

## Supplementary Materials for

### **Natural history of the infant gut microbiome and impact of antibiotic treatment on bacterial strain diversity and stability**

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Legend for table S1

List of investigators in the DIABIMMUNE Study Group.

#### **Other Supplementary Material for this manuscript includes the following:**

(available at [www.scientifictranslationalmedicine.org/cgi/content/full/8/343/343ra81/DC1](http://www.scientifictranslationalmedicine.org/cgi/content/full/8/343/343ra81/DC1))

Table S1 (Microsoft Excel format). Clinical variables used in this study including birth mode, early feeding history, and antibiotic treatments.

## **Supplementary Materials and Methods**

### *Diversity analysis based on 16S rRNA gene sequencing data*

Microbial richness (alpha diversity) was measured using the Chao1 metric, as implemented in Qiime (54) version 1.8.0. To account for the decrease in diversity caused by the varying sequencing depth, we subsampled each sample to 10,000 reads and reported the average alpha diversity across 100 subsampling iterations.

### *Stability analysis based on 16S rRNA gene sequencing data*

The Jaccard index for a given sample pair is defined as  $|\text{sample A} \cap \text{sample B}| / |\text{sample A} \cup \text{sample B}|$ , i.e. the number of items (here, OTUs) in common between samples A and B divided by the total number of items present in either sample A or sample B. Jaccard indices were calculated for all within-subject sample pairs; for samples collected 1 month apart, the median of the samples was calculated for the overall stability measure per child.

To estimate the variation in the stability measure per group, we performed the following analysis for each group ( $\text{Abx}^-$  and  $\text{Abx}^+$ ). We denoted the stability measure of a group by  $S$ , where  $n = |S|$ . We sampled  $n$  times with replacement from  $S$ , and calculated the variance of the sampled set. We performed this step 1,000 times and calculated the standard deviation of these measures.

### *Analysis of whole-genome shotgun (WGS) sequencing*

WGS libraries were sequenced on the Illumina HiSeq 2500 platform, targeting ~2.5 Gb of sequence per sample with 101 bp paired-end reads. Reads were quality controlled by trimming

low-quality bases, dropping reads below 60 nucleotides, and filtering out potential human contamination. Quality controlled samples were profiled taxonomically using MetaPhlAn 2.0 (40), following Bowtie 2-2.1.0 (56) alignment to the MetaPhlAn 2.0 unique marker database (<http://huttenhower.sph.harvard.edu/metaphlan2>).

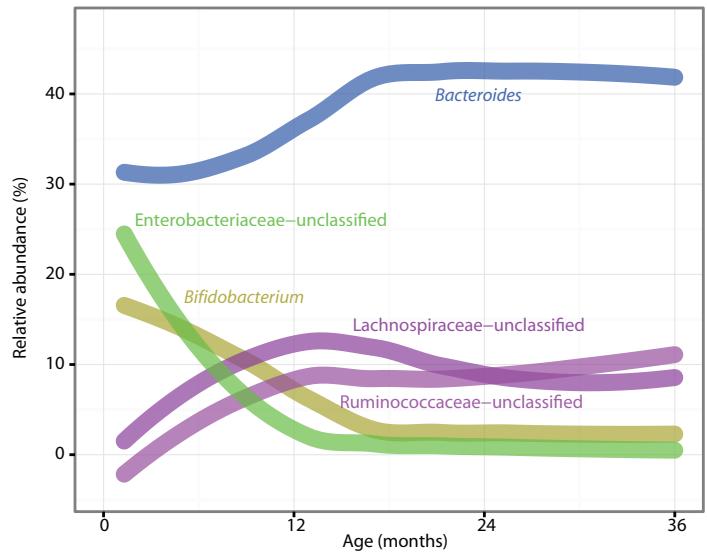
#### *Estimating differences between strains*

For each species, we used the output of the ConStrains method, as explained above, and extracted the SNPs profiles for all strains in that species across all individuals. We calculated the mutation distance between all strain pairs and constructed the phylogenetic tree based on this distance matrix, where branch lengths correspond to the mutation distance; trees were constructed using the nearest neighbors approach.

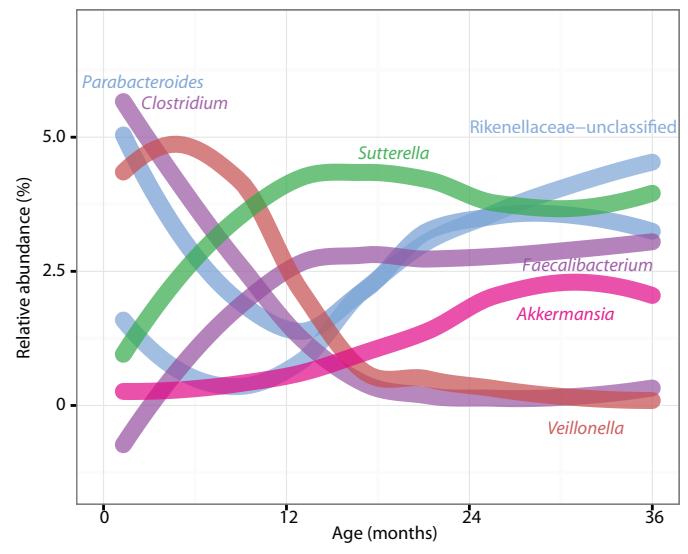
Next, using the phylogenetic tree, we identified the most common recent ancestor (MRCA) for each subject, as the root of the minimal sub-tree that contains all strains of that subject as leaves. We then calculated for each subject the median distance from its strains to its MRCA, or the median distance from the MRCA to all other MRCAs. We used these measures to plot the species in fig. S7.

# Figure S1

**A. Average profiles of highly abundant genera**

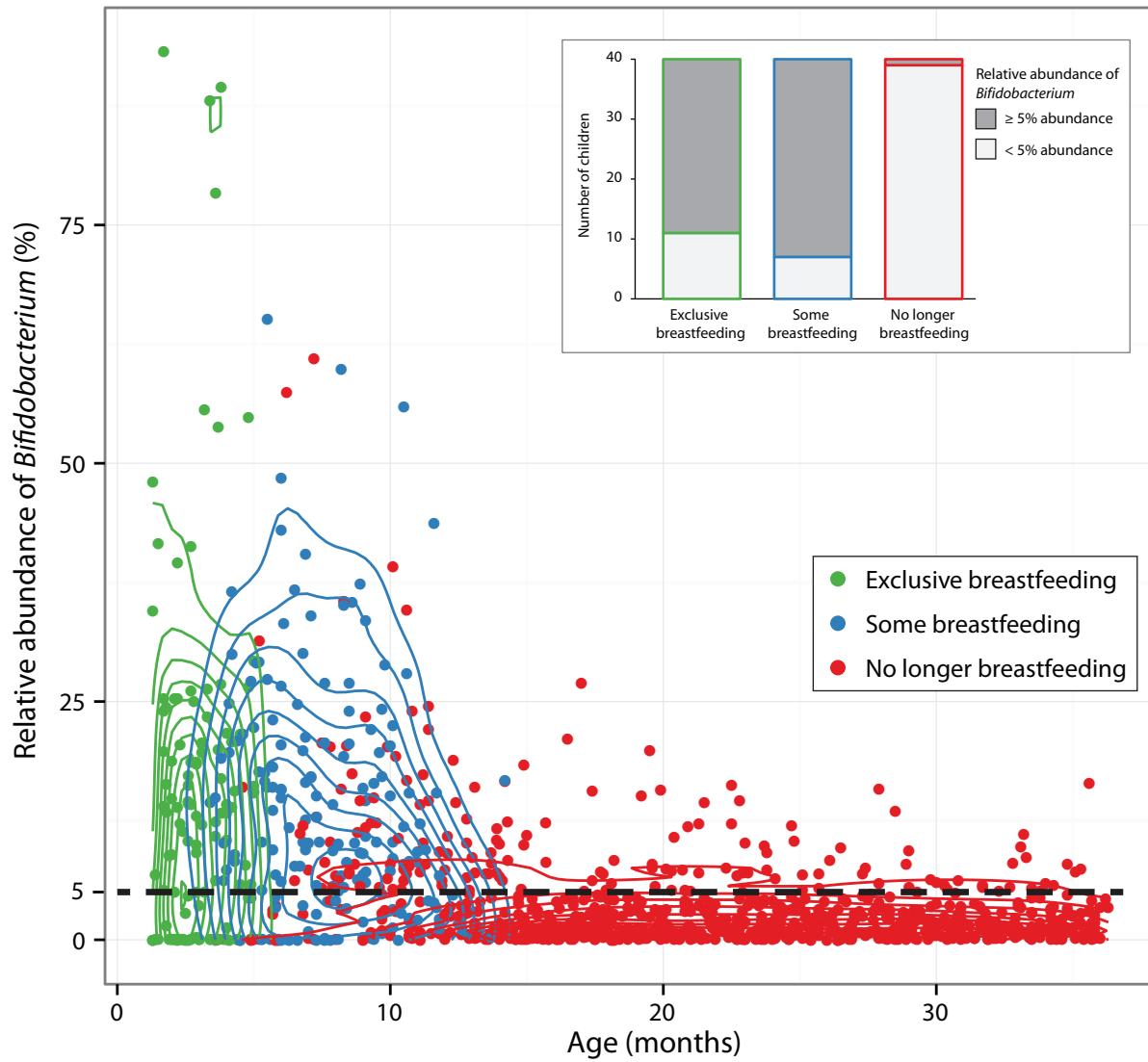


**B. Average profiles of lowly abundant genera**



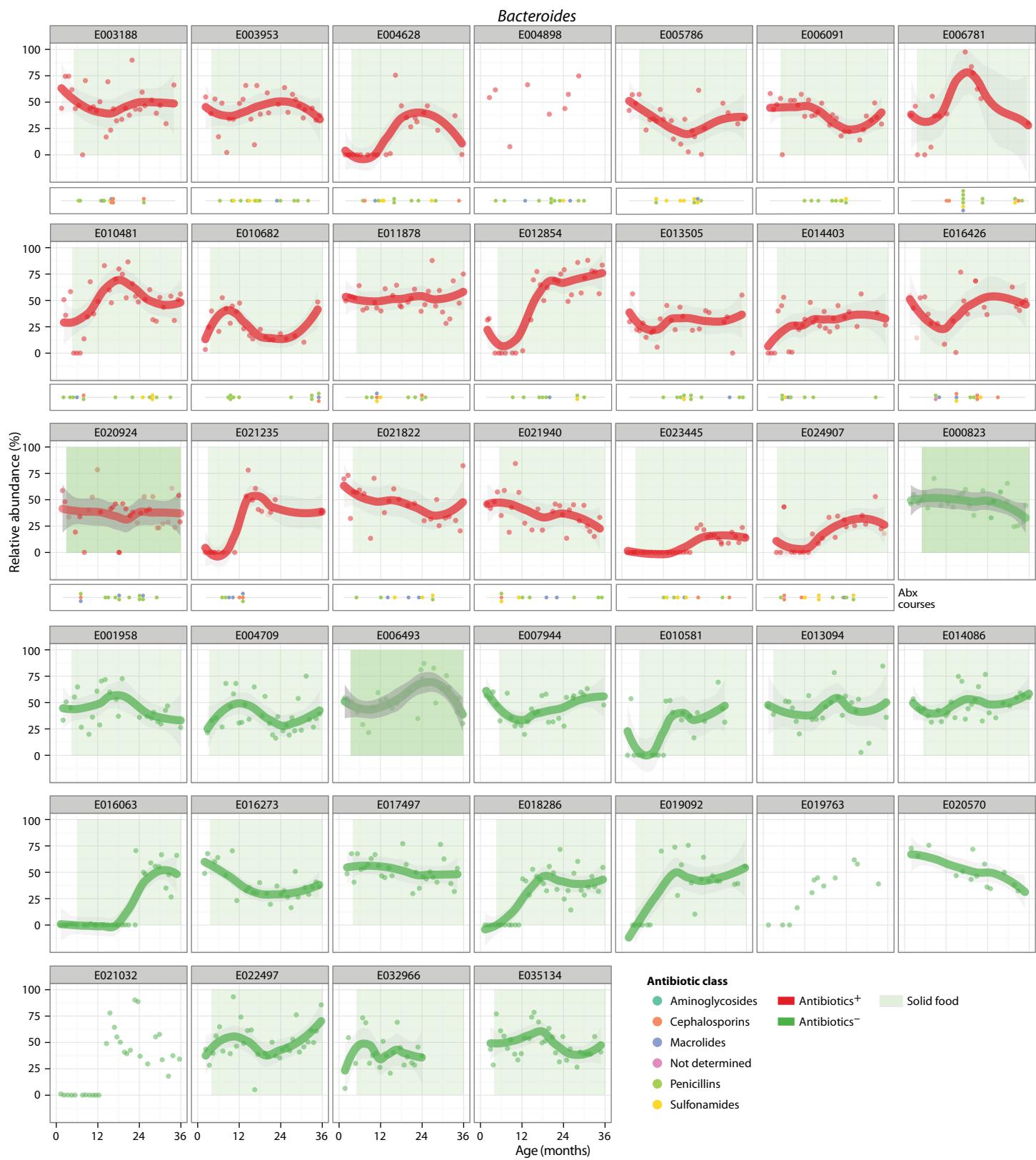
**Fig. S1.** Average relative abundance of dominant genera in all 39 children. (**A** and **B**) Highly (A) and lowly (B) abundant genera are shown, color-coded as in Figure 1C.

# Figure S2



**Fig. S2.** *Bifidobacterium* abundance together with early feeding data. Samples are plotted by their age (x-axis) and their relative abundance of *Bifidobacterium* species (y-axis), and are colored by their early feeding state (exclusive breastfeeding, green; some breastfeeding, blue; no breastfeeding, red). Inset shows the number of children with a median *Bifidobacterium* abundance of less than 5%, at each feeding state.

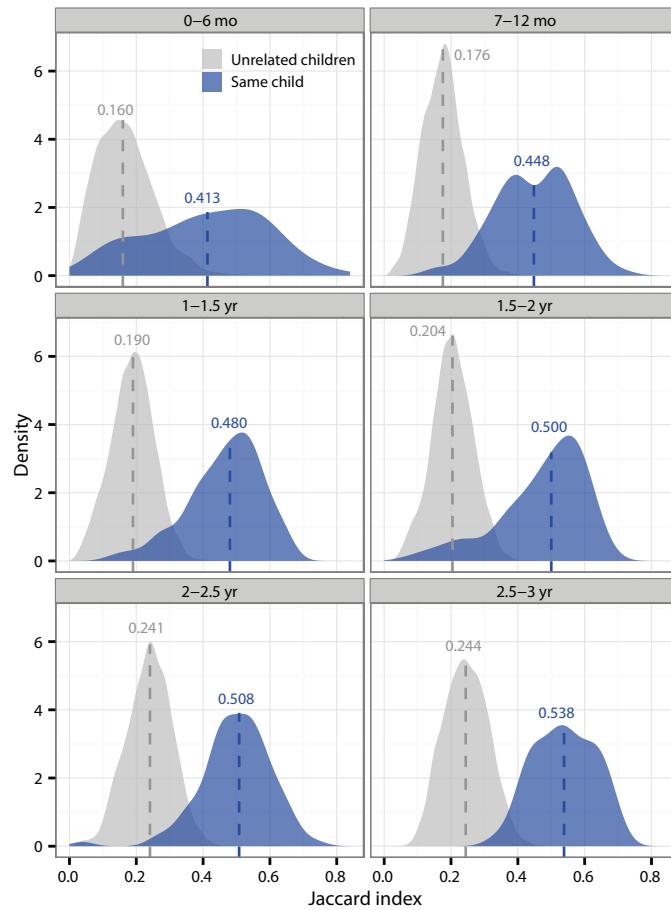
# Figure S3



**Fig. S3.** Individual profiles of *Bacteroides* abundance together with solid food consumption.

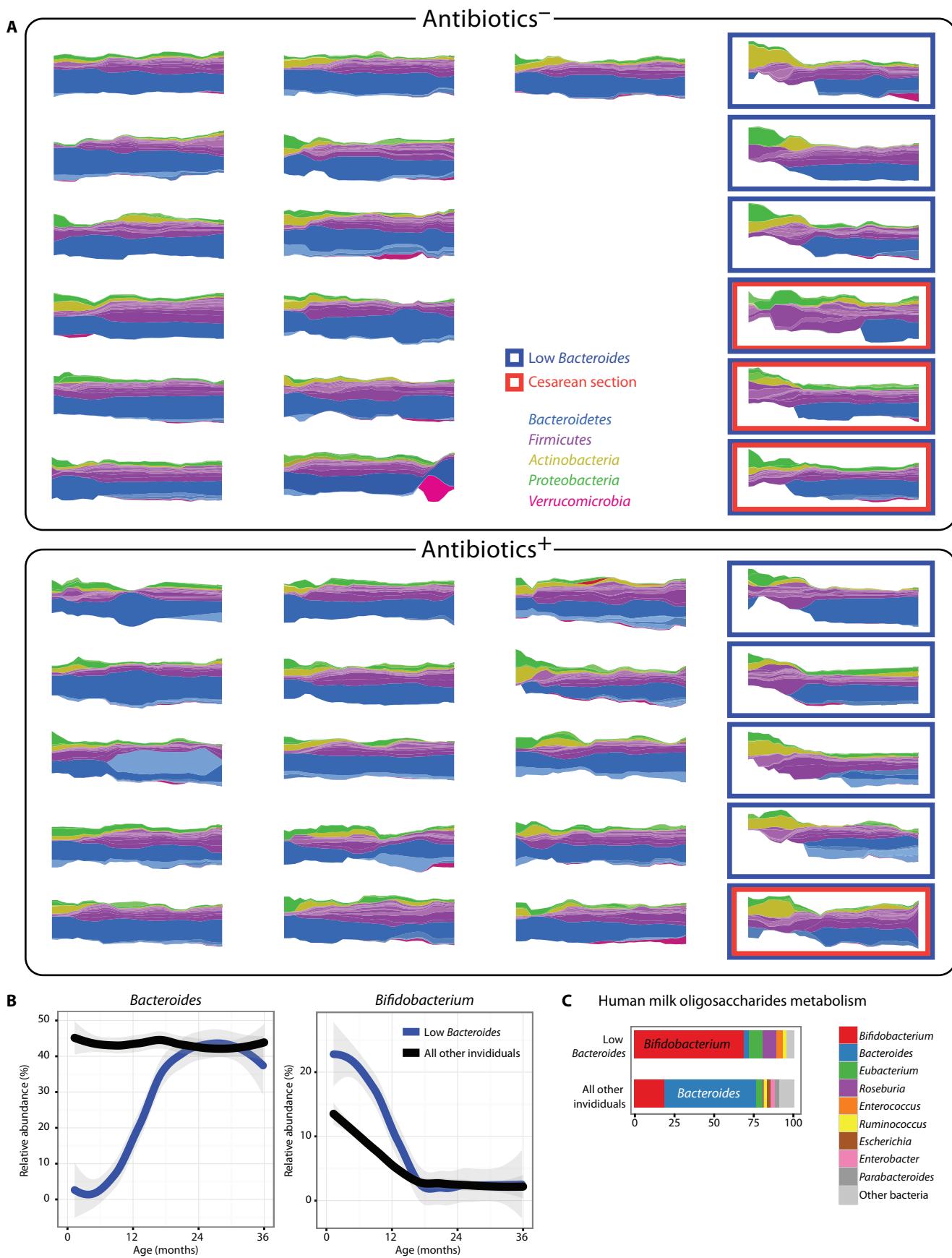
Data are divided by antibiotic treatment ( $\text{Abx}^+$ , red lines;  $\text{Abx}^-$ , green lines). Light green shading represents the time period during which the child consumed solid food. Shaded gray regions indicate 95% confidence intervals. The number and order of antibiotic courses are shown with each antibiotic class indicated by color.

# Figure S4



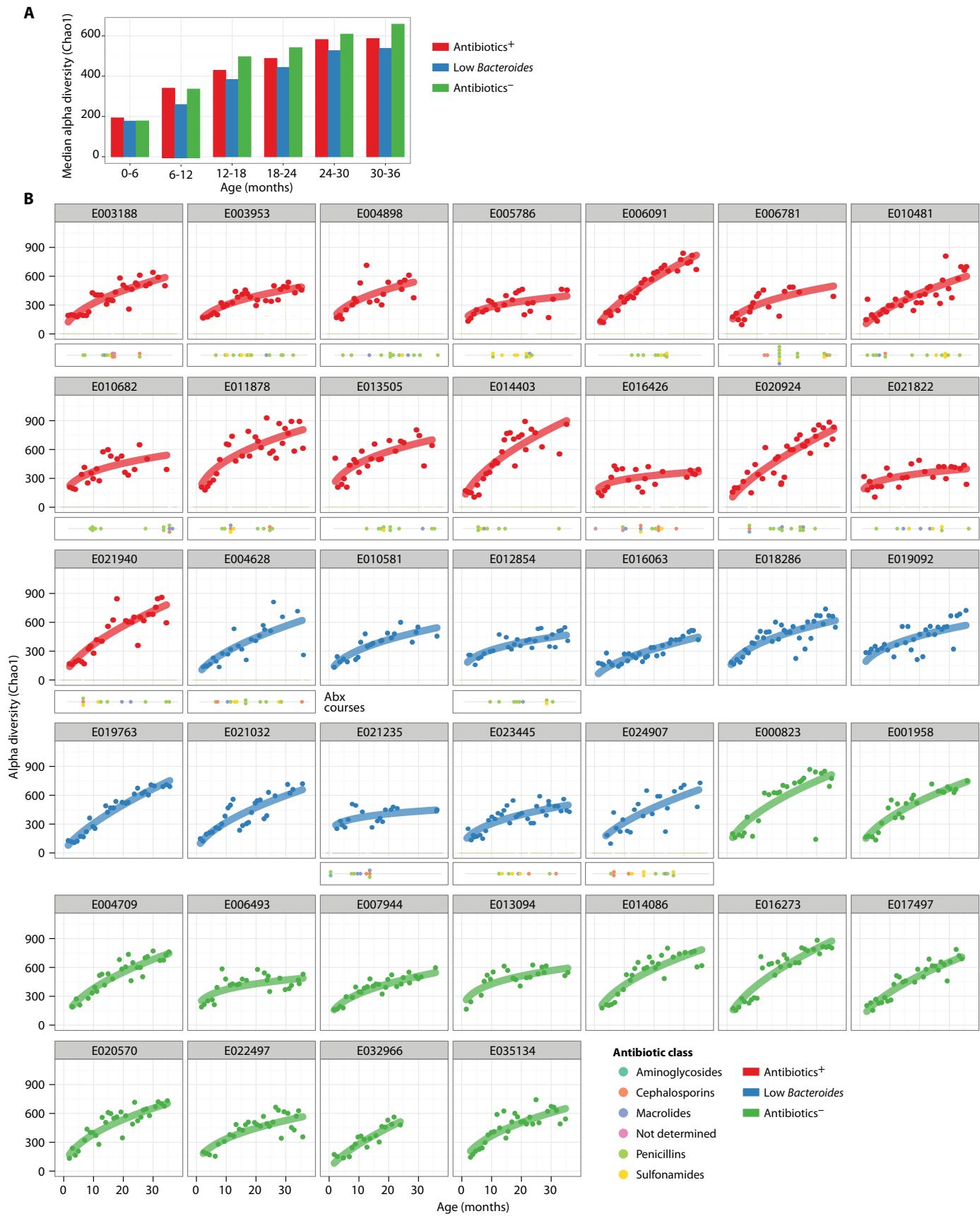
**Fig. S4.** Consistency of the infant gut microbiome. Shown are distributions of Jaccard indices calculated using samples collected 1 month apart either from the same individual (blue) or from age-matched samples from different individuals (gray), separated into 6-month periods, with the median of each sub-population.

## Figure S5



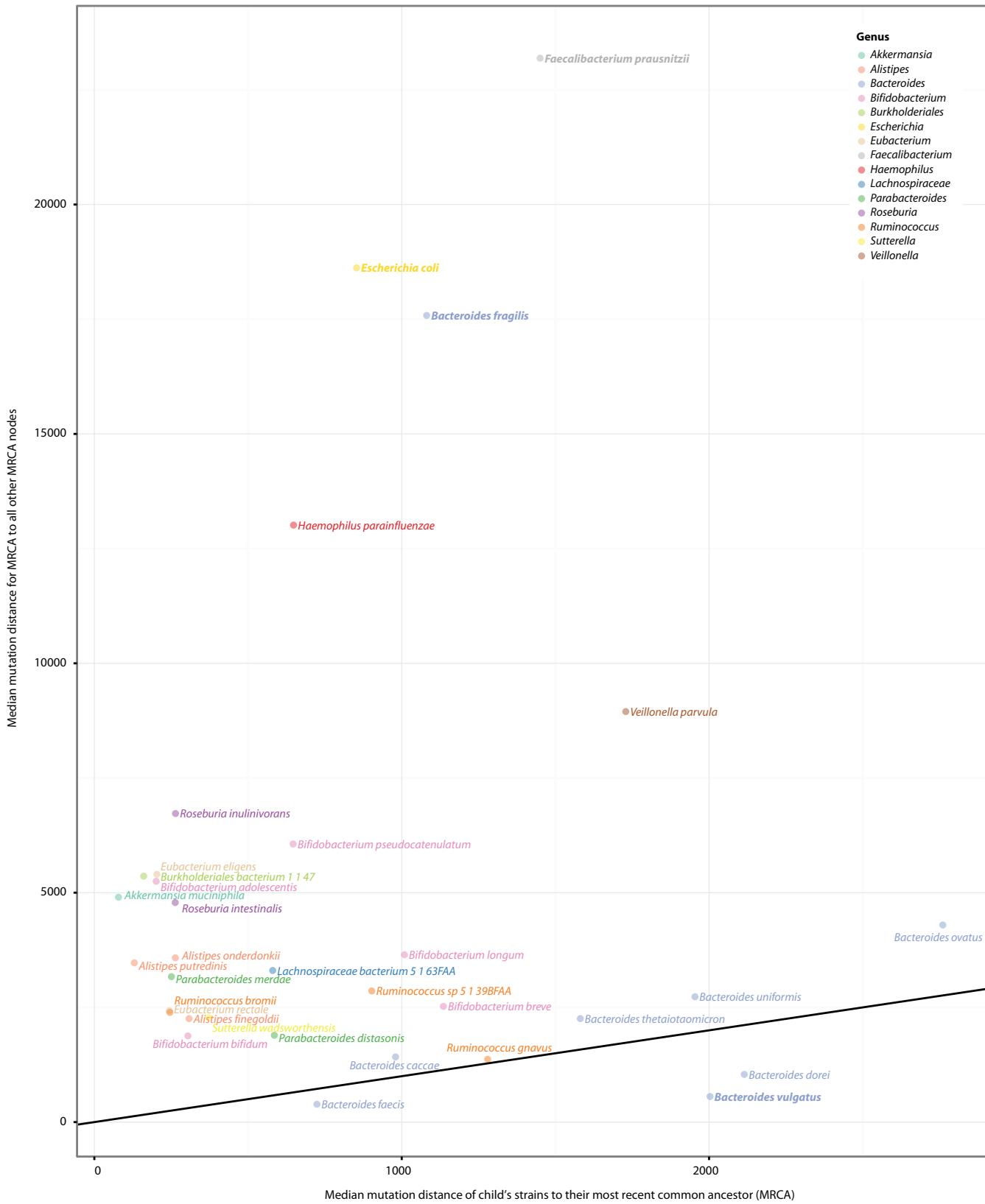
**Fig. S5.** Microbial trajectories for all children in the study. **(A)** Stream plots, as in Figure 1C, for all individuals. The low *Bacteroides* group is highlighted in blue and children born by Cesarean section are highlighted in red. **(B)** Average abundance profiles of the *Bacteroides* and *Bifidobacterium* genera, as in figure S1, differentiating the low *Bacteroides* group (blue) from all other children (black). Shaded gray regions indicate 95% confidence intervals. **(C)** Median contribution of various species (colored bars) to the metabolism of human milk oligosaccharides, differentiating the low *Bacteroides* group (top) from all other children (bottom).

# Figure S6



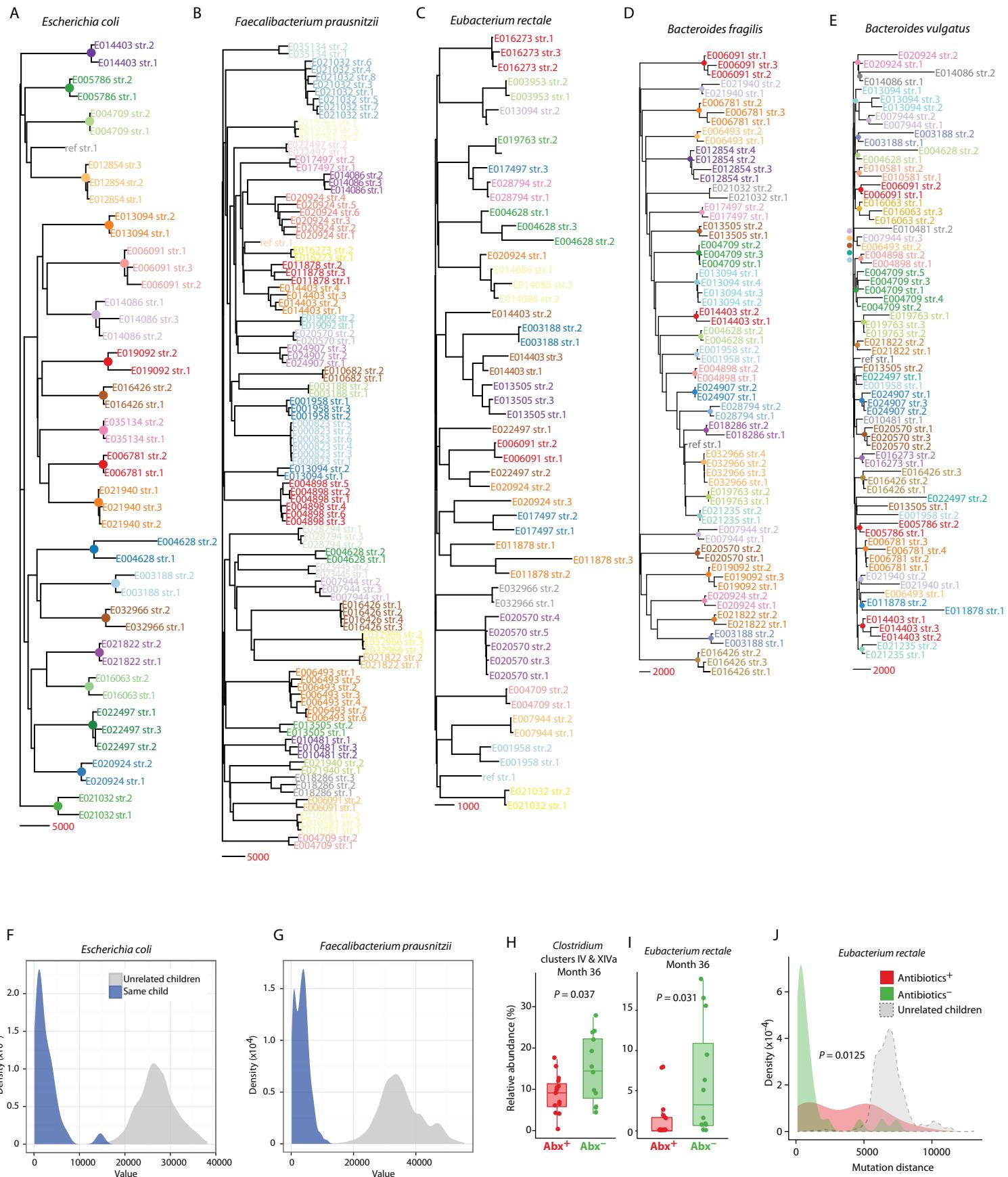
**Fig. S6.** Richness of the infant gut microbiome. Microbial richness (Chao1) of the community as a function of age as measured in all samples, using 16S rRNA gene sequencing data. **(A)** Median richness values are shown at 6-month intervals, colored according to three groups: children who received antibiotics (red), children with low *Bacteroides* (blue), and children who received no antibiotics (green). **(B)** Plots are shown for each child, together with antibiotic treatment profile (when present). Samples are colored as in (A). The number and order of antibiotic courses are shown (colored dots), with each antibiotic class indicated by color.

# Figure S7



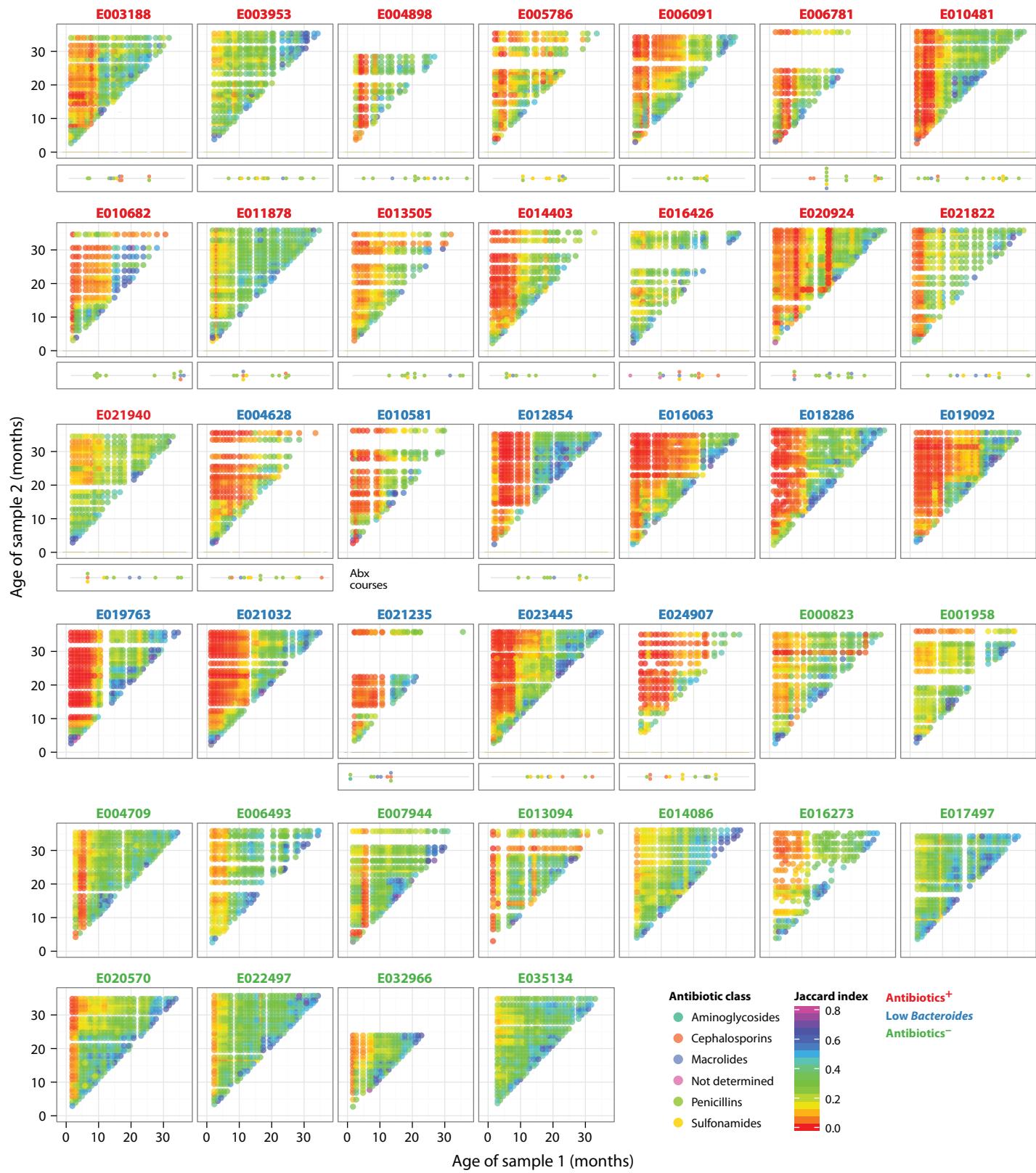
**Fig. S7.** Strain similarity patterns of abundant species. Species are plotted according to the median distance of strains to the child's most recent common ancestor (MRCA; x-axis), and the median distance between all MRCAs (y-axis). “Single-introduction species” cluster at higher y-axis values.

# Figure S8



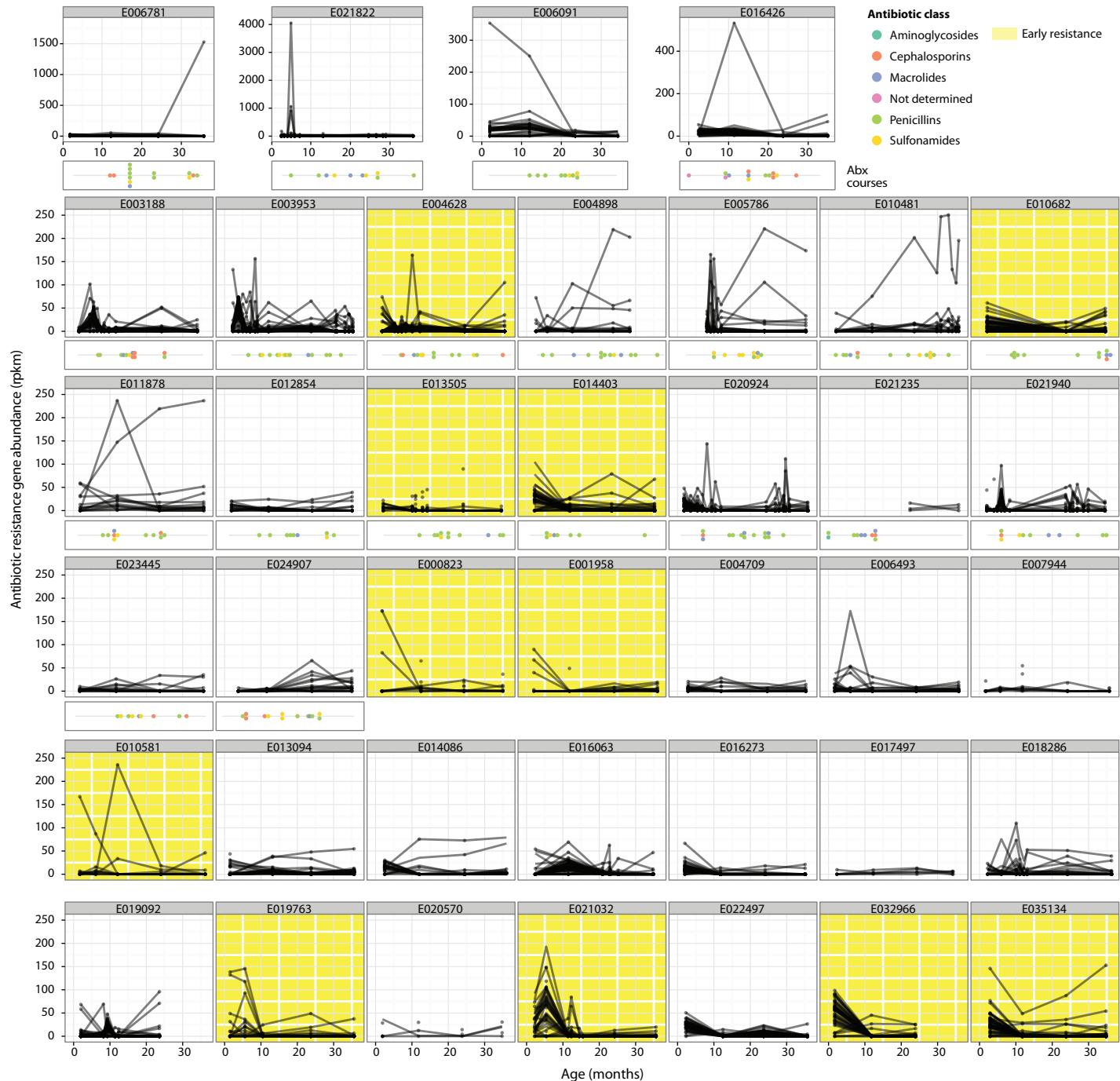
**Fig. S8.** Strain diversity. **(A to E)** Phylogenetic trees (as in Fig. 2D) based on the mutation distance between all strains of *Escherichia coli* (A), *Faecalibacterium prausnitzii* (B), *Eubacterium rectale* (C), *Bacteroides fragilis* (D) and *Bacteroides vulgatus* (E). Scale bars of the mutation distances are shown per tree. **(F-G)** Mutation distance distributions (as in Fig. 2E), for strains of *Escherichia coli* (F), and *Faecalibacterium prausnitzii* (G). **(H)** Total relative abundance of all members of Clostridium clusters IV and XIVa, as measured at age 36 months. Box boundaries are the 25th and 75th percentiles, and the median is highlighted. **(I)** Relative abundance of *Eubacterium rectale*, the most abundant member of the Clostridium clusters IV and XIVa, at age 36 months. **(J)** Strain similarity distribution as in Fig. 2F for the *E. rectale* strains (colored as in Fig. 2F with gray for across-individual comparisons), with a P value for the separation of the Abx- and Abx+ distributions (KS-test).

# Figure S9



**Fig. S9.** Stability of the infant gut microbiome. Plots as in Figure 3A-D for all subjects in the study. Child identifiers are colored as Abx<sup>+</sup> (red), low *Bacteroides* (blue), or Abx<sup>-</sup> (green). The number and order of antibiotic courses are shown with each antibiotic class indicated by color.

# Figure S10



**Fig. S10.** Abundance profiles for antibiotic resistance genes. As in Figure 4, abundance of antibiotic resistance genes in all children over time, together with the timing of individual antibiotic courses. Children with an early abundance of antibiotic resistance genes are highlighted in yellow.

**Table S1.** Clinical variables used in this study including birth mode, early feeding history, and antibiotic treatments.

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