



**QUEEN'S
UNIVERSITY
BELFAST**

Development of an optimized broth enrichment culture medium for the isolation of *Clostridium difficile*

Connor, M. C., McGrath, J. W., McMullan, G., Marks, N., & Fairley, D. J. (2018). Development of an optimized broth enrichment culture medium for the isolation of *Clostridium difficile*. *Anaerobe*, 54, 92-99. <https://doi.org/10.1016/j.anaerobe.2018.08.006>

Published in:
Anaerobe

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights

Copyright 2018 Elsevier. This manuscript is distributed under a Creative Commons Attribution-NonCommercial-NoDerivs License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits distribution and reproduction for non-commercial purposes, provided the author and source are cited.

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

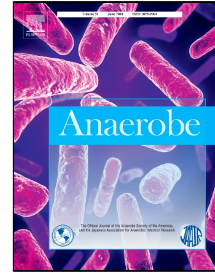
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Open Access

This research has been made openly available by Queen's academics and its Open Research team. We would love to hear how access to this research benefits you. – Share your feedback with us: <http://go.qub.ac.uk/oa-feedback>

Accepted Manuscript

Development of an optimized broth enrichment culture medium for the isolation of *Clostridium difficile*



Mairéad C. Connor, John W. McGrath, Geoff McMullan, Nikki Marks, Derek J. Fairley

PII: S1075-9964(18)30150-1
DOI: 10.1016/j.anaerobe.2018.08.006
Reference: YANAE 1936
To appear in: *Anaerobe*
Received Date: 12 April 2018
Accepted Date: 13 August 2018

Please cite this article as: Mairéad C. Connor, John W. McGrath, Geoff McMullan, Nikki Marks, Derek J. Fairley, Development of an optimized broth enrichment culture medium for the isolation of *Clostridium difficile*, *Anaerobe* (2018), doi: 10.1016/j.anaerobe.2018.08.006

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

1 **Development of an optimized broth enrichment culture medium for the**
2 **isolation of *Clostridium difficile***

3 Mairéad C. Connor^{*a}, John W. McGrath^a, Geoff McMullan^a, Nikki Marks^a and Derek
4 J. Fairley^b

5 a. School of Biological Sciences and the Institute for Global Food Security,
6 Medical Biology Centre, Queens University Belfast, Northern Ireland.

7 b. Department of Microbiology, Belfast Health & Social Care Trust, Belfast,
8 Northern Ireland.

9
10 *Corresponding author: School of Biological Sciences and the Institute for Global
11 Food Security, Medical Biology Centre, Queens University Belfast, 97 Lisburn Road,
12 Belfast, Northern Ireland, BT9 7BL; m.connor@qub.ac.uk.

13
14 **Abstract**

15 *Clostridium difficile* is a spore forming bacterium and the leading cause of colitis and
16 antibiotic associated diarrhoea in the developed world. Effective recovery of spores,
17 particularly in low numbers, is imperative to obtain accurate prevalence data, due to
18 the low number of spores found within non-clinical samples (<20/ml). Through
19 comparison of *C. difficile* enrichment media, this study showed the importance of
20 selecting an effective enrichment media. Commonly used broths, such as Cooked
21 Meat broth, promote significantly less growth than other available broths such as Brain
22 Heart Infusion broth, BHI. The optimization of BHI using selective antibiotics,
23 moxalactam and norfloxacin, and sodium taurocholate at a concentration of 0.4%,
24 allowed for high growth rate (0.465 hour⁻¹), short lag times (<14 hours) and recovery

25 of spores at low concentrations. The optimized broth, designated BHIMN-T, out-
26 performed other commonly used broths so can be recommended for future studies.

27

28 **Keywords:** *Clostridium difficile*; Culture media; Growth; Taurocholate; Spores

29

30 **1. Introduction**

31 *Clostridium difficile* is a Gram positive, spore forming, anaerobic bacterium and a
32 major cause of diarrhoea and pseudomembranous colitis (1, 2). Transmission and
33 spread of *C. difficile* is facilitated by the resistance of *C. difficile* spores to harsh
34 environmental conditions, for example, heat, cleaning and disinfectant agents along
35 with alcohol based hand sanitizers (3–6). Spores of *C. difficile* can persist on surfaces
36 for many months, providing a reservoir of infection in hospitals and community-care
37 settings. It is increasingly evident that *C. difficile* inhabits a wider spectrum of
38 environments, with toxigenic strains having been isolated from animals, foodstuffs,
39 soil, water and wastewater treatment facilities (7–19). Spore burden in such non-
40 clinical samples is often low: <20 spores/ml have been reported in food samples (20),
41 while the infectious dose required to cause *C. difficile* infection (CDI) in mice from
42 controlled surface contamination is estimated at <7 spores/cm² (21). Given the public
43 health concern, *C. difficile* monitoring in non-clinical reservoirs is important to further
44 our understanding of community-acquired CDI (22, 23).

45 Central to such surveillance is the development of an effective isolation media. Based
46 on Google Scholar citations (March 2018) the four most widely used formulations for
47 *C. difficile* broth enrichment and growth are; Brain Heart Infusion broth (BHI: 5130
48 cites), Cooked Meat broth (CM: 4860 cites), Cycloserine Cefoxitin Fructose broth

49 (CCFB: 964 cites) and *C. difficile* Moxalactam Norfloxacin broth (CDMN: 294 cites).
50 These, along with a relatively new broth - *Clostridium difficile* Brucella Broth with L-
51 cystine and thioglycolic acid (CDBB-TC), referenced in one study – were selected as
52 the basis of this investigation. Use of these basal media preparations is further
53 complicated by the addition of various supplements. These include: a) antibiotics,
54 added as a combination of either cefoxitin and cycloserine, or norfloxacin and
55 moxalactam (24–26); b) sodium taurocholate and/or horse blood (26–29); and c) the
56 use of thioglycolic acid and L-cystine *in lieu* of incubation within an anaerobic cabinet
57 (30).

58 We report an evaluation of these media formulations for the recovery and growth of *C.*
59 *difficile*, and development of an optimized enrichment media based on BHI broth
60 supplemented with moxalactam (32 µg/ml), norfloxacin (12 µg/ml) and 0.4% (w/v)
61 sodium taurocholate (designated BHIMN-T). Use of BHIMN-T for the recovery of *C.*
62 *difficile* M120 spores resulted in a 10 hour decrease in the lag phase and a 55%
63 increase in growth rate when compared to other published media preparations.

64

65 **2. Materials and methods**

66 **2.1 Preparation of spore suspension**

67 Spore suspensions of representative isolates from *C. difficile* clades 1-5 were
68 prepared: - TL178 (Clade 1, Ribotype 002); R20291 (Clade 2, Ribotype 027); CD305
69 (Clade 3, Ribotype 023); CF5 (Clade 4, Ribotype 017) and M120 (Clade 5, Ribotype
70 078), from isolates obtained from the archives at the Kelvin Laboratories, Royal
71 Victoria Hospital, Belfast, Northern Ireland.

72 Fastidious anaerobe blood agar (FAABL) (Oxoid, Basingstoke, UK) was inoculated
73 with *C. difficile* M120 and incubated anaerobically (N₂ /CO₂ /H₂) at 37°C for 72 h in an

74 anaerobic chamber (Don Whitley Scientific, Shipley, UK). To inactivate vegetative
75 cells, colonies were suspended in 5 ml sterile Phosphate Buffered Saline (PBS) and
76 subjected to alcohol shock (5 ml of absolute ethanol added to 5 ml suspension) for
77 1 hour to kill vegetative cells, in accordance with the spore culture method of UK
78 Standards for Microbiology Investigations (31). Alcohol shocked suspensions were
79 centrifuged at 3,000 xg for 4 min and washed once in 5 ml sterile PBS with the resultant
80 pellet resuspended in 70% (v/v) ethanol. Spore stock concentrations were determined
81 by viable spore counts (32). Spore stock was stored in 50 µl aliquots at -20°C.

82

83 **2.2 Preparation of enrichment media**

84 Enrichment media were prepared as follows. All products were supplied by Sigma
85 Aldrich, UK, unless otherwise stated.

86 Brain Heart Infusion broth (BHI) (Oxoid, Basingstoke, UK). Lyophilised media (3.7%
87 [w/v]) which contained, per litre; brain infusion solids (12.5 g), beef heart infusion solids
88 (5.0 g), proteose peptone (10.0 g), glucose (2.0 g), sodium chloride (5.0 g) and
89 disodium phosphate (2.5 g).

90

91 C. difficile broth supplemented with Moxalactam and Norfloxacin (CDMN) was
92 prepared in accordance with Xu *et al* (17) and contained, per litre; proteose peptone
93 (40.0 g), disodium hydrogen phosphate (5.0 g), potassium dihydrogen phosphate (1.0
94 g), magnesium sulphate (0.1 g), sodium chloride (2.0 g), fructose (6.0 g) and CDMN
95 supplement (Oxoid, Basingstoke, UK); cysteine hydrochloride (500.0mg), norfloxacin
96 (12.0 mg), moxalactam (32.0 mg) was added post sterilisation.

97

98 Cycloserine Cefoxitin Fructose Broth (CCFB) was prepared as described by Arroyo *et*
99 *al.* (25) and contained, per litre; proteose peptone (40.0 g), disodium hydrogen
100 phosphate (5.0 g), potassium dihydrogen phosphate (1.0 g), magnesium sulphate (0.1
101 g), sodium chloride (2.0 g) and fructose (6.0 g). D-cycloserine (250.0 mg) (Oxoid,
102 Basingstoke, UK), cefoxitin (8.0 mg) (Oxoid, Basingstoke, UK) and defibrinated horse
103 blood (70.0 ml) (Lab Supplies Ltd, Antrim, UK) were added post sterilisation.

104

105 *C. difficile* Brucella Broth with thioglycolic acid and L-cysteine (CDBB-TC) was
106 prepared according to Cadnum *et al.* (30) and contained, per litre; Brucella broth (28.0
107 g), vitamin K1 solution (1.0 mg), hemin solution (5.0 mg) (Fisher Scientific,
108 Loughborough, UK), sodium bicarbonate (0.1 g), D-mannitol (6.0 g). Neutral red
109 solution (1% [v/v]) (5.0 ml), sodium taurocholate (0.5 g), lysozyme (5.0 mg) (Fisher
110 Scientific, Loughborough, UK), D-cycloserine (500.0 mg), cefoxitin (16.0 mg), agar
111 (1.0 g), thioglycolic acid (1.0 g) and L-cystine (1.0 g) (Fisher Scientific, Loughborough,
112 UK) were added post sterilisation.

113

114 Cooked meat broth (CM) (Oxoid, Basingstoke, UK). CM was purchased as a pre-
115 prepared media, which contained, per litre; heart muscle (454.0 g), peptone (10.0 g),
116 Lab-Lemco powder (10.0 g), sodium chloride (5.0 g) and glucose (2.0 g).

117

118 **2.3 Growth of *C. difficile* M120**

119 Broths (5 ml) were aliquoted into sterile 30 ml polystyrene screw cap universals
120 (Medline Scientific, Chalgrove, UK) and pre-reduced for 5 hours in an anaerobic
121 chamber prior to inoculation. The pre-reduced broths were inoculated to a
122 concentration of 2% (v/v) spore inoculum, under anaerobic conditions, by centrifuging

123 100 µl of spore suspension at 14,000 xg for 5 min. Inocula were subsequently
124 prepared by resuspension of the spore pellet in 100 µl of the appropriate enrichment
125 broth. Triplicate growth assays were carried out for each broth.

126

127 Determination of growth rate via qPCR

128 Growth rate of *C. difficile* M120 in each media variant was determined via real-time
129 quantitative PCR using a method modified from Nadkarni *et al.* (33). For media which
130 did not contain defibrinated horse blood, DNA was extracted according to Stubbs *et*
131 *al.* whereby 100 µl of culture was boiled in 300 µl of sterile water containing 5% (w/v)
132 Chelex-100 (Sigma-Aldrich, Irvine, UK) for 5 min (34). For media which did contain
133 defibrinated horse blood, DNA was extracted and purified using the DNA/Viral Kit on
134 the MagNA Pure 96 extraction platform (Roche Applied Science, Penzberg, Germany)
135 in accordance with the manufacturer's instructions. A previously described method to
136 monitor bacterial load (growth) using real-time PCR (33) was adapted for this study
137 using an assay targeting the *C. difficile* toxin B gene, *tcdB*. Assays were performed on
138 a LightCycler 480 (Roche Applied Science, Penzberg, Germany) using the TaqMan®
139 primer and probe set of Luna *et al.* (35) *tcdB_F* - GAAAGTCCAAGTTTACGCTCAAT;
140 *tcdB_R* - GCTGCACCTAACTTACACCA; *tcdB_TM*- FAM -
141 ACAGATGCAGCCAAAGTTGTTGAATT-TAMRA. Unless otherwise specified all
142 reagents were supplied by Invitrogen Ltd (Paisley, UK). Each reaction contained; 1x
143 Platinum® Quantitative PCR SuperMix-UDG, Nuclease Free Water (Sigma Aldrich,
144 Irvine, UK), Bovine Serum Albumin (0.2 µg/ml) (Sigma Aldrich, Irvine, UK), MgCl₂ (3
145 mM), *tcdB_F* (0.4 µM), *tcdB_R* (0.4 µM) and *tcdB_TM* (0.2 µM).

146 For each assay, 2 μ l of template DNA was added to 8 μ l of Mastermix, giving a final
147 reaction volume of 10 μ l. Reactions were cycled using the following conditions: 50°C
148 for 2 min, 1 cycle of 95°C for 5 min, 45 cycles of 95°C for 10 min, 57°C for 20 sec, and
149 72°C for 10 sec.

150 Purified and quantified *C. difficile* M120 DNA was used for calibration of qPCR, using
151 duplicate 10-fold serial dilutions of DNA in 0.1x Tris EDTA with yeast tRNA (10 μ g/ml)
152 (Thermo Scientific, Leicestershire, UK). The *tcdB* qPCR was run for each dilution in
153 triplicate over a 6-log range (calibration $R^2= 9.78$). Calibrators were tested alongside
154 extracts from growth assay samples and specific growth rates calculated from qPCR
155 copy numbers.

156

157 **2.4 Optimization of BHI**

158 *Antibiotic supplementation of BHI*

159 The effect of supplementing BHI media with moxalactam (32 μ g/ml) and norfloxacin
160 (12 μ g/ml), designated BHIMN, was assessed by comparison of *C. difficile* M120
161 growth in BHI without antibiotic addition. Moxalactam and norfloxacin have been
162 reported to provide a higher degree of selectivity than the other commonly used
163 antibiotic supplements, cycloserine and cefoxitin (26). BHIMN media (n=3) was
164 prepared by addition of moxalactam and norfloxacin selective supplement containing
165 cysteine hydrochloride (500.0 μ g/ml), norfloxacin (12.0 μ g/ml), and moxalactam (32.0
166 μ g/ml) (Oxoid, Basingstoke, U.K) to BHI (n=3). All media was pre-reduced for 5 hours
167 prior to growth assays.

168

169 *Effect of sodium taurocholate*

170 The effect of sodium taurocholate concentration on growth of *C. difficile* M120 in
171 BHIMN was investigated. It is known that the secondary bile salt deoxycholate, formed
172 through metabolism of sodium taurocholate, inhibits vegetative cell growth, therefore
173 a range of sodium taurocholate concentrations (0 – 1% [w/v]) were investigated with
174 regard to optimal growth of *C. difficile* M120.

175 Sodium taurocholate was added to final concentrations (w/v) of 0.1%, 0.2%, 0.3%,
176 0.4%, 0.5% or 1%. Replicate growth assays (n=12) of *C. difficile* M120 in pre-reduced
177 BHIMN at each sodium taurocholate concentration were carried out under anaerobic
178 conditions in microtitre plates at 37°C with growth compared to that of a sodium
179 taurocholate free control. Broths, with a total volume of 200 µl per well, were inoculated
180 to a concentration of 2% (v/v) inoculum. Growth was assessed by determining optical
181 density at 600nm using a FLUOstar Omega Microplate reader (BMG Labtech,
182 Ortenberg, Germany).

183

184 *Effect of horse blood*

185 BHIMN was augmented with defibrinated horse blood to final concentrations (v/v) of
186 1%, 2%, 3%, 5% or 7%. Broths (5ml) were inoculated to a concentration of 2% (v/v)
187 inoculum. Growth assays of *C. difficile* M120 in BHIMN at each horse blood
188 concentration were carried out, in triplicate, under anaerobic conditions at 37°C with
189 growth compared to that of a horse blood free control. As broth containing horse blood
190 is opaque, growth could not be measured using optical density therefore growth
191 assays used real-time PCR as described.

192

193 Addition of blood to growth media may hinder bacterial growth due to the bactericidal
194 components naturally occurring within blood, such as complement (36). Heat
195 treatment inactivates the complement system without affecting the nutritional value of
196 the blood (36). A 10 ml aliquot of horse blood was heated at 56°C for a total of 30 min,
197 with mixing every 5 min, and then transferred to ice to cool immediately (37). Once
198 cooled, it was added to BHIMN and reduced prior growth assay. Pre-reduced BHIMN-
199 HB supplemented with untreated horse blood from the same batch was used as a
200 control.

201

202 **2.5 Comparison of commonly used media**

203 The optimized media (designated BHIMN-T) was compared to CCFB and CDMN using
204 the supplements described in Table 1. Pre-reduced broths (5 ml) were inoculated to a
205 concentration of 2% (v/v) inoculum. Growth assays in each broth were completed in
206 triplicate of *C. difficile* M120 in each broth variant were carried out under anaerobic
207 conditions at 37°C and growth was determined using real-time PCR as described.

208

209 **2.6 Evaluation of spore recovery in BHIMN-T**

210 In order to confirm BHIMN-T was effective for recovery across genetically diverse *C.*
211 *difficile* isolates, spore recovery using the optimal BHIMN-T broth was assessed over
212 a range of spore concentrations from representative isolates from clades 1-5 of *C.*
213 *difficile*. Serial dilutions of spore suspension were prepared in sterile PBS. Pre-
214 reduced BHIMN-T was aliquoted into a microtitre plate, 200 µl/well, within an
215 anaerobic chamber. Replicate wells (n=14) were inoculated with appropriate dilution

216 to achieve target spore number (10^{-4} : 130 spores \pm 3; 10^{-5} : 13 spores \pm 0.3; 10^{-6} : 1.3
217 \pm 0.03) and incubated anaerobically for 24 hours. Positive growth was determined by
218 visible growth in the microtitre plate and the results were evaluated using the Most
219 Probable Number (MPN) method (38), to estimate the MPN/ml and assess ability of
220 BHIMN-T to recover spores across a range of inoculum concentrations.

221

222 **2.7 Statistical Analysis**

223 All statistical analyses were carried out using GraphPad Prism v5 (GraphPad
224 Software Inc.). A One-Way Analysis of Variance (ANOVA) was employed to
225 determine significant differences in growth rate obtained by *C. difficile* M120 in each
226 broth. Statistical significance was determined at $p < 0.05$.

227 MPN/ml and corresponding 95% confidence limits were estimated using the
228 standard MPN method, approved by the US Food and Drug Administration (FDA)
229 (38). Each dilution was subject to 14 replicates.

230

231 **3. Results and Discussion**

232 **3.1 Evaluation of enrichment media**

233 Growth of *C. difficile* M120 was assessed in five different broth enrichment culture
234 media. The results show highest growth rate in non-selective BHI broth (0.202 ± 0.045
235 hour^{-1}) compared to CCFB, CDMN, CDBB-TC and CM (Figure 1). CCFB and CDMN
236 are similar selective media, both consisting of a fructose base (17, 25). CCFB is
237 however augmented with the antibiotics cycloserine (250 $\mu\text{g/ml}$) and cefoxitin (8
238 $\mu\text{g/ml}$), and defibrinated horse blood (7% [v/v]); CDMN is supplemented with the

239 antibiotics moxalactam (32 µg/ml) and norfloxacin (12 µg/ml). Both CCFB and CDMN
240 are equally effective for growth of *C. difficile* M120. No significant difference in *C.*
241 *difficile* M120 growth rate was observed between these media, with growth rates of
242 $0.10 \pm 0.030 \text{ hour}^{-1}$ and $0.08 \pm 0.021 \text{ hour}^{-1}$, respectively.

243 The growth rates observed in CM and CDBB-TC were significantly less than that of
244 the other broths ($p < 0.001$). CDBB-TC is a recently described culture medium for the
245 growth of *C. difficile* without the need for strict anaerobic incubation (30). No growth
246 was observed in CDBB-TC, with or without 0.1% [w/v] sodium taurocholate addition,
247 under either anaerobic or aerobic conditions. Cadnum *et al.* have however reported
248 the successful growth of *C. difficile* from a range of environmental samples using this
249 formulation (30). CM provided a growth rate of $0.017 \pm 0.003 \text{ hour}^{-1}$, which was
250 significantly lower than CCFB ($0.10 \pm 0.030 \text{ hour}^{-1}$), CDMN ($0.08 \pm 0.021 \text{ hour}^{-1}$) and
251 BHI ($0.202 \pm 0.045 \text{ hour}^{-1}$). The CM and CDBB-TC media combinations were not
252 considered further in this study. Studies using these media might be at risk from false
253 negatives (Figure 1) (30, 39).

254

255 **3.2 Optimization of BHI**

256 Addition of antibiotics: moxalactam and norfloxacin

257 In initial studies BHI outperformed the other media (Figure 1) although this medium is
258 non-selective for *C. difficile*. Moxalactam (32 µg/ml) and norfloxacin (12 µg/ml) have
259 been shown to provide higher selectivity when isolating *C. difficile* when compared to
260 cycloserine (250 µg/ml) and cefoxitin (8 µg/ml) (26, 40). BHI medium was therefore
261 supplemented with moxalactam (32 µg/ml) and norfloxacin (12 µg/ml), and designated

262 as BHIMN. No significant difference was found in *C. difficile* M120 growth rate between
263 BHI and BHIMN media (Figure 2) so BHIMN replaced BHI in subsequent studies.

264

265 Addition of sodium taurocholate and defibrinated horse blood to BHIMN broth

266 To determine if sodium taurocholate enhanced growth of *C. difficile* in BHIMN, growth
267 assays were carried out in the presence of varying concentrations of sodium
268 taurocholate (0 - 1% [w/v]: Figure 3). Previous studies have suggested that sodium
269 taurocholate should be supplemented to a concentration of 0.1% (w/v) in *C. difficile*
270 growth media (17, 25, 30, 41). In this study, a concentration of 0.4% was found to be
271 most effective for promoting the growth of *C. difficile* M120 in BHIMN (Figure 3): 0.4%
272 sodium taurocholate provided significantly faster growth than 0.1% ($p < 0.001$), 0.2%
273 ($p < 0.001$), 0.3% ($p < 0.05$), 0.5% ($p < 0.001$) and 1% ($p < 0.0001$), respectively (Figure
274 3).

275 Additionally, BHIMN broth supplemented with horse blood (0 – 7% [v/v]) showed no
276 significant increase in the growth of *C. difficile* M120 (Figure 3; $p > 0.05$): In other
277 publications, horse blood supplementation is recommended at 7% (v/v) (25, 26).
278 Although horse blood does appear to enhance growth of *C. difficile* in certain
279 circumstances, e.g. growth of *C. difficile* on CCFB (26). It has also been suggested
280 that the addition of blood may hinder bacterial growth due to the bactericidal
281 components, such as complement, naturally occurring within blood (36). In this study,
282 no significant difference was observed in *C. difficile* M120 growth rate between BHIMN
283 supplemented with defibrinated horse blood and complement inactivated BHIMN
284 horse blood broth, Figure 4 (E) and Figure 4 (F). Inactivation of the complement

285 system within the blood did not improve growth of *C. difficile* M120 in BHIMN (Figure
286 4).

287 This study thus found that BHI supplemented with moxalactam (32 µg/ml), norfloxacin
288 (12 µg/ml) and sodium taurocholate (0.4% [w/v]), designated as BHIMN-T, provided
289 optimal growth of *C. difficile* M120 from spores.

290

291 **3.3 Comparison of commonly used media and BHIMN-T**

292 Growth in BHIMN-T was compared with CCFB and CDMN. A number of variations of
293 CCFB and CDMN have been reported in the literature, including the addition of
294 defibrinated horse blood (HB) to CDMN (CCFB contains horse blood as prepared) and
295 sodium taurocholate (T) to both (17, 25, 26, 45). BHIMN-T was thus not only compared
296 to CCFB and CDMN but also to their defibrinated horse blood (HB) and sodium
297 taurocholate (T) supplemented variants: These are designated as CCFB-T, CDMN-T,
298 CDMN-HB and CDMN-THB respectively (Table 1). The most effective broth for growth
299 of *C. difficile* M120 was BHIMN-T, with a growth rate of 0.4645 hour⁻¹ and a lag phase
300 of less than 14 hours (Table 2). Notably, including this optimal concentration of sodium
301 taurocholate more than doubled the observed growth rate. Growth in BHIMN-T out-
302 performed both CCFB and CDMN, with and without their recommended horse blood
303 and sodium taurocholate supplementation (Figure 5); CCFB-T ($p < 0.05$), CDMN-HB
304 ($p < 0.01$), CDMNT ($p < 0.01$), CDMN-THB ($p < 0.001$), CCFB ($p < 0.001$) and CDMN
305 ($p < 0.001$) (Figure 5). All broths containing sodium taurocholate provided shorter lag
306 times (Table 2), most likely due to promotion of spore germination (27, 28, 41).
307 Dharmasena and Jiang (2018) found BHI broth supplemented with 0.5% yeast extract,
308 0.1% L-cysteine, 0.1% sodium taurocholate, moxalactam (32 mg/l) and norfloxacin (12

309 mg/l) proved to be the most effective broth in their study for recovery of *C. difficile* from
310 spiked compost (40). Their study did not however evaluate media containing sodium
311 taurocholate concentrations above 0.1% (w/v), well below the 0.4% (w/v) level shown
312 to be optimal in this study. They also found moxalactam and norfloxacin were a more
313 effective selective supplement than cycloserine and cefoxitin (40).

314 The addition of horse blood to *C. difficile* growth media is common practice (46, 47).
315 Horse blood improved the growth of *C. difficile* M120 in CDMN (Figure 5), however it
316 had no effect on growth rate across the varying concentrations tested in BHIMN
317 (Figure 3). The reason for this is unknown. BHI base may already provide optimal
318 growth nutrients for *C. difficile* growth. We note that broths containing horse blood are
319 less attractive due to their expense, short shelf life and ease of contamination
320 associated with blood products (48).

321

322 **3.4 Evaluation of spore recovery using BHIMN-T**

323 BHIMN-T was assessed for both its effectiveness and efficiency in promoting spore
324 recovery across clades 1-5 of *C. difficile*, particularly from samples containing low
325 spore numbers (<20 spores/ml)]. Using spore suspensions prepared from
326 representative isolates across a range of spore concentrations [where each 1×10^{-5}
327 dilution is representative of 13 ± 0.3 spores/ml: Table 3), spores were recovered from
328 each clade tested, and at each dilution (Table 3). No growth was however observed
329 in BHIMN without sodium taurocholate supplementation at spore concentrations less
330 than 130 ± 0.3 spores/ml (Table 3). In spore suspensions ≥ 130 spores/ml BHIMN-T
331 recovered a median of 12.5 times more spores across the isolates tested (range 9.5

332 – 13.1 times: Table 3) than BHIMN alone (estimated using the Most Probable Number
333 (MPN) method (38)] .

334 Lister *et al.* (2014) have previously reported that direct plating on Cycloserine-Cefoxitin
335 Egg Yolk agar, rather than broth enrichment, increases *C. difficile* spore recovery.
336 Using a semi-quantitative plate streaking approach Cycloserine-Cefoxitin Egg Yolk
337 agar recovered 1×10^2 spores: no recovery was observed at 1×10^1 spores / ml (49) cf.
338 BHIMN-T (Table 3).

339

340 **4. Conclusion**

341 Given the increasing evidence that *C. difficile* spores reside in a much wider spectrum
342 of environments than hospitals and community care settings (17, 24, 50–53), the
343 monitoring of potential infection reservoirs is essential to understand its spread. A
344 number of different media formulations have been described for *C. difficile* enrichment
345 yet few studies compare their efficacy.

346 To develop an optimal broth medium for recovering *C. difficile* from clinical and non-
347 clinical samples, a number of factors must be considered. Firstly, high growth rate and
348 short lag times are desirable. Secondly, ease of preparation, shelf-life and complexity
349 must be considered. A number of published media, such as CDBB-TC, are complex
350 to prepare and contain ingredients which may not be readily available, whilst others,
351 based on for example horse blood, have short shelf-lives.

352 In this paper we describe the development of an improved media, designated BHIMN-
353 T, for the growth of *C. difficile* which combines ease of preparation and longer shelf
354 life (due to absence of horse blood), with high growth rates (0.465 hour^{-1}), short lag

355 times (<14 hours). Furthermore, BHIMN-T proved effective for the recovery of spores
356 at low concentrations, across a number of genetically diverse *C. difficile* isolates (Table
357 3).

358

359 This study highlights the need for optimal methods for isolation of *C. difficile*, especially
360 from environmental and other non-clinical samples. Use of suboptimal culture methods
361 can result in false negatives leading to skewed prevalence data (54), which may hinder
362 attempts to track and prevent spread of *C. difficile* and its ubiquitous spores.

363

364 **Acknowledgements**

365 This work was supported by the Department for Employment and Learning, Northern
366 Ireland. The authors are thankful to N.E. Vardy (Queen's University Belfast) for
367 technical assistance provided.

368

369 **References**

- 370 1. Gerding DN, Johnson S, Peterson LR, Mulligan ME, Silva J. 1995. *Clostridium*
371 *difficile*-associated diarrhea and colitis. Infect Control Hosp Epidemiol. 16:459–
372 477. PMID: 7594392
- 373 2. Fordtran JS. 2006. Colitis due to *Clostridium difficile* toxins: underdiagnosed,
374 highly virulent, and nosocomial. Proc (Bayl Univ Med Cent) 19:3–12. PMID:
375 16424922
- 376 3. Rodriguez-Palacios A, LeJeune JT. 2011. Moist-heat resistance, spore aging,
377 and superdormancy in *Clostridium difficile*. Appl Environ Microbiol 77:3085–
378 3091. DOI: 10.1128/AEM.01589-10
- 379 4. Abreu AC, Tavares RR, Borges A, Mergulhão F, Simões M. 2013. Current and

- 380 emergent strategies for disinfection of hospital environments. *J Antimicrob*
381 *Chemother* 68:2718–2732. DOI: 10.1093/jac/dkt281
- 382 5. Speight S, Moy A, Macken S, Chitnis R, Hoffman PN, Davies A, Bennett A,
383 Walker JT. 2011. Evaluation of the sporicidal activity of different chemical
384 disinfectants used in hospitals against *Clostridium difficile*. *J Hosp Infect*
385 79:18–22. DOI: 10.1016/j.jhin.2011.05.016
- 386 6. Vonberg RP, Kuijper EJ, Wilcox MH, Barbut F, Tüll P, Gastmeier P, Van Den
387 Broek PJ, Colville A, Coignard B, Daha T, Debast S, Duerden BI, van den Hof
388 S, van der Kooi T, Maarleveld HJH, Nagy E, Notermans DW, O'Driscoll J,
389 Patel B, Stone S, Wiuff C. 2008. Infection control measures to limit the spread
390 of *Clostridium difficile*. *Clin Microbiol Infect* 14:2–20. DOI: 10.1111/j.1469-
391 0691.2008.01992.x
- 392 7. Uzal FA, Diab SS, Blanchard P, Moore J, Anthenill L, Shahriar F, Garcia JP,
393 Songer JG. 2012. *Clostridium perfringens* type C and *Clostridium difficile* co-
394 infection in foals. *Vet Microbiol* 156:395–402. DOI:
395 10.1016/j.vetmic.2011.11.023
- 396 8. Cooper KK, Songer JG, Uzal F a. 2013. Diagnosing clostridial enteric disease
397 in poultry. *J Vet Diagn Invest* 25:314–27. DOI: 10.1177/1040638713483468
- 398 9. Perkins SE, Fox JG, Taylor NS, Green DL, Lipman NS. 1995. Detection of
399 *Clostridium difficile* toxins from the small intestine and cecum of rabbits with
400 naturally acquired enterotoxemia. *Lab Anim Sci* 45:379–384. PMID: 7474876
- 401 10. Jones M, Hunter D. 1983. Isolation of *Clostridium difficile* from pigs. *Vet Rec*
402 112:253–253. PMID: 6845597
- 403 11. Lund BM, Peck MW. 2015. A possible route for foodborne transmission of
404 *Clostridium difficile*? *Foodborne Pathog Dis* 12:177–82. DOI:

- 405 10.1089/fpd.2014.1842
- 406 12. Marsh JW, Tulenko MM, Shutt KA, Thompson AD, Weese JS, Songer JG,
407 Limbago BM, Harrison LH. 2011. Multi-locus variable number tandem repeat
408 analysis for investigation of the genetic association of *Clostridium difficile*
409 isolates from food, food animals and humans. *Anaerobe* 17:156–160. DOI:
410 10.1016/j.anaerobe.2011.05.015
- 411 13. Weese JS. 2010. *Clostridium difficile* in food - innocent bystander or serious
412 threat? *Clin Microbiol Infect* 16:3–10. DOI: 10.1111/j.1469-0691.2009.03108.x
- 413 14. Songer JG, Trinh HT, Killgore GE, Thompson AD, McDonald LC, Limbago BM.
414 2009. *Clostridium difficile* in retail meat products, USA, 2007. *Emerg Infect Dis*
415 15:819–821. DOI: 10.3201/eid1505.081071
- 416 15. Rodriguez-Palacios A, Staempfli HR, Duffield T, Weese JS. 2007. *Clostridium*
417 *difficile* in retail ground meat, Canada. *Emerg Infect Dis* 13:485–487. DOI:
418 10.3201/eid1303.060988
- 419 16. Janezic S, Potocnik M, Zidaric V, Rupnik M. 2016. Highly divergent *Clostridium*
420 *difficile* strains isolated from the environment. *PLoS One* 11:1–12. DOI:
421 10.1371/journal.pone.0167101
- 422 17. Xu C, Weese JS, Flemming C, Odumeru J, Warriner K. 2014. Fate of
423 *Clostridium difficile* during wastewater treatment and incidence in Southern
424 Ontario watersheds. *J Appl Microbiol* 117:891–904. DOI: 10.1111/jam.12575
- 425 18. Nikaeen M, Aghili Dehnavi H, Hssanzadeh A, Jalali M. 2015. Occurrence of
426 *Clostridium difficile* in two types of wastewater treatment plants. *J Formos Med*
427 *Assoc* 114:663–665. DOI: 10.1016/j.jfma.2014.12.005
- 428 19. Romano V, Pasquale V, Krovacek K, Mauri F, Demarta A, Dumontet S. 2012.
429 Toxigenic *Clostridium difficile* PCR ribotypes from wastewater treatment plants

- 430 in Southern Switzerland. Appl Environ Microbiol 78:6643–6646. DOI:
431 10.1128/AEM.01379-12
- 432 20. Weese JS, Avery BP, Rousseau J, Reid-Smith RJ. 2009. Detection and
433 enumeration of *Clostridium difficile* spores in retail beef and pork. Appl Environ
434 Microbiol 75:5009–5011. DOI: 10.1128/AEM.00480-09
- 435 21. Lawley TD, Croucher NJ, Yu L, Clare S, Sebahia M, Goulding D, Pickard DJ,
436 Parkhill J, Choudhary J, Dougan G. 2009. Proteomic and genomic
437 characterization of highly infectious *Clostridium difficile* 630 spores. J Bacteriol
438 191:5377–5386. DOI: 10.1128/JB.00597-09
- 439 22. Gupta A, Khanna S. 2014. Community-acquired *Clostridium difficile* infection:
440 An increasing public health threat. Infect Drug Resist 7:63–72. DOI:
441 10.2147/IDR.S46780
- 442 23. Chitnis AS, Holzbauer SM, Belflower RM, Winston LG, Bamberg WM, Lyons
443 C, Farley MM, Dumyati GK, Wilson LE, Beldavs ZG, Dunn JR, Gould LH,
444 MacCannell DR, Gerding DN, McDonald LC, Lessa FC. 2013. Epidemiology of
445 community-associated *Clostridium difficile* infection, 2009 through 2011. JAMA
446 Intern Med 173:1359–1367. DOI: 10.1001/jamainternmed.2013.7056.
- 447 24. Alam MJ, Anu A, Walk ST, Garey KW. 2014. Investigation of potentially
448 pathogenic *Clostridium difficile* contamination in household environs. Anaerobe
449 27:31–33. DOI: 10.1016/j.anaerobe.2014.03.002
- 450 25. Arroyo LG, Rousseau J, Willey BM, Don E, Staempfli, H., Mcgeer A, Weese
451 JS, Low DE. 2005. Use of a Selective Enrichment Broth To Recover
452 *Clostridium difficile* from Stool Swabs Stored under Different Conditions. J Clin
453 Microbiol 43:5341–5343. DOI: 10.1128/JCM.43.10.5341-5343.2005
- 454 26. Aspinall ST, Hutchinson DN. 1992. New selective medium for isolating

- 455 *Clostridium difficile* from faeces. J Clin Pathol 45:812–814. PMID: 1401214
- 456 27. Buggy BP, Hawkins CC, Fekety R. 1985. Effect of adding sodium taurocholate
457 to selective media on the recovery of *Clostridium difficile* from environmental
458 surfaces. Microbiology 21:636–638. PMID: 3988904
- 459 28. Blanco JL, Álvarez-Pérez S, García ME. 2013. Is the prevalence of *Clostridium*
460 *difficile* in animals underestimated? Vet J 197:694–698. DOI:
461 10.1016/j.tvjl.2013.03.053
- 462 29. Marler LM, Siders JA, Wolters LC, Pettigrew Y, Skitt BL, Allen SD. 1992.
463 Comparison of five cultural procedures for isolation of *Clostridium difficile* from
464 stools. J Clin Microbiol 30:514–516. PMID: 1537928
- 465 30. Cadnum JL, Hurless KN, Deshpande A, Nerandzic MM, Kundrapu S, Donskey
466 CJ. 2014. Sensitive and selective culture medium for detection of
467 environmental *Clostridium difficile* isolates without requirement for anaerobic
468 culture conditions. J Clin Microbiol 52:3259–3263. DOI: 10.1128/JCM.00793-
469 14
- 470 31. UK Standards for Microbiology Investigations (2014). Processing of faeces for
471 *Clostridium difficile*; Bacteriology B10, Issue no. 15. London: Standards Unit,
472 Microbiology Services, Public Health England.
- 473 32. Maturin L, Peeler JT. 2001. Bacteriological Analytical Manual (BAM) - BAM:
474 Aerobic Plate Count. FDA Bacteriol Anal Man Chapter 3.
475 [https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm063](https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm063346.htm)
476 [346.htm](https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm063346.htm). Last accessed: 10/04/2018
- 477 33. Nadkarni M, Martin FE, Jacques NA, Hunter N. 2002. Determination of
478 bacterial load by real-time PCR using a broad range (universal) probe and
479 primer set. Microbiology 148:257–266. DOI: 10.1099/00221287-148-1-257

- 480 34. Stubbs SLJ, Brazier JS, O'Neill GL, Duerden BI. 1999. PCR targeted to the
481 16S-23S rRNA gene intergenic spacer region of *Clostridium difficile* and
482 construction of a library consisting of 116 different PCR ribotypes. J Clin
483 Microbiol 37:461–463. PMID: 9889244
- 484 35. Luna RA, Boyanton BL, Mehta S, Courtney EM, Webb CR, Revell PA,
485 Versalovic J. 2011. Rapid stool-based diagnosis of *Clostridium difficile*
486 infection by real-time PCR in a children's hospital. J Clin Microbiol 49:851–857.
487 DOI: 10.1128/JCM.01983-10
- 488 36. Shibayama K, Nagasawa M, Ando T, Minami M, Wachino JI, Suzuki S,
489 Arakawa Y. 2006. Usefulness of adult bovine serum for *Helicobacter pylori*
490 culture media. J Clin Microbiol 44:4255–4257. DOI: 10.1128/JCM.00477-06
- 491 37. Soltis RD, Hasz D, Morris MJ, Wilson ID. 1979. The effect of heat inactivation
492 of serum on aggregation of immunoglobulins. Immunology 36:37–45. PMID:
493 422227
- 494 38. Blodgett R. 2010. Bacteriological Analytical Manual (BAM) - BAM Appendix 2:
495 Most Probable Number from Serial Dilutions. FDA Bacteriol Anal Man 1–27.
496 [https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm109](https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm109656.htm)
497 [656.htm](https://www.fda.gov/Food/FoodScienceResearch/LaboratoryMethods/ucm109656.htm). Last accessed: 10/04/2018
- 498 39. Thitaram SN, Frank JF, Siragusa GR, Bailey JS, Dargatz DA, Lombard JE,
499 Haley CA, Lyon SA, Fedorka-Cray PJ. 2016. Antimicrobial susceptibility of
500 *Clostridium difficile* isolated from food animals on farms. Int J Food Microbiol
501 227:1–5. DOI: 10.1016/j.ijfoodmicro.2016.03.017
- 502 40. Dharmasena M, Jiang X. 2018. Improving culture media for the isolation of
503 *Clostridium difficile* from compost. Anaerobe 51:1–7. DOI:
504 10.1016/j.anaerobe.2018.03.002

- 505 41. Wilson KH, Kennedy MJ, Fekety FR. 1982. Use of sodium taurocholate to
506 enhance spore recovery on a medium selective for *Clostridium difficile*. J Clin
507 Microbiol 15:443–446. PMID: 7076817
- 508 42. Jhung MA, Thompson AD, Killgore GE, Zukowski WE, Songer G, Warny M,
509 Johnson S, Gerding DN, McDonald LC, Limbago BM. 2008. Toxinotype V
510 *Clostridium difficile* in humans and food animals. Emerg Infect Dis 14:1039–
511 1045. DOI: 10.3201/eid1407.071641
- 512 43. Zidaric V, Beigot S, Lapajne S, Rupnik Maja M. 2010. The occurrence and
513 high diversity of *Clostridium difficile* genotypes in rivers. Anaerobe 16:371–
514 375. DOI: 10.1016/j.anaerobe.2010.06.001
- 515 44. Janezic S, Zidaric V, Pardon B, Indra A, Kokotovic B, Blanco J, Seyboldt C,
516 Diaz C, Poxton IR, Perreten V, Drigo I, Jiraskova A, Ocepek M, Weese J,
517 Songer J, Wilcox MH, Rupnik M. 2014. International *Clostridium difficile* animal
518 strain collection and large diversity of animal associated strains. BMC
519 Microbiol 14:173. DOI: 10.1186/1471-2180-14-173
- 520 45. Esfandiari Z, Jalali M, Ezzatpanah H, Weese JS, Chamani M. 2014.
521 Prevalence and characterization of *Clostridium difficile* in beef and mutton
522 meats of Isfahan Region, Iran. Jundishapur J Microbiol 7:1–5. DOI:
523 10.5812/jjm.16771
- 524 46. Anand C, Gordon R, Shaw H, Fonseca K, Olsen M. 2000. Pig and goat blood
525 as substitutes for sheep blood in blood-supplemented agar media. J Clin
526 Microbiol 38:591–594. PMID: 10655351
- 527 47. Greenwood D, Slack RCB, Peutherer JF. 1997. Medical Microbiology: A Guide
528 to Microbial Infections: Pathogenesis, Immunity, Laboratory Diagnosis and
529 Control. 15th Edition, Churchill Livingstone, London.

- 530 48. Corry JEL, Curtis GDW, Baird RM. 2011. Handbook of Culture Media for Food
531 and Water Microbiology- Third edition. RSC Publishing.
- 532 49. Lister M, Stevenson E, Heeg D, Minton NP, Kuehne SA. 2014. Comparison of
533 culture based methods for the isolation of *Clostridium difficile* from stool
534 samples in a research setting. *Anaerobe* 28:226–229. DOI:
535 10.1016/j.anaerobe.2014.07.003
- 536 50. Hopman NEM, Keessen EC, Harmanus C, Sanders IMJG, van Leengoed
537 LAMG, Kuijper EJ, Lipman LJA. 2011. Acquisition of *Clostridium difficile* by
538 piglets. *Vet Microbiol* 149:186–192. DOI: 10.1016/j.vetmic.2010.10.013
- 539 51. Loo VG, Brassard P, Miller MA. 2016. Household Transmission of *Clostridium*
540 *difficile* to Family Members and Domestic Pets. *Infect Control Hosp Epidemiol*
541 37:1–7. DOI: 10.1017/ice.2016.178
- 542 52. Esfandiari Z, Weese S, Ezzatpanah H, Jalali M, Chamani M. 2014. Occurrence
543 of *Clostridium difficile* in seasoned hamburgers and seven processing plants in
544 Iran. *BMC Microbiol* 14:283. DOI: 10.1186/s12866-014-0283-6
- 545 53. Bakri MM, Brown DJ, Butcher JP, Sutherland AD. 2009. *Clostridium difficile* in
546 Ready-to-Eat Salads, Scotland. *Emerg Infect Dis* 15:817–818. DOI:
547 10.3201/eid1505.081186
- 548 54. Davies KA, Longshaw CM, Davis GL, Bouza E, Barbut F, Barna Z, Delmée M,
549 Fitzpatrick F, Ivanova K, Kuijper E, Macovei IS, Mentula S, Mastrantonio P,
550 von Müller L, Oleastro M, Petinaki E, Pituch H, Norén T, Nováková, E, Nyč O,
551 Rupnik M, Schmid D, Wilcox MH. 2014. Underdiagnosis of *Clostridium difficile*
552 across Europe: The European, multicentre, prospective, biannual, point-
553 prevalence study of *Clostridium difficile* infection in hospitalised patients with
554 diarrhoea (EUCLID). *Lancet Infect Dis* 14:1208–1219. DOI: 10.1016/S1473-

555 3099(14)70991-0

556 **Table 1:** Recommended supplementation of CCFB and CDMN

557

Media	Sodium		References
	taurocholate concentration (T) (%)	Horse blood concentration (HB) (%)	
CCFB	NA	NA*	(26)
CCFB-T	0.1	NA*	(25)
CDMN	0.1	7	(45)
CDMN-T	0.1	NA	(17)
CDMN-HB	NA	7	(26)
CDMN-THB	0.1	7	(17, 26)

558

559 *CCFB contains 7% (v/v) horse blood as prepared.

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577
 578
 579
 580
 581
 582
 583
 584
 585
 586
 587
 588
 589
 590
 591
 592
 593

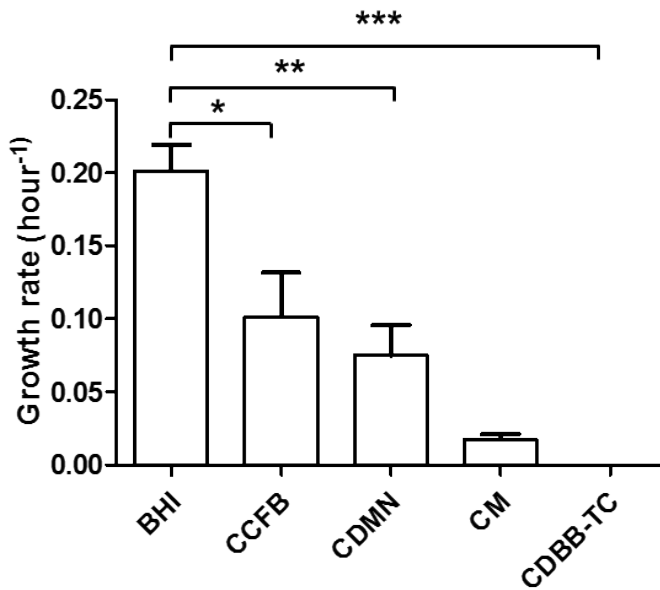
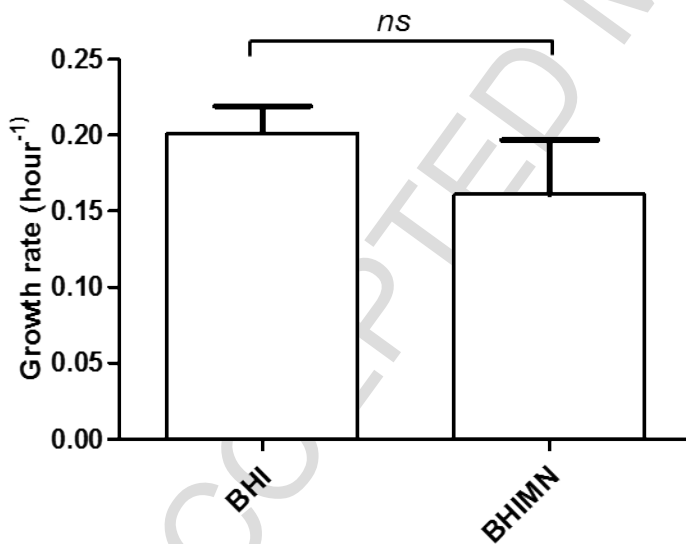
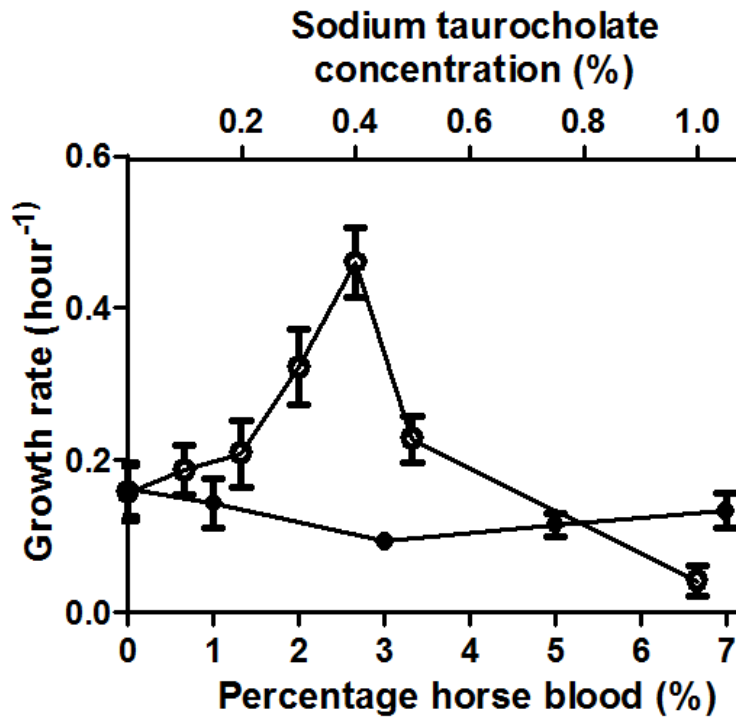


Figure 1: Growth rate of *C. difficile* M120 in each BHI, CCFB, CDMN, CM and CDBB-TC incubated anaerobically at 37°C for 33 h; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.



594
 595
 596

Figure 2: Growth of *C. difficile* M120 in BHI and BHIMN incubated anaerobically at 37°C for 33 h.



612 **Figure 3:** Growth of *C. difficile* M120 with varying concentrations of sodium
613 taurocholate, 0-1% (○), or defibrinated horse blood in BHIMN, 0-7% (●).

614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629

630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662

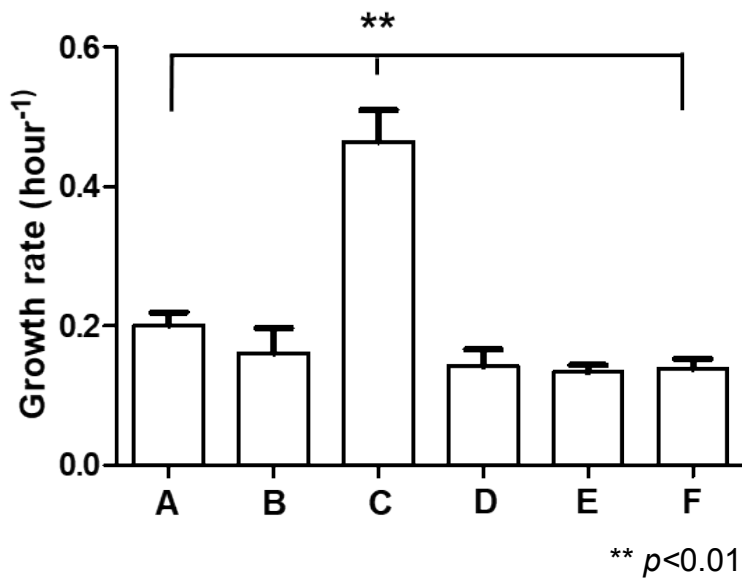


Figure 4: Growth rates of *C. difficile* M120 in **A) BHI** – without supplementation, **B) BHIMN** – BHI supplemented with antibiotics, moxalactam (32 µg/ml) and norfloxacin (12 µg/ml), **C) BHIMN-T** – BHI supplemented with moxalactam (32 µg/ml), norfloxacin (12 µg/ml) and 0.4% (w/v) sodium taurocholate, **D) BHIMN-HB** – BHI supplemented with moxalactam (32 µg/ml), norfloxacin (12 µg/ml) and 7% (v/v) defibrinated horse blood. **E) BHIMN-HB (heat)** – BHI supplemented with moxalactam (32 µg/ml), norfloxacin (12 µg/ml) and 7% (v/v) defibrinated horse blood which has been heat treated to inactivate complement, **F) BHIMN-THB** – BHI supplemented with moxalactam (32 µg/ml), norfloxacin (12 µg/ml), and 0.1% (w/v) sodium taurocholate and 7% (v/v) defibrinated horse blood.

663
 664
 665
 666
 667
 668
 669
 670
 671
 672
 673
 674
 675
 676
 677
 678
 679
 680
 681
 682
 683
 684
 685
 686
 687
 688
 689
 690
 691
 692
 693
 694

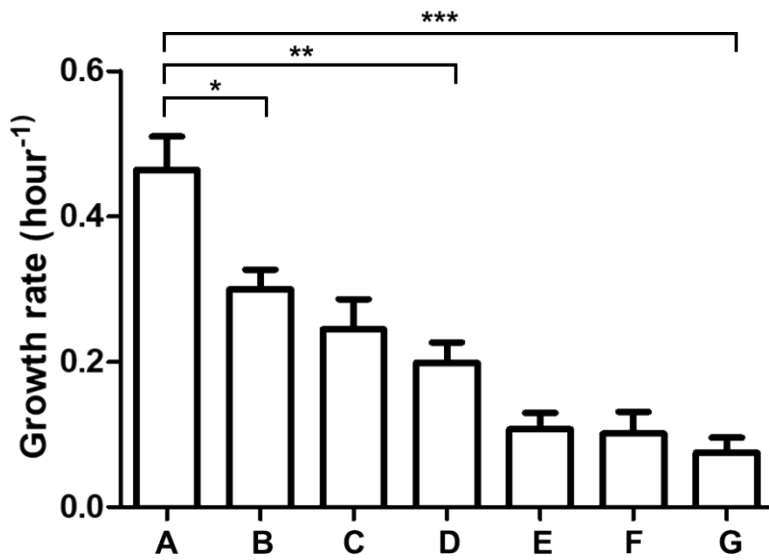


Figure 5: Specific growth rate for *C. difficile* M120 in **A)** BHIMN-T, **B)** CCFB-T- as prepared by Arroyo *et al.* (25) **C)** CDMN-HB as prepared by Aspinall and Hutchinson(26), **D)** CDMNT - as prepared by Xu *et al.*(17), **E)** CDMN-THB (17, 26), **F)** CCFB - as prepared by Aspinall and Hutchinson (26), **G)** CDMN - as prepared by Esfandiari *et al.* (45); * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

695 **Table 2:** Summary of specific growth rate of *C. difficile* M120 and corresponding lag
696 phase in each medium

697

Media	Lag phase (hours)	Growth rate (hour⁻¹)	SEM
BHIMNT	<14 hours	0.465	0.045
CCFB-T	~24 hours	0.300	0.027
CDMN-HB	~18 hours	0.245	0.041
CDMN-T	~15 hours	0.199	0.028
CDMN-THB	~14 hours	0.107	0.022
CCFB	~27 hours	0.102	0.030
CDMN	~33 hours	0.075	0.021

698

699

700

701

702

703

704 **Table 3:** Evaluation of the optimum concentration of sodium taurocholate in *C. difficile* spore recovery across representative
 705 isolates from clades 1-5, using estimation of MPN/ml

706

Isolate (Clade)		Number of positives at each dilution factor			Reported positives	MPN/ml	Confidence limits	
		-4 ^a	-5 ^b	-6 ^c			Lower	Upper
TL178 (1)	0.4% sodium taurocholate	12/14	6/14	1/14	12-6-1	2.83 x10 ⁴	1.7 x10 ⁴	4.9 x10 ⁴
	No sodium taurocholate	4/14	0/14	0/14	0-0-0	2.98 x10 ³	1.1 x10 ³	8.0 x10 ³
R20291 (2)	0.4% sodium taurocholate	11/14	9/14	5/14	11-9-5	3.72 x10 ⁴	2.3 x10 ⁴	5.9 x10 ⁴
	No sodium taurocholate	4/14	0/14	0/14	4-0-0	2.97 x10 ³	1.1 x10 ³	8.0 x10 ³
CD305 (3)	0.4% sodium taurocholate	14/14	3/14	1/14	14-3-1	3.80 x10 ⁴	2.0 x10 ⁴	7.4 x10 ⁴
	No sodium taurocholate	4/14	0/14	0/14	4-0-0	2.98 x10 ³	1.1 x10 ³	8.0 x10 ³
CF5 (4)	0.4% sodium taurocholate	12/14	5/14	2/14	12-5-2	2.80 x10 ⁴	1.6 x10 ⁴	4.8 x10 ⁴
	No sodium taurocholate	3/14	0/14	0/14	3-0-0	2.14 x10 ³	6.9 x10 ²	6.7 x10 ³
M120 (5)	0.4% sodium taurocholate	13/14	8/14	2/14	13-8-2	5.0 x10 ⁴	2.2 x10 ⁴	6.1 x10 ⁴
	No sodium taurocholate	6/14	0/14	0/14	6-0-0	4.9 x10 ³	2.2x10 ³	1.1 x10 ⁴

707 ^a1x10⁻⁴ dilution is representative of 130 ± 3 spores/ml

708 ^b 1x10⁻⁵ dilution is representative of 13 ± 0.3 spores/ml

709 ^c1x10⁻⁶ dilution is representative of 1.3 ± 0.03 spores/ml

1 **Highlights**

- 2 i. Comparison of enrichment media using qPCR to monitor growth of *C. difficile*.
3 ii. 0.4% sodium taurocholate provided optimum growth in Brain Heart Infusion
4 (BHI) supplemented with moxalactam and norfloxacin (BHIMN-T) when
5 compared to other media with recommended supplementation.
6 iii. BHIMN-T provided effective for the recovery of spores at low concentrations.

7