishable from LL-010, LL-027 and LL-078 for the first 6 h, during

which the number of CFU/mL increased ~3 log (**Figure 1C**). During stationary phase, we observed a lower total

cell count of ~10^7 CFU/mL, for all strains (**Figure 1C**).

No spore production was found during the first 6h of growth in SIEM (**Figure 1D**). For LL-010 and LL-

027 spores were detectable at 24h, but for L-NTCD03 and LL-078 spores were first found at the 48h-timepoint.

Beyond this point, sporulation dynamics were comparable between all strains **Figure 1D**).

Thus, under the conditions tested, L-NTCD03 shows robust growth and sporulation, in line with other

C. difficile strains.

Phenotype microarrays show a common carbon utilization profile for L-NTCD03

In order to assess the carbon utilization by L-NTCD03 we performed phenotype microarrays on Biolog PM1 and

PM2 plates, and analyzed the results using AMIGA software, as described previously (Midani *et al.*, 2021). We

used an arbitrary cut-off of 1.5-fold increase in or a 2-fold decrease in optical density to define differential

growth. We observed stimulated growth on the carbon sources N-Acetyl-D-Glucosamine, D-Mannose, D-

Mannitol, D-Fructose, alpha-D-Glucose, N-AcetylNeuraminic Acid, D-Melezitose, D-Tagatose and D-

Glucosamine (**Supplemental Table S1**). A decreased cell density was observed in the presence of Glyoxylic Acid

and Glycyl-LGlutamic Acid (**Supplemental Table S1**).

In parallel experiments, we observed similar profiles for representative strains from PCR ribotype 010,

027 and 078 (data not shown)(Collins *et al.*, 2018, Midani *et al.*, 2025). We conclude that L-NTCD03 carbon

utilization is similar to that of other *C. difficile* isolates.

L-NTCD03 does not induce *C. difficile*-associated intestinal lesions in the swine IsoLoop model

We have previously demonstrated the utility of the swine IsoLoop model for assessing *C. difficile*–associated

lesions in a translationally relevant gut microbiota–pathogen interface (Bayne *et al.*, 2025). Using this platform,

we compared the effects of L-NTCD03 in relation to the effects induced by the toxigenic reference strain LL-

078.

We inoculated multiple loops in the same animal (one animal per strain, either LL-078 or L-NTCD03),

and compared the histology to control loops without *C. difficile* and normal ileum (**Figure 2)**. Loops inoculated

with LL-078 showed signs of inflammation, whereas those inoculated with L-NTCD03 were comparable to the

control loop (**Figure 2A**). The total histological score (further detailed in the Methods section of this

manuscript) of samples derived from loops inoculated with LL-078 were significantly higher than those derived

from , whereas the histology of L-NTCD03 derived samples was comparable to that of control loops (**Figure 2B**

and **Supplemental Table 1**).

L-NTCD03 is an ST39 (clade 4) isolate carrying a *cfr*(B) resistance gene

C. difficile is a phylogenetically diverse species, with isolates falling into at least 5 classical (CDI-associated)

clades and 3 so called cryptic clades, that have been proposed to form separate genomospecies (Knight *et al.*,

2021). To place the L-NTCD03 in phylogenetic context, we reconstructed the complete genome sequence of

the strain using Pacific Biosciences circular consensus sequencing (BioProject PRJEB62683). After assembly, the

resulting genome showed a single circular contig of 4,318,385 bp – indicating the absence of

extrachromosomal elements - and an average [G+C]-content of 28,91%. Reference assembly of short-read

(Illumina) sequence data did not identify any nucleotide variants (data not shown), underscoring the quality of

the assembly.

371   We derived the 7-gene multilocus sequence type of our isolate using PubMLST (Griffiths *et al.*, 2010,

372   Jolley *et al.*, 2018). L-NTCD03 was found to belong to ST39 (*adk* 3, *atpA* 7, *dxr* 10, *glyA* 8, *recA* 7, *sodA* 2, *tpi*

373   10), which falls into clade 4. A core genome phylogenetic tree of representative isolates of different *C. difficile*

374   clades using Panaroo and IQTree confirmed this placement (data not shown)(Minh *et al.*, 2020, Tonkin-Hill *et*

375   *al.*, 2020, Baktash *et al.*, 2022).

376   We performed automated annotation of the genome sequence using Prokka (Seemann, 2014). This

377   resulted in 3,844 predicted coding sequences, 88 tRNAs, 34 rRNAs, 1 tmRNA and 8 repeat regions. As

378   expected, no complete genes corresponding to the toxin genes *tcdA*, *tcdB*, *cdtA* and *cdtB* were detected; in

379   stead the PaLoc insertion site conforms to what has been described for clade 4 strains (115bp insertion)(Dingle

380   *et al.*, 2014).

381   We used AMRfinderPlus to identify antimicrobial resistance genes in the L-NTCD03 genome

382   (Feldgarden *et al.*, 2022). We found 14 putative antimicrobial resistance genes, which are associated with 12

383   different classes of antibiotics (**Supplemental Table 2**); ten of these might be linked to the phenotypically

384   observed reduced susceptibility/resistance (**Table 1**).

385   Though *cfr*(B) has been implicated in antimicrobial resistance of *C. difficile* to PhLOPSa (phenicol,

lincosamide, oxaxolidinone, pleuromutilin and streptogramin A) antimicrobials (Marin *et al.*, 2015, Stojkovic *et*

al., 2019), a direct causal role for this gene in resistance to these antimicrobials has not been shown to date.

Therefore, we cloned the *cfr*(B) gene under its native promoter in a shuttle plasmid and introduced this

plasmid into the commonly used *C. difficile* laboratory strain 630Δ*erm* (Hussain, 2005, van Eijk *et al.*, 2015). We

assessed antimicrobial susceptibility using Etest and found that introduction of *cfr*(B) increased the minimal

inhibitory concentration for clindamycin, linezolid, retapamulin and streptogramin A (**Table 2**) in comparison

to a control strain carrying a similar plasmid that carried the reporter gene *sluc*^opt^ (Oliveira Paiva *et al.*, 2016)

rather than *cfr*(B). The MIC increased >128-fold for clindamycin (from 2 mg/L to >256 mg/L), 12-fold for

linezolid (from 1 mg/L to 12 mg/L), 64-fold for retapamulin (from 0.125 mg/L to 16 mg/L) and 8-fold for

streptogramin A (from 2 mg/L to 16 mg/L) in the presence of *cfr*(B). We observed no change in MIC for

vancomycin and metronidazole (data not shown). This result indicates that *cfr*(B) can indeed confer resistance

to lincosamide, oxazolidinone, pleuromutilin and streptogramin antimicrobials in *C. difficile*, consistent with

expectations (Marin *et al.*, 2015, Stojkovic *et al.*, 2019).

The genome of L-NTCD03 harbors several putative mobile genetic elements

The BacAnt annotation server (Hua *et al.*, 2021) identified two putative transposable elements, with homology

to Tn*4451* (GenBank U15027; 94.57% identity and 100% coverage; bp 524023-530368) and Tn*5405* (GenBank

U73027; 99.84% identity and 95.97% coverage; bp 551080-553654). Of note, the *catP* gene is contained on the

former, suggesting a potential for transmission of this resistance determinant. MobileElementFinder

(Johansson *et al.*, 2021), in addition to Tn*4551*, identifies a chromosomal region with homology to Tn*6009*

(GenBank EU399632; identity 99.95% and coverage 100%; bp 268640-270528). Comparison with a closely

related clade 4 genome (DSM 29629, GenBank NZ_CP016104) reveals that this is in fact a 17.9-kb transposon

highly similar to Tn*916*, which has inserted in a gene (*pdeR*) encoding a GGDEF domain containing protein (in L-

NTCD03 this gene is split into two ORFs: LLHAOGBK_00311 and LLHAOGBK_00328) (**Figure 3**). The transposon

(**GenBank OR192611**) is also found in several *Streptococcus* and *Enterococcus* genome assemblies (data not

shown), and was assigned the number Tn*7696* by the transposon registry (Tansirichaiya *et al.*, 2019).

Compared to Tn*916*, Tn*7696* has a 120-bp in-frame deletion in the gene encoding a putative endopeptidase

p60 precursor (ORF14 in Tn*916*, LLHAOGBK_00319 in L-NTCD03) as well as several SNPs.

Finally, we employed two tools to predict i) putative phages (Wishart *et al.*, 2023) and ii) genomic

islands (Bertelli *et al.*, 2017). This identified two possible complete (pro)phages in L-NTCD03, with homology to

phiCDHM19 (NC_028996; bp 664975-719994) and phiC2 (NC_09231; bps 2626715-2687566) both of which are

also predicted with high confidence by geNomad (Camargo *et al.*, 2024), and 2 large (bp 490582-569665 and

3900143-3992891) plus several small regions that are likely horizontally acquired.

Overall, the complete genome sequence suggests a clear relation with other clade 4 *C. difficile*

isolates, and a significant contribution of horizontal gene transfer to its genetic content.

Discussion

Here, we provided a characterization of L-NTCD03, isolated from a healthy elderly subject. We confirmed that

this isolate does not express the large clostridial toxins *tcdA* and *tcdB*, using ELISA, and showed that

supernatants derived from an L-NTCD03 culture do not induce a loss of TEER in a trans-well model of colonic

epithelium. Additionally, data from the swine IsoLoop model suggest that there is no induced pathology in

loops inoculated with L-NTCD03 compared to controls. The loop experiment provides insight into strain

behavior within a translationally relevant, *C. difficile*–predisposing intestinal environment, using a customized

dysbiotic gut segment that enables precise local control of the bacterial inoculum, bile acid milieu, and other

key microenvironmental parameters. The data is in line with the genomic analysis, which shows a lack of

identifiable toxin genes, including the binary toxin locus. Together, these data strongly suggest that L-NTCD03

is unlikely to induce disease.

The high-quality complete genome generated for L-NTCD03 as part of this work, allowed us to place

the PCR ribotype 416 strain in clade 4. The most closely related publicly available genome at the time of

analysis is DSM 29629 (Riedel *et al.*, 2017)(CP016104.1). Like L-NTCD03, this strain was non-toxigenic and

assigned to clade 4, however, it is listed as ribotype SLO 235. At present it is unknown if the ribotyping

patterns for SLO 235 and RT416 (as determined by capillary ribotyping and assigned at the CDRN) are similar or

the same. Interestingly, in the manuscript describing DSM 29629 the authors note metabolic versatility

between 17 different *C. difficile* strains that does not appear to necessarily follow the 5 major phylogenetic

clades (clade) or PCR ribotypes tested. In the present work, we find that L-NTCD03 demonstrated a carbon

utilization profile that is quite similar to that of other *C. difficile* strains under the conditions tested. We have

to note that this was assessed at a single concentration and we cannot rule out that differences may exists at

alternative concentrations, similar to what has been noted for other *C. difficile* strains belonging to other

ribotypes (Collins *et al.*, 2018, Midani *et al.*, 2025).

We have determined the phenotypic antimicrobial resistance profile for 17 antimicrobials and found

that several could be explained by genetic determinants identified in the complete genome of L-NTCD03.

Some of these determinants appear to be associated with mobile genetic elements (Bannam *et al.*, 1995,

Derbise *et al.*, 1997, Soge *et al.*, 2008, Hua *et al.*, 2021), supporting the view that NTCD strains may act as a

reservoir for resistance determinants (Imwattana *et al.*, 2020). As observed also by others for NTCD strains

(Imwattana *et al.*, 2020), we also observed resistance to rifampicin and ciprofloxacin in L-NTCD03. It is

interesting to speculate that high levels of resistance in NTCD may relate to prolonged carriage, or reflect

antibiotic use in geographic areas where these strains are common. Rifampicin, for instance, is commonly used

in the treatment of tuberculosis patients. For clade 4 strains, high prevalence in Asia has been noted

(Imwattana *et al.*, 2020) but such strains are also more broadly found (Viprey *et al.*, 2022). Notably, though the

nimB-Cd resistance gene was identified (**Supplemental Table 2**), we observed no resistance to metronidazole.

Consistent with this, *nimB* is commonly found in susceptible isolates of *C. difficile* and L-NTCD03 lacks the

P*nimB*^{G} mutation associated with increased *nimB* expression and inducible metronidazole resistance (Olaitan

et al., 2023). It also highlights the putative nature of automated identification of antimicrobial resistance

determinants.

Finally, we identified the *cfr*(B) gene in L-NTCD03. The *cfrB* gene encodes a rRNA methyltransferase

that confers multidrug resistance by ribosomal target modification and, in addition to *C. difficile*, has been

found in *Enterococcus* spp and methicillin-resistant *Staphylococcus aureus*. We showed that this gene can

confer resistance to clindamycin (>256 mg/L), linezolid (12 mg/L), repatamulin (16 mg/L) and streptogramin A

(16 mg/L) in the RT012 laboratory strain 630Δ*erm* (van Eijk *et al.*, 2015). Our data confirm that *cfr*(B) is a

legitimate PhLOPSa (phenicol, lincosamide, oxazolidinone, pleuromutilin, streptogramin A) resistance gene.

We were unable to establish whether *cfr*(B) plays a role in phenicol resistance, though, as L-NTCD03 also

contains the *catP* (chloramphenicol resistance gene) and the plasmid we used to introduce the *cfr*(B) gene in

our laboratory strain also carries a *catP* resistance determinant (Fagan & Fairweather, 2011, Oliveira Paiva *et*

al., 2016). We have, however, independently observed that *catP*-negative clinical isolates that carry *cfr*(B)

demonstrate elevated chloramphenicol MICs compared to isolates that lack *cfr*(B), suggesting that *cfr*(B) also

affects chloramphenicol MICs. Though it has previously been shown that *cfr* gene carriage can be associated

with linezolid resistance in *C. difficile* (Marin *et al.*, 2015, Stojkovic *et al.*, 2019) or lead to an increase in MIC for

certain antibiotics when expressed in a heterologous host (Hansen & Vester, 2015), to our knowledge, the

present study is the first direct demonstration of this function for *cfr*(B) as a PhLOPSa resistance gene in this

organism.

Acknowledgements

We thank members of our laboratory as well as prof. dr. A.P. Roberts and prof. dr. L.C. Fortier for helpful

discussions. We are indebted to prof. dr. P. Hiemstra and his team at LUMC for support with the TEER

measurements and the CDRN (prof. M.H. Wilcox and dr. W. Fawley) for the ribotype assignment for this strain.

Funding

This work was supported, in part, by FEMS Research and Training Grant FEMSO-GO-2021-042 to BN.

Declaration of interest statements

The authors declare that the research was conducted in the absence of any commercial or financial

relationships that could be construed as a potential conflict of interest.

Author contributions

BN, EJK and WKS conceived the study. CH and IMJGS performed typing and susceptibility testing, BN

performed characterization of L-NTCD03 in *in vitro* and cellular assays. RHAMV and SLK performed PacBio

sequencing. SN and QRD performed bioinformatics analyses. CKB and RAB performed the Biolog experiments.

JB, CC, MLM, AL, BS and SM conducted the animal experiments. FY performed the histological scoring. EB, SM

and TO reviewed the histology. WKS, TO, SM and EJK supervised work. BN and WKS drafted the manuscript. All

authors edited the manuscript and agreed to its submission.

References

Aktories K, Schwan C & Jank T (2017) Clostridium difficile Toxin Biology. *Annu Rev Microbiol* **71**: 281-307.

Aspinall ST & Hutchinson DN (1992) New selective medium for isolating Clostridium difficile from faeces. *J Clin Pathol* **45**: 812-814.

Baktash A, Corver J, Harmanus C*, et al.* (2022) Comparison of Whole-Genome Sequence-Based Methods and PCR Ribotyping for Subtyping of Clostridioides difficile. *J Clin Microbiol* **60**: e0173721.

Bannam TL, Crellin PK & Rood JI (1995) Molecular genetics of the chloramphenicol-resistance transposon Tn4451 from Clostridium perfringens: the TnpX site-specific recombinase excises a circular transposon molecule. *Mol Microbiol* **16**: 535-551.

Bayne J, Charavaryamath C, Hu Y*, et al.* (2025) The swine IsoLoop model of the gut host-microbiota interface enables intra-animal treatment comparisons to advance 3R principles. *Gut Microbes* **17**: 2568706.

Bertelli C, Laird MR, Williams KP, Simon Fraser University Research Computing G, Lau BY, Hoad G, Winsor GL & Brinkman FSL (2017) IslandViewer 4: expanded prediction of genomic islands for larger-scale datasets. *Nucleic Acids Res* **45**: W30-W35.

Boekhoud IM, Hornung BVH, Sevilla E, Harmanus C, Bos-Sanders I, Terveer EM, Bolea R, Corver J, Kuijper EJ & Smits WK (2020) Plasmid-mediated metronidazole resistance in Clostridioides difficile. *Nat Commun* **11**: 598.

Boekhoud IM, Sidorov I, Nooij S*, et al.* (2021) Haem is crucial for medium-dependent metronidazole resistance in clinical isolates of Clostridioides difficile. *J Antimicrob Chemother* **76**: 1731-1740.

Braun V, Hundsberger T, Leukel P, Sauerborn M & von Eichel-Streiber C (1996) Definition of the single integration site of the pathogenicity locus in Clostridium difficile. *Gene* **181**: 29-38.

Camargo AP, Roux S, Schulz F, Babinski M, Xu Y, Hu B, Chain PSG, Nayfach S & Kyrpides NC (2024) Identification of mobile genetic elements with geNomad. *Nat Biotechnol* **42**: 1303-1312.

Cheng H, Concepcion GT, Feng X, Zhang H & Li H (2021) Haplotype-resolved de novo assembly using phased assembly graphs with hifiasm. *Nat Methods* **18**: 170-175.

CLSI (2012) Methods for Antimicrobial Susceptibility Testing of Anaerobic Bacteria; Approved Standard - Eighth edition. p.^pp. 56. Clinical and Laboratory Standards Institute, Wayne, PA.

Collins J, Robinson C, Danhof H, Knetsch CW, van Leeuwen HC, Lawley TD, Auchtung JM & Britton RA (2018) Dietary trehalose enhances virulence of epidemic Clostridium difficile. *Nature* **553**: 291-294.

Control ECfDPa (2018) Laboratory procedures for diagnosis and typing of human Clostridium difficile infection. p.^pp. Stockholm.

Crobach MJT, Vernon JJ, Loo VG, Kong LY, Pechine S, Wilcox MH & Kuijper EJ (2018) Understanding Clostridium difficile Colonization. *Clin Microbiol Rev* **31**.

Darling AE, Mau B & Perna NT (2010) progressiveMauve: multiple genome alignment with gene gain, loss and rearrangement. *PLoS One* **5**: e11147.

Derbise A, de Cespedes G & el Solh N (1997) Nucleotide sequence of the Staphylococcus aureus transposon, Tn5405, carrying aminoglycosides resistance genes. *J Basic Microbiol* **37**: 379-384.

Dingle KE, Elliott B, Robinson E*, et al.* (2014) Evolutionary history of the Clostridium difficile pathogenicity locus. *Genome Biol Evol* **6**: 36-52.

Ducarmon QR, van der Bruggen T, Harmanus C, Sanders I, Daenen LGM, Fluit AC, Vossen R, Kloet SL, Kuijper EJ & Smits WK (2023) Clostridioides difficile infection with isolates of cryptic clade C-II: a genomic analysis of polymerase chain reaction ribotype 151. *Clin Microbiol Infect* **29**: 538 e531-538 e536.

Ducarmon QR, Terveer EM, Nooij S*, et al.* (2021) Microbiota-associated risk factors for asymptomatic gut colonisation with multi-drug-resistant organisms in a Dutch nursing home. *Genome Med* **13**: 54.

Etifa P, Rodriguez C, Harmanus C*, et al.* (2023) Non-Toxigenic Clostridioides difficile Strain E4 (NTCD-E4) Prevents Establishment of Primary C. difficile Infection by Epidemic PCR Ribotype 027 in an In Vitro Human Gut Model. *Antibiotics (Basel)* **12**.

EUCAST (2026) European Committee on Antimicrobial Susceptibility Testing. . p.^pp.

Fagan RP & Fairweather NF (2011) Clostridium difficile has two parallel and essential Sec secretion systems. *J Biol Chem* **286**: 27483-27493.

Fawley WN, Knetsch CW, MacCannell DR, Harmanus C, Du T, Mulvey MR, Paulick A, Anderson L, Kuijper EJ & Wilcox MH (2015) Development and validation of an internationally-standardized, high-resolution capillary gel-based electrophoresis PCR-ribotyping protocol for Clostridium difficile. *PLoS One* **10**: e0118150.

Feldgarden M, Brover V, Fedorov B, Haft DH, Prasad AB & Klimke W (2022) Curation of the AMRFinderPlus databases: applications, functionality and impact. *Microb Genom* **8**.

Feldgarden M, Brover V, Gonzalez-Escalona N*, et al.* (2021) AMRFinderPlus and the Reference Gene Catalog
facilitate examination of the genomic links among antimicrobial resistance, stress response, and virulence. *Sci*
Rep **11**: 12728.
Ferretti P, Wirbel J, Maistrenko OM*, et al.* (2023) C. difficile may be overdiagnosed in adults and is
a prevalent commensal in infants. *bioRxiv* 2022.2002.2016.480740.
Freeman J, Sanders I, Harmanus C, Clark EV, Berry AM & Smits WK (2025) Antimicrobial susceptibility testing of
Clostridioides difficile: a dual-site study of three different media and three therapeutic antimicrobials. *Clin*
Microbiol Infect **31**: 1011-1017.
Gerding DN, Sambol SP & Johnson S (2018) Non-toxigenic Clostridioides (Formerly Clostridium) difficile for
Prevention of C. difficile Infection: From Bench to Bedside Back to Bench and Back to Bedside. *Front Microbiol*
9: 1700.
Gerding DN, Meyer T, Lee C*, et al.* (2015) Administration of spores of nontoxigenic Clostridium difficile strain
M3 for prevention of recurrent C. difficile infection: a randomized clinical trial. *JAMA* **313**: 1719-1727.
Goorhuis A, Bakker D, Corver J, Debast SB, Harmanus C, Notermans DW, Bergwerff AA, Dekker FW & Kuijper EJ
(2008) Emergence of Clostridium difficile infection due to a new hypervirulent strain, polymerase chain
reaction ribotype 078. *Clin Infect Dis* **47**: 1162-1170.
Griffiths D, Fawley W, Kachrimanidou M*, et al.* (2010) Multilocus sequence typing of Clostridium difficile. *J Clin*
Microbiol **48**: 770-778.
Gurevich A, Saveliev V, Vyahhi N & Tesler G (2013) QUAST: quality assessment tool for genome assemblies.
Bioinformatics **29**: 1072-1075.
Hansen LH & Vester B (2015) A cfr-like gene from Clostridium difficile confers multiple antibiotic resistance by
the same mechanism as the cfr gene. *Antimicrob Agents Chemother* **59**: 5841-5843.
He M, Miyajima F, Roberts P*, et al.* (2013) Emergence and global spread of epidemic healthcare-associated
Clostridium difficile. *Nat Genet* **45**: 109-113.
Hua X, Liang Q, Deng M*, et al.* (2021) BacAnt: A Combination Annotation Server for Bacterial DNA Sequences to
Identify Antibiotic Resistance Genes, Integrons, and Transposable Elements. *Front Microbiol* **12**: 649969.
Hughes J, Aston C, Kelly ML & Griffin R (2022) Towards Development of a Non-Toxigenic Clostridioides difficile
Oral Spore Vaccine against Toxigenic C. difficile. *Pharmaceutics* **14**.
Hunt M, Silva ND, Otto TD, Parkhill J, Keane JA & Harris SR (2015) Circlator: automated circularization of
genome assemblies using long sequencing reads. *Genome Biol* **16**: 294.
Hussain HA (2005) Generation of an erythromycin-sensitive derivative of Clostridium difficile strain 630
(630 erm) and demonstration that the conjugative transposon Tn916 E enters the genome of this strain at
multiple sites. *Journal of Medical Microbiology* **54**: 137-141.
Imwattana K, Kiratisin P, Riley TV & Knight DR (2020) Genomic basis of antimicrobial resistance in non-
toxigenic Clostridium difficile in Southeast Asia. *Anaerobe* **66**: 102290.
Johansson MHK, Bortolaia V, Tansirichaiya S, Aarestrup FM, Roberts AP & Petersen TN (2021) Detection of
mobile genetic elements associated with antibiotic resistance in Salmonella enterica using a newly developed
web tool: MobileElementFinder. *J Antimicrob Chemother* **76**: 101-109.
Jolley KA, Bray JE & Maiden MCJ (2018) Open-access bacterial population genomics: BIGSdb software, the
PubMLST.org website and their applications. *Wellcome Open Res* **3**: 124.
Knetsch CW, Terveer EM, Lauber C, Gorbalenya AE, Harmanus C, Kuijper EJ, Corver J & van Leeuwen HC (2012)
Comparative analysis of an expanded Clostridium difficile reference strain collection reveals genetic diversity
and evolution through six lineages. *Infect Genet Evol* **12**: 1577-1585.
Knight DR, Imwattana K, Kullin B, Guerrero-Araya E, Paredes-Sabja D, Didelot X, Dingle KE, Eyre DW, Rodriguez
C & Riley TV (2021) Major genetic discontinuity and novel toxigenic species in Clostridioides difficile taxonomy.
Elife **10**.
Kordus SL, Thomas AK & Lacy DB (2022) Clostridioides difficile toxins: mechanisms of action and antitoxin
therapeutics. *Nat Rev Microbiol* **20**: 285-298.
Leffler DA & Lamont JT (2015) Clostridium difficile infection. *N Engl J Med* **372**: 1539-1548.
Lim SC, Knight DR & Riley TV (2020) Clostridium difficile and One Health. *Clin Microbiol Infect* **26**: 857-863.
Mani J, Levy S, Angelova A, Hazrati S, Fassnacht R, Subramanian P, Richards T, Niederhuber JE, Maxwell GL &
Hourigan SK (2023) Epidemiological and microbiome associations of Clostridioides difficile carriage in infancy
and early childhood. *Gut Microbes* **15**: 2203969.
Manni M, Berkeley MR, Seppey M & Zdobnov EM (2021) BUSCO: Assessing Genomic Data Quality and Beyond.
Curr Protoc **1**: e323.
Marin M, Martin A, Alcala L, Cercenado E, Iglesias C, Reigadas E & Bouza E (2015) Clostridium difficile isolates
with high linezolid MICs harbor the multiresistance gene cfr. *Antimicrob Agents Chemother* **59**: 586-589.

Midani FS, Collins J & Britton RA (2021) AMiGA: Software for Automated Analysis of Microbial Growth Assays.
mSystems **6**: e0050821.
Midani FS, Danhof HA, Mathew N, Ardis CK, Garey KW, Spinler JK & Britton RA (2025) Emerging Clostridioides
difficile ribotypes have divergent metabolic phenotypes. *mSystems* **10**: e0107524.
Minekus M, Smeets-Peeters M, Bernalier A, Marol-Bonnin S, Havenaar R, Marteau P, Alric M, Fonty G & Huis
in't Veld JH (1999) A computer-controlled system to simulate conditions of the large intestine with peristaltic
mixing, water absorption and absorption of fermentation products. *Appl Microbiol Biotechnol* **53**: 108-114.
Minh BQ, Schmidt HA, Chernomor O, Schrempf D, Woodhams MD, von Haeseler A & Lanfear R (2020) IQ-TREE
2: New Models and Efficient Methods for Phylogenetic Inference in the Genomic Era. *Mol Biol Evol* **37**: 1530-
1534.
Monot M, Eckert C, Lemire A*, et al.* (2015) Clostridium difficile: New Insights into the Evolution of the
Pathogenicity Locus. *Sci Rep* **5**: 15023.
Natarajan M, Walk ST, Young VB & Aronoff DM (2013) A clinical and epidemiological review of non-toxigenic
Clostridium difficile. *Anaerobe* **22**: 1-5.
Olaitan AO, Dureja C, Youngblom MA*, et al.* (2023) Decoding a cryptic mechanism of metronidazole resistance
among globally disseminated fluoroquinolone-resistant Clostridioides difficile. *Nat Commun* **14**: 4130.
Oliveira Junior CA, Silva ROS, Cruz DSG, Pires IH, Guedes RMC & Faria Lobato FC (2019) The non-toxigenic
strain of Clostridioides difficile Z31 can prevent infection by C. difficile in experimental model piglets. *Anaerobe*
55: 24-28.
Oliveira Junior CA, Silva ROS, Lage AP, Coura FM, Ramos CP, Alfieri AA, Guedes RMC & Lobato FCF (2019) Non-
toxigenic strain of Clostridioides difficile Z31 reduces the occurrence of C. difficile infection (CDI) in one-day-
old piglets on a commercial pig farm. *Vet Microbiol* **231**: 1-6.
Oliveira Paiva AM, Friggen AH, Hossein-Javaheri S & Smits WK (2016) The Signal Sequence of the Abundant
Extracellular Metalloprotease PPEP-1 Can Be Used to Secrete Synthetic Reporter Proteins in Clostridium
difficile. *ACS Synth Biol* **5**: 1376-1382.
Riedel T, Wetzel D, Hofmann JD*, et al.* (2017) High metabolic versatility of different toxigenic and non-toxigenic
Clostridioides difficile isolates. *Int J Med Microbiol* **307**: 311-320.
Roseboom AM, Ducarmon QR, Hornung BVH, Harmanus C, Crobach MJT, Kuijper EJ, Vossen R, Kloet SL & Smits
WK (2023) Carriage of three plasmids in a single human clinical isolate of Clostridioides difficile. *Plasmid* **125**:
102669.
Sambol SP, Skinner AM, Serna-Perez F, Owen B, Gerding DN & Johnson S (2023) Effective Colonization by
Nontoxigenic Clostridioides difficile REA Strain M3 (NTCD-M3) Spores following Treatment with Either
Fidaxomicin or Vancomycin. *Microbiol Spectr* **11**: e0051723.
Seemann T (2014) Prokka: rapid prokaryotic genome annotation. *Bioinformatics* **30**: 2068-2069.
Smits WK, Lyras D, Lacy DB, Wilcox MH & Kuijper EJ (2016) Clostridium difficile infection. *Nat Rev Dis Primers* **2**:
16020.
Soge OO, Beck NK, White TM, No DB & Roberts MC (2008) A novel transposon, Tn6009, composed of a Tn916
element linked with a Staphylococcus aureus mer operon. *J Antimicrob Chemother* **62**: 674-680.
Stojkovic V, Ulate MF, Hidalgo-Villeda F*, et al.* (2019) cfr(B), cfr(C), and a New cfr-Like Gene, cfr(E), in
Clostridium difficile Strains Recovered across Latin America. *Antimicrob Agents Chemother* **64**.
Tansirichaiya S, Rahman MA & Roberts AP (2019) The Transposon Registry. *Mob DNA* **10**: 40.
Tonkin-Hill G, MacAlasdair N, Ruis C*, et al.* (2020) Producing polished prokaryotic pangenomes with the
Panaroo pipeline. *Genome Biol* **21**: 180.
van den Belt M, Gilchrist C, Booth TJ, Chooi YH, Medema MH & Alanjary M (2023) CAGECAT: The CompArative
GEne Cluster Analysis Toolbox for rapid search and visualisation of homologous gene clusters. *BMC
Bioinformatics* **24**: 181.
van Eijk E, Anvar SY, Browne HP, Leung WY, Frank J, Schmitz AM, Roberts AP & Smits WK (2015) Complete
genome sequence of the Clostridium difficile laboratory strain 630Deltaerm reveals differences from strain
630, including translocation of the mobile element CTn5. *BMC genomics* **16**: 31.
Villano SA, Seiberling M, Tatarowicz W, Monnot-Chase E & Gerding DN (2012) Evaluation of an oral suspension
of VP20621, spores of nontoxigenic Clostridium difficile strain M3, in healthy subjects. *Antimicrob Agents
Chemother* **56**: 5224-5229.
Viprey VF, Davis GL, Benson AD*, et al.* (2022) A point-prevalence study on community and inpatient
Clostridioides difficile infections (CDI): results from Combatting Bacterial Resistance in Europe CDI
(COMBACTE-CDI), July to November 2018. *Euro Surveill* **27**.
Wang S, Zhu D & Sun X (2022) Development of an Effective Nontoxigenic Clostridioides difficile-Based Oral
Vaccine against C. difficile Infection. *Microbiol Spectr* **10**: e0026322.

Wang S, Heuler J, Wickramage I, Sun X & Uzal F (2022) Genomic and Phenotypic Characterization of the
Nontoxigenic Clostridioides difficile Strain CCUG37785 and Demonstration of Its Therapeutic Potential for the
Prevention of C. difficile Infection. *Microbiology Spectrum* **10**: e01788-01721.
Warny M, Pepin J, Fang A, Killgore G, Thompson A, Brazier J, Frost E & McDonald LC (2005) Toxin production by
an emerging strain of Clostridium difficile associated with outbreaks of severe disease in North America and
Europe. *Lancet (London, England)* **366**: 1079-1084.
Wiese M, Schuren FHJ, Smits WK*, et al.* (2022) 2'-Fucosyllactose inhibits proliferation of Clostridioides difficile
ATCC 43599 in the CDi-screen, an in vitro model simulating Clostridioides difficile infection. *Front Cell Infect*
Microbiol **12**: 991150.
Wishart DS, Han S, Saha S, Oler E, Peters H, Grant JR, Stothard P & Gautam V (2023) PHASTEST: faster than
PHASTER, better than PHAST. *Nucleic Acids Res* **51**: W443-W450.
681

683 **Table 1. Antimicrobial susceptibility of L-NTCD03**

Antibiotic	MIC (mg/L)[a]	EUCAST (T)ECOFF (mg/L)	Putatively associated AMR gene[b]
Augmentin	0.25	-	-
Cefuroxime	>256	-	*blaCDD*
Chloramphenicol	>256	-	*catP, cfr(B)*
Ciprofloxacin	>32	(32)	*gyrB*_S366A
Clindamycin	>256	16	*cfr*(B), *cplR*
Cotrimoxazole	0.06	-	-
Erythromycin	48	4	*erm*(52)
Fidaxomicin	0.06	0.5	-
Linezolid	6	-	*cfr*(B)
Meropenem	1	(8)	-
Metronidazole	0.06	2	-
Moxifloxacin	1	4	-
Penicillin	0.75	-	*blaCDD*
Rifampicin	>32	0.004	*rpoB*_R505K
Tetracycline	2	(0.25)	*tet*(M)
Teicoplanin	1	-	*vanZ1*
Vancomycin	0.38	2	-

[a] MICs were determined using Etest, except for fidaxomicin (where agar dilution was used) as described in

Materials and Methods

b EUCAST Epidemiological Cut-off (ECOFF) are given without, tentative epidemiological cut-off (TECOFF) values

are given within brackets (EUCAST, 2026).

[c] AMR gene content was determined using AMRFinderPlus (Feldgarden *et al.*, 2021). Genes not shown in table

are the aminoglycoside resistance genes *ant(6)-Ia*, *sat4*, *aph(3')-IIIa*, *blaAHM*, *nimB*-Cd. The latter is omitted

here for as the allele identified does not a contain the resistance associated promoter mutation (see

Discussion).

699   **Table 2. Table 1. Minimal inhibitory concentrations of *C. difficile* 630Δ*erm*-derived strains carrying different**

700   **plasmids.**

plasmid	antimicrobial MIC (mg/L)			
	clindamycin	linezolid	retapamulin	streptogramin A
pAP24 (control)	2	1	0.125	2
pIMM03 (*cfr*(B))	>256	12	16	16

701   Experiments were performed at n>3, with results consistent between experiments. Clindamycin and linezolid

702   MICs were determined by Etest, and MICs for retapamulin and streptogramin A were determined by modified

703   agar dilution (see Methods).

706   **Table 3**. **Oligonucleotides**

Oligonucleotide	Sequence (5'>3')	Reference
16S-F	TET#-GTGCGGCTGGATCACCTCCT	(Fawley *et al.*, 2015)
23S-R	CCCTGCACCCTTAATAACTTGACC	(Fawley *et al.*, 2015)
NF793	CACCTCCTTTTTGACTTTAAGCCTACGAATACC	(Fagan & Fairweather, 2011)
NF794	CACCGACGAGCAAGGCAAGACCG	(Fagan & Fairweather, 2011)
oIMM-001	CTACGGTACCCTCTACCTAATAGCCACAGGAG	This study
oIMM-002	GATGGGATCCTCACTGCATCCGCAATTC	This study
oIMM-003	GTTAATTGAGGAGTTTGGAGAATCG	This study
oIMM-004	CACATCTGATAATGGGTAGCGTTC	This study
oWKS-1070	GTCTTGGATGGTTGATGAGTAC	(Boekhoud *et al.*, 2020)
oWKS-1071	TTCCTAATTTAGCAGCAGCTTC	(Boekhoud *et al.*, 2020)
oWKS-1387	CAGATGAGGGCAAGCGGATG	(Boekhoud *et al.*, 2020)
oWKS-1388	CGTCGGTGAGCCAGAGTTTC	(Boekhoud *et al.*, 2020)

TET: 5-tetrachlorofluorescein

Figure Legends

Figure 1. L-NTCD03 is a non-toxigenic *C. difficile* strain. A. L-NTCD03 does not show production of toxins in an

ELISA assay. The dotted line indicates the threshold value indicated by the manufacturer for defining toxin

production. **B**. Culture supernatant from L-NTCD03 does not lead to a reduction in transepithelial resistance as

measured in a Caco2/LS174T cellular model that was matured for 21 days (pre-exposure) before applying

culture supernatant (post exposure). **C**. Growth of L-NTCD03 is similar to other *C. difficile* strains. Colony

forming units (CFU) per milliliter culture were determined by a droplet-plating method. **D**. Spore formation of

L-NTCD03 is similar to other *C. difficile* strains. Spores were enumerated after ethanol treatment using a

droplet plating method. Values indicated are the mean and standard error of the mean of n=3 biological

replicates. LL-010 is a non-toxigenic control strain and LL-027 and LL-078 are toxigenic controls.

Figure 2. L-NTCD03 does not induce pathology in the swine IsoLoop model. A. Representative images from

histological analyses. Tissues samples were formalin fixed and paraffin embedded, sectioned and hematoxylin

and eosin stained. No significant *C. difficile*-associated lesions are observed in the control loop (an ileal loop

that was antibiotic-treated but not inoculated with *C. difficile*), normal ileum (not a loop but control for

surgical integrity of the loops) and the loop inoculated with L-NTCD03. In contrast, the loop inoculated with LL-

078 (toxigenic strain, positive control for *C. difficile* pathology) showed blunting of the villi with epithelial

necrosis, neutrophilic infiltration of lamina propria, and crypt abscesses. **B**. Combined histological scores for

the different samples. A bar plot depicting the mean histological score with standard error of the mean is

given, with individual datapoints depicted. Prespecified contrasts (see Supplementary Information) are shown

with brackets, with asterisks indicating the raw p-value magnitude, for readability (**: p < 0.01) , while

significance is determined by Holm adjustment across the three prespecified tests.

Figure 3. L-NTCD03 harbors the novel transposon Tn*7696*. Comparison of a region of the genome of L-NTCD03 with the genome of the closely related clade 4 strain DSM 29629 (GenBank NZ_CP016104). The insertion of Tn*7696* into the *pdeR* gene (LLHAOGBK_00328 and LLHAOGBK_00311/CDIF29629_RS01565) is evident. Tn*7696* harbors the tetracycline resistance gene *tet*(M) and an integrase (*int*-Tn), like Tn*916*. The gene with locus tag LLHAOGBK_00319 (see main text) is abbreviated to 319 for simplicity. Colors and linkages indicate homology between genes. *nox* encodes a predicted NADH dehydrogenase/nitroreductase (LLHAOGBK_00337/ CDIF29629_RS01610), *uvrA* an excinuclease (LLHAOGBK_00310/CDIF29629_RS01560) and *guaA* a glutamine-hydrolyzing GMP synthase (LLHAOGBK_00305/CDIF29629_RS01525).

Supplementary information

Histological scoring

H&E-stained sections from each ileal loop were graded for four components present in the dataset: epithelial

necrosis, edema (mucosal/lamina propria), crypt abscess, and neutrophils in villi/lamina propria. A fifth field,

submucosal edema, was also recorded but was invariant (0 in this experiment) and therefore excluded from

totals.

Each component used an ordinal 0–5 scale with shared anchors; the best matching description was assigned:

- Epithelial necrosis: 0 = absent; 1–2 = scattered villus-tip necrosis; 3 = multifocal epithelial

lifting/patchy denudation; 4–5 = broad denudation/ulceration with diffuse surface loss.

- Edema (mucosal/lamina propria): 0 = none; 1–2 = subtle to mild expansion; 3 = clear expansion with

villus blunting; 4 = marked expansion; 5 = diffuse expansion with severe blunting/separation.

- Crypt abscess: 0 = none; 1–2 = rare crypts with a few intraluminal neutrophils/debris; 3 = several

crypts with clear pus; 4–5 = numerous/widespread abscesses across fields.

- Neutrophils in villi/lamina propria: 0 = no neutrophils; 1= scattered individual cells; 2 = multifocal

small clusters; 3 = multifocal large clusters; 4 = confluent clusters; 5 = sheets/near-diffuse infiltration.

(Field counts may aid consistency; final grade is by pattern/severity.)

Total histologic score: per loop, the sum of the four variable components (range 0–20); higher totals indicate

greater injury. Each loop was treated as the experimental unit; scoring was performed blinded to group

identity.

Statistical analyses

Outcome and unit. The primary endpoint was the total histologic score per ileal loop (range 0–20), computed

as the sum of four 0–5 ordinal components: epithelial necrosis, mucosal/lamina propria edema, crypt abscess,

and neutrophils in villi/lamina propria. Submucosal edema values were invariant and excluded from totals.

Each loop was the experimental unit; scoring was blinded to group.

Descriptive statistics. Group data are summarized as median [Q1–Q3]. Figures display mean ± SEM with per

loop jittered points.

Global comparison. Overall heterogeneity among Control loop, Normal Ileum, L-NTCD03 and LL-078 was

assessed with the Kruskal–Wallis test (two sided, α = 0.05) using mid ranks with tie correction.

Primary prespecified contrasts. The biological comparisons of primary interest were LL-078 vs Control loop, LL-

078 vs Normal ileum, and LL-078 vs L-NTCD03. Each was tested using a two sided Mann–Whitney U test

(Wilcoxon rank sum). Multiplicity was controlled across these three tests using the Holm procedure (family

wise α = 0.05). For each contrast we report the Holm adjusted p value and the rank biserial correlation (r) as an

effect size.

Supplementary Table 1. Histopathological analysis of the pig-ileal loop experiments.

	Epithelial necrosis	Edema	Crypt abscess	Submucosal edema	Neutrophils in villi/lamina propria	Total histological score
Control loop	0	0	0	0	0	0
Control loop	0	1	0	0	0	1
Control loop	0	1	1	0	1	3
Control loop	0	0	0	0	0	0
Control loop	0	1	0	0	0	1
Normal ileum	0	1	1	0	0	2
Normal ileum	0	0	0	0	0	0
Normal ileum	0	0	0	0	0	0
Normal ileum	0	1	0	0	0	1
L-NTCD03	1	1	1	0	1	4
L-NTCD03	0	1	0	0	0	1
L-NTCD03	0	0	0	0	0	0
L-NTCD03	0	1	1	0	0	2
L-NTCD03	0	1	0	0	0	1
L-NTCD03	0	1	0	0	0	1
LL-078	2	2	2	0	2	8
LL-078	2	2	2	0	2	8
LL-078	3	1	2	0	2	8
LL-078	2	1	1	0	1	5
LL-078	2	1	0	0	1	4
LL-078	1	1	0	0	1	3

785 **Supplementary Table 2. Antimicrobial resistance genes of L-NTCD03.**

Start	Stop	Strand	Locus tag	Resistance gene	Name	Class	Subclass	Alignment length	Reference length	Reference sequence	Coverage	Identity
4145	6043	+	LLHAOGBK_00005	gyrB_S366A	*Clostridioides difficile* quinolone resistant GyrB	quinolone	quinolone	633	633	WP_003434229.1	100	99,84
95557	99270	+	LLHAOGBK_00126	rpoB_R505K	*Clostridioides difficile* rifampin resistant RpoB	rifamycin	rifampin	1238	1238	WP_003436174.1	100	99,76
272459	274375	-	LLHAOGBK_00317	tet(M)	tetracycline resistance ribosomal protection protein Tet(M)	tetracycline	tetracycline	639	639	WP_000691736.1	100	99,69
334396	335442	+	LLHAOGBK_00374	cfr(B)	23SrRNA (adenine(2503)-C(8))-methyltransferase Cfr(B)	lincosamide/oxazolidinone/phenicol/pleuromutilin/streptogramin	chloramphenicol/clindamycin/linezolid/retapamulin/streptogramin B/virginiamycin	349	349	WP_002405682.1	100	99,71
526699	527319	+	LLHAOGBK_00554	catP	type A-11 chloramphenicol O-acetyltransferase CatP	phenicol	chloramphenicol	207	207	WP_002570989.1	100	100
548779	549684	+	LLHAOGBK_00577	ant(6)-Ia	aminoglycoside nucleotidyltransferase ANT(6)-Ia	aminoglycoside	streptomycin	302	302	WP_001255864.1	100	100
549684	550223	+	LLHAOGBK_00578	sat4	streptothricin N-acetyltransferase Sat4	streptothricin	streptothricin	180	180	WP_000627290.1	100	100
550319	551110	+	LLHAOGBK_00579	aph(3')-IIIa	aminoglycoside O-phosphotransferase APH(3')-IIIa	aminoglycoside	amikacin/kanamycin	264	264	WP_001096887.1	100	100
1530614	1532263	+	LLHAOGBK_01435	cplR	ABC-F type ribosomal protection protein CplR	lincosamide/pleuromutilin/streptogramin	clindamycin/lincomycin/retapamulin/virginiamycin	550	550	AJP12342.1	100	97,82
2811949	2812410	+	LLHAOGBK_02605	nimB-Cd	putative 5-nitroimidazole reductase NimB-Cd	nitroimidazole	nitroimidazole	154	155	CBE03766.1	99,35	100
3057328	3057834	-	LLHAOGBK_02836	vanZ1	glycopeptide resistance protein VanZ1	glycopeptide	vancomycin	169	169	CAU68095.1	100	99,41
3344140	3345051	-	LLHAOGBK_03095	blaAHM	AHM family subclass B3-like metallo-beta-lactamase	beta-lactam	carbapenem	304	304	WP_011860980.1	100	97,7
3874110	3875045	-	LLHAOGBK_03550	blaCDD	CDD family class D beta-lactamase	beta-lactam	beta-lactam	312	308	WP_021361759.1	100	96,15
3965200	3966126	-	LLHAOGBK_03629	erm(52)	23SrRNA (adenine(2058)-N(6))-methyltransferase Erm(52)	macrolide	macrolide	309	309	WP_002571018.1	100	100

786