

A New Catalog of Microbiological Tools for Women's Infectious Disease Research

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Genitourinary infections pose serious health risks. But, little is known about how genitourinary bacteria attach, maintain colonization, compete for resources, and cause pathology. In this issue, we introduce a new set of 62 genitourinary reference strains of bacteria and their genomes to spur experimental research on infectious diseases that impact women.

acteria that inhabit niches in the female genitourinary system play vital roles in health and disease throughout the female life span. Species of Lactobacillus are often abundant components of the vaginal microbiota in reproductive-age women and are widely regarded as "healthy" vaginal bacteria. In contrast, it is estimated that one-third of women in the United States have bacterial vaginosis (BV) (1), an imbalance of the vaginal microbiota marked by few lactobacilli and overgrowth of potentially pathogenic anaerobic microorganisms, including Gram-negative bacteria, Firmicutes, and Actinobacteria. BV is associated with higher risks of health complications, such as the acquisition of sexually transmitted infections (including HIV) (2-4), urinary tract infections (5, 6), pelvic inflammatory disease, infertility, infectious complications of gynecological surgeries, and pregnancy complications, such as preterm birth (7, 8), placental infection (9, 10), and amniotic fluid infection (11). In fact, several genera of BV-associated bacteria have been isolated from sites of infection in the upper reproductive tract, including species of Gardnerella, Prevotella, Fusobacterium, Megasphaera, and others (12-14). Despite the clear obstetric and gynecologic health risks associated with BV, we still know surprisingly little about the underlying causes of the condition. Available antibiotic therapies for BV appear to be initially effective in many cases; however, recurrence rates are high (4, 5). Still, the molecular ecological mechanisms that help explain the condition's frequent recurrence (15) and the specific culprits within the BV community that engender disease have been challenging to pursue.

Several interdependent factors have contributed to the illdefined roles of urogenital bacteria in infectious diseases of the female urinary and reproductive tracts, including BV. Perhaps the most significant among these factors is that the genital tract has been a neglected area of study relative to other host-microbial interfaces, such as the gastrointestinal and respiratory tracts. It is therefore not altogether surprising that the experimental tools for investigating host-microbe interactions in this niche are underdeveloped. The isolation and culture of many of the fastidious anaerobes of the female genital tract can be challenging. Thus, a major barrier to progress in the field is the limited availability of well-characterized vaginal bacterial isolates. Research in this area is further constrained by insufficient coverage of taxonomic diversity among vaginal bacterial genomes in public databases, which places major limitations on metagenomic, metatranscriptomic, and metaproteomic approaches applied to human vaginal specimens. All in all, the availability of new strains of taxonomically

diverse vaginal bacteria and their genomes should help overcome major barriers in this area of study.

In this issue, we announce the completion of high-quality draft genomes for 61 new strains of urogenital bacteria, including 9 strains representing five genera of Gram-negative bacteria, 14 strains representing 11 genera in the phylum *Firmicutes*, and 26 strains representing seven genera of the phylum *Actinobacteria* (16–20). Both the genome sequences and the reference strains of bacteria have been made available to the research community. The strains have been deposited with BEI Resources.

Firmicutes are among the most common bacteria in the vagina and include examples of both pathogenic and commensal microorganisms. Species of *Lactobacillales* (including vaginal lactobacilli) are well represented in culture collections and genome sequencing efforts. However, there are many fewer available vaginal isolates and genomes of *Firmicutes* that are associated with BV. Here, we put forward isolates and genomes of BV-associated anaerobes in the genera *Anaerococcus, Finegoldia, Peptoniphilus,* and *Peptostreptococcus,* as well as two strains of the diderm (2membrane) *Negativicutes:Megasphaera* and *Veillonella.* We have also isolated and sequenced vaginal strains of commensal and potentially pathogenic *Staphylococcus, Streptococcus, Clostridium,* and *Enterococcus* species. Finally, we also present a new vaginal isolate of *Bacillus coagulans,* a bacterium that has been used as an additive in some vaginal probiotic suppositories.

Actinobacteria is a phylum known for its diversity and abundance in soil and for the ability of certain members to synthesize antibiotic compounds and other useful molecules. Within the human body, Actinobacteria also come in many varieties. However, we still know relatively little about why some Actinobacteria form symbiotic relationships with the human host, while others form relationships better described as commensal, opportunist, or pathogen. Here, we provide 27 new strains and genomes of vaginal

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Bifidobacterium, Corynebacterium, Propionibacterium, Actinomyces, Alloscardovia, Atopobium, and Gardnerella spp. for further investigation. Recent studies have demonstrated that the Gardnerella vaginalis was sufficient to elicit several features of BV in a murine model, including evidence of mucus degradation (21), an epithelial exfoliation response, and the formation of clue-like cells with attached G. vaginalis (22). Here, we report the availability of 19 individual isolates of G. vaginalis, including strains from women who did not have BV (21), and a strain that was isolated from a clean-catch urine specimen.

In addition to *Firmicutes* and *Actinobacteria*, Gram-negative bacteria are also found to overgrow in the vagina during bacterial vaginosis. However, there are few fully sequenced vaginal isolates of Gram-negative bacteria. In particular, we present several draft genome sequences and strains of the *Bacteroidetes* and *Fusobacteriales*, both of which are common isolates from sites of infection in the upper reproductive tract during pregnancy.

The urinary tract is one of the most common sites of infection in humans (~7 million infections worldwide each year), and the vagina is thought to be a reservoir for uropathogenic bacteria. Escherichia coli is the most common cause of urinary tract infections (UTIs) in humans (23), and its cellular and molecular interactions with the mammalian host have been extensively studied. Nevertheless, pathogens other than E. coli cause UTIs, and these infections number in the hundreds of thousands each year. Many of these "alternate" uropathogens are poorly understood (24). Here, we present 12 isolates representing 5 genera of bacteria isolated from clean-catch urine samples from pregnant women. For example, Streptococcus agalactiae (aka group B Streptococcus [GBS]) is a vaginal commensal that sometimes acts as a pathogen, particularly in pregnant women (25), infants (26, 27), and the elderly (28). While best known for its designation as a leading cause of sepsis and meningitis in newborns, GBS also causes UTIs, particularly in pregnant women and the elderly. Interestingly, GBS can also enhance the pathogenesis of E. coli UTIs in mouse models (29, 30). Here, we provide seven new strains of GBS isolated from the urinary tracts of pregnant women along with their draft genome sequences. We also present draft genome sequences of several vaginal isolates of Gram-negative bacteria known for their ability to cause UTIs (e.g., Proteus, Klebsiella, and Citrobacter species).

With these strains in hand, the corresponding genomes offer a rich source of hypotheses and the means to test the roles of bacteria in experimental models of the female urogenital microbiota in health and disease.

REFERENCES

- 1. Allsworth JE, Peipert JF. 2007. Prevalence of bacterial vaginosis: 2001–2004 National Health and Nutrition Examination Survey data. Obstet Gynecol 109:114–120. http://dx.doi.org/10.1097/01.AOG.0000247627.84791.91.
- Atashili J, Poole C, Ndumbe PM, Adimora AA, Smith JS. 2008. Bacterial vaginosis and HIV acquisition: a meta-analysis of published studies. AIDS 22:1493–1501. http://dx.doi.org/10.1097/QAD.0b013e3283021a37.
- Taha TE, Hoover DR, Dallabetta GA, Kumwenda NI, Mtimavalye LA, Yang LP, Liomba GN, Broadhead RL, Chiphangwi JD, Miotti PG. 1998. Bacterial vaginosis and disturbances of vaginal flora: association with increased acquisition of HIV. AIDS 12:1699–1706. http://dx.doi.org/ 10.1097/00002030-199813000-00019.
- Wiesenfeld HC, Hillier SL, Krohn MA, Landers DV, Sweet RL. 2003. Bacterial vaginosis is a strong predictor of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infection. Clin Infect Dis 36:663–668. http:// dx.doi.org/10.1086/367658.

- 5. Sharami SH, Afrakhteh M, Shakiba M. 2007. Urinary tract infections in pregnant women with bacterial vaginosis. J Obstet Gynaecol 27:252–254. http://dx.doi.org/10.1080/01443610701194846.
- Sumati A, Saritha N. 2009. Association of urinary tract infection in women with bacterial vaginosis. J Glob Infect Dis 1:151–152. http:// dx.doi.org/10.4103/0974-777X.56254.
- Hillier SL, Nugent RP, Eschenbach DA, Krohn MA, Gibbs RS, Martin DH, Cotch MF, Edelman R, Pastorek JG, 2nd, Rao AV, et al. 1995. Association between bacterial vaginosis and preterm delivery of a lowbirth-weight infant. The Vaginal Infections and Prematurity Study Group. N Engl J Med 333:1737–1742. http://dx.doi.org/10.1056/ NEJM199512283332604.
- Holst E, Goffeng AR, Andersch B. 1994. Bacterial vaginosis and vaginal microorganisms in idiopathic premature labor and association with pregnancy outcome. J Clin Microbiol 32:176–186.
- Svare JA, Schmidt H, Hansen BB, Lose G. 2006. Bacterial vaginosis in a cohort of Danish pregnant women: prevalence and relationship with preterm delivery, low birthweight and perinatal infections. BJOG 113: 1419–1425. http://dx.doi.org/10.1111/j.1471-0528.2006.01087.x.
- Zhang X, Xu X, Li J, Li N, Yan T, Ju X. 2002. Relationship between vaginal sialidase bacteria vaginosis and chorioammionitis. (In Chinese.) Zhonghua Fu Chan Ke Za Zhi 37:588–590.
- Hitti J, Hillier SL, Agnew KJ, Krohn MA, Reisner DP, Eschenbach DA. 2001. Vaginal indicators of amniotic fluid infection in preterm labor. Obstet Gynecol 97:211–219.
- 12. DiGiulio DB. 2012. Diversity of microbes in amniotic fluid. Semin Fetal Neonatal Med 17:2–11. http://dx.doi.org/10.1016/j.siny.2011.10.001.
- DiGiulio DB, Romero R, Kusanovic JP, Gómez R, Kim CJ, Seok KS, Gotsch F, Mazaki-Tovi S, Vaisbuch E, Sanders K, Bik EM, Chaiworapongsa T, Oyarzún E, Relman DA. 2010. Prevalence and diversity of microbes in the amniotic fluid, the fetal inflammatory response, and pregnancy outcome in women with preterm pre-labor rupture of membranes. Am J Reprod Immunol 64:38–57. http://dx.doi.org/10.1111/j.1600 -0897.2010.00830.x.
- Horvath B, Lakatos F, Tóth C, Bödecs T, Bódis J. 2014. Silent chorioamnionitis and associated pregnancy outcomes: a review of clinical data gathered over a 16-year period. J Perinat Med 42:441–447. http:// dx.doi.org/10.1515/jpm-2013-0186.
- Bradshaw CS, Morton AN, Hocking J, Garland SM, Morris MB, Moss LM, Horvath LB, Kuzevska I, Fairley CK. 2006. High recurrence rates of bacterial vaginosis over the course of 12 months after oral metronidazole therapy and factors associated with recurrence. J Infect Dis 193: 1478–1486. http://dx.doi.org/10.1086/503780.
- Robinson LS, Perry J, Lek S, Wollam A, Sodergren E, Weinstock G, Lewis WG, Lewis AL. 2016. Genome sequences of 15 *Gardnerella vaginalis* strains isolated from the vaginas of women with and without bacterial vaginosis. Genome Announc 4(5):e00879-16. http://dx.doi.org/10.1128/ genomeA.00879-16.
- Weimer CM, Deitzler GE, Robinson LS, Park S, Hallsworth-Pepin K, Wollam A, Mitreva M, Lewis WG, Lewis AL. 2016. Genome sequences of 12 bacterial isolates obtained from the urine of pregnant women. Genome Announc 4(5):e00882-16. http://dx.doi.org/10.1128/genomeA.00882-16.
- Lewis AL, Deitzler GE, Ruiz MJ, Weimer C, Park S, Robinson LS, Hallsworth-Pepin K, Wollam A, Mitreva M, Lewis WG. 2016. Genome sequences of 11 human vaginal Actinobacteria. Genome Announc 4(5): e00887-16. http://dx.doi.org/10.1128/genomeA.00887-16.
- Deitzler GE, Ruiz MJ, Weimer C, Park S, Robinson L, Hallsworth-Pepin K, Wollam A, Mitreva M, Lewis AL, Lewis WG. 2016. Genome sequences of 14 Firmicutes isolated from the human vagina. Genome Announc 4(5):e00888-16. http://dx.doi.org/10.1128/genomeA.00888-16.
- Deitzler GE, Ruiz MJ, Lu W, Weimer C, Park S, Robinson LS, Hallsworth-Pepin K, Wollam A, Mitreva M, Lewis WG, Lewis AL. 2016. Genome sequences of nine gram-negative vaginal bacterial isolates. Genome Announc 4(5):e00889-16. http://dx.doi.org/10.1128/ genomeA.00889-16.
- Lewis WG, Robinson LS, Gilbert NM, Perry JC, Lewis AL. 2013. Degradation, foraging, and depletion of mucus sialoglycans by the vaginaadapted actinobacterium *Gardnerella vaginalis*. J Biol Chem 288: 12067–12079. http://dx.doi.org/10.1074/jbc.M113.453654.
- Gilbert NM, Lewis WG, Lewis AL. 2013. Clinical features of bacterial vaginosis in a murine model of vaginal infection with *Gardnerella vaginalis*. PLoS One 8:e59539. http://dx.doi.org/10.1371/journal.pone.0059539.
- 23. Foxman B. 2003. Epidemiology of urinary tract infections: incidence,

morbidity, and economic costs. Dis Mon 49:53–70. http://dx.doi.org/10.1067/mda.2003.7.

- Kline KA, Lewis AL. 2016. Gram positive uropathogens, polymicrobial urinary tract infection, and the emerging microbiota of the urinary tract. Microbiol Spectr 4:UTI-0012-2012. http://dx.doi.org/10.1128/ microbiolspec.UTI-0012-2012.
- 25. Muller AE, Oostvogel PM, Steegers EA, Dörr PJ. 2006. Morbidity related to maternal group B streptococcal infections. Acta Obstet Gynecol Scand 85:1027–1037. http://dx.doi.org/10.1080/00016340600780508.
- Nan C, Dangor Z, Cutland CL, Edwards MS, Madhi SA, Cunnington MC. 2015. Maternal group B streptococcus-related stillbirth: a systematic review. BJOG 122:1437–1445. http://dx.doi.org/10.1111/1471 -0528.13527.
- Baker CJ. 2013. The spectrum of perinatal group B streptococcal disease. Vaccine 31(Suppl 4):D3-D6. http://dx.doi.org/10.1016/j.vaccine.2013.02.030.
- Edwards MS, Baker CJ. 2005. Group B streptococcal infections in elderly adults. Clin Infect Dis 41:839–847. http://dx.doi.org/10.1086/432804.
- Kline KA, Schwartz DJ, Gilbert NM, Hultgren SJ, Lewis AL. 2012. Immune modulation by group B streptococcus influences host susceptibility to urinary tract infection by uropathogenic *Escherichia coli*. Infect Immun 80:4186–4194. http://dx.doi.org/10.1128/IAI.00684-12.
- Kline KA, Schwartz DJ, Gilbert NM, Lewis AL. 2014. Impact of host age and parity on susceptibility to severe urinary tract infection in a murine model. PLoS One 9:e97798. http://dx.doi.org/10.1371/ journal.pone.0097798.