



## Factsheet Microbiome PIENTER 3 study results

### Background

The human body hosts a vast and interconnected ecosystem of microorganisms (i.e. bacteria, viruses, fungi, and more) collectively known as the human microbiome. These microbial communities colonize various body sites such as the skin, gut, and respiratory tract, profoundly influencing digestion, metabolism, and immune regulation. The microbiome acts as both a guardian and a modulator of health, shaping immune development and protecting against pathogens.

Recent studies show that the microbiome also influences the outcomes of infectious diseases and the variability in vaccine responses. Understanding the complex interplay between the immune response and the microbiome provides a foundation for novel microbiome-based approaches to improve disease prevention and treatment strategies. The PIENTER-3 study offered an opportunity to investigate microbiome composition and function within a large, representative sample of the Dutch population. By integrating microbiome profiling with extensive demographic, environmental, and health data, this project characterized baseline microbial diversity across the lifespan and identified determinants of microbiome variation, ultimately relevant to public health.

### Results

#### *Gut microbiome*

Using samples from approximately 4,000 participants, the gut microbiome study provided critical insights into age-related microbial dynamics and their association with health indicators.

- Age-related diversity and composition:

Microbial diversity was lowest and most variable in infants (<1 year old), increasing sharply during childhood and adolescence (10–12 years) and stabilizing in adulthood. This developmental trajectory underscores the strong influence of diet, environment, and genetics on microbiome maturation.

- Determinants of microbiome variation:

In younger participants, dietary patterns were key drivers of microbial composition, while in adults, factors such as ethnic background and body mass index (BMI) were more strongly associated with diversity and function. These results emphasize the importance of life stage-specific microbiome characteristics.

- Defining the healthy core microbiome:

Building upon this work, we explored how overall health status, derived from validated health indices, correlated with gut microbial signatures. This approach aimed to identify microbial features associated with general well-being and healthy aging in the population.

- Antimicrobial resistance:

In a case-control sub-study, we studied how asymptomatic carriage of extended-spectrum beta-lactamase (ESBL)-producing *Escherichia coli* was not associated with major alterations in gut microbiome composition or resistome structure, suggesting resilience of the gut ecosystem to certain resistant strains.

These findings and others in preparation contribute to a growing reference framework for understanding how gut microbial communities evolve across the human lifespan and influence health outcomes.

#### *Respiratory Microbiome*

Complementing the gut data, the respiratory microbiome component examined over 3,100 saliva/oropharyngeal (OP) and 2,500 nasopharyngeal (NP) samples from 3,160

participants (0–87 years old). This represents the largest population-level investigation of the upper respiratory tract (URT) microbiota to date.

- **Age and niche-specific microbiota:**

Age was identified as the dominant factor shaping microbial diversity and composition in the URT. The nasopharyngeal microbiota matured gradually until approximately 15–24 years of age, with children showing lower diversity but higher bacterial density compared to adults. Each niche (NP and OP) exhibited distinct microbial communities, reflecting unique ecological environments.

- **Environmental and lifestyle factors:**

The nasopharyngeal microbiota was primarily influenced by environmental exposures, such as living or working with children, suggesting microbial transmission between age groups, as well as by season and sex. In contrast, the oral/oropharyngeal microbiota was more strongly shaped by lifestyle factors including alcohol and tobacco use.

- **Health associations:**

Viral infections were linked to increased abundance of *Streptococcus pneumoniae* in the nasopharynx, particularly among individuals with fever or recent pneumonia. These findings highlight the interplay between the microbiota and host susceptibility to respiratory pathogens.

Collectively, these analyses and others in preparation, establish critical reference data for the Dutch population, contributing to a better understanding of how microbiome composition influences respiratory health and disease risk across the lifespan.

## Conclusion/discussion

The PIENTER-3 microbiome research, including both gut and respiratory niches, offered a comprehensive view of the human microbiome from infancy to old age in a general population context. The integration of these data enhances our understanding of microbial ecology, antimicrobial resistance, and the interplay between microbes, immunity, infection, and ultimately of health. As we continue to unlock the microbiome's role in shaping health, these findings lay the groundwork for several approaches towards public health, including microbiome-informed strategies or targeted prevention of infectious diseases.

## Publications

1. [Profiling the fecal microbiome and its modulators across the lifespan in the Netherlands](#). Boverhoff D, Kool J, Pijnacker R, Ducarmon QR, Zeller G, Shetty S, Sie S, Mulder AC, van der Klis F, Franz E, Mughini-Gras L, van Baarle D, Fuentes S. *Cell Reports* 2024; 43(9):114729.
2. [Host and environmental factors shape upper airway microbiota and respiratory health across the human lifespan](#). Odendaal ML, de Steenhuijsen Piters WAA, Franz E, Chu MLJN, Groot JA, van Logchem EM, Hasrat R, Kuiling S, Pijnacker R, Mariman R, Trzciński K, van der Klis FRM, Sanders EAM, Smit LAM, Bogaert D, Bosch T. *Cell* 2024; 187(17):4571-4585.e15.
3. [Gut colonisation by extended-spectrum  \$\beta\$ -lactamase-producing \*Escherichia coli\* and its association with the gut microbiome and metabolome in Dutch adults: a matched case-control study](#). Ducarmon QR, Zwitterink RD, Willems RPJ, Verhoeven A, Nooij S, van der Klis FRM, Franz E, Kool J, Giera M, Vandenbroucke-Grauls CMJE, Fuentes S, Kuijper EJ. *The Lancet Microbe* 2022; 3(6):e443-e451

4. [Reducing bias in microbiome research: Comparing methods from sample collection to sequencing.](#)  
Kool J, Tymchenko L, Shetty SA, Fuentes S.  
Frontiers in Microbiology 2023; 14:1094800.
5. [Benchmarking laboratory processes to characterise low-biomass respiratory microbiota.](#)  
Hasrat R, Kool J, de Steenhuijsen Piters WAA, Chu MLJN, Kuiling S, Groot JA, van Logchem EM, Fuentes S, Franz E, Bogaert D, Bosch T.  
Scientific Reports 2021; 11(1):17148.
6. [Higher off-target amplicon detection rate in MiSeq v3 compared to v2 reagent kits in the context of 16S-rRNA-sequencing.](#)  
Odendaal ML, Groot JA, Hasrat R, Chu MLJN, Franz E, Bogaert D, Bosch T, de Steenhuijsen Piters WAA.  
Scientific Reports 2022; 12(1):16489.