

1 Antibiotic perturbation of gut bacteria does not significantly alter host responses to ocular
2 disease in a songbird species

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Abstract

Bacterial communities in and on wild hosts are increasingly appreciated for their importance in host health. Through both direct and indirect interactions, bacteria lining vertebrate gut mucosa provide hosts protection against infectious pathogens, sometimes even in distal body regions through immune regulation. In house finches (*Haemorhous mexicanus*), the bacterial pathogen *Mycoplasma gallisepticum* (MG) causes conjunctivitis, with ocular inflammation mediated by pro- and anti-inflammatory cytokines and infection triggering MG-specific antibodies. Here, we tested the role of gut bacteria in host responses to MG by using oral antibiotics to perturb bacteria in the gut of captive house finches prior to experimental inoculation with MG. We found no clear support for an impact of gut bacterial disruption on conjunctival pathology, MG load, or plasma antibody levels. However, there was a non-significant trend for birds with intact gut communities to have greater conjunctival pathology, suggesting a possible impact of gut bacteria on pro-inflammatory cytokine stimulation. Using 16S bacterial rRNA amplicon sequencing, we found dramatic differences in cloacal bacterial community composition between captive, wild-caught house finches in our experiment and free-living finches from the same population, with lower bacterial richness and core communities composed of fewer genera in captive finches. We hypothesize that captivity may have affected the strength of results in this experiment, necessitating further study with this consideration. The abundance of anthropogenic impacts on wildlife and their bacterial communities, alongside the emergence and spread of infectious diseases, highlights the importance of studies addressing the role of commensal bacteria in health and disease, and the consequences of gut bacterial shifts on wild hosts.

47 **Introduction**

48 Symbiotic bacterial communities interact with invading pathogens in diverse ways and
49 are increasingly recognized as important players in host health and disease (Daskin & Alford,
50 2012; Boon et al., 2014; Oliver, Smith & Russell, 2014; Becker et al., 2015). Beyond direct
51 interactions influencing pathogen invasion and growth, commensal bacteria aid in host immune
52 system development and regulate immune responses throughout life (Honda & Littman, 2012;
53 Kabat, Srinivasan & Maloy, 2014; Lazar et al., 2018; Broom & Kogut, 2018; Kogut, Lee &
54 Santin, 2020), indirectly affecting the strength and efficiency of hosts' responses to pathogens.
55 Bacteria along the mucosal surfaces of the gastro-intestinal tract (hereafter "gut"), in particular,
56 provide hosts with diverse types of protection from infection, including serving as a physical
57 barrier to pathogens on mucosal surfaces, and indirectly regulating host immunity in ways that
58 often facilitate pathogen clearance (Khosravi & Mazmanian, 2013). On the other hand, gut
59 bacteria can have complicated effects on host inflammatory immune responses, both in the gut
60 and other tissues (Ichinohe et al., 2011; Hooper, Littman & Macpherson, 2012; Wilks &
61 Golovkina, 2012; Shukla et al., 2017; Lazar et al., 2018; Kogut, Lee & Santin, 2020), making the
62 effects of commensal gut bacteria on host responses to infections difficult to predict. As
63 anthropogenic impacts on wildlife and their bacterial communities increase in extent, via
64 antibiotics and other stressors (Kelly et al., 2014; Teyssier et al., 2018; Trevelline et al., 2019;
65 Kraemer, Ramachandran & Perron, 2019; Lavrinienko et al., 2021), a better understanding of the
66 importance of bacterial communities in wildlife hosts is imperative to prepare for, and predict,
67 effects of emerging wildlife diseases.

68 While the importance of gut bacteria in health and disease has been established (Honda &
69 Littman, 2012), the majority of studies focus on human health and mammalian model systems,

70 with studies of wild and captive non-model species largely limited to characterizing gut
71 communities within and among species (e.g. Yuan et al., 2015; Cheng et al., 2015; Kohl et al.,
72 2017; Teyssier et al., 2018; Song et al., 2020). Such studies broadly show that gut bacterial
73 communities are influenced by both endogenous and exogenous factors and are maintained by
74 interactions among hosts and between hosts and their environment (Harris, Roode & Gerardo,
75 2019; Koskella & Bergelson, 2020; Sarkar et al., 2020). For example, physiological stressors
76 (Vlčková et al., 2018; Keohane et al., 2019), disease elsewhere in the body (Vieira & Pretorius,
77 2010; Wang et al., 2014), warming environmental temperatures (Bestion et al., 2017), and
78 urbanization (Teyssier et al., 2018; Murray et al., 2020) can all influence gut microbial
79 communities among individuals and populations. While the role of such gut microbial variation
80 in wildlife health remains largely unknown (but see Davidson et al., 2021; Worsley et al., 2021),
81 the growing number of factors shown to influence gut microbial composition in wild systems
82 indicates that the consequences of such variation for wildlife health requires broader attention.
83 These interactions are ideal for studying with controlled captive experiments to identify factors
84 in natural systems that may require greater consideration in their effects on wildlife health. As
85 such, captive studies of gut bacterial function in wild-caught animals can provide an important
86 intermediate link between studies documenting gut microbial variation in free-living animals and
87 experimental studies of gut bacteria and host health in lab animal models.

88 Few studies have directly examined the potential for gut bacteria in wild animals to
89 influence host responses to pathogens, though studies of lab animal models suggest that such
90 interactions are likely. Experiments in mice find that both innate and adaptive immune responses
91 to respiratory viral infections are triggered by resident gut microbes (Ichinohe et al., 2011; Abt et
92 al., 2012). Specifically, in response to experimental infection, mice with intact gut communities

93 had shorter infection times, but increased inflammatory and antibody responses, compared with
94 antibiotic-treated mice. In contrast, germ-free laboratory mice inoculated with microbiota from
95 wild mice show reduced inflammation from influenza virus and increased survival (Rosshart et
96 al., 2017). Similarly, mice given oral antibiotics to knock down gut microbes generally had
97 greater inflammatory responses to *Streptococcus pneumoniae* infection than those with intact gut
98 microbiomes (Schuijt et al., 2016). These results provide support for a key role of gut microbes
99 mediating host inflammatory responses to pathogens. Importantly, there is evidence that diseases
100 characterized by inflammatory responses may be particularly affected by gut bacteria, while gut
101 microbes can be less important for non-inflammatory responses to infection. For example,
102 pathogens that do not trigger inflammasome-dependent cytokine responses (e.g. *Legionella*
103 *pneumophila*) in hosts were not affected by knocking down the resident gut bacteria (Ichinohe et
104 al., 2011). These experiments highlight the varied roles of gut communities in host disease,
105 though a broader understanding of these interactions in non-mammalian and non-model systems
106 is necessary.

107 In wild house finches (*Haemorrhous mexicanus*), the ocular pathogen *Mycoplasma*
108 *gallisepticum* (MG), which causes mycoplasmal conjunctivitis, has spread across much of the
109 host's distribution in the continental United States (Ley et al., 2016). Disease outbreaks in
110 finches are associated with reduced host fitness and resulting population declines (Hochachka &
111 Dhondt, 2000; Faustino et al., 2004). The degree of inflammation of the conjunctiva during
112 infection is mediated by both pro- and anti-inflammatory cytokines (Vinkler et al., 2018).
113 Because gut bacteria are mediators of immune responses in diverse vertebrates (Rosshart et al.,
114 2017; Grond et al., 2018), they may be important during ocular infection in this system. Further,
115 the conjunctival inflammation that house finches experience during infection appears to predict

116 their likelihood of mortality from infection, which occurs largely via predation (Adelman, Mayer
117 & Hawley, 2017); thus, understanding what factors drive variation in conjunctival inflammation,
118 such as the gut bacterial community, is key for predicting the fitness impacts of this pathogen on
119 host populations.

120 In this experiment, we tested the role of resident gut bacteria on disease in peripheral
121 ocular tissues during mycoplasmal infection. We disrupted the gut bacteria through
122 administration of oral antibiotics and then experimentally inoculated birds with MG to test the
123 hypothesis that disrupted gut bacterial communities would affect disease caused by MG. We
124 predicted that if gut bacteria stimulate pro-inflammatory cytokine production in this system, then
125 antibiotic-treated birds would show less severe conjunctival inflammation, given documented
126 associations between conjunctivitis severity and pro-inflammatory cytokine expression (Vinkler
127 et al., 2018). Alongside reduced pathology, we expected to find reduced MG-specific antibody
128 production, higher mycoplasmal loads, and longer disease, as detected in other systems (Abt et
129 al., 2012). Alternatively, because pathology is coincident with mycoplasmal tissue damage, we
130 considered that we could find increased pathology in antibiotics-treated birds. To address the
131 hypothesis that we could detect shifts in gut bacteria due to antibiotics administration, we used
132 amplicon sequencing of cloacal swabs as a proxy for mucosal bacteria in the gut to avoid
133 destructive sampling of hosts that we were actively monitoring for conjunctival disease
134 outcomes. Lastly, to put our captive experiment on this wild-caught species into context, we
135 compared cloacal swabs from our experimental birds to free-living birds to assess the differences
136 in bacterial communities in captive versus wild house finches.

137

138 **Materials & Methods**

139 *Bird Capture and Housing*

140 Hatch-year house finches (n = 50) were wild-caught in June–July 2020 in Blacksburg,
141 Montgomery County, Virginia. Upon capture, finches were housed singly or in pairs and
142 subjected to a two week quarantine period, during which time we verified that no bird exhibited
143 clinical signs of conjunctivitis. After two weeks, we also tested for MG-specific antibodies with
144 enzyme-linked immunosorbent assay (ELISA; Hawley et al., 2011), and no seropositive birds
145 were included in the present study. To minimize mortality due to coccidiosis, all birds were
146 treated with Endocox (toltrazuril) in their water (1.29 g/L for three days every one to four
147 weeks). Endocox treatment should not have directly affected the gut bacteria (Maurice et al.,
148 2015), and treatment ceased 18 days before MG inoculation. Birds were single-housed 13 days
149 prior to inoculation, at the end of September 2020 (Fig. 1), and were provided a constant 12:12
150 light-dark cycle and food and water *ad libitum*. Birds were captured under VDGIF (066646) and
151 USFWS (MB158404-0) permits. Experimental procedures were approved by Virginia Tech’s
152 Institutional Animal Care and Use Committee (BIOL-18-144).

153 *Experimental Design*

154 Experimental birds were randomly assigned to oral antibiotics and MG treatments in a 2
155 × 2 factorial design, with as close to 50:50 sex ratio as possible per treatment group. To perturb
156 the gut bacteria with antibiotics, we administered a mixture of amoxicillin and metronidazole in
157 the birds’ water (available *ad libitum*), at final concentrations of 1000 mg/L and 200 mg/L
158 respectively, for seven days prior to MG inoculation (Dorrestein, 2009, n = 25 birds, Fig. 1,
159 Table 1). Water (control) and antibiotics were refreshed daily. The length of these broad-
160 spectrum antibiotics administration was chosen based on studies in chickens to cause large
161 enough changes to affect immune responses (Wise & Siragusa, 2007; Pélissier et al., 2010;

162 Pallav et al., 2014; Schokker et al., 2017; Connelly et al., 2018; Xiong et al., 2018). Though
163 these antibiotics may be spread systemically through the bird, they both have short half-lives in
164 other birds (≤ 12 hrs in poultry; Anadón et al., 1996; Cybulski et al., 1996), and we ceased
165 antibiotics treatment prior to MG inoculation. Further, any residual antibiotics present in birds
166 would not affect MG itself as they mainly affect bacteria with cell walls (amoxicillin) and
167 anaerobic bacteria (metronidazole) (Anadón et al., 1996; Bébéar, Pereyre & Peuchant, 2011;
168 Ceruelos et al., 2019). On MG inoculation day, we administered 70 μL of Frey's media (control,
169 Table 1) or MG diluted in Frey's media (VA1994 isolate, 7994-1 6 P 9/17/2018) to a
170 concentration of 3×10^4 color changing units/mL (CCU/mL) by droplet instillation onto the
171 conjunctivae.

172 We focused our data collection on following disease in birds throughout infection,
173 making us unable to measure cytokine expression in this study, which requires destructive
174 sampling (Vinkler et al., 2018). Birds were monitored for pathology and MG load periodically
175 throughout infection (Fig. 1). We scored the degree of pathology for each conjunctiva on a scale
176 of 0–3 and summed the values between the two eyes for a given sampling day (Sydenstricker et
177 al., 2005). No experimental birds had any pathology prior to MG inoculation. To measure MG
178 loads, cotton-tipped swabs were lubricated with tryptose phosphate broth (TPB) before gently
179 swabbing each conjunctiva and wringing out the swab in a collection tube of 300 μL TPB. Both
180 conjunctival swab samples per bird were combined into a single TPB tube. Both eye scoring and
181 swabbing were done by a single individual (CLW), blind to treatment.

182

183 *Measuring Pathogen Load*

184 We extracted DNA from a subset of ocular swab samples from MG-treated birds on post-
185 inoculation days -1, 3, 7, and 13 (n = 8–10 per treatment per day; Table S1) using the Qiagen
186 DNeasy 96 Blood and Tissue Kit (Qiagen, Valencia, CA) to examine differences between the
187 treatment groups in MG loads early in infection. We also extracted samples from sham MG birds
188 on day 3 to ensure that our sham controls were MG-free, because day -1 samples from these
189 birds were used for a separate study. We included four extraction controls (extraction reagents
190 with no sample) on the DNA extraction plate interspersed among our samples. MG load was
191 measured with a probe-based quantitative polymerase chain reaction (qPCR) amplifying the
192 MGC2 gene, as previously described (Grodio et al., 2008; Leon & Hawley, 2017). With every
193 MGC2 qPCR plate run we included a standard curve of eight plasmid concentrations (10^1 to 10^8
194 copies) in triplicate.

195 We verified with ocular swab samples from day -1 that birds in MG inoculated groups
196 did not begin the experiment with active MG infections; those samples were negative for MG via
197 qPCR. Some of the sham control bird samples from day 3 were positive for low levels of MG via
198 qPCR (max of $10^{1.66}$ copies; Fig. 2b), but the lowest value from a MG-inoculated bird on that
199 post-infection day ($10^{2.55}$ copies) was 8-times greater than the highest MG sham control sample.
200 These positive MG sham control samples were likely contaminated during DNA extraction,
201 supported by the absence of pathology for any MG-control birds throughout the experiment. The
202 qPCR reaction we use is very sensitive to low levels of contamination, which have been detected
203 previously in this system (Leon & Hawley, 2017). Because treatment groups were randomized
204 among the extraction plate, low-level contamination is not likely to affect our results. None of
205 the extraction controls tested positive for MG from qPCR.

206

207 *Bacterial Community Characterization*

208 In birds and many other vertebrates, the cloaca is the terminal opening for the digestive,
209 urinary, and reproductive tracts, making cloacal swabbing a minimally invasive method
210 standardly used in avian studies for collecting microbial communities (Klomp et al., 2008;
211 Escallón et al., 2017). We used amplicon sequencing of cloacal swab samples to address the
212 hypothesis that we could detect shifts in the gut bacterial communities due to antibiotics with
213 cloacal swab data, as well as the hypothesis that cloacal bacteria in captive house finches are
214 representative of those in wild house finches.

215 On day –1 post-inoculation (day 6 of antibiotics treatment) and day 7 post-inoculation
216 (Fig. 1), we gently inserted a sterile swab (PurFlock Ultra®, Puritan, Guilford, Maine) ~4 mm
217 into the cloaca and rotated for 5 seconds. Swabs were placed in sterilized 1.5 mL
218 microcentrifuge tubes on ice after collection and frozen at –80 °C until DNA extraction. We
219 extracted DNA from 49 cloacal swab samples (Table 1) with the Qiagen DNeasy Blood and
220 Tissue Kit protocol for Gram-positive bacteria. We focused DNA extraction on detecting effects
221 of antibiotics and avoiding confounding effects of MG infection, extracting both sample dates for
222 all 16 MG control birds and only day –1 samples from birds subsequently given MG. To
223 compare cloacal bacterial communities from captive birds with those in the wild from the same
224 population, we also extracted DNA (using identical methods) from 16 cloacal swab samples
225 collected from wild house finches in October–November 2020 in Blacksburg, VA.

226 Unlike the extraction methods detailed above for ocular swab samples (96-well
227 extraction), our DNA extractions of cloacal samples were conducted in a biosafety cabinet with
228 single-tube extractions to minimize contamination into and among the samples. Alongside the
229 cloacal swab extractions, we extracted DNA from environmental controls (n = 4; exposing a

230 swab to the air) and extraction controls (n = 5), and conducted library prep on n = 6 of these
231 control samples, but did not include them in the sequence run. From Qubit analysis, average \pm
232 SD ng/ μ L of library prepped cloacal samples and controls were 16.7 ± 10.4 and 2.2 ± 1.0
233 respectively. Thus, we are confident that the bacterial communities described here largely
234 constitute those in the cloaca and not from outside sources.

235 For cloacal swab bacterial community assessment, we amplified the V4 region of
236 bacterial 16S rRNA gene with the 515F/806R primers (Caporaso et al., 2012) as previously
237 described (Thomason et al., 2017; Hernandez et al., 2020; Weitzman et al., 2021), and amplicons
238 were sequenced using a 250bp single-end strategy on an Illumina MiSeq at the Dana Farber
239 Cancer Center of Harvard University. Forward reads were demultiplexed in QIIME2 (Bolyen et
240 al., 2019) and processed with the DADA2 package with R version 4.0.2 in RStudio version
241 1.3.1093 (R Development Core Team, 2015; Callahan et al., 2016; RStudio Team, 2020). With
242 the filterAndTrim function, we kept reads with a minimum length of 250 bases and 5 maximum
243 expected errors. After inferring amplicon sequence variants (ASVs), we removed chimeras,
244 assigned taxonomy with the Silva v132 database using the assignTaxonomy command, and
245 removed non-bacterial, mitochondrial, and chloroplast reads. After inspection of rarefaction
246 curves, we rarefied samples to 5000 reads for richness and alpha diversity analyses and kept
247 unrarefied data from samples with a minimum of 1000 reads for beta diversity analyses and
248 analysis of differential abundance. Beta diversity metrics were calculated from data transformed
249 to proportional reads (on a per sample basis, reads per ASV divided by total reads; McKnight et
250 al., 2019). We used QIIME2 to determine ASV richness, Faith's phylogenetic diversity, Bray-
251 Curtis and Jaccard distances, and weighted and unweighted UniFrac distances. UniFrac reflects
252 phylogenetic-based distances, with unweighted UniFrac distances based off presence-absence

253 data and weighted UniFrac distances incorporating relative abundance. From these diversity
254 metrics, we calculated the change in richness and phylogenetic diversity per bird where
255 applicable (day 7 post-inoculation – day –1 pre-inoculation) and also extracted pairwise distance
256 values of samples between day –1 and day 7 post-inoculation per bird. For analyses of
257 differential abundance, we collapsed the ASV table to genus level.

258

259 *Statistical Analyses*

260 Statistical analyses were run with R version 4.0.2 in RStudio version 1.3.1093 (R
261 Development Core Team, 2015; RStudio Team, 2020). The full models for pathology, MG load,
262 and probability of infection included antibiotics treatment, post-inoculation day, their interaction,
263 sex, and a random variable of bird ID. We used model simplification to arrive at final models,
264 removing the interaction term or covariates (day, sex) when $p > 0.1$ from Wald’s tests in the car
265 package (Fox & Weisberg, 2019). We used linear mixed-effects models (LMM) with the lme4
266 package (Bates et al., 2015), analyzing pathology data from MG-inoculated birds only, to test the
267 hypothesis that oral antibiotics influenced the degree of house finch conjunctival pathology after
268 inoculation with MG. To fit assumptions of normality in analyses, we analyzed pathology data as
269 $\log(\text{sum eye score} + 1)$. We similarly analyzed MG load, as $\log_{10}(\text{load} + 1)$, with LMM to test
270 the hypothesis that oral antibiotics treatment influenced MG growth. Here we modeled post-
271 inoculation day as an ordinal variable because MG load was only measured on three post-
272 inoculation days. We additionally analyzed whether the probability of infection (Y/N) differed
273 based on antibiotics treatment, defining successful infection as a conjunctival MG load $> 10^{3.1}$
274 copies (Adelman et al., 2015; Leon & Hawley, 2017). Because a subset of samples were
275 randomly extracted for each post-inoculation day, we qualified each MG load as “infected” or

276 not and analyzed probability of infection with a binomial generalized linear model with a probit
277 link, with day as an ordinal variable as above.

278 We used 16S rRNA amplicon sequences from cloacal swabs to address two additional
279 hypotheses: oral antibiotics affect cloacal bacterial communities, but communities begin to return
280 to their initial composition one week after antibiotics treatment ends; and cloacal bacteria in
281 captive house finches are similar to, and representative of, those in wild house finches.

282 To assess the effects of antibiotics on cloacal bacterial communities, we subset the alpha
283 and beta diversity metrics, and their changes over time, to only include captive birds in the
284 experiment. We made three sets of comparisons with these data: differences between
285 communities on day -1 in birds that were given antibiotics and non-treated birds; changes in
286 communities within birds from day -1 to day 7; and differences between communities on day 7
287 in antibiotics and non-treated control birds. We analyzed log-transformed values of ASV
288 richness and Faith's phylogenetic diversity with LMM, determining p-values with Wald's tests.
289 Analyses included predictor variables of antibiotics treatment, post-inoculation day (categorical
290 with two sampling days), their interaction, sex, and the random variable of bird ID. We assessed
291 differences in bacterial community structure based on the same predictor variables with
292 permutational analysis of variance (PERMANOVA) with a block design (bird ID as random
293 variable) and analysis of beta dispersion in the vegan package (Oksanen et al., 2018), and
294 visualized community structure differences with principal coordinates analysis in the ape
295 package (PCoA; Paradis & Schliep, 2019). ANOVAs were used to compare changes in richness
296 and phylogenetic diversity, and pairwise beta diversity distances (distance value within a bird
297 between day -1 and day 7), between antibiotics treatment groups. Though we initially included

298 sex as a covariate in each of these analyses, it was never significant and was removed for final
299 results.

300 We then used genus-level data to detect differentially abundant taxa between antibiotics
301 treatments and sampling days with ALDEx2 (Fernandes et al., 2013, 2014) in QIIME2, with
302 genera present in at least 10% of the samples included in each analysis. Genera were considered
303 differentially abundant when Wilcoxon rank test p-value was below 0.05 with a Benjamini-
304 Hochberg correction (Benjamini & Hochberg, 1995). ALDEx2 can only perform pairwise
305 comparisons between two groups, so we subset and analyzed our data with this consideration,
306 comparing relative abundances of genera between: antibiotics and non-treated birds on day -1
307 (antibiotics n = 12, control n = 19), day -1 (n = 12) and day 7 (n = 8) in birds given antibiotics,
308 and birds given antibiotics compared with non-treated birds on day 7 (n = 8 each).

309 To detect whether cloacal communities of captive finches are representative of those of
310 wild birds, we subset the cloacal swab data to include samples from non-antibiotics-treated birds
311 from the experiment on day -1 and samples from wild birds. Thus, no birds in this had received
312 oral antibiotics. We compared log-transformed richness and phylogenetic diversity between
313 these groups (captive versus wild finches) with ANOVAs. We also used PERMANOVA and
314 analysis of beta dispersion to compare beta distances, as well as ALDEx2 to detect differentially
315 abundant genera between these two groups of samples. Finally, we determined the overlap of
316 core genera (present in >85% of samples per group) between these groups.

317

318 **Results**

319 *Infection and Disease*

320 Inoculation with MG resulted in varied host responses, with all but three inoculated birds
321 exhibiting some visible conjunctival pathology during the experiment. The severity of pathology
322 did not differ based on pre-inoculation oral antibiotics treatment (LMM, estimate \pm SD = $-0.19 \pm$
323 0.12 , $\chi^2 = 2.35$, $p = 0.1$); covariates of post-inoculation day (and its interaction with antibiotics
324 treatment) and sex were removed from the final model because they were not significant.
325 Although not significant, average differences in pathology followed our predictions, with a lower
326 average degree of conjunctival inflammation in hosts given antibiotics treatment prior to
327 infection compared to controls, particularly early in infection (Fig. 2a).

328 MG load differed by post-inoculation day, but not by antibiotics treatment (LMM, day: χ^2
329 = 24.40 , $p < 0.0001$; antibiotics treatment: estimate \pm SD = -0.14 ± 0.26 , $\chi^2 = 0.27$, $p > 0.5$; Fig.
330 2b). We also assessed the probability of being infected (binomial Y/N) on the post-inoculation
331 days for which we had MG load data, and similarly found that the probability of being infected
332 differed significantly among post-inoculation days, but not based on antibiotics treatment (day:
333 $\chi^2 = 11.75$, $p = 0.003$; antibiotics treatment: estimate \pm SD = 0.08 ± 0.39 , $\chi^2 = 0.04$, $p > 0.5$).
334 Finally, we did not find any significant effects of treatment on plasma antibody levels in
335 response to experimental infection (Supplemental Materials).

336

337 *Cloacal Bacteria in Captive House Finches*

338 In the total 65 cloacal swab samples (including samples from 16 wild birds), we detected
339 9,460 bacterial ASVs from 1,951,109 total bacterial reads (102–116,421 reads per sample, mean
340 = $30,019 \pm 31,073$). We removed two samples with fewer than 1,000 reads (one sample from
341 each: day -1 MG treatment, day -1 both antibiotics treatment+MG). Rarefaction removed an
342 additional 12 samples from alpha diversity analyses (Fig. 3). The cloacal communities in our

343 captive house finches at the beginning of the experiment were largely comprised of
344 Proteobacteria (e.g. *Pseudomonas*, *Sphingomonas*, *Janthinobacterium*) and Firmicutes (e.g.
345 *Candidatus Arthromitus*, *Staphylococcus*, *Bacillus*), followed by Actinobacteria, and Tenericutes
346 (Fig. S1).

347 We did not detect strong, immediate effects of antibiotics on cloacal bacterial
348 communities. At day -1 (the final day of oral antibiotics), diversity metrics were largely
349 comparable for non-treated and antibiotics-treated birds (Fig. 3ab). However, antibiotics-treated
350 birds appeared to have less variable bacterial diversity than did non-treated birds at day -1, just
351 prior to MG inoculation, though this pattern reversed on day 7 post-inoculation (Fig. 3ab).
352 Overall, there was no significant effect of antibiotics treatment on bacterial richness (estimate \pm
353 SD = 0.26 ± 0.32 , $\chi^2 = 0.68$, $p = 0.4$; Fig. 3a), phylogenetic diversity (estimate \pm SD = $0.18 \pm$
354 0.24 , $\chi^2 = 0.56$, $p = 0.5$; Fig. 3b), unweighted UniFrac distance (sum of squares = 0.25 , $F_{1,45} =$
355 0.98 , $R^2 = 2.1\%$, $p > 0.5$; Fig. S2) or weighted UniFrac distance (sum of squares = 0.29 , $F_{1,45} =$
356 2.12 , $R^2 = 4.5\%$, $p > 0.5$, Fig. S2). The difference in community structure based on antibiotics
357 treatment was not explained by differing dispersion (unweighted UniFrac: sum of squares =
358 0.003 , $F_{1,45} = 1.27$, $p = 0.3$; weighted UniFrac: sum of squares = 0.03 , $F_{1,45} = 1.94$, $p = 0.2$). Beta
359 diversity based on Bray-Curtis and Jaccard distances were similarly not affected by antibiotics
360 treatment (Table S2, Fig. S2). Post-inoculation day, the interaction between day and antibiotics
361 treatment, and host sex were not significant in any comparisons of bacterial communities and
362 were removed from all analyses.

363 When examining within-individual changes in diversity metrics from day -1 to day 7
364 post-inoculation, antibiotics treatment significantly predicted paired weighted UniFrac distances
365 (sum of squares = 0.06 , $F_{1,14} = 4.73$, $p = 0.047$; Fig. 3e), with results indicating that samples from

366 birds given antibiotics were more similar between the sampling days than control samples from
367 birds that were not treated. However, we found no effect of antibiotics treatment on within-
368 individual changes over time with respect to most other diversity metrics (Fig. 3; richness: $F_{1,7} =$
369 $0.004, p = 1$; phylogenetic diversity: $F_{1,7} = 0.007, p = 0.9$; paired unweighted UniFrac: $F_{1,14} =$
370 $0.29, p = 0.6$; paired Bray-Curtis and Jaccard results in Table S2). Antibiotics-treated birds
371 showed a nonsignificant decline in richness and phylogenetic diversity over time, which could
372 represent a delayed effect of antibiotics, though samples from birds not given antibiotics were
373 highly variable.

374 We used ALDEx2 to detect differentially abundant genera in cloacal bacterial
375 communities between antibiotics treatments and sampling days, but found no differences
376 between the birds given antibiotics and non-treated control birds on day -1 or day 7, and no
377 differences in antibiotics-treated birds between day -1 and day 7.

378

379 *Captive vs Wild House Finch Bacteria*

380 Cloacal samples from captive birds (in the lab 10+ weeks prior to the experiment) that
381 did not receive oral antibiotics had significantly different cloacal bacterial communities
382 compared with birds sampled in the wild at the same time of year (Table S3). Importantly, wild
383 samples had higher ASV richness, and the communities differed in community structure (Table
384 S3, Fig. S3, S4). In ADLEEx2 analyses, we found 76 genera (out of 621, 12.2%) to be
385 differentially abundant in cloacal communities between untreated captive birds (day -1) and wild
386 samples (Table S4), most of which ($n = 62$) were more abundant in wild bird samples. We
387 further found that samples from birds in the lab had simpler core bacterial communities, with
388 fewer prevalent genera than cloacal samples from wild birds (Fig. S5).

389

390 **Discussion**

391 Experimental and observational studies are increasingly finding that infectious disease
392 outcomes in hosts are affected by resident bacterial communities (Hooper, Littman &
393 Macpherson, 2012; Weyrich et al., 2014; Walke & Belden, 2016; Rosshart et al., 2017). We used
394 oral antibiotics and experimental MG inoculation to quantify indirect effects of gut bacteria on
395 ocular disease in house finches. Though we did not find treatment of the gut bacterial
396 microbiome with antibiotics to significantly affect MG pathology, pathogen load, or antibody
397 responses, antibiotics-treated birds had slightly lower average pathology than did control birds
398 early in infection, though it was not a great enough difference to significantly affect the
399 treatment-by-day interaction in analyses. Further, we detected stark differences in cloacal
400 bacterial communities between captive house finches and those in the wild. We focus our
401 discussion of these experimental results through the lens of bacterial communities in our birds.

402

403 *Gut Bacteria and Ocular Disease*

404 As in other systems (Bornbusch et al., 2021), we expected to find long-term effects of gut
405 bacterial disruption on immune function and consequently disease response. In this experiment,
406 oral antibiotics prior to infection did not strongly affect ocular pathology after inoculation with a
407 high dose of MG, though the data show a slight trend of antibiotics treatment reducing the
408 average degree of pathology early in infection. Though not significant, an average reduction in
409 early ocular inflammation could indicate that some gut bacteria affected by antibiotics treatment
410 in our study may stimulate the inflammatory immune response. House finches experience an
411 influx of local and systemic pro-inflammatory cytokine production (IL-1 β , IFN- γ , TNF- α) early

412 in infection with MG (Adelman et al., 2013; Vinkler et al., 2018), and individual variation in
413 conjunctivitis is significantly predicted by individual variation in local IL-1 β expression. In this
414 experiment, we were unable to measure cytokine expression, which requires destructive
415 sampling and thus precludes the ability to track infection outcomes. However, an experimental
416 study in mice found that antibiotics to knock down gut bacteria resulted in decreased
417 inflammatory cytokine production and decreased clinical signs of experimental autoimmune
418 uveitis, a non-infectious ocular disease (Nakamura et al., 2016). Similarly, the gut microbiota in
419 mice has been shown to induce inflammatory immune responses to respiratory infection
420 (Ichinohe et al., 2011), indicating that gut microbiota can stimulate inflammatory responses at
421 diverse mucosal surfaces.

422 In our birds, the reduced average inflammation after gut bacterial perturbation was
423 negligible (~0.5 pathology score reduction), which, even if statistically significant, would not
424 likely result in dramatic differences in the bird's vision and ability to find food or evade
425 predators. However, our characterization of cloacal communities indicates that the bacteria in
426 captive house finches may not have been representative of those in wild birds, having lost many
427 bacteria that were prevalent in wild birds. Consequently, gut bacteria may have greater
428 importance for disease outcomes in wild birds than their captive counterparts. Alternatively, gut
429 bacteria in house finches may not play an important role in inflammatory responses in peripheral
430 tissues. However, the close association between gut bacteria and the bursa of Fabricius, the site
431 of B cell development in birds located within the intestinal tract, suggests that intestinal bacteria
432 should have immunomodulatory effects, particularly in the context of cytokine-mediated
433 inflammation (reviewed in Kohl, 2012). As a nascent field, we cannot compare our results with
434 others from songbirds, though the field is gaining traction in human and mouse models,

435 particularly regarding nonpathogenic ocular diseases. For example, in addition to the mouse
436 experiment noted above (Nakamura et al., 2016), an observational study in people with non-
437 pathogenic uveitis found shifts in gut communities, including decreased diversity, compared with
438 healthy subjects (Kalyana Chakravarthy et al., 2018). Overall, while we did not find statistical
439 support for effects of gut bacteria in altering host responses to ocular disease in house finches
440 here, studies of local and systemic cytokine responses may still be warranted, particularly early
441 in infection when differences in inflammatory immune responses appear important in driving
442 host disease outcomes (Adelman et al., 2013).

443

444 *Describing and Disturbing Gut Bacteria*

445 The absence of detectable effects of gut bacteria on host responses in our study may have
446 at least partly resulted from limitations in our ability to meaningfully perturb the gut microbiome
447 in captive house finches. Through amplicon sequencing, we detected dramatic differences
448 between the cloacal bacteria of our captive house finches and those sampled in the wild at the
449 time of our study. Notably, wild finches had greater cloacal bacterial richness, with greater
450 relative abundance of many genera when compared with captive finches (Figure S3). Captivity
451 can affect host-associated bacterial communities due to changes in environment, diet, and
452 stressors (Bailey et al., 2010; Becker et al., 2014; Clayton et al., 2016; Bates et al., 2019), and
453 captivity was found to affect bacterial communities in other birds (e.g. Oliveira et al., 2020; San
454 Juan, Castro & Dhimi, 2021). However, one study suggests that birds in particular tend to have
455 large quantities of transient bacteria (Song et al., 2020), which may account for a portion of the
456 differences we found between our captive and wild samples. Conducting this experiment on
457 wild-caught birds ensured that their starting communities at least partially represented those of

458 wild birds; however, months in captivity may have affected the bacteria enough to affect our
459 ability to fully test their importance in mycoplasmal conjunctivitis in wild house finches.

460 In the limited laboratory environment, it is not surprising that microbial diversity was
461 significantly lower when compared to birds in the wild. Some captive birds appeared to lose
462 hundreds of bacterial ASVs between the sampling days, possibly because the communities were
463 still shifting as a result of being single-housed. In another study, captive ptarmigans not only had
464 different cecal bacterial community composition, but also a lower total number of bacterial cells
465 per cecal weight when compared with wild ptarmigans (Salgado-Flores et al., 2019). In
466 laboratory mice, microbiome-mediated immune protection was restored when germ-free mice
467 were recolonized with wild, but not lab mouse gut communities (Rosshart et al., 2017).

468 Interestingly, a large comparative study found that birds tend to have lower bacterial counts in
469 their feces, suggesting overall lower resident bacterial microbiome biomass (Song et al., 2020).
470 For birds with low gut bacterial biomass, it is possible that few taxa provide the majority of the
471 benefit of gut communities. Future studies on house finches with more natural gut communities
472 may better reveal effects of gut microbes on host responses.

473 The changes in gut bacteria due to captivity may not have just affected its protective role;
474 they may have also hampered our ability to use antibiotics to thoroughly test the bacteria's role
475 in protection, if captive birds harbor a less abundant and less complex microbiome. From
476 amplicon sequencing of cloacal bacteria, we detected subtle but not strong differences in
477 community structure or composition based on antibiotics treatment. Interestingly, we found that
478 birds given antibiotics had more similar communities over an eight-day period (day -1 to day 7)
479 than those that did not receive antibiotics, based on weighted UniFrac distances. While data from
480 cloacal samples as a proxy for gut bacteria should be interpreted with caution, this suggests that

481 changes in cloacal bacteria due to the antibiotics prior to inoculation may have lasted well
482 beyond inoculation day. Strikingly, however, we found no indication of reduced cloacal bacterial
483 diversity in antibiotic-treated relative to control birds, suggesting that oral antibiotics may not
484 have had strong effects on gut bacterial diversity in captive house finches. Another study in
485 chickens, which used antibiotic administration to investigate the importance of gut bacteria on
486 immune development, also only found minimal detectable changes in amplicon sequencing of
487 luminal bacteria (Schokker et al., 2017). On the other hand, our ability to detect differences in
488 bacterial diversity was limited by our sampling procedures, which were more likely to detect
489 luminal bacteria than those with a close association with gut mucosal surfaces. Thus, we may
490 have missed important effects of antibiotics on mucosal bacteria, which were found to be more
491 affected by oral antibiotics than luminal bacteria in another songbird system (Kohl et al., 2018).
492 Further, cloacal swabbing picks up bacteria leaving the gut, but is not always a reliable method
493 of measuring bacteria higher in the intestinal tract, including the colon, cecum, and ileum
494 (Videvall et al., 2018). However, preliminary data from cloacal and colon swab samples from
495 captive house finches show that cloacal swabs do loosely represent communities in the lower
496 gastro-intestinal tract (see Supplemental Materials). Further study using destructive sampling
497 should examine effects of antibiotics on gut communities directly, which may shed more light on
498 any changes in gut microbes that resulted from antibiotics treatment and their potential role in
499 host responses to disease.

500

501 **Conclusions**

502 While we did not find strong evidence for effects of gut bacteria on mycoplasmal
503 conjunctivitis in captive house finches, the nonsignificant trend of decreased pathology after

504 antibiotics indicates that further experiments are warranted. Experiments with house finches
505 sooner after capture, and with the addition of cytokine expression data collection from several
506 tissues including the gastro-intestinal tract, may more definitively reveal whether and how gut
507 bacteria play a role in the individual- and population-level effects of MG found in wild
508 populations.

509

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514

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843 **Table 1. Experimental design.** House finches were randomly assigned to receive oral
 844 antibiotics in their water and inoculated with *Mycoplasma gallisepticum* (MG) or sham control.
 845 Values in parentheses represent sample sizes for 16S rRNA gene amplicon sequencing of cloacal
 846 swabs. These cloacal swab samples were collected on day -1 (after oral antibiotics but prior to
 847 MG inoculation), with MG sham control samples from day 7 also sequenced to detect the
 848 extended effects of oral antibiotics.

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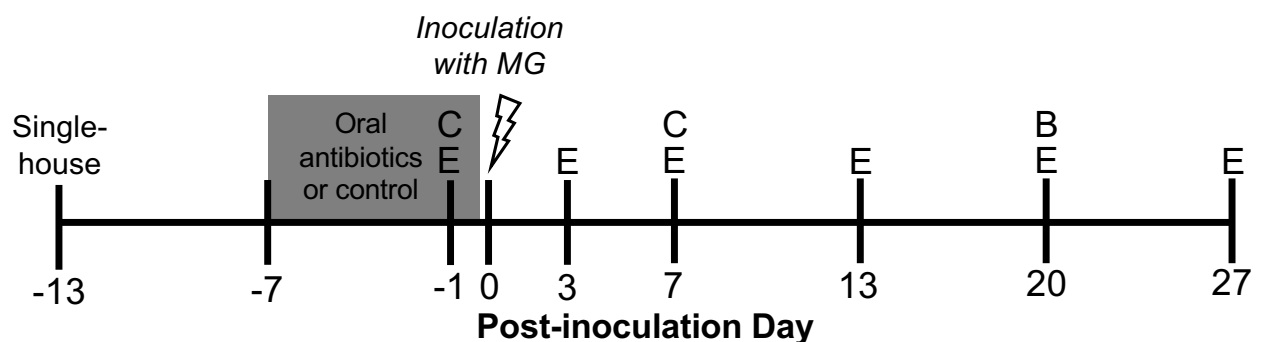
Sample Sizes:	MG control (sham)	MG
Microbiome control (no antibiotics)	n = 8 (8)	n = 17 (12)
Antibiotics	n = 8 (8)	n = 17 (5)

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852 **Figure 1. Experimental timeline.** Wild-caught house finches were administered oral antibiotics
 853 for one week prior to inoculation with *Mycoplasma gallisepticum*. Throughout the course of
 854 disease, we monitored pathology and pathogen load by scoring eye lesions and collecting eye
 855 swabs (E) and detected differences in antibody responses with blood samples (B). We also
 856 collected cloacal swabs to detect short- and long-term effects of oral antibiotics on cloacal
 857 bacterial communities (C). A subset of cloacal swabs were 16S rRNA gene amplicon sequenced
 858 (see *Methods*).

859 (new fig: Fig1_Timeline_20211217.pdf)

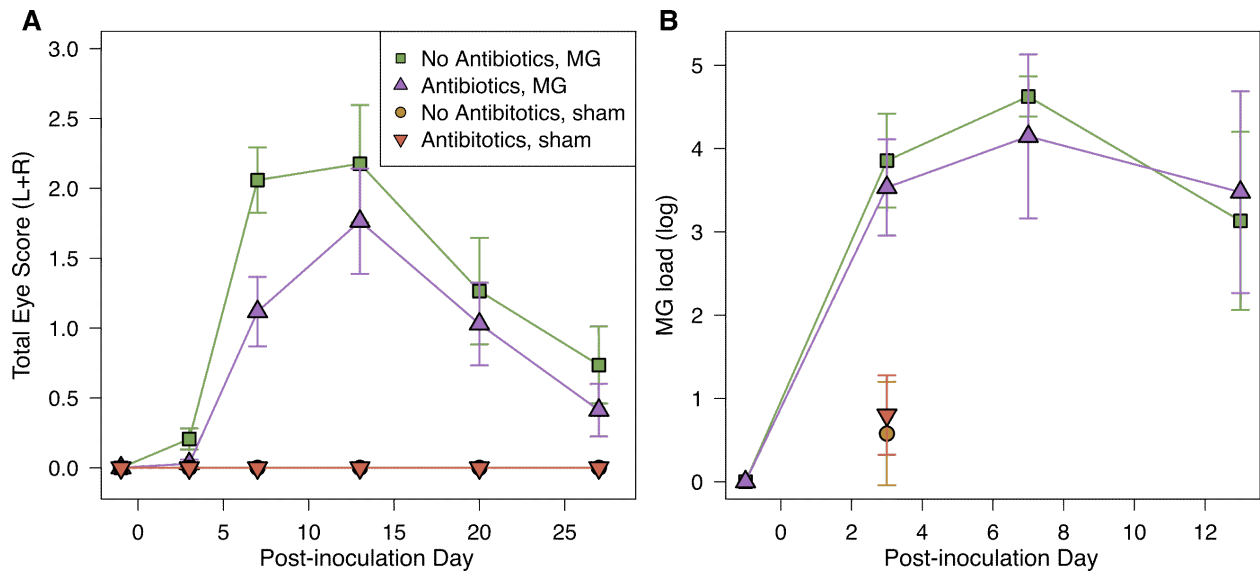


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862 **Figure 2. Mycoplasmal disease in house finches was not significantly affected by pre-**
 863 **inoculation oral antibiotics.** (A) Pathology eye scores (left plus right eye scores) and (B) MG
 864 loads ($\log_{10}(\text{load}+1)$) in the conjunctiva by experimental treatment group (n = 8–10 per point)
 865 across the course of disease. MG loads for sham-inoculated birds were only measured on day 3
 866 post-inoculation. Values are averages \pm standard error of raw data.

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870 **Figure 3. ASV richness and phylogenetic diversity in captive house finch cloacal swab**
 871 **samples.** (A) Richness and (B) Faith's phylogenetic diversity by antibiotics treatment group and
 872 day sampled, with day -1 post-inoculation (PI) representing the sixth day of antibiotics or
 873 control treatment. (C,D) Change in richness and phylogenetic diversity from day -1 to day 7
 874 post-inoculation within each individual bird. (E,F) Pairwise weighted and unweighted UniFrac
 875 distances within individuals from day -1 to 7, where greater values indicate less similarity. Day
 876 7 values represent MG-sham birds only.

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