

Relationship of Specific Bacteria in the Cervical and Vaginal Microbiotas with Cervicitis

Supplemental Digital Content

SUPPLEMENTAL METHODS

Assessment of Co-infections

Bacterial vaginosis was diagnosed in both studies by the presence of 3 or more Amsel clinical criteria (vaginal pH >4.5, clue cells that comprised >20% of vaginal epithelial cells on saline wet mount, amine odor on addition of potassium hydroxide (KOH), or homogeneous vaginal discharge ¹), or Gram staining of vaginal fluid (Nugent score ≥ 7) ². The presence of fungal elements consistent with candidiasis was determined by KOH preparation. In the Seattle study, women were universally screened for the presence of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) infection by nucleic acid amplification testing (NAAT, Aptima Combo-2 assay, Gen-Probe, San Diego, California) of a urine sample. The InPouch TV culture system (BioMed Diagnostics, White City, Oregon) was used to detect the presence of *Trichomonas vaginalis* (TV). In the Kenyan study, infection with GC, CT and TV was evaluated with NAAT testing of cervical swab specimens (Aptima Combo-2 GC/CT and TV ASR, Gen-Probe, San Diego, CA). Each Kenyan participant also underwent confidential HIV counseling and testing with enzyme-linked immunosorbent assays (primary test: Pishtaz HIV1, 2 ELISA (Pishtaz Teb Diagnostics, Tehran, Iran); confirmatory test: Vironostika HIV-1Uni-Form II Ag/Ab (bioMérieux, Marcy l'Etoile, France)).

DNA Extraction

For the Seattle study, swabs were thawed at room temperature for 5-10 min in 2 mL saline and vortexed for 2-5 min to dislodge cells. A 1 mL aliquot of the solution was centrifuged

at 18,000 x g for 10 min and the pellet extracted using either the UltraClean Soil DNA Isolation Kit or the BiOStic Bacteremia DNA Isolation Kit (MoBio, Carlsbad, California).

Vaginal swabs collected in Mombasa and intended for molecular detection of vaginal bacteria were frozen at -80°C and shipped to Seattle on dry ice. Swabs were prepped for DNA extraction as described above. DNA was extracted from most samples using the BiOStic Bacteremia DNA Isolation Kit (MoBio), but 15 samples (4 cases and 11 controls) were extracted using the QIAamp DNA Mini QIAcube Kit (Qiagen, Venlo, Netherlands) as part of another project. The frequency with which *M. indolicus* was detected did not differ by extraction method and we accounted for differences in DNA yield by adjusting for extraction method in the multivariate analysis of bacterial load.

SUPPLEMENTAL FIGURES

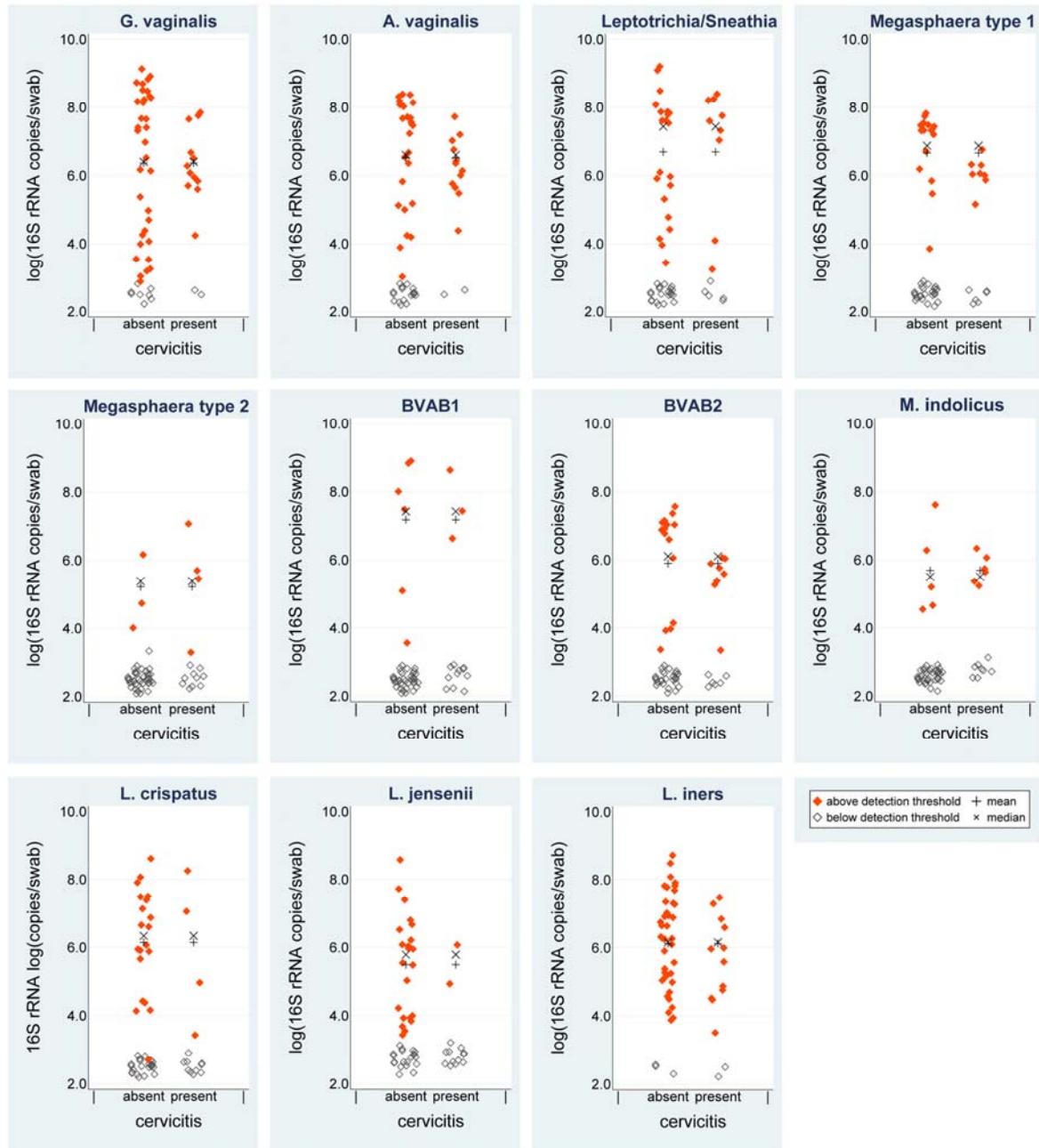


Figure S1. Cervical bacterial load (log 16S rRNA gene copies) detected using taxon-directed quantitative PCR in the Seattle cohort. Each point represents a single participant. Mean and

median quantities were calculated for samples in which the species/genera indicated were detected.

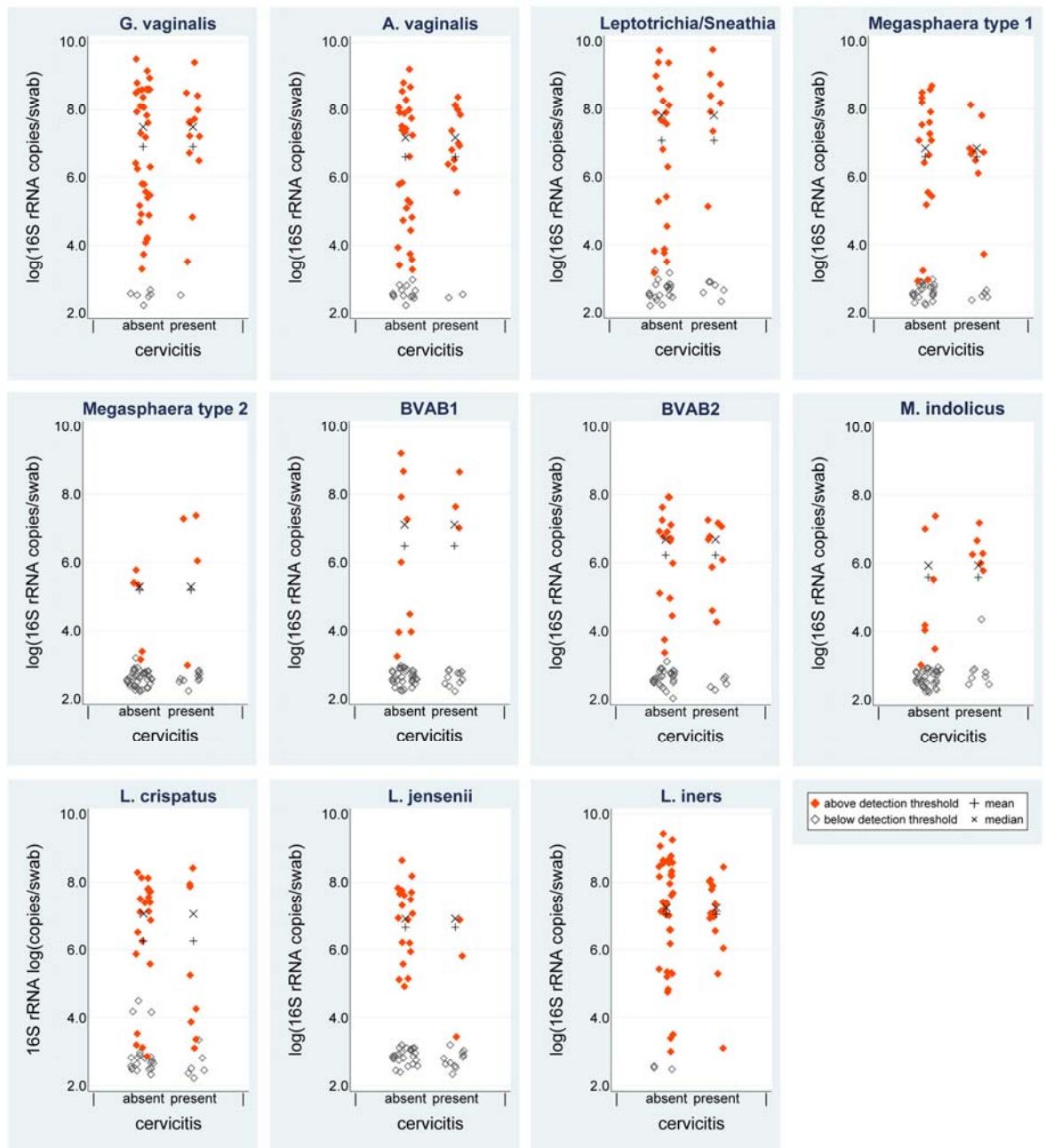


Figure S2. Vaginal bacterial load (log 16S rRNA gene copies) detected using taxon-directed quantitative PCR in the Seattle cohort. Each point represents a single participant. Mean and median quantities were calculated for samples in which the species/genera indicated were detected.

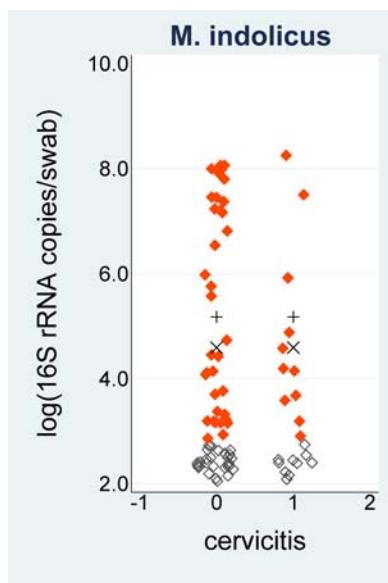


Figure S3. Vaginal bacterial load (log 16S rRNA gene copies) detected using taxon-directed quantitative PCR in the Kenyan cohort. Each point represents a single participant. Mean and median quantities were calculated for samples in which the species/genera indicated were detected.

SUPPLEMENTAL TABLES

Table S1. Barcode sequences used to identify each sample in broad-range 16S rRNA gene pyrosequencing experiment.

manuscript_id	specimen	primer	barcode
S1	p7z1tr10	TR-10	TTCCAC
S2	p7z2tr10	TR-10	TTCCAC
S3	p7z2tr12	TR-12	TTGTGT
S4	p7z2tr17	TR-17	TATCAC
S5	p7z2tr18	TR-18	TATGCC
S6	p7z2tr19	TR-19	TAATCC
S7	p7z2tr22	TR-22	TACTAC
S8	p7z2tr24	TR-24	TACGTT
S9	p7z1tr24	TR-24	TACGTT
S10	p7z2tr27	TR-27	TCTTAC
S11	p7z2tr28	TR-28	TCTTGT
S12	p7z2tr29	TR-29	TCTAGC
S13	p7z2tr31	TR-31	TCAACC
S14	p7z2tr32	TR-32	TCACTC
S15	p7z2tr33	TR-33	TCGTCT
S16	p7z2tr35	TR-35	TGTTCT
S17	p7z2tr39	TR-39	TGACTT
S18	p7z2tr4	TR-4	TTACGC
S19	p7z1tr4	TR-4	TTACGC
S20	p7z2tr42	TR-42	TGGAAC
S21	p7z2tr44	TR-44	ATGCGT
S22	p7z2tr45	TR-45	ATGGAT
S23	p7z2tr5	TR-5	TTAGGT
S24	p7z1tr5	TR-5	TTAGGT
S25	p7z2tr53	TR-53	AAGTCT
S26	p7z2tr54	TR-54	AAGAAC
S27	p7z2tr55	TR-55	AAGGTT
S28	p7z2tr56	TR-56	ACTCAT
S29	p7z2tr57	TR-57	ACTGGT
S30	p7z2tr58	TR-58	ACATCT
S31	p7z2tr60	TR-60	ACAGAC
S32	p7z2tr61	TR-61	ACCTAT
S33	p7z2tr62	TR-62	ACCAAC
S34	p7z2tr63	TR-63	ACGAGT
S35	p7z2tr64	TR-64	AGTTCC
S36	p7z2tr66	TR-66	AGTGAT
S37	p7z2tr67	TR-67	AGATGC
S38	p7z2tr7	TR-7	TTCTCC
S39	p7z1tr7	TR-7	TTCTCC
S40	p7z2tr72	TR-72	CATGTT
S41	p7z2tr8	TR-8	TTCAGT
S42	p7z1tr80	TR-80	GGTATT

Table S2: Relative abundance data from broad-range 16S rRNA gene pyrosequencing experiment. Samples are listed in the same order, left to right, as in Figure 1.

REFERENCES

1. Amsel R, Totten PA, Spiegel CA, et al., Nonspecific vaginitis. Diagnostic criteria and microbial and epidemiologic associations. Am J Med, 1983. 74(1): p. 14-22.
2. Nugent RP, Krohn M, and Hillier S, Reliability of diagnosing bacterial vaginosis is improved by a standardized method of gram stain interpretation. Journal of Clinical Microbiology, 1991. 29: p. 297-301.