

Cell Reports, Volume 14

Supplemental Information

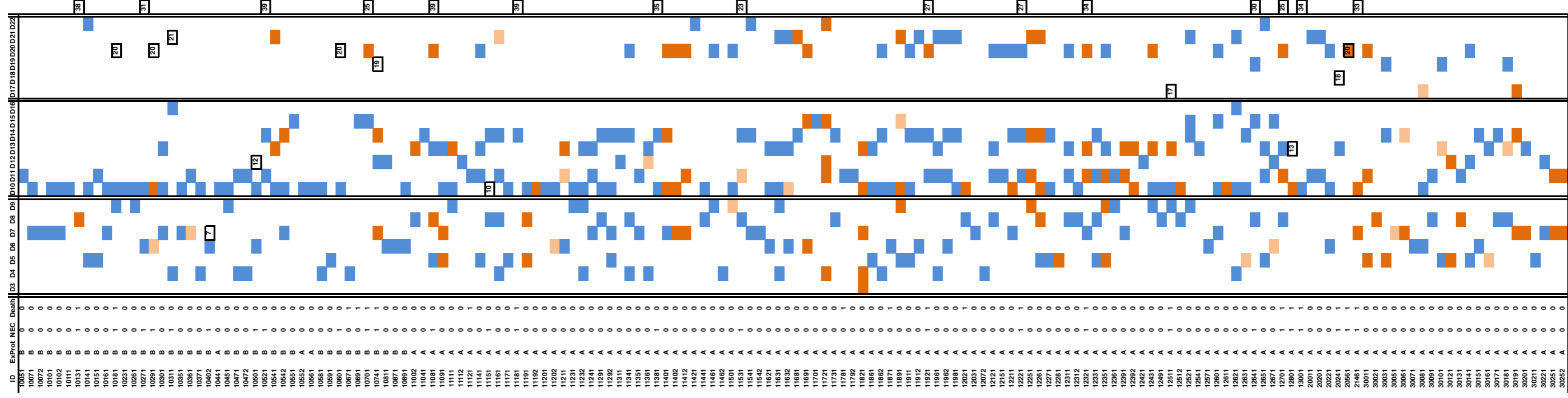
Metagenomic Sequencing with Strain-Level Resolution

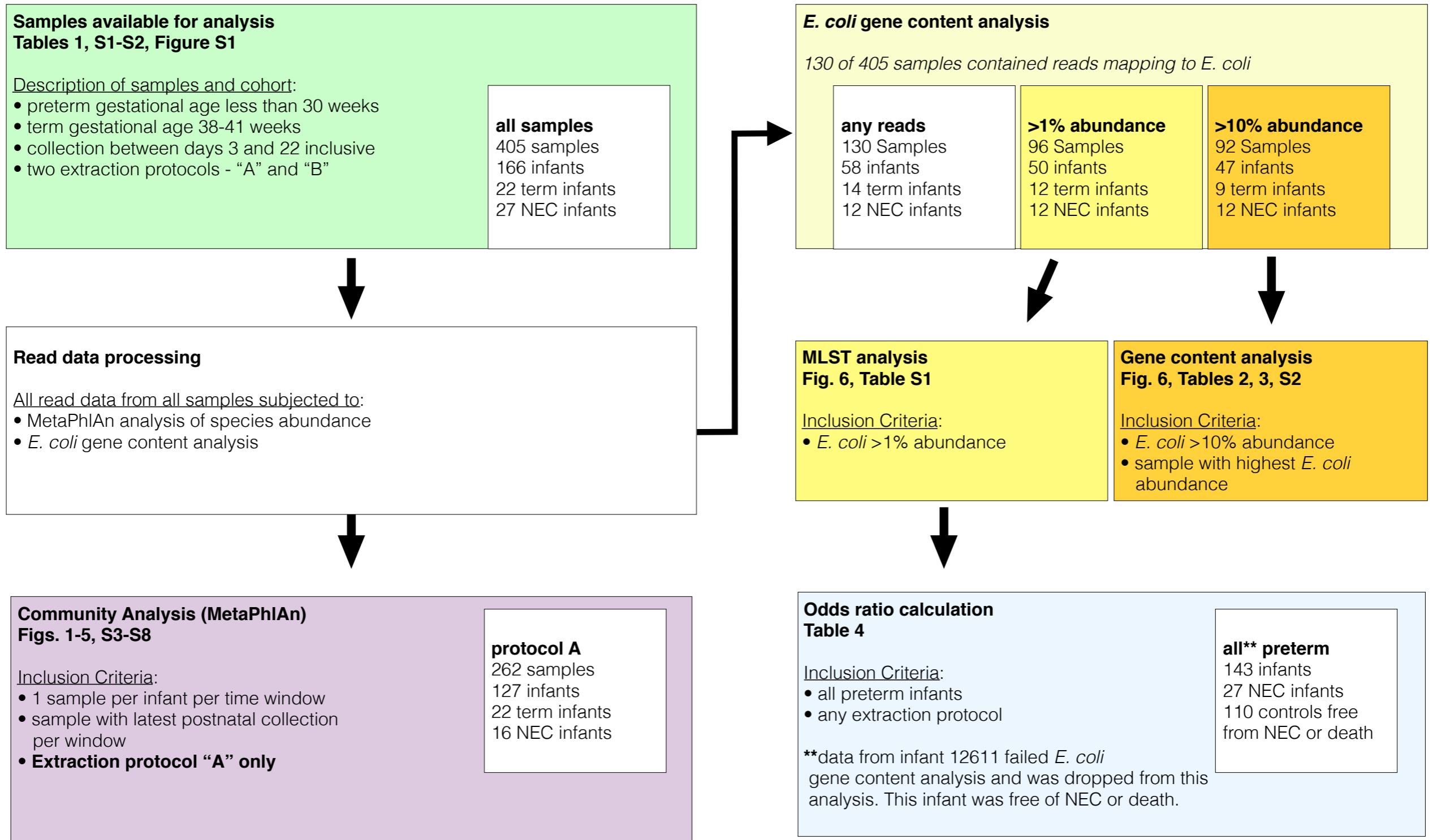
Implicates Uropathogenic *E. coli* in Necrotizing

Enterocolitis and Mortality in Preterm Infants

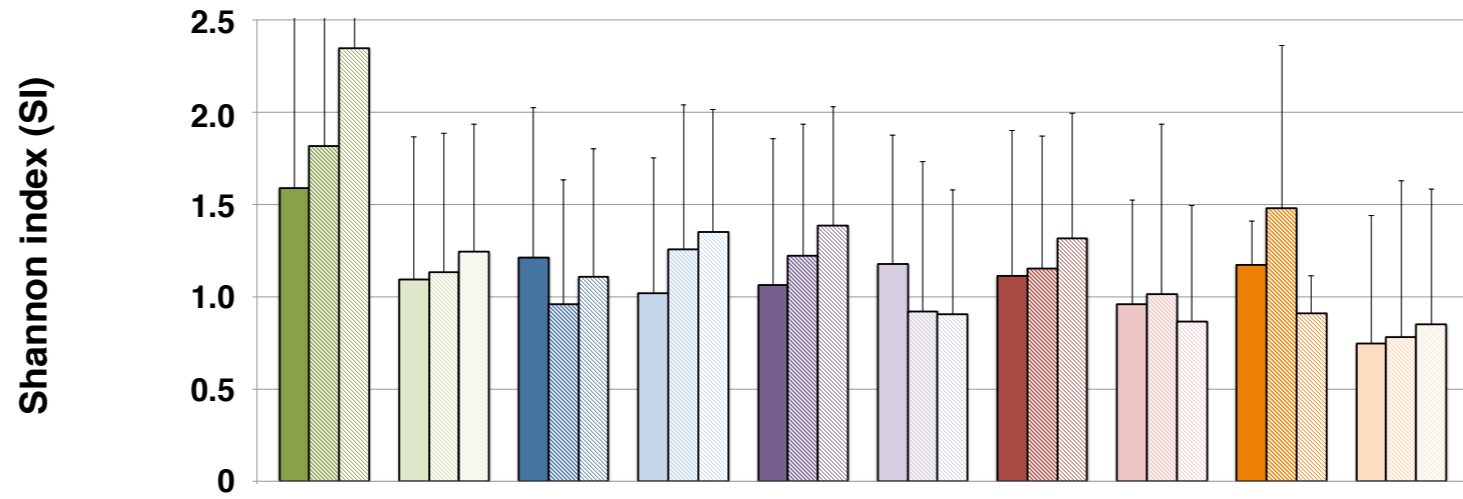
Doyle V. Ward, Matthias Scholz, Moreno Zolfo, Diana H. Taft, Kurt R. Schibler, Adrian Tett, Nicola Segata, and Ardythe L. Morrow

Figure S1

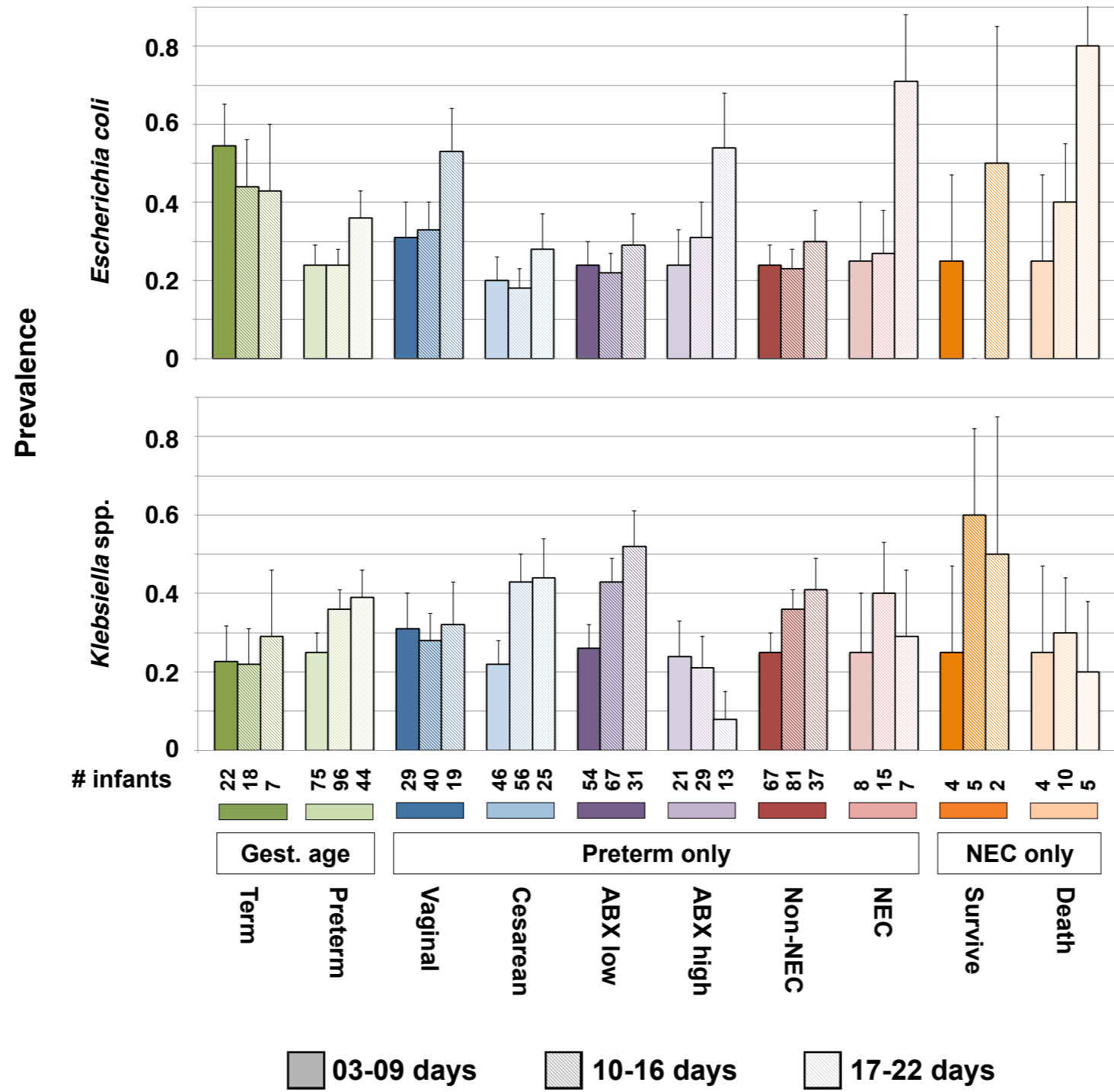




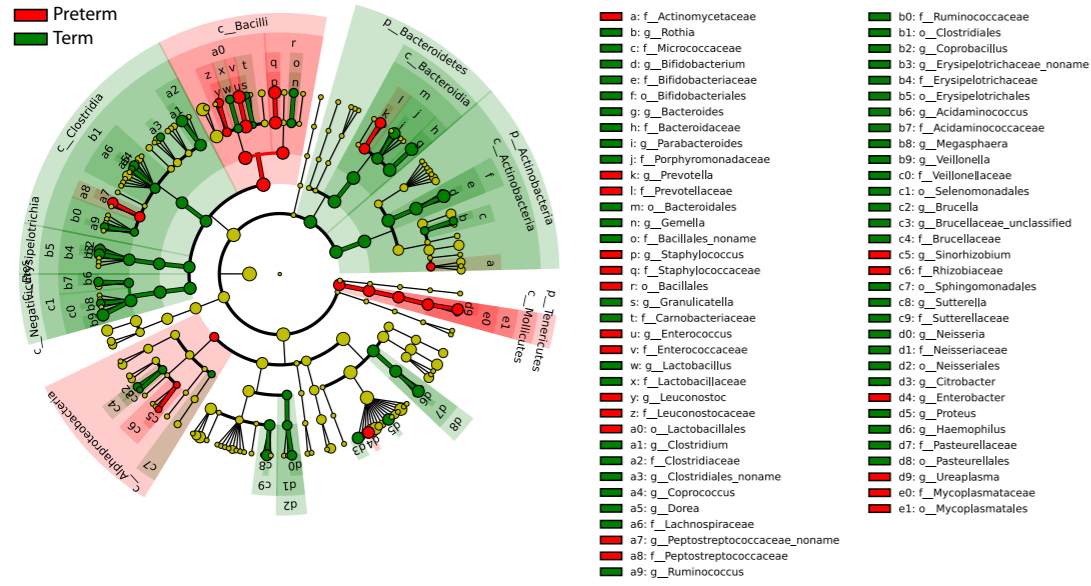
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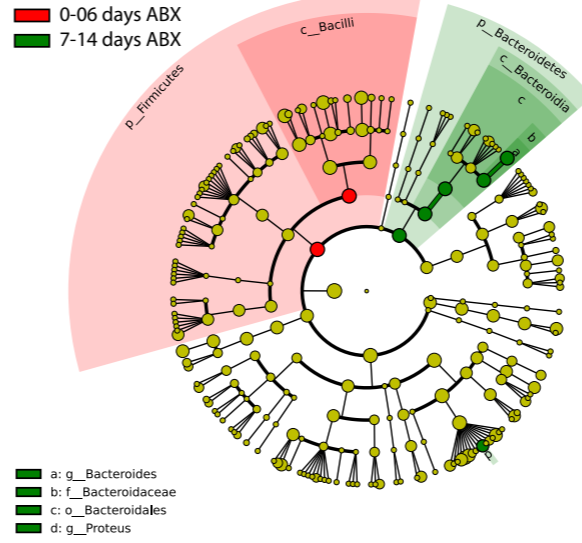
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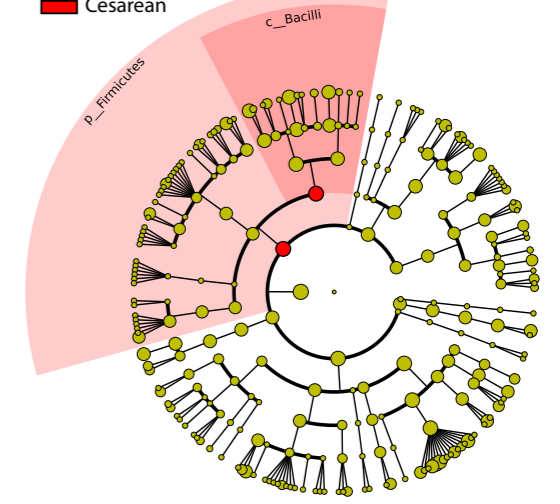
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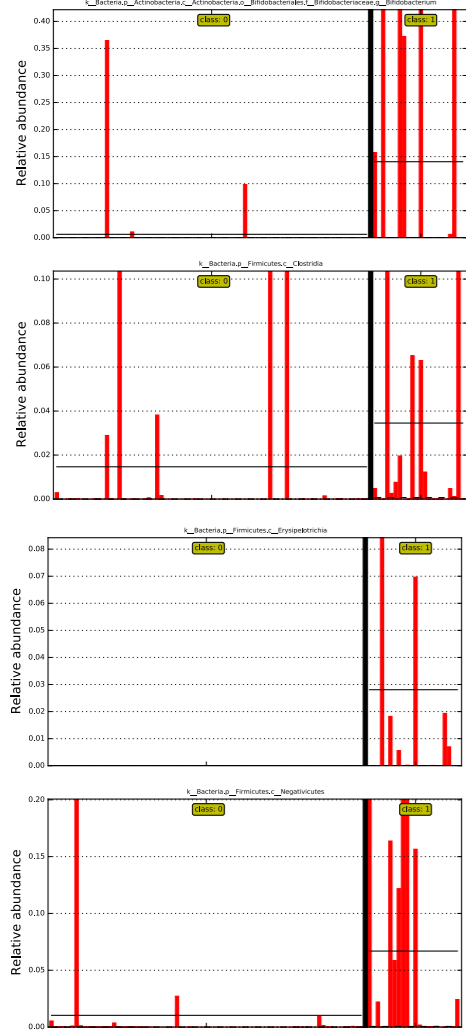
D



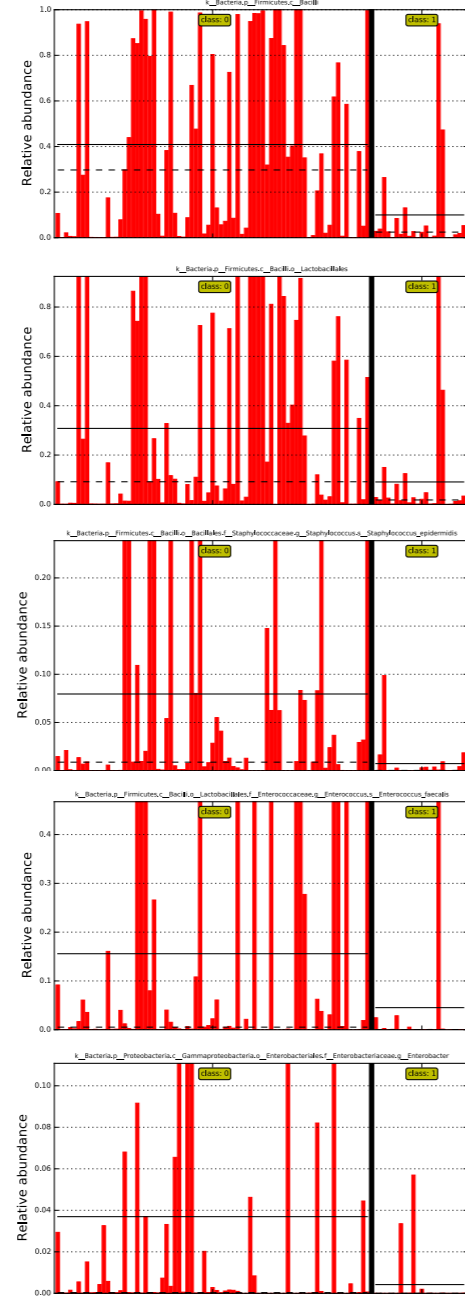
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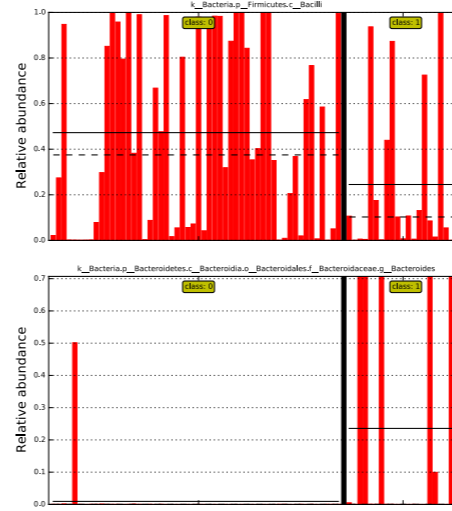
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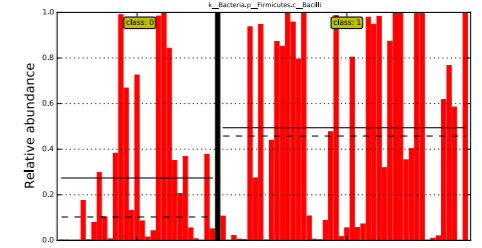
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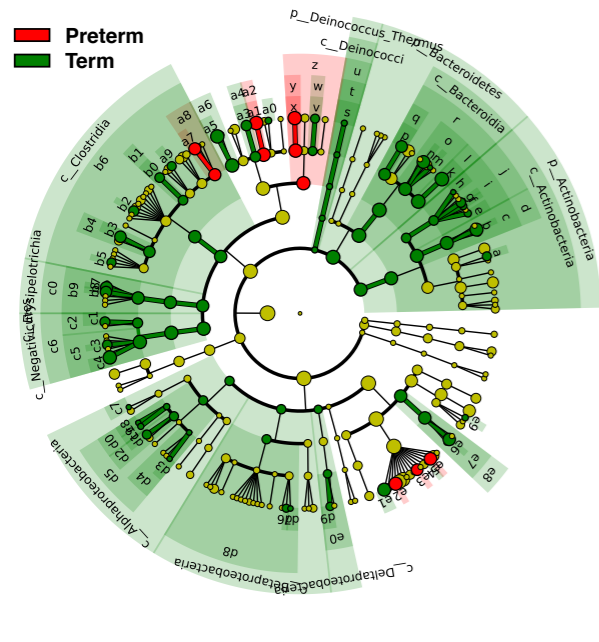
E



G

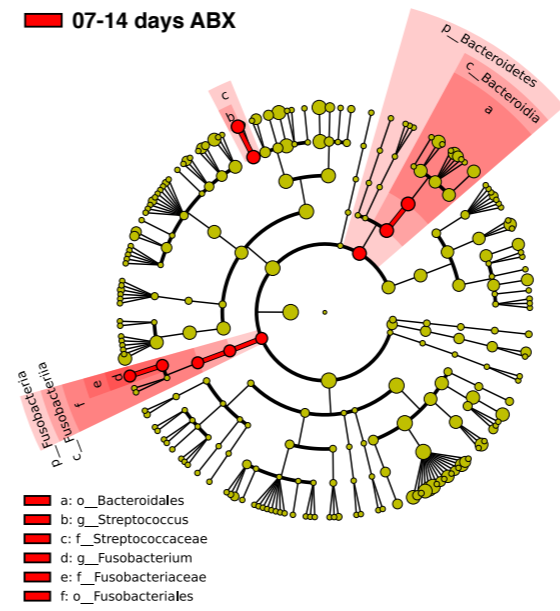


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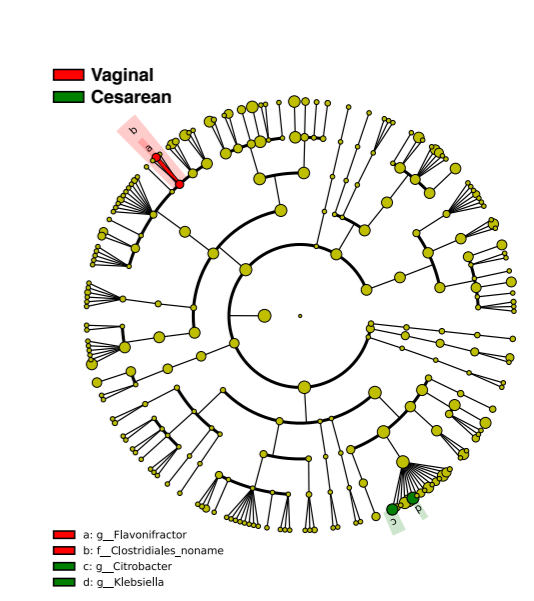


- a: g_Rothia
- b: g_Bifidobacterium
- c: f_Bifidobacteriaceae
- d: o_Bifidobacteriales
- e: g_Atopobium
- f: g_Cryptobacterium
- g: g_Eggerthella
- h: g_Slackia
- i: f_Coriobacteriaceae
- j: o_Coriobacteriales
- k: g_Bacteroides
- l: f_Bacteroidaceae
- m: g_Butyricimonas
- n: o_Parabacteroides
- o: f_Porphyromonadaceae
- p: g_Alistipes
- q: f_Rikenellaceae
- r: o_Bacteroidales
- s: g_Thermus
- t: f_Thermaceae
- u: o_Thermales
- v: g_Gemella
- w: f_Bacillales_noname
- x: g_Staphylococcus
- y: f_Staphylococcaceae
- z: o_Bacillales
- a0: g_Dolosigranulum
- a1: g_Enterococcus
- a2: f_Enterococcaceae
- a3: g_Lactobacillus
- a4: f_Lactobacillaceae
- a5: g_Streptococcus
- a6: f_Streptococcaceae
- a7: g_Clostridium
- a8: f_Clostridiaceae
- a9: o_Clostridiales_noname
- a0: g_Eubacterium
- a1: f_Eubacteriaceae
- b2: g_Roseburia
- b3: g_Peptostreptococcaceae_noname
- b4: f_Peptostreptococcaceae
- b5: g_Ruminococcus
- b6: o_Clostridiales
- b7: g_Coprobacillus
- b8: g_Erysipelotrichaceae_noname
- b9: f_Erysipelotrichaceae
- c0: o_Erysipelotrichales
- c1: f_Acidaminococcaceae
- c2: g_Veillonella
- c3: g_Megasphaera
- c4: g_Veillonella
- c5: f_Veillonellaceae
- c6: o_Selenomonadales
- c7: g_Brevundimonas
- c8: g_Aflpia
- c9: g_Rhodopseudomonas
- d0: f_Bradyrhizobiaceae
- d1: g_Brucella
- d2: f_Brucellaceae
- d3: g_Sinorhizobium
- d4: f_Rhizobiaceae
- d5: o_Rhizobiales
- d6: g_Sutterella
- d7: g_Sutterellaceae_unclassified
- d8: o_Burkholderiales
- d9: g_Bifiphila
- e0: f_Desulfovibrionaceae
- e1: g_Citrobacter
- e2: g_Enterobacter
- e3: g_Proteus
- e4: g_Salmonella
- e5: g_Serratia
- e6: g_Haemophilus
- e7: f_Pasteurellaceae
- e8: o_Pasteurellales
- e9: g_Moraxella

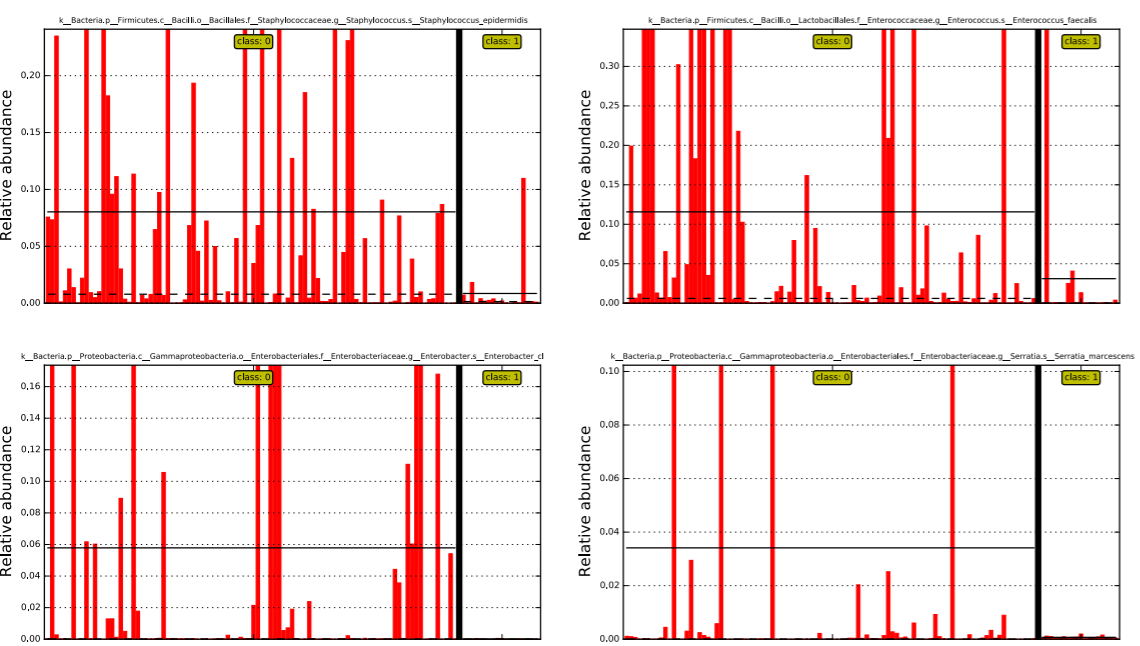
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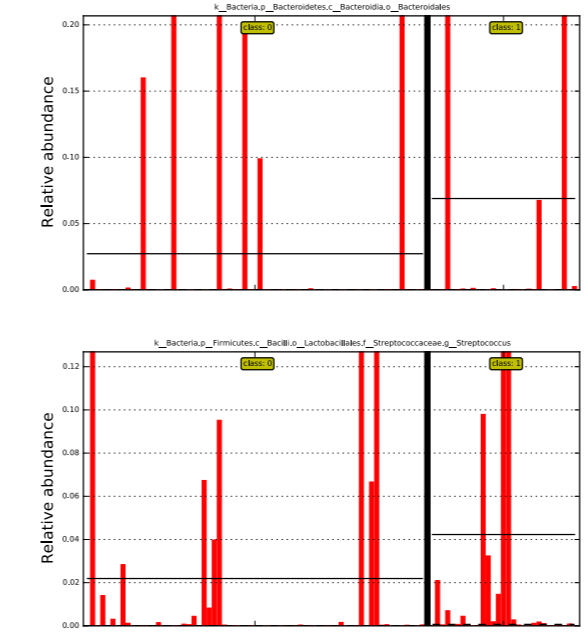
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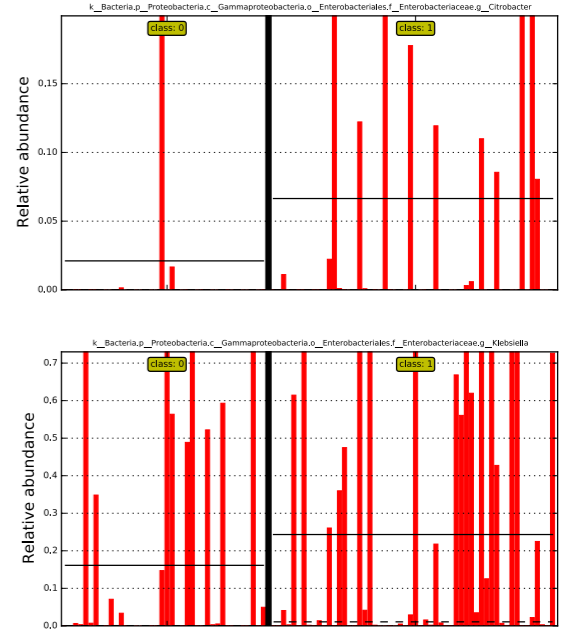
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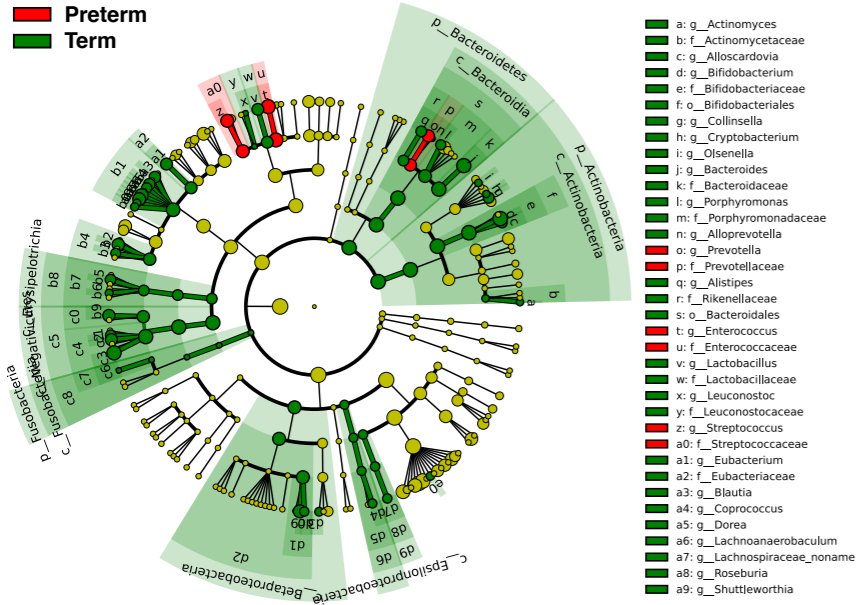
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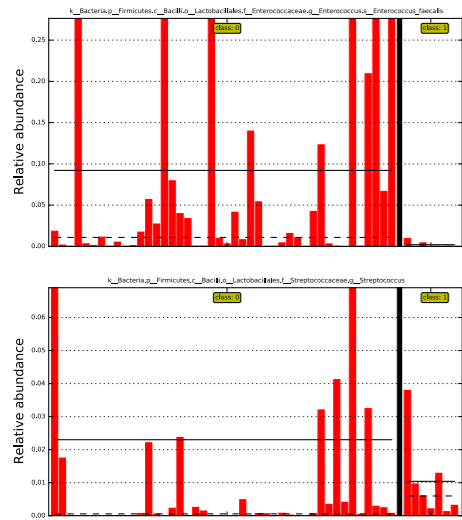
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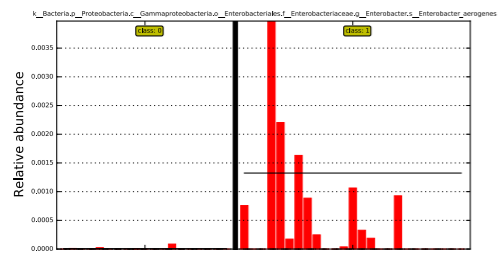
A



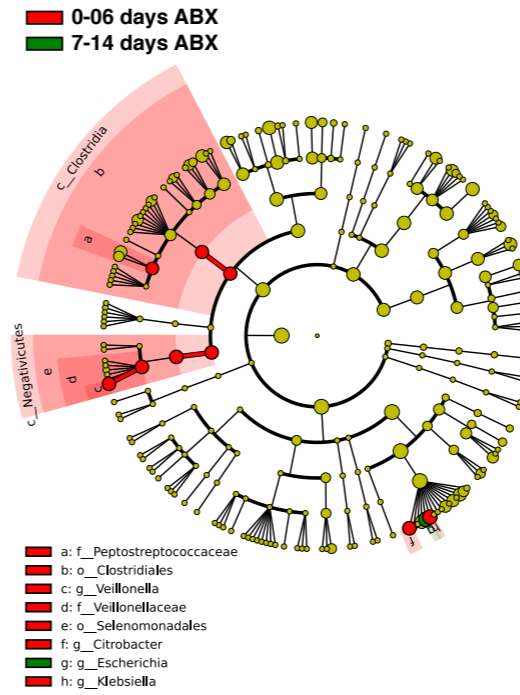
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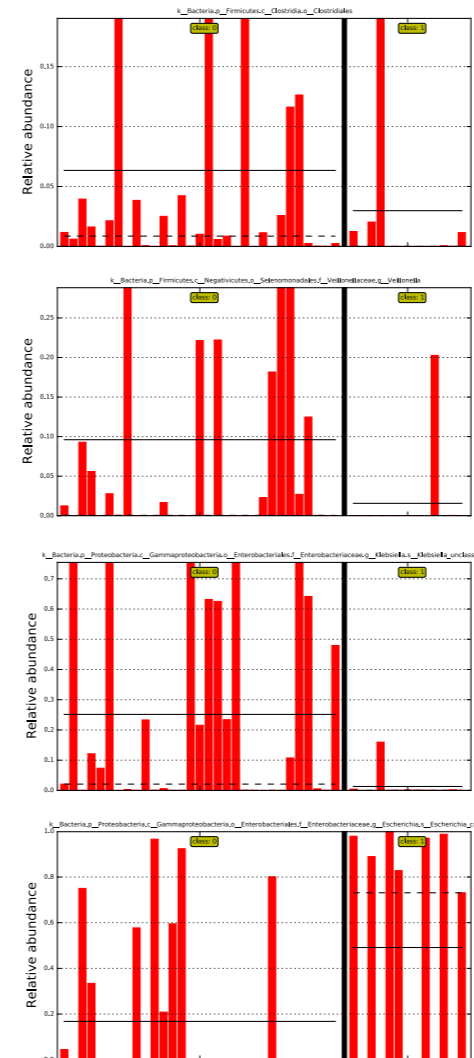
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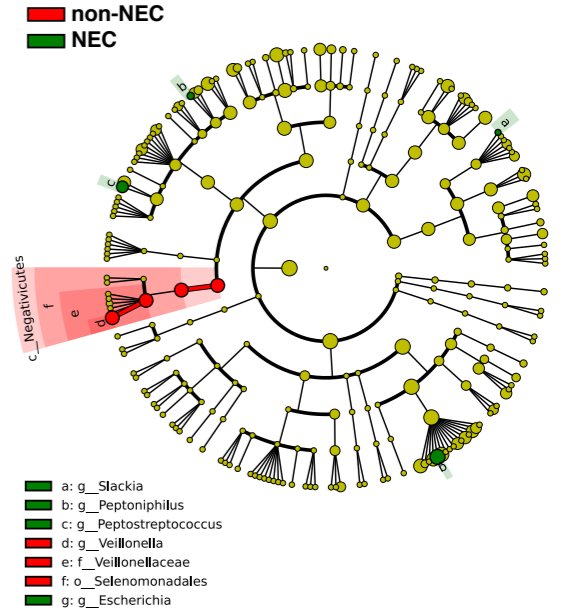
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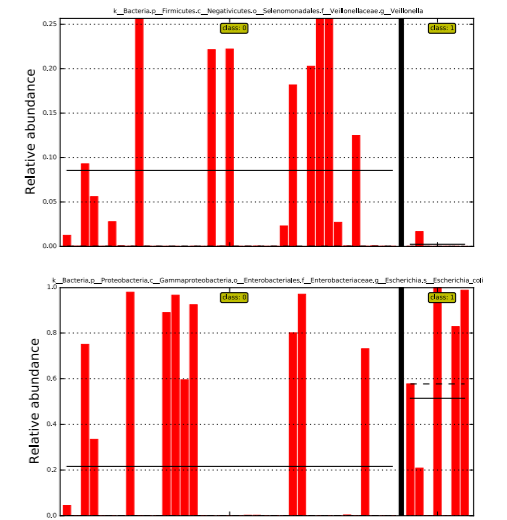
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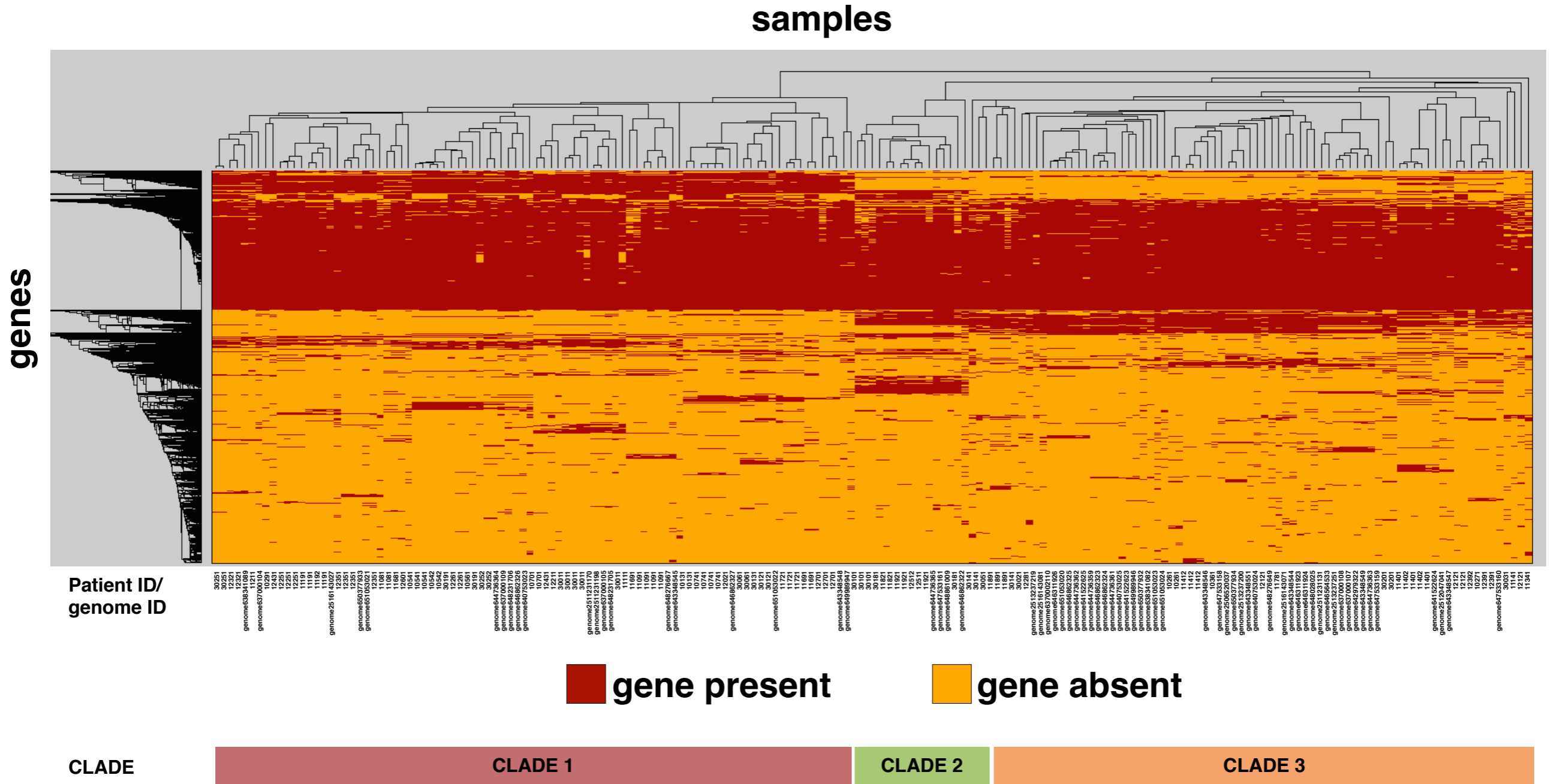


F



G





SUPPLEMENTAL FIGURE LEGENDS

Figure S1. Samples available for analysis related to Experimental Procedures. Samples available per infant are plotted by day postpartum and color-coded to indicate relative abundance of *E. coli* at <1% (blue), 1-<10% (light orange), and at least 10% (orange). Samples are divided by analysis group (days 3-9, days 10-16 and days 17-22). Day of NEC onset is indicated by the number of the day postpartum in an outlined box. Also indicated is which of the two extraction protocols applied, as well as whether the infant developed NEC or died. Patient IDs for term infants begin with “3”.

Figure S2. Samples flow chart for analysis related to Experimental Procedures. General characteristics of all 405 samples available for analysis are described (green). Read data from all samples was analyzed by MetaPhlAn analysis and also mapped to *E. coli* genomes for gene content analysis (white). All samples extracted under protocol A were included in community analysis (Purple). All samples with data mapping to *E. coli* genomes were considered for *E. coli* gene content analysis (light yellow); several samples did not contain enough read data to determine MLST type or call gene content. Samples with at least 1% relative abundance of *E. coli* and had a determined MLST type were considered for MLST analysis (yellow). Samples with at least 10% relative abundance of *E. coli* and represented the sample with highest *E. coli* abundance for any sample from an individual infant were included in gene content analysis (orange). Odds ratio calculations with respect to UPEC included all preterm infants (blue) and used criteria of MLST analysis (yellow) to determine UPEC presence in an infant.

Figure S3. Clinical factors associated with community diversity and prevalence of *E. coli* and *Klebsiella* spp related to Figure 1. (A) Shannon's index of alpha diversity per infant group. Standard deviation is indicated by error bar. (B) Prevalence of *E. coli* and *Klebsiella* spp. per infant group. Prevalence is defined as the frequency each organism is carried in infants at greater than 1% relative abundance. The number of infants per group is indicated at bottom of figure. Date for each of the three collection windows is presented from left to right as day 3-9 (dark), day 10-16 (medium), and day 17-22 (light). Except for the 'Term' group (darker green), all other groups include only preterm infants less than 30 weeks gestational age.

Figure S4. Taxonomic biomarkers enriched in infants sampled at days 3-9 postpartum related to Figure 1. (A) Cladogram generated using LEfSe (Segata et al., 2011) indicates taxonomies found to be significantly enriched in either preterm or term infants. (B) Taxonomies significantly enriched in Term infants (“class:1”, right side). (C) Taxonomies significantly enriched in Preterm infants (“class:0”, left side). (D) Cladogram indicates taxonomies found to be significantly enriched in preterm infants with low (0-6 days) or high (7-14 days) antibiotic administration during their first 14 days of life. (E) Taxonomies significantly enriched in preterm infants with high antibiotic administration (“class:1”, right side) or low antibiotic administration (“class:0”, left side). (F) Cladogram indicating taxonomies enriched in preterm Cesarean births. (G) Bacilla were significantly enriched in preterm Cesarean births (“class:1”, right side). Histograms plot relative abundance for each patient and were generated using LEfSe. Relative abundance scales differ for each plot. Median (dashed line) and Mean (solid line) relative abundances per group are indicated.

Figure S5. Taxonomic biomarkers enriched in infants sampled at days 10-16 postpartum related to Figure 1. (A) Cladogram generated using LEfSe (Segata et al., 2011) indicates taxonomies found to be significantly enriched in either preterm or term infants. (B) Taxonomies significantly enriched in preterm infants (“class:0”, left side). (C) indicates taxonomies found to be significantly enriched in preterm infants with high (7-14 days) antibiotic administration. (D) Taxonomies significantly enriched in preterm infants receiving 7-14 days (“class:1”, right side) and 0-6 days (“class:0”, left side) antibiotic administration. (E) Cladogram indicating taxonomies enriched in preterm vaginal or Cesarean births. (F) Taxonomies significantly enriched in preterm Cesarean births (“class:1”, right side). Histograms plot relative abundance for each patient and were generated using LEfSe. Relative abundance scales differ for each plot. Median (dashed line) and Mean (solid line) relative abundances per group are indicated.

Figure S6. Taxonomic biomarkers enriched in infants sampled at days 17-22 postpartum related to Figure 1. (A) Cladogram generated using LEfSe (Segata et al., 2011) indicates taxonomies found to be significantly enriched in either preterm or term infants. (B) Taxonomies significantly enriched in preterm infants (“class:0”, left side). (C) *Enterobacter aerogenes* is enriched in preterm infants delivered by Cesarean (“class:1; right side). (D) Cladogram indicates taxonomies found to be significantly enriched in preterm infants with low (0-6 days) or high (7-14 days) antibiotic administration. (E) Taxonomies significantly enriched in preterm infants with 0-6 days (“class:0”, left side) and 7-14 days (“class:1”, right side) antibiotic administration. (F) Cladogram indicating taxonomies enriched in preterm infants who did or did not develop NEC. (G) *E. coli* is significantly enriched in preterm NEC infants (“class:1”, right side) while *Veillonella* is enriched in preterm infants who did not develop NEC (“class:0”; left side). Histograms plot relative abundance for each patient and were generated using LEfSe. Relative abundance scales differ for each plot. Median (dashed line) and Mean (solid line) relative abundances per group are indicated.

Figure S7. Infant samples clustered by *E. coli* gene content indicate samples from same infant collected over time contain the same strain of *E. coli* related to Figure 3. Infant samples subjected to *E. coli* gene content analysis were clustered using gene present/absence data using the Bray-Curtis dissimilarity metric. Reference *E. coli* genomes were also included in the cluster analysis. Patient and genome IDs are indicated. Clade identities relating to Figure 3 are also indicated.