In this issue of *Gut Microbes*

Brian MM Ahmer

Department of Microbial Infection and Immunity; The Ohio State University; Columbus, OH USA

It is an amazing time to be a microbiologist. We have progressed from the study of microbes in monoculture to the study of microbes in mixed culture to the study of complex microbial communities in natural environments. Colony purification was an extremely powerful reductionist tool, but after decades of genetic analyses, many genes of model microbes still have no defined function. It is clear that many of these genes may be expressed, or may have phenotypes, only in the presence of other organisms. The early discovery of antibiotics was a step in this direction. The parallel discoveries of quorum sensing and biofilms led to the realization that individual cells of a species can cooperate with one another, in a coordinated multi-cellular fashion, to achieve common goals and to provide three dimensional structures to communities.¹⁻³ These findings were followed by numerous discoveries of chemical signaling between microbial species and even between kingdoms. Often neglected, the metabolic interactions between organisms are essential to microbial community structure and function.⁴ Even the totality of these chemical signaling and metabolic interactions are probably just scratching the surface of the complexity with which microbes interact. The state of the "microbial interactions" field today seems similar to the state of "microbial pathogenesis" in the 1980s. At the time it was thought that pathogens, such as Salmonella, were simply "tougher" than organisms such as commensal E. coli. Salmonella could survive in hostile environments such as host immune cells because it was more resistant to digestive enzymes, acid, and oxidative stress than E. coli. It was later found that the mechanisms by which Salmonella evades host defenses are vastly more sophisticated, with secretion systems injecting more than 40 different proteins into host cells to manipulate cellular physiology in specific and elegant ways that are still far from understood. Although much less is known regarding microbial interactions, it is likely that they will turn out to be highly sophisticated as well. A striking example is the recent discovery that P. aeruginosa uses its Type 6 Secretion System (T6SS) to inhibit other bacteria only in response to attacks from other bacteria that also yield a T6SS, or even in response to mating attempts.^{5,6}

In this issue of *Gut Microbes*, we focus on "microbial interactions" specifically within the gut. While this field is in its infancy, its importance is staggering. The development of a healthy microbial community is critical to the development of a healthy person. It seems like every day, more and more human diseases including inflammatory bowel disease (IBD), diabetes, obesity, cardiovascular disease, and allergies are suspected of originating with microbiota imbalances or dysbiosis.⁷⁻¹² There is

even increasing evidence for a link between the gut microbiota and brain function, including autism spectrum disorder (ASD).¹³ The microbiota is required for the nutrition of the host, the development of intestinal tissues, and the development of the host immune system.^{9,11,14,15} The microbiota is also critically important for protecting the host from pathogens (often called colonization resistance [CR]). For instance, disruption of the mouse intestinal microbiota decreases the LD₅₀ for Salmonella from 106 cfu to less than 10 cfu.16-20 Partial restoration of resistance to Salmonella is achieved by inoculating the disrupted mice with a fecal suspension from untreated mice.²¹ Clearly the host's normal microbiota plays a very important role in preventing pathogen colonization. Not surprisingly, gut communities are specifically adapted to the species, even the genotype, of the host.^{22,23} For instance, mouse microbial communities are better than human communities at preventing Salmonella from inflaming the intestine.¹⁵ A germ-free mouse can be inoculated with conventional mouse feces and become resistant to Salmonella-mediated inflammation within days. But germ-free mice inoculated with human feces do not become resistant.¹⁵ Elucidating the mechanisms underlying phenomena such as these might one day lead to the rational design of novel probiotics and antibiotics, provide new insights into pathogen host ranges, and contribute to our understanding of the ecology of diseases and epidemics. This isn't just hype. Antibioticinduced dysbiosis is the most clinically prevalent dysbiosis in the US healthcare system.²⁴⁻²⁸ Broad-spectrum antibiotics can induce long-lasting effects on gut bacterial communities that ultimately result in gastrointestinal pathology.^{29,30} Approximately 25% of cases of antibiotic-associated diarrhea are due to Clostridium difficile.^{26,31} The spectrum of resulting disease can range from a state of asymptomatic carrier to pseudomembranous colitis and death.^{27,28} In fact, what one might consider the ultimate probiotic, fecal transplantation, is remarkably successful at curing recurrent C. difficile infection.32 A new industry will spring up if fecal transplantation proves successful in the treatment of obesity or ASD. The FDA held a public workshop in May 2013 to discuss the issues surrounding fecal transplantation, two of which are quality control and patient aversion. Both of these can be solved if combinations of isolated microbial species could be developed into effective probiotics.^{33,34} One combination has already shown effectiveness in treating recurrent C. difficile infection and comes with the catchy name of "RePOOPulate".35 This type of treatment will put more focus on researchers to determine the mechanism of action of probiotics and the mechanisms that

Correspondence to: Brian MM Ahmer; Email: ahmer.1@osu.edu Submitted: 12/20/2013; Revised: 12/20/2013; Published Online: 01/27/2014 http://dx.doi.org/10.4161/gmic.28007

allow these organisms to persist, or not, among disparate gut communities. 36,37

Continuing on these themes, in this issue Vincent Young's group provides a review on the metabolic environment of the intestine and how disruptions of this environment facilitate infection by *Clostridium difficile.*³⁸ Bruce McClane's group provides a review on *Clostridium perfringens* and how it detects compounds produced by epithelial cells.³⁹ Zhongtang Yu's lab provides a comprehensive review on the microbiome of poultry,

what factors are known to affect this microbiome and what affects the microbiome has on the host.⁴⁰ Jun Zhu's group provides a review on quorum sensing by *Vibrio cholerae* within the intestine,⁴¹ and Dennis Kasper's lab provides a review on the host response to commensals, more specifically, on innate lymphocytes.⁴²

Disclosure of Potential Conflicts of Interest

No potential conflict of interest was disclosed.

References

- Costerton JW, Geesey GG, Cheng KJ. How bacteria stick. Sci Am 1978;238:86-95; PMID:635520; http:// dx.doi.org/10.1038/scientificamerican0178-86
- Fuqua WC, Winans SC, Greenberg EP. Quorum sensing in bacteria: the LuxR-LuxI family of cell density-responsive transcriptional regulators. J Bacteriol 1994; 176:269-75; PMID:8288518
- Hall-Stoodley L, Costerton JW, Stoodley P. Bacterial biofilms: from the natural environment to infectious diseases. Nat Rev Microbiol 2004; 2:95-108; PMID:15040259; http://dx.doi.org/10.1038/ nrmicro821
- Fischbach MA, Sonnenburg JL. Eating for two: how metabolism establishes interspecies interactions in the gut. Cell Host Microbe 2011; 10:336-47; PMID:22018234; http://dx.doi.org/10.1016/j. chom.2011.10.002
- Ho BT, Basler M, Mekalanos JJ. Type 6 secretion system-mediated immunity to type 4 secretion system-mediated gene transfer. Science 2013; 342:250-3; PMID:24115441; http://dx.doi.org/10.1126/ science.1243745
- Basler M, Ho BT, Mekalanos JJ. Tit-for-tat: type VI secretion system counterattack during bacterial cell-cell interactions. Cell 2013; 152:884-94; PMID:23415234; http://dx.doi.org/10.1016/j. cell.2013.01.042
- Wen L, Ley RE, Volchkov PY, Stranges PB, Avanesyan L, Stonebraker AC, Hu C, Wong FS, Szot GL, Bluestone JA, et al. Innate immunity and intestinal microbiota in the development of Type 1 diabetes. Nature 2008; 455:1109-13; PMID:18806780; http://dx.doi.org/10.1038/nature07336
- Dinalo JE, Relman DA. Cross-talk in the gut. Genome Biol 2009; 10:203; PMID:19216729; http://dx.doi.org/10.1186/gb-2009-10-1-203
- Sekirov I, Russell SL, Antunes LCM, Finlay BB. Gut microbiota in health and disease. Physiol Rev 2010; 90:859-904; PMID:20664075; http://dx.doi. org/10.1152/physrev.00045.2009
- Huffnagle GB. The microbiota and allergies/asthma. PLoS Pathog 2010; 6:e1000549; PMID:20523892; http://dx.doi.org/10.1371/journal.ppat.1000549
- Tremaroli V, Bäckhed F. Functional interactions between the gut microbiota and host metabolism. Nature 2012; 489:242-9; PMID:22972297; http:// dx.doi.org/10.1038/nature11552
- Brown EM, Arrieta M-C, Finlay BB. A fresh look at the hygiene hypothesis: how intestinal microbial exposure drives immune effector responses in atopic disease. Semin Immunol 2013; 25:378-87; PMID:24209708; http://dx.doi.org/10.1016/j. smim.2013.09.003
- Hsiao EY, McBride SW, Hsien S, Sharon G, Hyde ER, McCue T, Codelli JA, Chow J, Reisman SE, Petrosino JF, et al. Microbiota modulate behavioral and physiological abnormalities associated with neurodevelopmental disorders. Cell 2013; 155:1451-63; PMID:24315484; http://dx.doi.org/10.1016/j. cell.2013.11.024

- Bäckhed F, Ley RE, Sonnenburg JL, Peterson DA, Gordon JI. Host-bacterial mutualism in the human intestine. Science 2005; 307:1915-20; PMID:15790844; http://dx.doi.org/10.1126/ science.1104816
- Chung H, Pamp SJ, Hill JA, Surana NK, Edelman SM, Troy EB, Reading NC, Villablanca EJ, Wang S, Mora JR, et al. Gut immune maturation depends on colonization with a host-specific microbiota. Cell 2012; 149:1578-93; PMID:22726443; http://dx.doi. org/10.1016/j.cell.2012.04.037
- Nardi RM, Silva ME, Vieira EC, Bambirra EA, Nicoli JR. Intragastric infection of germfree and conventional mice with Salmonella typhimurium. Braz J Med Biol Res 1989; 22:1389-92; PMID:2700668
- Que JU, Hentges DJ. Effect of streptomycin administration on colonization resistance to Salmonella typhimurium in mice. Infect Immun 1985; 48:169-74; PMID:3884509
- Bohnhoff M, Drake BL, Miller CP. Effect of streptomycin on susceptibility of intestinal tract to experimental Salmonella infection. Proc Soc Exp Biol Med 1954; 86:132-7; PMID:13177610; http://dx.doi. org/10.3181/00379727-86-21030
- Hapfelmeier S, Hardt WD. A mouse model for S. typhimurium-induced enterocolitis. Trends Microbiol 2005; 13:497-503; PMID:16140013; http://dx.doi.org/10.1016/j.tim.2005.08.008
- Spees AM, Lopez CA, Kingsbury DD, Winter SE, Bäumler AJ. Colonization resistance: battle of the bugs or Ménage à Trois with the host? PLoS Pathog 2013; 9:e1003730; PMID:24278012; http://dx.doi. org/10.1371/journal.ppat.1003730
- Miller CP, Bohnhoff M. Changes in the Mouse's Enteric Microflora Associated with Enhanced Susceptibility to Salmonella Infection Following Streptomycin Treatment. J Infect Dis 1963; 113:59-66; PMID:14044094; http://dx.doi.org/10.1093/ infdis/113.1.59
- Rawls JF, Mahowald MA, Ley RE, Gordon JI. Reciprocal gut microbiota transplants from zebrafish and mice to germ-free recipients reveal host habitat selection. Cell 2006; 127:423-33; PMID:17055441; http://dx.doi.org/10.1016/j.cell.2006.08.043
- Turnbaugh PJ, Hamady M, Yatsunenko T, Cantarel BL, Duncan A, Ley RE, Sogin ML, Jones WJ, Roe BA, Affourtit JP, et al. A core gut microbiome in obese and lean twins. Nature 2009; 457:480-4; PMID:19043404; http://dx.doi.org/10.1038/ nature07540
- Lemon KP, Armitage GC, Relman DA, Fischbach MA. Microbiota-targeted therapies: an ecological perspective. Sci Transl Med 2012; 4:rv5; PMID:22674555; http://dx.doi.org/10.1126/ scitranslmed.3004183
- Dethlefsen L, Relman DA. Incomplete recovery and individualized responses of the human distal gut microbiota to repeated antibiotic perturbation. Proc Natl Acad Sci U S A 2011; 108(Suppl 1):4554-61; PMID:20847294; http://dx.doi.org/10.1073/ pnas.1000087107

- Pacheco SM, Johnson S. Important clinical advances in the understanding of Clostridium difficile infection. Curr Opin Gastroenterol 2013; 29:42-8; PMID:23207596; http://dx.doi.org/10.1097/ MOG.0b013e32835a68d4
- Bouza E. Consequences of Clostridium difficile infection: understanding the healthcare burden. Clin Microbiol Infect 2012; 18(Suppl 6):5-12; PMID:23121549; http://dx.doi. org/10.1111/1469-0691.12064
- Cecil JA. Clostridium difficile: Changing Epidemiology, Treatment and Infection Prevention Measures. Curr Infect Dis Rep 2012; 14:612-9; PMID:23054932; http://dx.doi.org/10.1007/ s11908-012-0298-9
- Relman DA. The human microbiome: ecosystem resilience and health. Nutr Rev 2012; 70(Suppl 1):S2-9; PMID:22861804; http://dx.doi. org/10.1111/j.1753-4887.2012.00489.x
- Cotter PD, Stanton C, Ross RP, Hill C. The impact of antibiotics on the gut microbiota as revealed by high throughput DNA sequencing. Discov Med 2012; 13:193-9; PMID:22463795
- Dubberke ER, Olsen MA. Burden of Clostridium difficile on the healthcare system. Clin Infect Dis 2012; 55(Suppl 2):S88-92; PMID:22752870; http:// dx.doi.org/10.1093/cid/cis335
- van Nood E, Vrieze A, Nieuwdorp M, Fuentes S, Zoetendal EG, de Vos WM, Visser CE, Kuijper EJ, Bartelsman JFWM, Tijssen JGP, et al. Duodenal infusion of donor feces for recurrent Clostridium difficile. N Engl J Med 2013; 368:407-15; PMID:23323867; http://dx.doi.org/10.1056/NEJMoa1205037
- 33. Goodman AL, Kallstrom G, Faith JJ, Reyes A, Moore A, Dantas G, Gordon JI. Extensive personal human gut microbiota culture collections characterized and manipulated in gnotobiotic mice. Proc Natl Acad Sci U S A 2011; 108:6252-7; PMID:21436049; http:// dx.doi.org/10.1073/pnas.1102938108
- Faith JJ, Rey FE, O'Donnell D, Karlsson M, McNulty NP, Kallstrom G, Goodman AL, Gordon JI. Creating and characterizing communities of human gut microbes in gnotobiotic mice. ISME J 2010; 4:1094-8; PMID:20664551; http://dx.doi. org/10.1038/ismej.2010.110
- 35. Petrof EO, Gloor GB, Vanner SJ, Weese SJ, Carter D, Daigneault MC, Brown EM, Schroeter K, Allen-Vercoe E. Stool substitute transplant therapy for the eradication of Clostridium difficile infection: "RePOOPulating" the gut. Microbiome 2013; 1:3; http://dx.doi.org/10.1186/2049-2618-1-3.
- Goodman AL, McNulty NP, Zhao Y, Leip D, Mitra RD, Lozupone CA, Knight R, Gordon JI. Identifying genetic determinants needed to establish a human gut symbiont in its habitat. Cell Host Microbe 2009; 6:279-89; PMID:19748469; http://dx.doi. org/10.1016/j.chom.2009.08.003

- 37. Deriu E, Liu JZ, Pezeshki M, Edwards RA, Ochoa RJ, Contreras H, Libby SJ, Fang FC, Raffatellu M. Probiotic bacteria reduce salmonella typhimurium intestinal colonization by competing for iron. [Internet]. Cell Host Microbe 2013; 14:26-37; http://linkinghub.elsevier.com/retrieve/pii/S1931312813002230; PMID:23870311; http://dx.doi.org/10.1016/j.chom.2013.06.007.
- Theriot CM, Young VB. Microbial and metabolic interactions between the gastrointestinal tract and *Clostridium difficile* infection. Gut Microbes 2013;
 PMID:24335555;http://dx.doi.org/10.4161/ gmic.27131
- Chen J, Ma M, Uzal FA, McClane BA. Host cellinduced signaling causes Clostridium perfringens to upregulate production of toxins important for intestinal infections. Gut Microbes 2013;
 PMID:24061146;http://dx.doi.org/10.4161/ gmic.26419
- Pan D, Yu Z. Intestinal microbiome of poultry and its interaction with host and diet. Gut Microbes 2013; 5:5; PMID:24256702; http://dx.doi.org/10.4161/ gmic.26945
- Rothenbacher FP, Zhu J. Efficient responses to host and bacterial signals during *Vibrio cholerae*colonization. Gut Microbes 2014;5; http://dx.doi. org/10.4161/gmic.26944
- Chen VL, Kasper DL. Interactions between the intestinal microbiota and innate lymphoid cells. Gut Microbes 2013; 5; PMID:24418741; http://dx.doi. org/10.4161/gmic.27289