

1 **Measuring *Streptococcus mutans*, *Streptococcus sanguinis* and**  
2 ***Candida albicans* biofilm formation using a real-time impedance-**  
3 **based system**

4  
5 Pedro MDS Abrantes, Charlene WJ Africa\*

6  
7 Maternal Endogenous Infections Studies (MEIS) Research Laboratories, Department of  
8 Medical Biosciences, University of the Western Cape, Bellville, South Africa

9  
10 **\*Correspondence:**

11 Prof. Charlene WJ Africa  
12 cafrica@uwc.ac.za

13  
14  
15 **Abstract**

16  
17 *Candida albicans* and streptococci are amongst the most common fungal and bacterial  
18 organisms present in the oral cavity, with a growing body of evidence implicating *C. albicans*  
19 in increased caries severity and in the formation of the cariogenic biofilm. However, the  
20 interactive mechanisms between cariogenic streptococci and *Candida* are yet to be elucidated.  
21 In this study, the real-time biofilm formation of *C. albicans*, *S. mutans* and *S. sanguinis* was  
22 assessed individually and in combination using the xCELLigence system, an impedance-based  
23 microbial biofilm monitoring system. The impedance signal was the highest for *C. albicans*,  
24 followed by *S. mutans* and *S. sanguinis*. Although the streptococcal mixed adhesion was found  
25 to follow a similar trend to that of *S. sanguinis*, the introduction of *C. albicans* resulted in higher  
26 adhesion patterns, with the combined growth of *S. sanguinis* and *C. albicans* and the  
27 combination of all three species resulting in higher biofilm formation than any of the individual  
28 organisms over time. This study, the first to use impedance for real-time monitoring of  
29 interkingdom biofilms, adds to the body of evidence that *C. albicans* and oral streptococcal  
30 adhesion are interlinked and suggests that interkingdom interactions induce changes in the oral  
31 biofilm dynamics over time.

32  
33  
34 **Abstract word count: 199**

35  
36 **Total word count: 2664**

37  
38 **Number of figures: 3**

39  
40 **Number of references: 39**

41  
42 **Keywords:** *Candida albicans*; *Streptococcus mutans*; *Streptococcus sanguinis*; oral biofilms;  
43 cell adhesion; xCELLigence system.

## 46 1. Introduction

47

48 A previous study describing the prevalence of caries in a population of pregnant women, also  
49 reported on an increase in oral candidiasis amongst these women (Africa and Turton, 2019).  
50 Candidiasis during pregnancy may be favoured by the oral acidic environment created by  
51 hormonal changes, increased sugar consumption and gastric acid exposure (during recurrent  
52 morning sickness) (Hey-hadavi, 2002; Annan and Nuamah, 2005), bringing about a change in  
53 the normal microbiota of the mouth, favouring the growth of *Candida* (Rio et al., 2017) and the  
54 formation of dental caries (Vasiliauskiene, 2003; Kidd, 2005; Silk et al., 2008; Rakchanok et  
55 al., 2010). Caries activity has largely been associated with *Streptococcus mutans* and *S.*  
56 *sobrinus*, with recent studies reporting similar virulence factors expressed by *Candida albicans*  
57 (Mayer et al., 2013; Pereira et al., 2018).

58 With *Candida albicans* and streptococci being amongst the most common fungal and bacterial  
59 organisms present in the oral cavity (Marsh and Zaura, 2017), there is a growing body of  
60 evidence implicating *C. albicans* in the formation of the cariogenic biofilm (Cavalcanti et al.,  
61 2015; Hirota et al., 2017). Recent studies revealed high salivary *Candida* carriage associated  
62 with caries severity in both adults (De-la-Torre et al., 2016) and children (Lozano Moraga et  
63 al., 2017), thereby recognising *Candida* as an indicator of caries activity (Raja et al., 2010) and  
64 possible vertical transmission from mothers to early caries affected children (Berkowitz, 2003;  
65 Weintraub et al., 2010; Xiao et al., 2016). The precise mutualistic and synergistic mechanisms  
66 of the interaction between *Candida* and the oral streptococci implicated in caries have yet to be  
67 determined (Falsetta et al., 2014; Ellepola et al., 2017; Fernandes et al., 2018; Koo et al., 2018).  
68 To our knowledge, the application of impedance microbiology (using the xCELLigence  
69 analyser) to support the synergy between *Streptococcus mutans* and *Candida albicans* in the  
70 cariogenic biofilm has not previously been reported.

71 The xCELLigence real time cell analyser (RTCA), employs microtiter plates with gold  
72 microelectrodes through which impedance signals (expressed as cell index, CI) are measured  
73 and allows for real-time monitoring of changes in cell number, size, adhesion and EPS biofilm  
74 formation, quantitative assessment of cell adhesion and continuous and automated data  
75 analysis, thereby having an advantage over traditional biofilm staining and quantification  
76 assays (van Duuren et al., 2017). The arrangement of microelectrodes at the bottom of the wells,  
77 as used in this system, has been found to better match biofilm environmental characteristics  
78 (Paredes et al., 2014). This technology has been used to assess the biofilm formation abilities  
79 of individual bacterial species (Junka et al., 2012; van Duuren et al., 2017) and was found to be  
80 suitable for both *Candida* and oral streptococci, with the results complementing conventional  
81 biofilm methods (Alshanta et al., 2019; Gutiérrez et al., 2016).

82 The objective of the present study was to investigate the interspecies and interkingdom biofilm  
83 formation of the oral commensal organisms *C. albicans*, *S. mutans* and *S. sanguinis* by  
84 assessing their adhesion / extracellular polymeric substances (EPS) formation dynamics over  
85 time.

86

87

## 88 2. Materials and Methods

89

### 90 2.1 Organisms used in this study

91 Type strains were obtained from the American Type Culture Collections (ATCC, Manassas,  
92 VA) and included *Candida albicans* (ATCC 90028), *Streptococcus mutans* (ATCC 25175) and  
93 *Streptococcus sanguinis* (ATCC 10556). The freeze-dried *C. albicans* isolate was revived by

94 growth in 10 ml Sabouraud dextrose broth (Cat. no. CMO147, Oxoid, UK) while the *S. mutans*  
95 and *S. sanguinis* were revived in 10 ml brain heart infusion (BHI) broth (Cat. no. CM1135,  
96 Oxoid, UK), followed by incubation at 37°C for 3–5 days. Purity of growth for *C. albicans* was  
97 confirmed by streaking the broth culture onto Sabouraud dextrose agar (Cat. no. 84088, Sigma-  
98 Aldrich, USA) and incubating aerobically at 37°C for 24–48 h, while the two streptococci were  
99 streaked on blood agar plates, followed by anaerobic incubation at 37°C for 24–48 h.

## 100 2.2 Preliminary toxicity testing

101 In order to assess whether any of the organisms induced toxicity against the others, toxicity  
102 tests were performed. The organisms were aseptically transferred to 15 ml Greiner tubes  
103 containing 8 ml yeast peptone dextrose broth (Cat. no. Y1375, Sigma-Aldrich, USA) (*C.*  
104 *albicans*) and brain heart infusion broth (Cat. no. CM1135, Oxoid, UK) (*S. mutans* and *S.*  
105 *sanguinis*), followed by incubation at 37°C for 24 h. The tubes were subsequently centrifuged  
106 at 3000 g for 10 minutes and the supernatant was collected using a sterile Pasteur pipette. The  
107 supernatant was dispensed into a sterile 50 ml Greiner tube, aspirated using a sterile syringe  
108 and filtered using a 0.2 µm syringe filter into a sterile 15 ml Greiner tube. Assurance of  
109 supernatant sterility was performed by inoculating the filtered suspension in a Sabouraud  
110 dextrose (*C. albicans* supernatant) or blood agar plate (*S. mutans* and *S. sanguinis* supernatants)  
111 and incubating at 37°C for 24 h aerobically and anaerobically, respectively, with no growth  
112 being observed.

113  
114 A 0.5 McFarland standard suspension (100 µl) of each organism was placed in the wells of a  
115 microtiter plate containing growth media (BHI broth) when testing the two streptococci and  
116 tryptone yeast extract broth (3 g/L yeast extract (Cat. no. 70161, Sigma-Aldrich, USA) and 5  
117 g/L casein hydrolysate (Cat. no. 22090, Sigma-Aldrich, USA), pH 7.0) ultra-filtered using a  
118 Centriscart 10 kDa molecular-weight ultrafiltration unit (Cat. no. 13239E, Sigma-Aldrich, USA)  
119 and supplemented with 1% sucrose (UFTYE+1%S) when testing the streptococci and *C.*  
120 *albicans*), followed by the addition of 100µl of the sterile supernatant of the other two  
121 organisms to the wells. Experiments were performed in duplicate. The absorbance of the  
122 microtiter plates containing the individual microorganisms and sterile supernatants was read at  
123 512 nm using an Anthos 2010 spectrophotometer (Cat. no. GF1755011, Biochrom, UK),  
124 followed by incubation at 37°C and subsequent readings at 8, 24, 36 and 48-hours.

## 125 2.3 Real time monitoring of biofilm formation

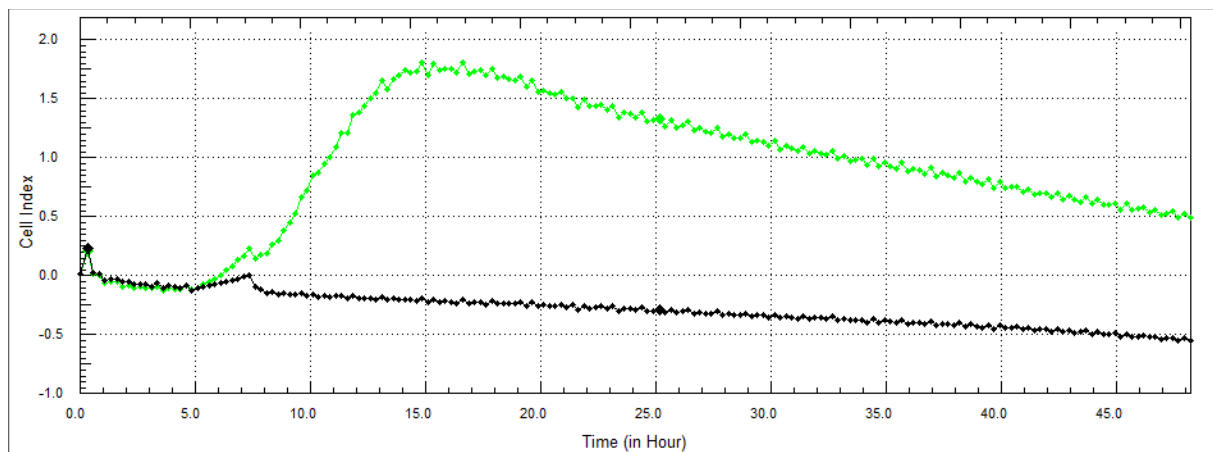
126 The microbial concentration changes of *C. albicans* were initially tested on yeast peptone  
127 dextrose (YPD) broth (Cat. no. Y1375, Sigma-Aldrich, USA), with 100 µl of a 1:20 dilution of  
128 a 0.5 McFarland standard suspension and 100 µl of YPD broth added to the wells of an E-plate  
129 16 (Cat. no. 05469830001, ACEA Biosciences, USA). *Streptococcus mutans* and *S. sanguinis*  
130 were tested on tryptone soy broth (TSB) (Cat. no. 22092, Sigma-Aldrich, USA) with 1%  
131 sucrose (TSB+1%S), as this medium allows for biofilm formation in oral streptococci (Ge et  
132 al., 2008). One hundred microliters (100 µl) of a 1:10 dilution of a 0.5 McFarland standard  
133 suspension of each organism and 100 µl of TSB+1%S were placed in the wells of an E-Plate  
134 16. Fifty microliters (50 µl) of each organism were added to wells with mixed growth, resulting  
135 in a 100 µl mixed cell suspension and 100 µl TSB+1%S. Sterile distilled water was placed in  
136 the surrounding evaporation-control troughs, as recommended by the manufacturer. The plate  
137 was then inserted into the RTCA plate analyser (Cat. no. 05469759001, ACEA Biosciences,  
138 USA), which was previously placed in a 37°C incubator. An experimental procedure was  
139 logged on the RTCA software package (Cat. no. 05454433001, ACEA Biosciences, USA), with  
140 impedance readings set to take place at 15-minute intervals for 48 hours.

142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161

For the interkingdom biofilms UFTYE+1%S broth was used, which allows for the growth of both genera of organisms (Ellepola et al., 2017; Falsetta et al., 2014). The dilution of the streptococci was 1:10 of a 0.5 McFarland standard suspension, while for *C. albicans*, which has a faster growth and adhesion rate, a 1:50 dilution of a 0.5 McFarland standard suspension was used. When assessing the adhesion changes of the three organisms growing together, a 33  $\mu$ l suspension of each organism was added to the wells, resulting in a 100  $\mu$ l mixed cell suspension and 100  $\mu$ l UFTYE+1%S broth. Impedance readings were set to take place at 15-minute intervals for 48 hours. The real-time cell index values for the full duration of the experiments were then plotted in individual graphs. Experiments were performed in duplicate and sterility controls were included in every tested plate.

### 3. Results

After an adjustment period of 5 hours, the concentration of *C. albicans* on YPD was seen to increase exponentially up to 15 hours, after which it slowly decreased but continued having positive CI values (Figure 1).

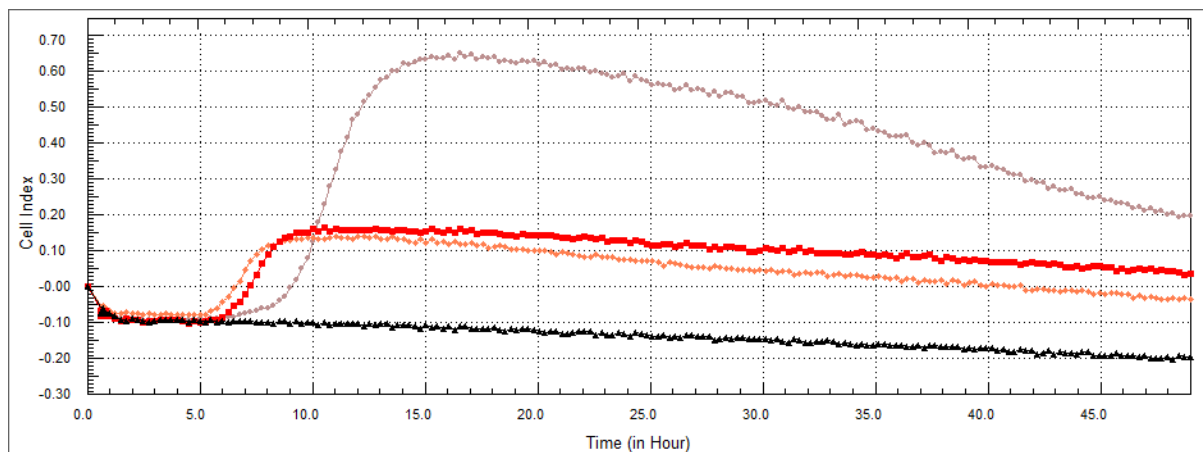


162  
163  
164  
165  
166

**Figure 1.** Cell index variations of *C. albicans* ATCC90028 (light green) biofilm formation on YPD broth, with the sterility control (only YPD broth) shown in black.

167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177

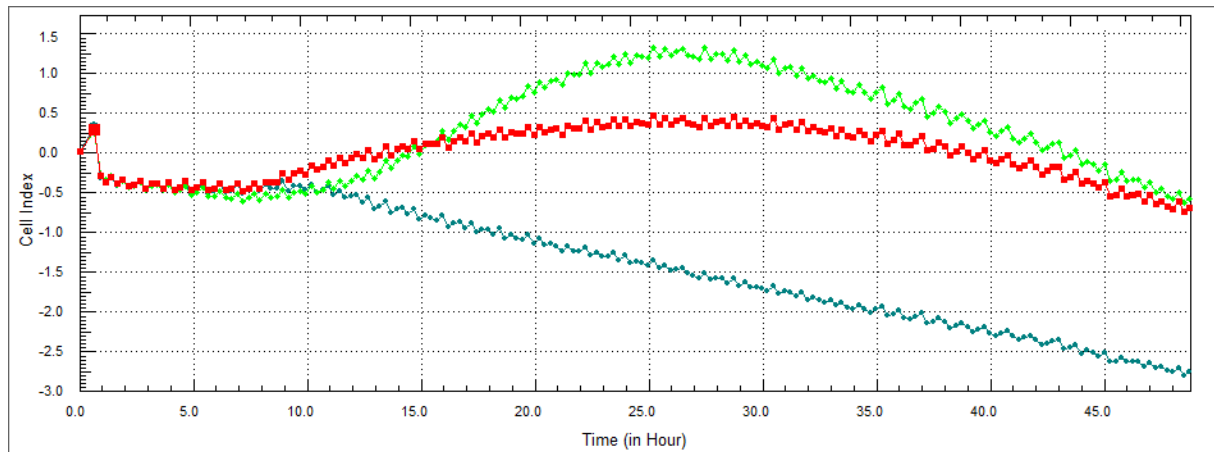
In the case of the streptococci grown on TSB+1%S, a similar pattern was observed for *S. mutans*, which showed a much higher biofilm/EPS formation than *S. sanguinis* (Figure 2). The adhesion of *S. sanguinis*, however, was seen to take place before that of *S. mutans* (with the maximum adhesion levels being reached at 9 hours and 16 hours respectively) and to reduce over time, with the mixed growth biofilm following a similar trend to that of *S. sanguinis* (Figure 2). The adhesion results on TSB+1%S clearly showed that in the presence of *S. sanguinis*, *S. mutans* adhesion is decreased. When performing the toxicity testing it was noted that *S. mutans* grew at a slower rate when in the presence of the *S. sanguinis* supernatant. There was no toxicity-associated growth reduction observed with the other streptococcal and *C. albicans* combinations of organisms and supernatants.



178  
 179 **Figure 2.** Cell index variations of *S. mutans* ATCC25175 (light grey), *S. sanguinis*  
 180 ATCC10556 (coral) and mixed growth (red) biofilm formation on TSB+1%S, with the sterility  
 181 control (only TSB+1%S) shown in black.

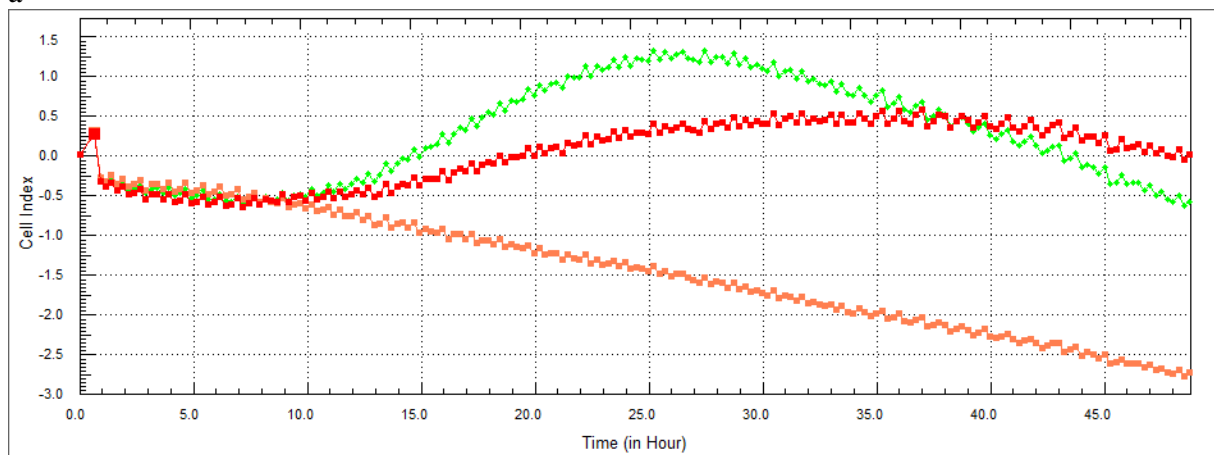
182  
 183  
 184 When growing the *C. albicans* and the streptococci on UFTYE+1%S, their adhesion patterns  
 185 differed to those on YPD and TSB+1%S, respectively. While *C. albicans* formed biofilms on  
 186 this medium, *S. mutans* and *S. sanguinis* did not adhere to the well surface/form EPS. However,  
 187 when the organisms were combined, the adhesion dynamics changed considerably (Figure 3):  
 188 in the case of *C. albicans* and *S. mutans*, the mixed growth resulted in higher CI readings  
 189 between 9 hours and 14 hours, after which the values remained below those of *C. albicans* (3a).  
 190 In the case of *C. albicans* and *S. sanguinis* mixed growth, the adhesion started off in between  
 191 the curves for the individual species but surpassed that of *C. albicans* after 40 hours of  
 192 incubation (3b). A very similar pattern was seen when all three species were combined (3c).  
 193

194



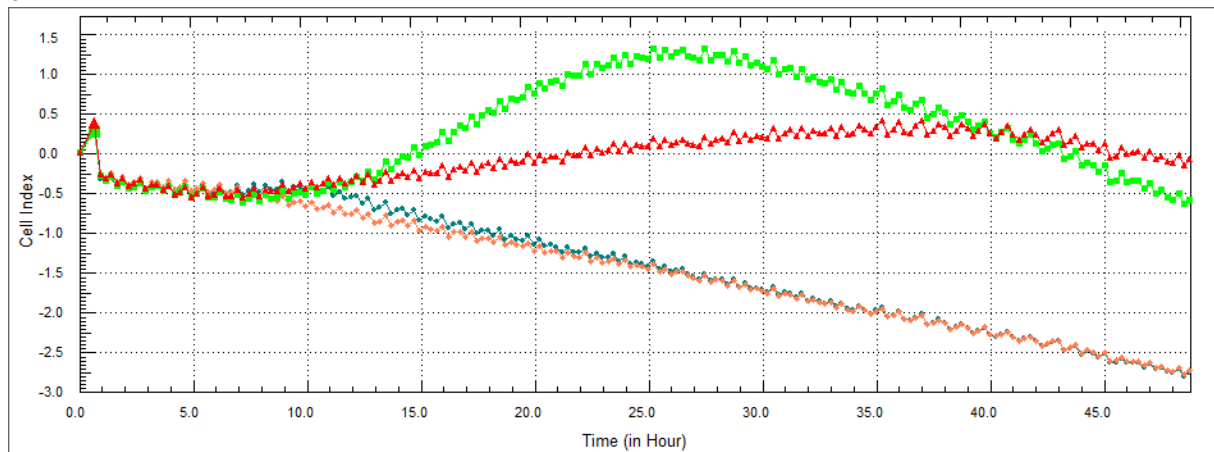
195  
196

a



197  
198

b



199  
200

c

**Figure 3.** (a) Cell index variations of *S. mutans* ATCC25175 (cyan), *C. albicans* ATCC90028 (light green) and mixed growth (red) biofilm formation on UFTYE+1%S broth. (b) Cell index variations of *S. sanguinis* ATCC10556 (coral), *C. albicans* ATCC90028 (light green) and mixed growth (red) biofilm formation on UFTYE+1%S broth. (c) Cell index variations of *S. mutans* ATCC25175 (cyan), *S. sanguinis* ATCC10556 (coral), *C. albicans* ATCC90028 (light green) and mixed growth (red) biofilm formation on UFTYE+1%S broth.

207  
208

#### 209 4. Discussion

210

211 An adequate understanding of the microbial interactions in the cariogenic biofilm is essential  
212 to developing caries prevention and control strategies. This study reports on *S. sanguinis*, one  
213 of the primary colonisers of the tooth surface, *S. mutans* which is strongly associated with the  
214 aetiology of dental caries and *C. albicans* which has recently been implicated in caries  
215 formation.

216

217 In order to obtain more detailed data, we opted to adjust the parameters to read the impedance  
218 signal at shorter time intervals and over a longer period of time than the usual 24 h reported in  
219 similar studies (Alshanta et al., 2019; Gutiérrez et al., 2016). We also chose not to change the  
220 culture media during the experiment, as this is known to affect the accuracy of the monitoring  
221 parameters (Kim et al., 2011). The steady drop of impedance values over time has been  
222 observed in similar monoculture studies on oral streptococci (Gutiérrez et al., 2016) and *C.*  
223 *albicans* (Alshanta et al., 2019). It is known that the CI values increase as the biofilm adheres  
224 and proliferates on the bottom of the E-plate wells, with a peak CI being consistent with the  
225 start of the biofilm maturation stage and a decrease taking place when the biofilm initiates the  
226 detachment phase (Gutiérrez et al., 2016). A declining slope after the peak CI value is reached  
227 has been suggested as a measure of biofilm formation (van Duuren et al., 2017). As the  
228 polysaccharides that hold the biofilm together are broken down by enzymes, releasing the cells  
229 from the biofilm matrix, the electrical signals are also further affected by extracellular  
230 components and physical appendages of microorganisms, which is consistent with the death  
231 phase (Garrett et al., 2008).

232

233 Our results of the mixed streptococcal biofilm agree with previous studies on the mixed growth  
234 of these two species: the competition between *S. mutans* and *S. sanguinis* has been documented,  
235 with *S. sanguinis* being associated with oral health (Belda-Ferre et al., 2012) and causing a  
236 delay in the colonisation of *S. mutans* (Caufield et al., 2000) by repressing its growth through  
237 H<sub>2</sub>O<sub>2</sub> production (Kreth et al., 2005; Valdebenito et al., 2018), thereby reducing dental caries  
238 (Zhu et al., 2018). The H<sub>2</sub>O<sub>2</sub> produced by *S. sanguinis* would also explain the slower growth of  
239 *S. mutans* in the presence of the *S. sanguinis* supernatant, which was observed when the toxicity  
240 testing between these organisms was conducted.

241

242 Although *C. albicans* adhered well when grown in the two tested media, the two streptococci  
243 grew but did not adhere well in the UFTYE+1%S media. *Streptococcus sanguinis* is known to  
244 vary in its biofilm formation according to the type of media used (Ge et al., 2008) and looking  
245 at the CI curves in the two media the same appears to be true for *S. mutans*. Although the two  
246 bacterial type strains did not adhere well on their own in UFTYE+1%S, their mixed growth  
247 biofilm with *C. albicans* over two days resulted in interesting observations, notably the  
248 increased biofilm formation between *S. mutans* and *C. albicans* in the adhesion and  
249 proliferation phase (but not subsequently) and the higher biofilm maturation and subsequent  
250 detachment after 40 hours seen between *S. sanguinis* and *C. albicans* and when the three species  
251 were grown together. These latter observations might have occurred since, as a primary  
252 coloniser, *S. sanguinis* might facilitate the attachment of other organisms (Zhu et al., 2018).

253

254 Although *C. albicans* interacts with *S. sanguinis* through cell wall proteins on both organisms  
255 (Xu et al., 2014), it does not interact strongly, nor does it directly bind to *S. mutans* (Koo et al.,  
256 2018). Interactions between these two species is only possible through the production of

257 glucosyltransferases by *S. mutans* and in the presence of high levels of sucrose (Koo et al.,  
258 2018). Being aciduric and acidogenic (Pereira et al., 2018), *C. albicans* may be responsible for  
259 promoting bacterial colonisation and biofilm formation with the primary colonizer *S. sanguinis*  
260 (Diaz et al., 2012), along with the induction of virulence genes and bacterial-yeast aggregation  
261 with *S. mutans* (Falsetta et al., 2014), thereby enhancing the formation of the *S. mutans*  
262 cariogenic biofilm (Sampaio et al., 2019).

263  
264 An advantage of impedance microbiology is that it can easily be automated with results  
265 obtained within hours compared with the conventional plate count method which is more labour  
266 intensive. Limitations of the xCELLigence system include its inability to discriminate between  
267 cell adhesion and EPS formation. However, by showing the quantitative adhesion changes in  
268 mixed oral biofilm constituents over time and the shifts in biofilm formation stages when  
269 different organisms are grown together, it demonstrated that interkingdom interactions can be  
270 more accurately monitored using this technology. Further studies including electron  
271 microscopy imaging of biofilm formation at predetermined intervals as well as gene expression,  
272 will further inform and contribute to the knowledge base on the antagonism between *S. mutans*  
273 and *S. sanguinis*, the synergistic interaction between *C. albicans* and *S. mutans* within the  
274 cariogenic biofilm as well as the interactions between *C. albicans* and *S. sanguinis* within the  
275 non-cariogenic biofilm.

#### 276 277 278 **Authors' contributions**

279  
280 CA conceptualized and coordinated the study. PA conducted the laboratory investigations and  
281 prepared the first draft of the manuscript. Both authors were involved in the writing of the  
282 manuscript, gave their final approval and agree to be accountable for all aspects of the work.

#### 283 284 285 **Acknowledgements**

286  
287 The authors gratefully acknowledge ACEA Biosciences (San Diego, CA) and Anatech  
288 Analytical Technology (Johannesburg, South Africa) for the use of the xCELLigence RTCA  
289 equipment and Christelle Klopper from Anatech Instruments for her excellent technical advice.

#### 290 291 292 **Funding**

293  
294 This study was partially supported financially by the National Research Foundation of South  
295 Africa. Any opinion, findings, and conclusions or recommendations expressed in this material  
296 are those of the authors, and therefore, the NRF does not accept any liability in regards thereto.

#### 297 298 299 **Declaration of Competing Interest**

300  
301 The authors declare that they have no conflict of interest.



305 **References**

- 306  
307 Africa CWJ, Turton MS. 2019. Oral health status of pregnant women attending antenatal clinics  
308 in Kwazulu-Natal, South Africa: caries status and treatment needs. *Int J Dent*. Manuscript ID  
309 5475973. doi: 10.1155/2019/5475973.  
310  
311 Alshanta OA, Shaban S, Nile CJ, McLean W, Ramage G. 2019. *Candida albicans* biofilm  
312 heterogeneity and tolerance of clinical isolates: implications for secondary endodontic  
313 infections. *Antibiotics*. 8(4):204. doi:10.3390/antibiotics8040204.  
314  
315 Annan B, Nuamah K. 2005. Oral pathologies seen in pregnant and non-pregnant women. *Ghana*  
316 *Med J*. 39(1):24-27.  
317  
318 Belda-Ferre P, Alcaraz LD, Cabrera-Rubio R, Romero H, Simón-Soro A, Pignatelli M, Mira  
319 A. 2012. The oral metagenome in health and disease. *ISME J*. 6(1):46-56. doi:  
320 10.1038/ismej.2011.85.  
321  
322 Berkowitz RJ. 2003. Acquisition and transmission of mutans streptococci. *J Calif Dent Assoc*.  
323 31(2):135-138.  
324  
325 Caufield PW, Dasanayake AP, Li Y, Pan Y, Hsu J, Hardin JM. 2000. Natural history of  
326 *Streptococcus sanguinis* in the oral cavity of infants: evidence for a discrete window of  
327 infectivity. *Infect Immun*. 68(7):4018-4023. doi: 10.1128/iai.68.7.4018-4023.2000.  
328  
329 Cavalcanti YW, Morse DJ, da Silva WJ, Del-Bel-Cury AA, Wei X, Wilson M, Milward P,  
330 Lewis M, Bradshaw D, Williams DW. 2015. Virulence and pathogenicity of *Candida albicans*  
331 is enhanced in biofilms containing oral bacteria. *Biofouling*. 31(1):27-38. doi:  
332 10.1080/08927014.2014.996143.  
333  
334 De-la-Torre J, Marichalar-Mendia X, Varona-Barquin A, Marcos-Arias C, Eraso E, Aguirre-  
335 Urizar JM, Quindós G. 2016. Caries and *Candida* colonisation in adult patients in Basque  
336 Country (Spain). *Mycoses*. 59(4):234-240. doi: 10.1111/myc.12453.  
337  
338 Diaz PI, Xie Z, Sobue T, Thompson A, Biyikoglu B, Ricker A, Ikonomou L, Dongari-  
339 Bagtzoglou A. 2012. Synergistic interaction between *Candida albicans* and commensal oral  
340 streptococci in a novel *in vitro* mucosal model. *Infect Immun*. 80(2):620-632. doi:  
341 10.1128/IAI.05896-11.  
342  
343 Ellepola K, Liu Y, Cao T, Koo H, Seneviratne CJ. 2017. Bacterial GtfB augments *Candida*  
344 *albicans* accumulation in cross-kingdom biofilms. *J Dent Res*. 96(10):1129-1135. doi:  
345 10.1177/002203451771441.  
346  
347 Falsetta ML, Klein MI, Colonne PM, Scott-Anne K, Gregoire S, Pai CH, Gonzalez-Begne M,  
348 Watson G, Krysan DJ, Bowen WH, et al. 2014. Symbiotic relationship between *Streptococcus*  
349 *mutans* and *Candida albicans* synergizes virulence of plaque biofilms *in vivo*. *Infect Immun*.  
350 82(5):1968–1981. doi: 10.1128/IAI.00087-14.  
351

352 Fernandes RA, Monteiro DR, Arias LS, Fernandes GL, Delbem ACB, Barbosa DB. 2018.  
353 Virulence factors in *Candida albicans* and *Streptococcus mutans* biofilms mediated by farnesol.  
354 Indian J Microbiol. 58(2):138-145. doi: 10.1007/s12088-018-0714-4.  
355

356 Garrett TR, Bhakoo M, Zhang Z. 2008. Bacterial adhesion and biofilms on surfaces. Prof Nat  
357 Sci. 18(9):1049-1056. doi: 10.1016/j.pnsc.2008.04.001.  
358

359 Ge X, Kitten T, Chen Z, Lee SP, Munro CL, Xu P. 2008. Identification of *Streptococcus*  
360 *sanguinis* genes required for biofilm formation and examination of their role in endocarditis  
361 virulence. Infect. Immun. 76(6):2551–2559. doi: 10.1128/IAI.00338-08.

362 Gutiérrez D, Hidalgo-Cantabrana C, Rodríguez A, García P, Ruas-Madiedo P. (2016).  
363 Monitoring in real time the formation and removal of biofilms from clinical related pathogens  
364 using an impedance-based technology. PLoS One. 11(10):e0163966. doi:  
365 10.1371/journal.pone.0163966.

366 Hey-Hadavi JH. 2002. Women’s oral health issues: sex differences and clinical implications.  
367 Women’s Health Prim Care. 5(3):189-199.

368 Hirota K, Yumoto H, Sapaar B, Matsuo T, Ichikawa T, Miyake Y. 2017. Pathogenic factors in  
369 *Candida* biofilm-related infectious diseases. J Appl Microbiol. 122(2):321-330. doi:  
370 10.1111/jam.13330.

371 Junka AF, Janczura A, Smutnicka D, Mączyńska B, Secewicz A, Nowicka J, Bartoszewicz M,  
372 Gościński G. 2012. Use of the real time xCelligence system for purposes of medical  
373 microbiology. Pol J Microbiol. 61(3):191-197.

374 Kidd EAM. 2005. Essentials of dental caries. 3rd ed. Oxford (England): Oxford University  
375 Press.

376 Kim T, Kang J, Lee JH, Yoon J. 2011. Influence of attached bacteria and biofilm on double-  
377 layer capacitance during biofilm monitoring by electrochemical impedance spectroscopy.  
378 Water Res. 45(15):4615-4622. doi: 10.1016/j.watres.2011.06.010.

379 Koo H, Andes DR, Krysan DJ. 2018. *Candida*-streptococcal interactions in biofilm-associated  
380 oral diseases. PLoS Pathog. 14(12):e1007342. doi: 10.1371/journal.ppat.1007342.

381 Kreth J, Merritt J, Shi W, Qi F. 2005. Competition and coexistence between *Streptococcus*  
382 *mutans* and *Streptococcus sanguinis* in the dental biofilm. J Bacteriol. 187(21):7193–7203. doi:  
383 10.1128/JB.187.21.7193-7203.2005.

384 Lozano Moraga CP, Rodríguez Martínez GA, Lefimil Puente CA, Moralez Bozo IC, Urzúa  
385 Orellana BR. 2017. Prevalence of *Candida albicans* and carriage of *Candida* non-albicans in  
386 the saliva of preschool children, according to their caries status. Acta Odontol Scand. 75(1):30-  
387 35.

388 Marsh PD, Zaura E. 2017. Dental biofilm: ecological interactions in health and disease. J Clin  
389 Periodontol. 44(Suppl 18):S12–S22. doi: 10.1111/jcpe.12679.

390 Mayer FL, Wilson D, Hube B. 2013. *Candida albicans* pathogenicity mechanisms. Virulence.  
391 4(2):119-128. doi: 10.4161/viru.22913.

392 Paredes J, Becerro S, Arana S. 2014. Comparison of real time impedance monitoring of  
393 bacterial biofilm cultures in different experimental setups mimicking real field environments.  
394 Sens Actuators B Chem. 195:667-676. doi: 10.1016/j.snb.2014.01.098.

395 Pereira DFA, Seneviratne CJ, Koga-Ito CY, Samaranyake LP. 2018. Is the oral fungal  
396 pathogen *Candida albicans* a cariogen? Oral Dis. 24(4):518-526. doi: 10.1111/odi.12691.

397 Raja M, Hannan A, Ali K. 2010. Association of oral candidal carriage with dental caries in  
398 children. Caries Res. 44(3):272-276. doi: 10.1159/000314675.

399 Rakchanok N, Amporn D, Yoshida Y, Harun-Or-Rashid M, Sakamoto J. 2010. Dental caries  
400 and gingivitis among pregnant and non-pregnant women in Chiang Mai, Thailand. Nagoya J  
401 Med Sci. 72(1-2):43-50.

402 Rio R, Simões-Silva L, Garro S, Silva MJ, Azevedo Á, Sampaio-Maia B. 2017. Oral yeast  
403 colonization throughout pregnancy. Med Oral Patol Oral Cir Bucal. 22(2):e144-e148. doi:  
404 10.4317/medoral.21413.

405 Sampaio AA, Souza SE, Ricomini-Filho AP, Del Bel Cury AA, Cavalcanti YW, Cury JA. 2019.  
406 *Candida albicans* increases dentine demineralization provoked by *Streptococcus mutans*  
407 biofilm. Caries Res. 53(3):322-331. doi: 10.1159/000494033.

408 Silk H, Douglass AB, Douglass JM, Silk L. 2008. Oral health during pregnancy. Am Fam  
409 Physician. 77(8):1139-1144.

410 Valdebenito B, Tullume-Vergara PO, González W, Kreth J, Giacaman RA. 2018. In silico  
411 analysis of the competition between *Streptococcus sanguinis* and *Streptococcus mutans* in the  
412 dental biofilm. Mol Oral Microbiol. 33(2):168-180. doi: 10.1111/omi.12209.

413 van Duuren JBJH, Müsken M, Karge B, Tomasch J, Wittmann C, Häussler S, Brönstrup M.  
414 2017. Use of single-frequency impedance spectroscopy to characterize the growth dynamics of  
415 biofilm formation in *Pseudomonas aeruginosa*. Sci Rep. 7(1):5223. doi: 10.1038/s41598-017-  
416 05273-5.

417 Vasiliauskiene I. 2003. Oral health status of pregnant women. Stomatologija. 5(2):57-61.

418 Weintraub JA, Prakash P, Shain SG, Laccabue M, Gansky SA. 2010. Mothers' caries increases  
419 odds of children's caries. J Dent Res. 89(9):954-958. doi: 10.1177/0022034510372891

420 Xiao J, Moon Y, Li L, Rustchenko E, Wakabayashi H, Zhao X, Feng C, Gill SR, McLaren S,  
421 Malmstrom H, et al. 2016. *Candida albicans* carriage in children with severe early childhood  
422 caries (S-ECC) and maternal relatedness. PLoS ONE. 11(10):e0164242. doi:  
423 10.1371/journal.pone.0164242

424 Xu H, Jenkinson HF, Dongari-Bagtzoglou A. 2014. Innocent until proven guilty: mechanisms  
425 and roles of *Streptococcus-Candida* interactions in oral health and disease. Mol Oral Microbiol.  
426 29(3):99-116. doi: 10.1111/omi.12049.

427 Zhu B, Macleod LC, Kitten T, Xu P. 2018. *Streptococcus sanguinis* biofilm formation &  
428 interaction with oral pathogens. Future Microbiol. 13(8):915-932. doi: 10.2217/fmb-2018-  
429 0043.

430