

1 **Within-host dynamics explain patterns of antibiotic resistance in**
2 **commensal bacteria**

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14 **The spread of antibiotic resistance, a major threat to human health, is**
15 **poorly understood. Empirically, resistant strains gradually increase in**
16 **prevalence as antibiotic consumption increases, but current mathematical**
17 **models predict a sharp transition between full sensitivity and full**
18 **resistance. In other words, we do not understand what drives persistent**
19 **coexistence between resistant and sensitive strains of disease-causing**
20 **bacteria in host populations. Without knowing what drives patterns of**
21 **resistance, we cannot accurately predict the impact of potential strategies**
22 **for managing resistance. Here, we show that within-host dynamics—**
23 **bacterial growth, strain competition, and host immune responses—**
24 **promote frequency-dependent selection for resistant strains, explaining**
25 **patterns of resistance at the population level. By capturing these processes**
26 **in a parsimonious mathematical framework, we resolve a long-standing**
27 **conflict between theory and observation. Our models capture widespread**
28 **coexistence for multiple bacteria-drug combinations across 30 European**
29 **countries and explain associations between carriage prevalence and**
30 **resistance prevalence among bacterial subtypes. A mechanistic**
31 **understanding of resistance evolution is needed to accurately forecast the**
32 **impact and effectiveness of resistance-management strategies.**

33

34 Despite the global public health threat of antibiotic resistance^{1,2}, we currently
35 lack a mechanistic understanding of how resistance spreads in human
36 populations³. This gap in our knowledge is reflected in the inability of
37 mathematical models to explain why resistance prevalence gradually increases
38 as we move from countries with low antibiotic consumption to those with high

39 antibiotic consumption³⁻⁸ (Fig. 1A). Although the mechanism driving this pattern
40 seems intuitively obvious—greater antibiotic consumption selects for more
41 resistance—the simplest models of disease transmission (Fig. 1B) are unable to
42 capture the gradual rise that is observed. Instead, these models predict
43 competitive exclusion⁹—that is, that above a particular level of antibiotic
44 consumption, resistant strains fully outcompete sensitive strains, while below
45 this treatment-rate threshold, they are unable to emerge at all (Fig. 1C).

46

47 This theoretical prediction stands in stark contrast to empirical patterns of
48 widespread coexistence between sensitive and resistant strains, a trend that
49 holds across multiple bacteria-drug combinations⁶⁻⁸. While previous work has
50 suggested that multiple strain carriage within individuals may promote limited
51 amounts of coexistence^{3, 10}, existing models cannot reproduce coexistence along
52 the 4- to 20-fold range of treatment rates over which it is observed. Moreover,
53 the reason why multiple carriage may promote limited coexistence is unclear.
54 Without identifying an explicit, general mechanism for widespread coexistence,
55 we will be unable to predict the likely impact of public health interventions for
56 managing resistance.

57

58 Here, we show that within-host dynamics explain observed patterns of
59 resistance in commensal bacteria. Specifically, we develop a suite of models that
60 explicitly integrate within-host bacterial growth, strain competition, and
61 bacterial subtype-specific host immune responses that, when calibrated to data
62 across 30 European countries, provides a parsimonious and general explanation
63 for empirical patterns of resistance in three commensal bacterial species, and

64 also explains patterns of resistance among competing subtypes in the
65 commensal bacterium *Streptococcus pneumoniae*.

66

67 **Results**

68

69 **Existing models fail to capture widespread coexistence.** We begin by
70 analysing a standard model of resistant disease transmission developed by
71 Lipsitch and colleagues^{3, 10}. A central feature of this model is that hosts can
72 become dual carriers—that is, carriers of both sensitive and resistant strains
73 simultaneously—through sequential colonisation events (Fig. 2A). This model
74 makes two key assumptions: (1) that dual carriage is balanced, with each strain
75 carried in equal measure; and (2) that if a dual carrier is re-colonised, the
76 incoming strain “knocks out” one of the two resident strains at random.
77 Together, these assumptions preserve the crucial requirement of structural
78 neutrality at the population level¹⁰, meaning that selection does not produce
79 coexistence “for free” by artificially promoting transmission of rare strains. In
80 this “within-host balancing” model, the amount of coexistence is governed by the
81 parameter k , the efficiency of co-colonisation relative to single colonisation.
82 While setting $k = 0$ eliminates dual carriage and recovers competitive exclusion,
83 allowing dual carriage ($0 < k \leq 1$) promotes limited coexistence (Fig. 2B). We
84 calibrated this model to European data on penicillin use and penicillin non-
85 susceptibility among *S. pneumoniae* (*Methods*). Due to the limited range of
86 coexistence predicted by the balancing model, we found that it cannot readily
87 capture observed patterns of resistance^{3, 5} (Fig. 2C), even when co-colonisation is
88 more efficient than single colonisation ($k > 1$; text S2).

89

90 Although the balancing model preserves neutrality at the between-host level¹⁰,
91 we argue that it violates the principle of structural neutrality at the within-host
92 level. Specifically, a structurally-neutral model should not predict that balancing
93 selection promotes stable coexistence between two strains if the strains are
94 biologically identical¹⁰. The balancing model meets this requirement at the
95 population level^{3, 10}. However, at the within-host level, when an invading strain
96 colonises a host already carrying a larger resident strain, the balancing model
97 implicitly assumes that the invading strain multiplies within the host—at the
98 expense of the resident strain—until both strains are present in equal frequency,
99 even if the two strains are biologically identical. Moreover, if a dual carrier is re-
100 colonised, knockout immediately eliminates one of the host’s existing strains, an
101 assumption which simplifies the mathematical model but which does not have a
102 clear mechanistic explanation. In order to preserve neutral within-host
103 dynamics, we developed a new model that relaxes these two non-neutral
104 assumptions.

105

106 **Within-host neutrality captures widespread coexistence.** In our novel
107 “within-host neutral” model, which exhibits structural neutrality at all levels,
108 hosts are assumed to have a fixed carrying capacity beyond which bacterial
109 growth cannot be supported. If a host is already colonised, a new strain can
110 invade, but rather than reaching the same frequency as the resident strain, we
111 assume that the new strain does not increase in frequency after co-colonisation,
112 since the host is already at carrying capacity (Fig. 2D). Strikingly, integrating
113 within-host neutrality greatly promotes coexistence (Fig. 2E), allowing us to

114 readily capture patterns of *S. pneumoniae* resistance across European countries
115 (Fig. 2F). We originally developed this model as an individual-based simulation
116 which allows us to track arbitrary within-host strain frequencies for each host,
117 but the model can be approximated using a four-state system of differential
118 equations, which simplifies analysis and model calibration (*Methods*).
119
120 It is generally agreed that antibiotic resistance is associated with a fitness cost¹¹,
121 ¹², because in the absence of such a cost, resistant strains would fully outcompete
122 sensitive strains. We have thus far parameterised this cost by assuming that
123 resistant strains are associated with reduced transmission. Alternatively, it is
124 possible to assume that resistant strains suffer reduced within-host growth^{11, 12},
125 such that a resistant strain will, in the absence of antibiotic treatment, be
126 outcompeted within the host by any sensitive strains (Fig. 2G). We captured this
127 process of within-host competition using a five-state differential equation model
128 based on our within-host neutral model (*Methods*). This addition further expands
129 the parameter space over which coexistence is maintained (Fig. 2H), improving
130 the model fit to patterns of *S. pneumoniae* penicillin non-susceptibility (Fig. 2I).
131
132 To verify the generality of our results, we re-parameterised the three models for
133 two additional facultatively-pathogenic commensal bacteria, *Escherichia coli* and
134 *Staphylococcus aureus* (*Methods*), and recalibrated the models to pan-European
135 patterns of resistance against the most widely used antibiotics for all three
136 species, which yielded a further four bacteria-drug combinations^{6, 8}. Here, too,
137 the empirical data are better captured by the within-host neutral models than by
138 the balancing model (Fig. 3). Using the Akaike Information Criterion to select the

139 most parsimonious model, we found that the within-host competition model has
140 the most support across all bacteria-drug combinations (Figs. 2, 3).

141

142 **Within-host dynamics promotes coexistence via frequency-dependent**

143 **selection.** Analysis of our model reveals that frequency-dependent selection¹³ is
144 the mechanism through which within-host dynamics promote coexistence. That
145 is, the within-host processes we have identified result in fitness advantages for
146 either resistant or sensitive strains when those strains are rare. If resistant cells
147 colonise a host already carrying a sensitive strain, and that host subsequently
148 takes antibiotics, the sensitive strain is cleared and the resistant cells can grow to
149 occupy the host's now-vacated niche; by contrast, if resistant cells colonise a host
150 already carrying a resistant strain, antibiotic treatment has no such effect. Hence,
151 resistant cells benefit from a fitness advantage when sensitive-strain carriers are
152 common. Within-host competition has a complementary effect, providing
153 sensitive cells with a fitness advantage when resistant-strain carriers are
154 common, because sensitive cells colonising a resistant-strain carrier can grow
155 over time to become the dominant strain in the host. Either or both of these
156 mechanisms can promote stable coexistence by equalising the fitness of resistant
157 and sensitive strains at intermediate carriage frequencies.

158

159 Identifying the mechanism of frequency-dependent selection helps to explain
160 why previous model predictions for resistance prevalence are sensitive to a
161 narrow range of antibiotic treatment rates^{3, 5, 10}, and hence have been unable to
162 support coexistence over the wide range of treatment rates measured
163 empirically. Specifically, the “balancing” and “knockout” assumptions of the

164 within-host balancing model create a bias against coexistence in two ways. First,
165 balanced carriage of co-colonising strains decreases rare strains' frequency-
166 dependent fitness benefit because it reduces the scope for rare strains to grow
167 within dual carriers. Second, knockout reduces the prevalence of dual carriage by
168 depleting strain diversity among hosts. Both effects reduce the strength of
169 frequency-dependent selection for resistance, biasing models against
170 coexistence.

171

172 **Patterns of coexistence among bacterial serotypes.** Many bacterial species
173 exhibit extensive diversity in the expression of capsular proteins exposed to host
174 immune systems, which subdivides species into several distinct “serotypes” that,
175 like resistant versus sensitive strains, are known to stably coexist in host
176 populations^{14, 15}. Host immune memory can promote coexistence between
177 serotypes, because more common serotypes are more likely to provoke a host
178 immune response owing to previous exposure, creating frequency-dependent
179 selection for serotype diversity^{14, 15}. However, similar considerations to those
180 detailed above reveal that serotype diversity can also be promoted through a
181 related mechanism that does not require host immune memory. In our within-
182 host neutral model, coexistence is promoted by resistant strains multiplying to
183 take the place of co-colonising sensitive strains that are cleared by antibiotic
184 treatment. A similar mechanism might promote stable coexistence between
185 commensal bacteria serotypes, so long as—when co-colonising a host—
186 serotypes can be independently cleared by a host immune response, with any
187 strains of the same serotype being cleared simultaneously. This would result in a

188 fitness advantage for a strain co-colonising a host carrying a different serotype,
189 promoting serotype diversity even in the absence of immune memory.

190

191 To test this hypothesis, we extended our individual-based model to track
192 coexistence between five serotypes differing in their clearance rate, their
193 transmission rate or their within-host growth rate. We found that independent
194 clearance of serotypes from co-colonised hosts can promote stable coexistence
195 between serotypes, even when serotypes exhibit intrinsic fitness differences
196 (Fig. 4A). Unlike in previous models which have not explicitly tracked within-
197 host dynamics^{14, 15}, we find that acquired immunity is not needed to maintain
198 limited amounts of serotype diversity. Moreover, we found that resistance
199 prevalence varied across coexisting serotypes, with the direction of the trend in
200 resistance prevalence among serotypes depending on whether the cost of
201 resistance was parameterised as a transmission-rate cost or a growth-rate cost.
202 When resistance is associated with a transmission-rate cost, resistance is more
203 strongly selected in fitter serotypes, whether serotypes differ in fitness due to
204 differences in duration of carriage⁴, transmissibility, or within-host growth (Fig.
205 4B). This reflects an empirical association between serotype fitness and
206 resistance prevalence observed in *S. pneumoniae*⁴. By contrast, when resistance
207 is associated with a within-host growth-rate cost (Fig. 4C), resistance is more
208 strongly selected in less-fit serotypes (Fig. 4D). Thus, our model would predict
209 that the association between resistance prevalence and serotype fitness may
210 depend on the balance between these two putative costs of resistance.

211

212 **Resistance prevalence among pneumococcal serotypes.** Finally, we used this
213 proof of principle to evaluate carriage distribution and resistance prevalence in a
214 model with 30 co-circulating *S. pneumoniae* serotypes parameterised with
215 observed differences in duration of carriage. We found that independent
216 clearance of serotypes alone was insufficient to support the high diversity of
217 pneumococcal serotype carriage observed in human populations, with only five
218 serotypes maintained (text S4). However, introducing serotype-specific
219 immunity¹⁴ to our within-host neutral framework was sufficient to capture much
220 of the observed pneumococcal diversity and patterns of resistance among
221 pneumococcal serotypes (Fig. 5).

222

223 **Discussion**

224

225 We have proposed a novel, parsimonious and pathogen-independent
226 mathematical framework that, unlike previous models, captures empirical
227 patterns of antibiotic resistance across countries differing in treatment rates and
228 among serotypes. We argue that frequency-dependent selection drives these
229 patterns of resistance and that coexistence of sensitive and resistant strains is
230 promoted by integrating structural neutrality at the within-host level.

231 Frequency-dependent selection has long been known to promote stable
232 coexistence among animal, plant, and bacterial competitors¹⁶⁻¹⁹, and we show
233 here that it could also have a pivotal role in maintaining coexistence between
234 sensitive and resistant strains of commensal bacteria.

235

236 Although a number of alternative mechanisms that could explain coexistence
237 between drug-sensitive and resistant pathogens have been proposed^{3-5, 20-23},
238 some support only modest amounts of coexistence^{3, 5}, while other proposed
239 mechanisms may be difficult to generalize empirically, such as strongly age-
240 assortative mixing⁴, independent mappings of balancing selection⁴, or specific
241 immune responses to resistance-associated phenotypes^{3, 21-23}. Our framework of
242 within-host neutrality provides two advances on previous work: it harmonises
243 pathogen dynamics occurring at the between-host and within-host levels, and it
244 allows us to better and more parsimoniously capture observed patterns of
245 resistance prevalence across a range of important bacteria-drug combinations.

246

247 Dual carriage of resistant and sensitive strains, a crucial factor for coexistence, is
248 generated in our models via sequential colonisation. The empirical prevalence of
249 dual carriage is not well known, but a study of *S. aureus* carriage in children
250 found 21% of hosts carried both resistant and sensitive strains²⁴ and—although
251 resistance phenotypes were not measured—other studies have found up to 48%
252 multiple carriage of genetically-distinct *S. pneumoniae* strains^{25, 26} and 42%
253 multiple carriage of virulent *E. coli* strains²⁷. These studies find that carriage is
254 typically dominated by one strain with other strains carried at low frequency,
255 consistent with our model's carrying-capacity assumptions. Dual carriage could
256 also occur through *de novo* mutation, which is likely to be especially important
257 for long-lived chronic infections such as colonisations of the cystic fibrosis lung
258 by *Pseudomonas aeruginosa*^{28, 29}. While it is possible that coexistence is
259 maintained by forces additional to dual carriage, we suggest that any model

260 incorporating dual carriage should observe within-host neutrality to avoid
261 biasing against coexistence.
262
263 Antibiotic resistance is one of the foremost threats to human health, and
264 combating this threat will require the global deployment of coordinated
265 interventions^{1,2}. Mathematical models of disease transmission will play a crucial
266 role in this endeavour, because they can explicitly integrate the mechanisms that
267 drive resistance evolution in a population-level framework and allow us to
268 quantify long-term trends as well as the likely impact of any large-scale
269 interventions for reducing resistance³⁰. Providing a framework in which to
270 answer public health questions will require a balance between mathematical
271 tractability and identifiability of the models on one side, and necessary
272 complexity on the other; building on the simple models proposed here will help
273 to establish that balance. If mathematical models are able to incorporate a truly
274 mechanistic understanding of resistance, they will be better able to explain
275 common patterns of resistance and to accurately predict the effect of
276 interventions at a national and global level³⁰. With growing calls for an
277 integrated and multifaceted approach to the problem of antimicrobial
278 resistance^{1,2}, a new generation of mechanistic mathematical models will be
279 uniquely placed to support the evidence-based adoption of impactful and cost-
280 effective strategies.

281 **References and Notes**

282

- 283 1. World Health Organization (2016) *United Nations high-level meeting on*
284 *antimicrobial resistance*. [http://www.who.int/antimicrobial-](http://www.who.int/antimicrobial-resistance/events/UNGA-meeting-amr-sept2016/en)
285 [resistance/events/UNGA-meeting-amr-sept2016/en](http://www.who.int/antimicrobial-resistance/events/UNGA-meeting-amr-sept2016/en).
- 286 2. O'Neill J, *ed.* (2016) *Tackling drug-resistant infections globally: final report and*
287 *recommendations*. <https://amr-review.org/home.html>.
- 288 3. Colijn C, *et al.* (2010) What is the mechanism for persistent coexistence of
289 drug-susceptible and drug-resistant strains of *Streptococcus pneumoniae*?
290 *J. R. Soc. Interface* **7**, 905–919.
- 291 4. Lehtinen S, *et al.* (2017) Evolution of antibiotic resistance is linked to any
292 genetic mechanism affecting bacterial duration of carriage. *Proc Natl Acad*
293 *Sci USA* **114**, 1075–1080.
- 294 5. Cobey S, *et al.* (2017) Host population structure and treatment frequency
295 maintain balancing selection on drug resistance. *J R Soc Interface* **14**,
296 20170295.
- 297 6. European Centre for Disease Prevention and Control. (2017) Antimicrobial
298 consumption rates by country.
299 [http://ecdc.europa.eu/en/healthtopics/antimicrobial-resistance-and-](http://ecdc.europa.eu/en/healthtopics/antimicrobial-resistance-and-consumption/antimicrobial-consumption/esac-net-database/Pages/Antimicrobial-consumption-rates-by-country.aspx)
300 [consumption/antimicrobial-consumption/esac-net-](http://ecdc.europa.eu/en/healthtopics/antimicrobial-resistance-and-consumption/antimicrobial-consumption/esac-net-database/Pages/Antimicrobial-consumption-rates-by-country.aspx)
301 [database/Pages/Antimicrobial-consumption-rates-by-country.aspx](http://ecdc.europa.eu/en/healthtopics/antimicrobial-resistance-and-consumption/antimicrobial-consumption/esac-net-database/Pages/Antimicrobial-consumption-rates-by-country.aspx).
- 302 7. European Antimicrobial Resistance Surveillance System (2007) *EARSS Annual*
303 *Report 2007*. Bilthoven: EARSS.
- 304 8. European Centre for Disease Prevention and Control (2017) *Antimicrobial*
305 *resistance surveillance in Europe 2015. Annual Report of the European*

- 306 *Antimicrobial Resistance Surveillance Network (EARS-Net)*. Stockholm:
307 ECDC.
- 308 9. Hardin G (1960) The competitive exclusion principle. *Science* **131**, 1292–1297.
- 309 10. Lipsitch M, Colijn C, Cohen T, Hanage WP, Fraser C (2009) No coexistence for
310 free: neutral null models for multistrain pathogens. *Epidemics* **1**, 2–13.
- 311 11. Andersson DI (2006) The biological cost of mutational antibiotic resistance:
312 any practical conclusions? *Curr Opin Microbiol* **9**, 461–465.
- 313 12. Andersson DI, Hughes D (2010) Antibiotic resistance and its cost: is it
314 possible to reverse resistance? *Nat Rev Microbiol* **8**, 260–271.
- 315 13. Ayala FJ, Campbell CA (1974) Frequency-dependent selection. *Ann Rev Ecol*
316 *Syst* **5**, 115–138.
- 317 14. Cobey S, Lipsitch M. (2012) Niche and neutral effects of acquired immunity
318 permit coexistence of pneumococcal serotypes. *Science* **335**, 1376–1380.
- 319 15. Flasche S, *et al.* (2013) The impact of specific and non-specific immunity on
320 the ecology of *Streptococcus pneumoniae* and the implications for
321 vaccination. *Proc R Soc B* **280**, 20131939.
- 322 16. Ayala FJ (1971) Competition between species: frequency dependence. *Science*
323 **171**, 820–824.
- 324 17. Sinervo B, Lively CM (1996) The rock-paper-scissors game and the evolution
325 of alternative male strategies. *Nature* **380**, 240–243.
- 326 18. Gigord LDB, Macnair MR, Smithson A (2001) Negative frequency-dependent
327 selection maintains a dramatic flower color polymorphism in the
328 rewardless orchid *Dactylorhiza sambucina* (L.) Soð. *Proc Natl Acad Sci USA*
329 **98**, 6253–6255.

- 330 19. Rainey PB, Travisano M (1998) Adaptive radiation in a heterogeneous
331 environment. *Nature* **394**, 69–72.
- 332 20. Austin DJ, Kristinsson KG, Anderson RM (1999) The relationship between the
333 volume of antimicrobial consumption in human communities and the
334 frequency of resistance. *Proc Natl Acad Sci USA* **96**, 1152–1156.
- 335 21. Dietz K (1979) Epidemiologic interference of virus populations. *J Math Biol* **8**,
336 291–300.
- 337 22. Gupta S, Swinton J, Anderson RM (1994) Theoretical studies of the effects of
338 heterogeneity in the parasite population on the transmission dynamics of
339 malaria. *Proc R Soc Lond B* **256**, 231–238.
- 340 23. Lipsitch M (1997) Vaccination against colonizing bacteria with multiple
341 serotypes. *Proc Natl Acad Sci USA* **94**, 6571–6576.
- 342 24. Mongkolrattanothai K, *et al* (2011) Simultaneous carriage of multiple
343 genotypes of *Staphylococcus aureus* in children. *J Med Microbiol* **60**, 317–
344 322.
- 345 25. Kamng'ona AW, *et al.* (2015) High multiple carriage and emergence of
346 *Streptococcus pneumoniae* vaccine serotype variants in Malawian
347 children. *BMC Inf Diseases* **15**, 234.
- 348 26. Turner P, *et al.* (2011) Improved detection of nasopharyngeal cocolonization
349 by multiple pneumococcal serotypes by use of latex agglutination or
350 molecular serotyping by microarray. *J Clin Microbiol* **49**, 1784–1789.
- 351 27. Martinez-Medina M, *et al.* (2009) Molecular diversity of *Escherichia coli* in the
352 human gut: new ecological evidence supporting the role of adherent-
353 invasive *E. coli* (AIEC) in Crohn's disease. *Inflamm Bowel Dis* **15**, 872–882.

- 354 28. Smith EE, *et al.* (2006) Genetic adaptation by *Pseudomonas aeruginosa* to the
355 airways of cystic fibrosis patients. *Proc Natl Acad Sci USA* **103**, 8487–
356 8492.
- 357 29. Yang L, *et al.* (2011) Evolutionary dynamics of bacteria in a human host
358 environment. *Proc Natl Acad Sci USA* **108**, 7481–7486.
- 359 30. Atkins KE, *et al.* Use of mathematical modelling to assess the impact of
360 vaccines on antibiotic resistance. *Lancet Infect Dis*, in press.
- 361 31. Chewapreecha C, *et al.* (2014) Dense genomic sampling identifies highways
362 of pneumococcal recombination. *Nat Genet* **46**, 305–309.
- 363 32. Bogaert D, *et al.* (2004) Colonisation by *Streptococcus pneumoniae* and
364 *Staphylococcus aureus* in healthy children. *Lancet* **363**, 1871–1872.
- 365 33. Goossens MC, Catry B, Verhaegen J (2013) Antimicrobial resistance to
366 benzylpenicillin in invasive pneumococcal disease in Belgium, 2003–
367 2010: the effect of altering clinical breakpoints. *Epidemiol Infect* **141**,
368 490–495.
- 369 34. Ter Braak CJF (2006) A Markov chain Monte Carlo version of the genetic
370 algorithm differential evolution: easy Bayesian computing for real
371 parameter spaces. *Stat Comp* **16**, 239–249.
- 372 35. Nelder JA, Mead R (1965) A simplex method for function minimization. *Comp*
373 *J* **7**, 308–313.
- 374 36. Li B, *et al.* (2012) Duration of stool colonization in healthy medical students
375 with extended-spectrum- β -lactamase-producing *Escherichia coli*.
376 *Antimicrob Agents Chemother* **56**, 4558–4559.

- 377 37. Apisarnthanarak A, Bailey TC, Fraser VJ (2008) Duration of stool colonization
378 in patients infected with extended-spectrum β -lactamase-producing
379 *Escherichia coli* and *Klebsiella pneumoniae*. *Clin Infect Dis* **46**, 1322–1333.
- 380 38. Shenoy ES, Paras ML, Noubary F, Walensky RP, Hooper DC (2014) Natural
381 history of colonization with methicillin-resistant *Staphylococcus aureus*
382 (MRSA) and vancomycin-resistant *Enterococcus* (VRE): a systematic
383 review. *BMC Infect Dis* **14**, 177.
- 384 39. Larsson AK, *et al.* (2011) Duration of methicillin-resistant *Staphylococcus*
385 *aureus* colonization after diagnosis: A four-year experience from southern
386 Sweden. *Scand J Inf Dis* **43**, 456–462.
- 387 40. Martinez-Medina M, *et al.* (2009) Molecular diversity of *Escherichia coli* in the
388 human gut: new ecological evidence supporting the role of adherent-
389 invasive *E. coli* (AIEC) in Crohn's disease. *Inflamm Bowel Dis* **15**, 872–882.
- 390 41. European Centre for Disease Prevention and Control (2014) *Surveillance of*
391 *antimicrobial consumption in Europe 2011*. Stockholm: ECDC.
392 <<https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/antimicrobial-consumption-europe-surveillance-2011.pdf>>.

394

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402 analyses; NGD and KEA drafted the manuscript, which all authors revised.

403

404 **Supplementary Materials**

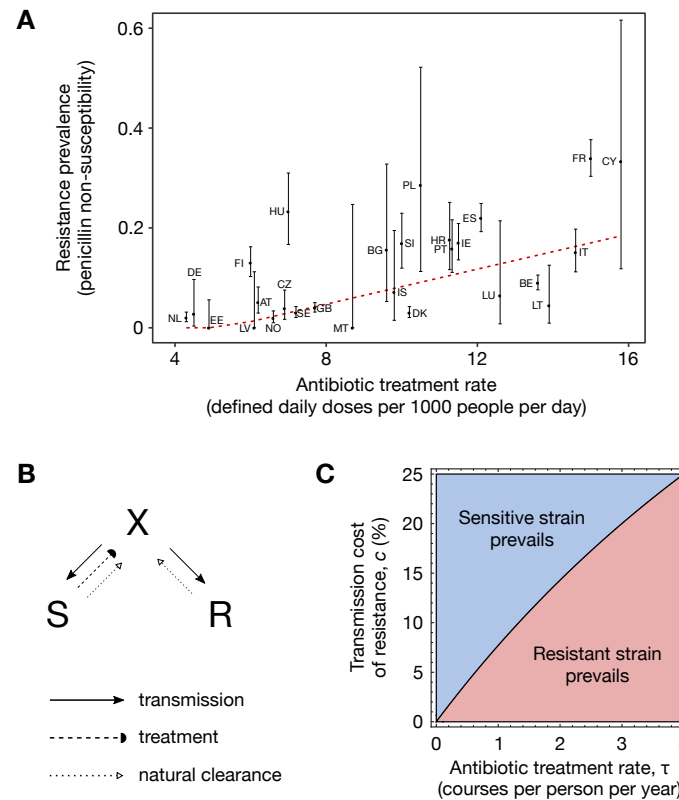
405 Materials and Methods

406 Tables S1–S2

407 Figs S1–S13

408 References (32 – 41)

409 **Figures**

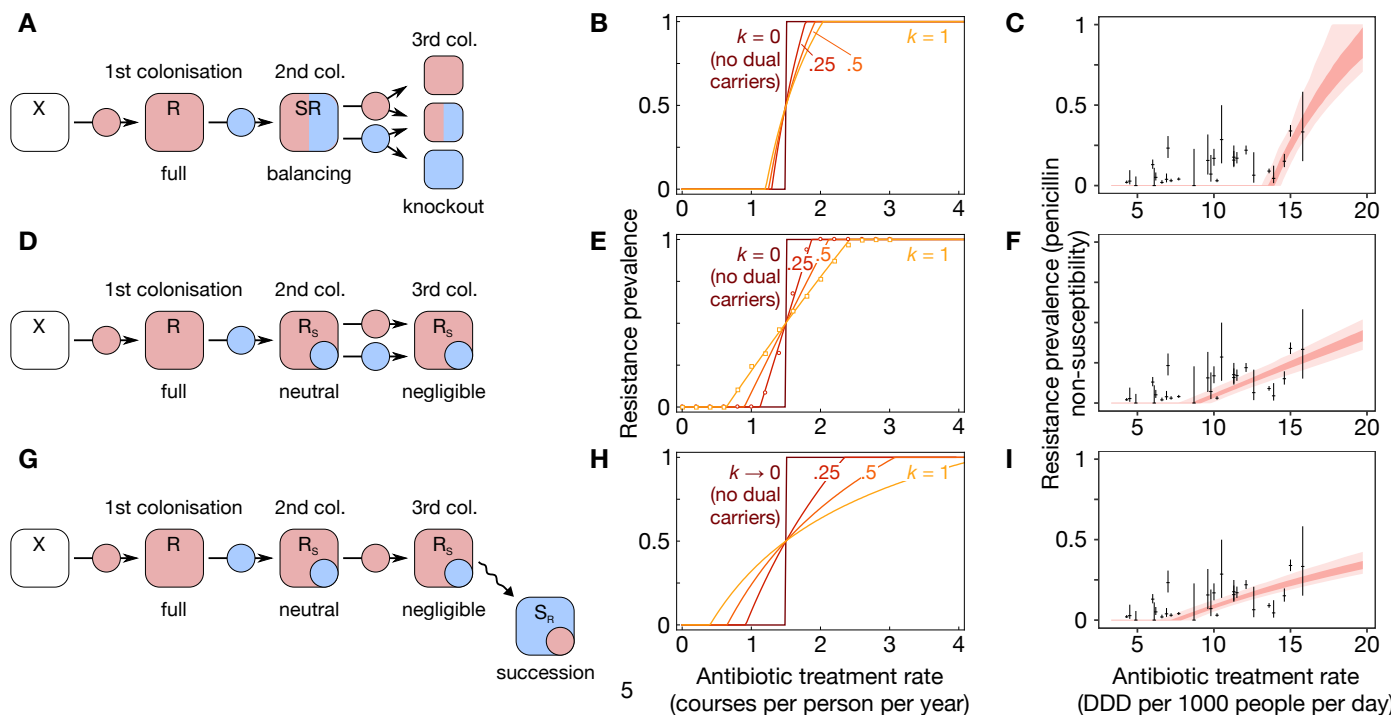


410

411 **Fig. 1.** The problem of coexistence. **(A)** The prevalence of penicillin non-
 412 susceptible isolates of *S. pneumoniae* across 27 European countries
 413 illustrates widespread coexistence. This pattern of gradual increase of resistance
 414 with the antibiotic treatment rate holds across many pathogen-drug
 415 combinations⁶⁻⁸. **(B)** A simple two-strain single-carriage model defined by the
 416 system of ordinary differential equations $\frac{dS}{dt} = \beta SX - (u + \tau)S$, $\frac{dR}{dt} = \beta(1 -$
 417 $c)RX - uR$, $X = 1 - S - R$, with X non-carriers, S sensitive-strain carriers, and R
 418 resistant-strain carriers. Here, β is the rate of transmission (solid arrows), τ is
 419 the rate of antibiotic treatment (dashed arrow), u is the rate of natural clearance
 420 (dotted arrows), and c is the transmission cost of resistance. **(C)** Contrary to
 421 observed patterns of coexistence, the single-carriage model predicts competitive

422 exclusion, with the sensitive strain dominating the resistant strain if $\tau > cu/(1-c)$;

423 here, $\beta = 4 \text{ months}^{-1}$, $u = 1 \text{ months}^{-1}$.



424

425 **Fig. 2.** Three models of dual carriage. **(A)** The within-host balancing model¹⁰

426 extends the single-carriage model (Fig. 1B) by permitting simultaneous dual

427 carriage. An example sequence of colonisation events illustrates equal co-

428 colonisation and knockout. **(B)** Although coexistence increases with the

429 efficiency of multiple carriage, k , the region of coexistence remains small for the

430 within-host balancing model. **(C)** When calibrated to penicillin non-susceptibility

431 in *S. pneumoniae* across European countries, the balancing model does not

432 capture widespread coexistence. **(D)** The same example sequence of colonisation

433 events as in panel **A** illustrates the absence of the balancing and knockout

434 mechanisms in the within-host neutral model. **(E)** Integrating within-host

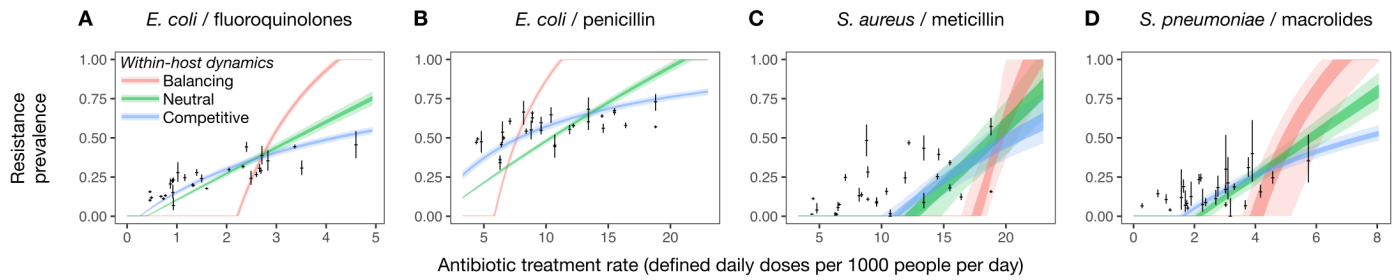
435 neutrality expands the region of coexistence. Overlaid markers are results from

436 our individual-based model with no limit to the number of co-colonisation states

437 (see Methods). **(F)** Within-host neutrality yields a better fit to empirical data. **(G)**

438 The same example sequence illustrates frequency-dependent selection acting on

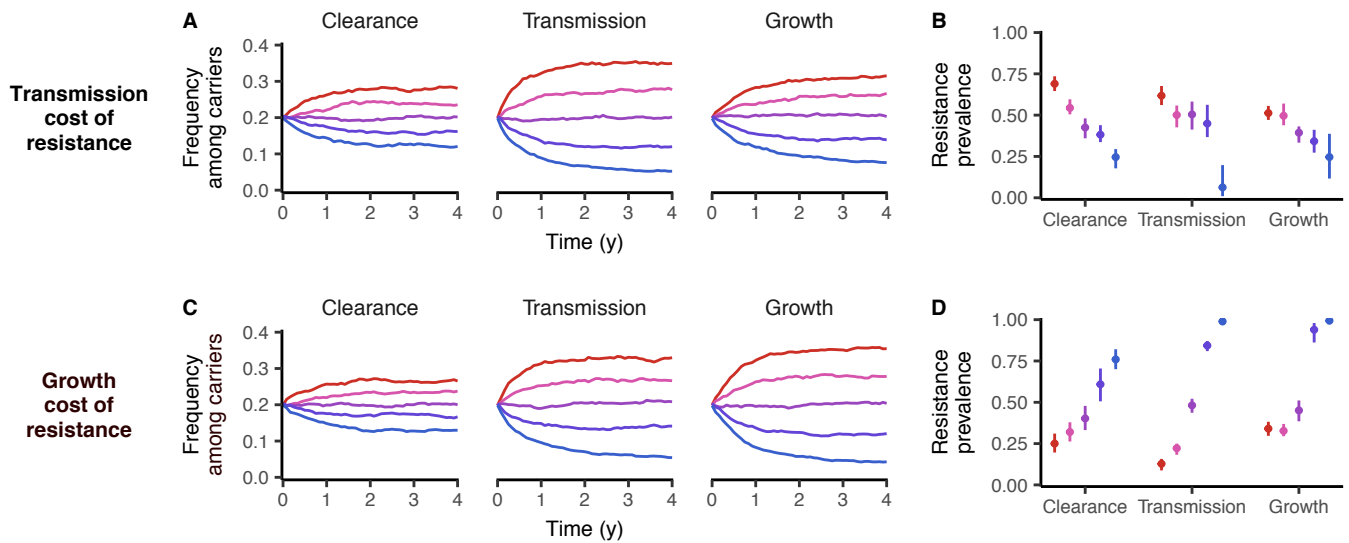
439 the sensitive strain when within-host competition is added to the within-host
440 neutral model. **(H)** Within-host competition further increases coexistence and **(I)**
441 the resulting model provides the best fit to the data (relative likelihood of 1.0 for
442 the within-host competition model, 0.635 for the within-host neutral model, and
443 4.49×10^{-5} for the balancing model).



444

445 **Fig. 3.** Within-host dynamics explain patterns of resistance across commensal
446 bacteria. Within-host neutral models with (blue) or without (green) within-host
447 competition capture persistent coexistence, while the balancing model (red)
448 does not. Compared with the within-host neutral model with strain competition,
449 the relative likelihood of the balancing and neutral models are, respectively, **(A)**
450 2.45×10^{-127} , and 3.85×10^{-15} ; **(B)** 3.22×10^{-163} and 3.41×10^{-28} ; **(C)** 6.33×10^{-4} and
451 0.141 ; and **(D)** 6.57×10^{-15} and 2.28×10^{-3} .

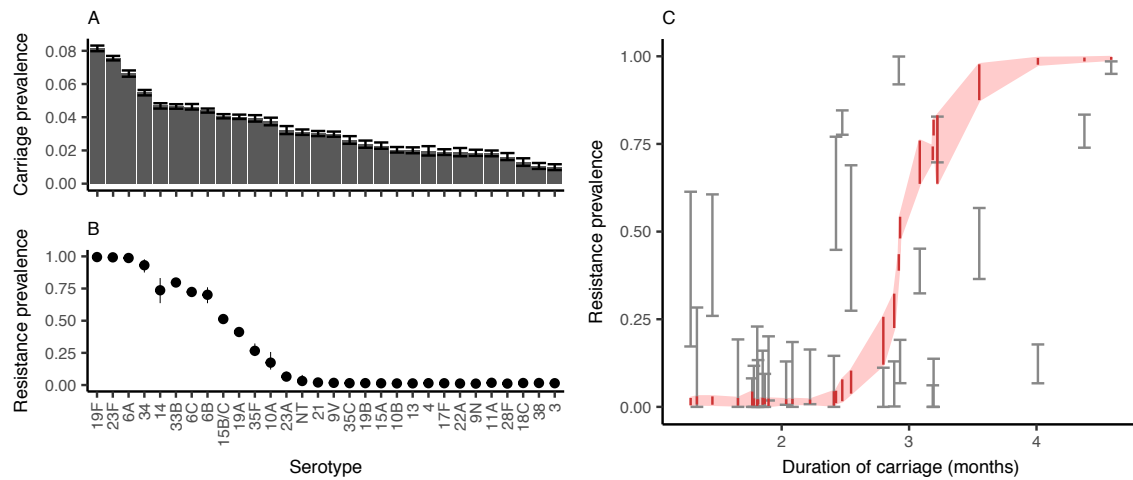
452



453

454 **Fig. 4.** Within-host dynamics promote coexistence between serotypes, and
455 intrinsic fitness differences between serotypes are correlated with resistance
456 prevalence within serotypes. **(A)** In a model with five serotypes differing in
457 various measures of intrinsic fitness, independent clearance of serotypes from
458 hosts supports limited coexistence between serotypes even in the absence of
459 immune memory. **(B)** When resistance carries a transmission-rate cost, fitter
460 serotypes are more strongly selected for resistance. **(C, D)** When resistance
461 carries a growth-rate cost, fitter serotypes are less strongly selected for
462 resistance. Serotypes are assumed to differ in clearance rate ($u = 0.96, 0.98, 1.0,$
463 $1.02, 1.04$), transmission rate ($\beta = 2.2, 2.1, 2.0, 1.9, 1.9$), or within-host growth
464 rates (growth rate penalties $\alpha = 0, 0.015, 0.03, 0.045, 0.06$; see Methods). In each
465 plot, the fittest serotype is shown in red. The mean and 95% interquartile range
466 for the last 50 years of the 100-year simulation is shown. Resistance is assumed
467 to be associated with either a 10% transmission-rate cost (A, B) or a growth-rate
468 penalty of 0.025 (C, D).

469



470

471 **Fig. 5.** Resistance prevalence among pneumococcal serotypes. **(A)** We
472 parameterised our individual-based within-host neutral model to simulate a
473 population in which 30 common pneumococcal serotypes circulate, using a
474 previously-published data set^{4, 31} to assign measured durations of carriage to
475 each serotype. Serotypes are otherwise undifferentiated and we assume no
476 within-host competition. Incorporating a simple model of host immune memory
477 (see *Methods*) recovers extensive diversity in **(A)** pneumococcal carriage and **(B)**
478 resistance prevalence. **(C)** The positive relationship between duration of carriage
479 and resistance prevalence observed empirically (black error bars, showing 95%
480 confidence intervals for duration of carriage) is recovered in the model (red
481 ribbon, showing 95% interquartile range for each serotype in the final 50 years
482 of the 100-year simulation).

483 **Materials and Methods**

484

485 Systems of ordinary differential equations

486

487 In the main text, we discuss four epidemiological models of antibiotic resistance:
488 a single-carriage model, and three multiple-carriage models (the within-host
489 balancing model, the within-host neutral model, and the within-host competition
490 model). These models can be analysed using the systems of differential equations
491 presented in this section, or using an alternative stochastic individual-based
492 model formulation which is presented below (see *Individual-based model*). The
493 ordinary differential equation models can simulate two strains at a time
494 (sensitive and resistant), and are used for exposition of the key principles and for
495 model calibration (Figs. 1–3). The individual-based models can simulate an
496 arbitrary number of strains, and are used for validation of the ordinary
497 differential equation models (Fig. 2) and for analysing serotype dynamics (Figs. 4
498 and 5).

499

500 *Single-carriage model* — The single-carriage model is given by

501

$$502 \quad \frac{dS}{dt} = \beta SX - (u + \tau)S$$

$$503 \quad \frac{dR}{dt} = \beta(1 - c)RX - uR$$

$$504 \quad X = 1 - S - R. \quad (1)$$

505

506 Here, $S = S(t)$ is the fraction of sensitive strain carriers in the population; $R = R(t)$
507 is the fraction of resistant strain carriers in the population; and $X = X(t)$ is the
508 fraction of non-carriers. The parameter β is the person-to-person transmission
509 rate of the sensitive strain, u is the natural clearance rate, τ is the per capita rate
510 of antibiotic treatment, and c is the transmission cost of resistance. Here, the
511 resistance prevalence is $\rho = R/(1-X)$.

512

513 *Within-host balancing model* — Following previous work^{3,10}, the balancing
514 model is given by

515

$$516 \quad \frac{dS}{dt} = \beta S_{tot} X - (u + \tau)S - k\beta(1 - c)R_{tot}S + \frac{k\beta S_{tot}D}{2}$$

$$517 \quad \frac{dR}{dt} = \beta(1 - c)RX - uR - k\beta S_{tot}R + \frac{k\beta(1-c)R_{tot}D}{2} + \tau D$$

$$518 \quad \frac{dD}{dt} = k\beta(1 - c)R_{tot}S + k\beta S_{tot}R - (u + \tau)D - k\beta S_{tot}D - k\beta(1 - c)R_{tot}D$$

$$519 \quad X = 1 - S - R - D . \quad (2)$$

520

521 Here, the additional compartment $D = D(t)$ is the fraction of dual carriers in the
522 population (SR carriers in Fig. 2A of the main text), k is the efficiency of multiple
523 colonisation relative to single colonisation, and $S_{tot} = S + D/2$ and $R_{tot} = R + D/2$
524 give the effective population burden of sensitive- and resistant-strain
525 colonisation, respectively. The resistance prevalence is $\rho = R_{tot}/(1-X)$.

526

527 *Within-host neutrality model* — The novel neutral model is given by

528

$$529 \quad \frac{dS}{dt} = \beta(S + S_R)X - (u + \tau)S - k\beta RS$$

530
$$\frac{dR}{dt} = \beta(1 - c)RX - uR + \tau S_R$$

531
$$\frac{dS_R}{dt} = k\beta(1 - c)RS - (u + \tau)S_R$$

532
$$X = 1 - S - R - S_R . \quad (3)$$

533

534 Here, the compartment $S_R = S_R(t)$ captures the fraction of the population
535 predominantly colonised with sensitive bacteria, but also carrying a small
536 amount of resistant bacteria that are carried in insufficient quantity to transmit,
537 and $S + S_R$ gives the effective population burden of sensitive-strain colonisation.
538 The corresponding R_S compartment is omitted as it does not impact upon the
539 overall resistance prevalence in this model, $\rho = R/(1-X)$; however, for tracking
540 the overall prevalence of dual carriers (both S_R and R_S), the full neutral model can
541 be recovered from equations 4 below by setting $b = 0$.

542

543 *Within-host competition model* — The neutral model with within-host
544 competition is given by

545

546
$$\frac{dS}{dt} = \beta(S + S_R)X - (u + \tau)S - k\beta(R + R_S)S$$

547
$$\frac{dR}{dt} = \beta RX - uR + \tau(S_R + R_S) - k\beta(S + S_R)R$$

548
$$\frac{dS_R}{dt} = k\beta(R + R_S)S - (u + \tau)S_R + bR_S$$

549
$$\frac{dR_S}{dt} = k\beta(S + S_R)R - (u + \tau)R_S - bR_S$$

550
$$X = 1 - S - R - S_R - R_S . \quad (4)$$

551

552 Here, the R_S compartment captures dual carriers predominantly colonised with
553 resistant bacteria plus a small amount of sensitive bacteria, and b captures the
554 within-host benefit of sensitivity, *i.e.* the rate at which R_S carriers become S_R
555 carriers. The resistance prevalence is $\rho = (R + R_S)/(1-X)$.

556

557 *Ordinary differential equation solutions* — All models are solved by setting single-
558 carriage compartments (S and R) equal to 0.001 and all dual-carriage
559 compartments to 0, then integrating the systems of ordinary differential
560 equations numerically in C++ using the Runge–Kutta Dorman–Prince method
561 until they reach equilibrium.

562

563 Individual-based model

564

565 The individual-based model follows the same logic as the ordinary differential
566 equation models, except it can simulate more than two strains simultaneously
567 and within-host dynamics are simulated more explicitly.

568

569 In the individual-based model, hosts are indexed by $i \in 1 \dots N$, where N is the
570 population size, and there are M strains indexed by $j \in 1 \dots M$. Each host is
571 characterised by a vector $(f_{i,1}, f_{i,2}, \dots, f_{i,M})$ giving the load of each strain colonising
572 the host, where $0 \leq f_{ij} \leq 1$ for all i, j and the host's total bacterial load is $f_i = \sum_j f_{ij}$.
573 The force of infection of strain j is $\lambda_j = (\beta/N) \sum_i q_i (1-c_j) f_{ij}$, where β is the basic
574 transmission rate, c_j is the transmission cost associated with strain j , $q_i = 0$ if $f_i =$
575 0 , and $q_i = 1/f_i$ if $f_i > 0$; that is, hosts with no bacterial load are not infectious, but
576 all hosts with any nonzero bacterial load are assumed to be equally infectious,

577 aside from differences in the transmission cost associated with each of their
578 carried strains. Henceforth, we omit host subscripts i to focus on a single host.
579
580 The model proceeds in discrete time steps. Each time step, hosts may or may not
581 experience a series of “events” (colonisation, treatment, or natural clearance)
582 and then their strain carriage is “updated” according to a series of rules. For a
583 time step Δt , an event which occurs at rate r over the whole population is
584 assumed to occur to each host with probability $r\Delta t$. Colonisation events occur at
585 rate λ_j for each strain j if a host is uncolonised and rate $k\lambda_j$ if a host is already
586 colonised. When a host is colonised by strain j , the host’s carriage of that strain is
587 increased by the “germ size” ι , where $\iota \ll 1$, so we have $f_j' = f_j + \iota$, *i.e.*
588 colonisation by strain j increases the host’s carriage of that strain by ι while
589 leaving carriage of other strains unaffected. Additionally, hosts are colonised by
590 importation of strains at a low rate $\omega = 1 \times 10^{-5}$ to prevent stochastic elimination
591 of strains at low carriage frequencies¹⁴. Treatment events occur at rate τ . When a
592 host undergoes treatment, the host’s carriage of each strain becomes $f_j' = Q_j f_j$
593 for all j , where $Q_j = 0$ for sensitive strains and $Q_j = 1$ for resistant strains, *i.e.* all
594 sensitive strains are set to zero frequency. Clearance events occur at rate u_s for
595 each serotype s ; each strain j is associated with a serotype s_j , and there may be
596 more than one strain with the same serotype. When a host undergoes natural
597 clearance, the host’s carriage of each strain becomes $f_j' = 0$ for all j for which $s_j =$
598 s , *i.e.* carriage of all strains of serotype s are set to zero while carriage of other
599 strains is unaffected.
600

601 Once all “events” for a time step have been done, each host is “updated”
602 according to the following rules. Under the within-host neutral model, total
603 strain carriage for colonised hosts is always maintained at the carrying capacity
604 of the host (*i.e.* $f = \sum f_j = 1$). Specifically, a host’s bacterial load becomes $f_j' = f_j/f$
605 for all j . Under the within-host competition model, strain dynamics are modelled
606 using an ordinary differential equation model of logistic growth and cell death;
607 that is, we integrate from time t to time $t + \Delta t$ the differential equations defined
608 by

609

$$610 \quad \frac{df_j}{dt} = f_j(\mu(1 - \alpha_j)\left(1 - \frac{f}{K}\right) - \nu) \quad (5)$$

611

612 for all strains j , where μ is the basic growth rate, α_j is the growth-rate penalty for
613 strain j , K is the host density regulation constant, and ν is the cell death rate. For
614 all simulations of the within-host competition model, we assume $\mu = 200$, $\nu =$
615 100 , and $K = 2$, which maintains total strain carriage for each host at $f = 1$ when
616 no strain has a growth-rate penalty. The model proceeds in discrete time steps of
617 $\Delta t = 0.001$ or $\Delta t = 0.005$ months.

618

619 *Host immune memory*

620

621 When modelling the full range of pneumococcal serotypes (Fig. 5), we simulate
622 host immune memory as follows. A host who has previously cleared a strain of
623 serotype s (*i.e.* through natural clearance only, not treatment) cannot be re-
624 infected by that serotype. However, hosts are randomly cleared of their immune

625 memory at rate $1/a_{\max}$, where a_{\max} is the maximum host age simulated in the
626 model, which approximates new hosts entering the population at birth at the
627 same rate that hosts leave the population due to aging. We assume $a_{\max} = 60$
628 months, reflecting the relative importance of pneumococcal transmission in
629 hosts aged 5 years or under^{3, 32}.

630

631 Model parameterisation and calibration

632

633 We calibrated the models using European Centre for Disease Prevention and
634 Control data on penicillin consumption⁶ and the prevalence of penicillin non-
635 susceptibility among *S. pneumoniae* invasive isolates⁷ from 2007 for 27
636 European countries. We focused on the year 2007 for this data set as criteria for
637 penicillin non-susceptibility in *S. pneumoniae* were changed in some countries
638 after this year, yielding inconsistencies in resistance data between countries^{3, 33}.

639 For calibration to all other bacteria-drug combinations, we used data for the
640 same 27 countries collected in 2015, the most recent year for which data are
641 available^{6, 8}. Antibiotic consumption rates were given in defined daily doses
642 (DDD) per thousand people; we converted these to overall treatment rates by
643 assuming that 10 DDD comprise one treatment course for penicillin⁴ and
644 fluoroquinolones, while 7 DDD comprise one treatment course for macrolides.

645

646 We used Markov chain Monte Carlo with differential evolution³⁴ to calibrate the
647 model output to empirical data. We assumed that the number of resistant
648 isolates tested in a given country follows a binomial distribution with success
649 probability drawn from a beta distribution, with the model-predicted resistance

650 prevalence as the mode of the beta distribution. Setting the success probability
 651 as a random variable allowed us to account for between-country variation in
 652 resistance prevalence not captured by our dynamic model. The likelihood of the
 653 observed resistance prevalence for bacteria-antibiotic set j across all countries,
 654 \mathbf{d}_j , given the model predicted resistance prevalence, ρ_j , and prevalence of
 655 carriage, Y_j , is

656

$$L_j(\mathbf{d}_j | \rho_j, Y_j) = \prod_{i=1}^{C_j} \left([Y_j^{(0)} \leq Y(\tau_{i,j}) \leq Y_j^{(1)}] \int_{x=0}^1 \text{Beta}(x | \omega = \rho_j(\tau_{i,j}), \kappa = \kappa_j^*) \text{Bin}(r_{i,j} | n_{i,j}, x) dx \right).$$

657

658 Here, $[Y_j^{(0)} \leq Y(\tau_{i,j}) \leq Y_j^{(1)}]$ is 1 if $Y(\tau_{i,j})$ lies between $Y_j^{(0)}$ and $Y_j^{(1)}$, which are the
 659 lower and upper bounds of duration of carriage, respectively, and 0 otherwise;
 660 $\text{Beta}(x | \omega, \kappa) = x^{\alpha-1} (1-x)^{\beta-1} \Gamma(\alpha+\beta) / (\Gamma(\alpha)\Gamma(\beta))$ | $\alpha = \omega(\kappa-2) + 1$, $\beta = (1-\omega)(\kappa-2)+1$ is the
 661 beta distribution probability density with mode ω and concentration κ ; and
 662 $\text{Bin}(r | n, x) = \binom{n}{r} x^r (1-x)^{n-r}$ is the binomial distribution probability density.
 663 There are C_j countries in the data set j labelled $i = 1 \dots C_j$; for a country i and
 664 bacteria-antibiotic set j , the measured antibiotic use is $\tau_{i,j}$, the number of samples
 665 taken of a particular bacteria is $n_{i,j}$, and the number of those samples tested as
 666 non-susceptible to the particular antibiotic is $r_{i,j}$. The model prediction for
 667 resistance prevalence given treatment rate τ is $\rho_j(\tau)$, the model prediction for
 668 prevalence of carriage given treatment rate τ is $Y_j(\tau)$, and the estimated
 669 concentration around the best-fit line, estimated from the data, is κ_j^* .

670

671 To estimate the concentration κ_j^* from the resistance prevalence data, we used a
672 truncated line function $f(\tau) = \max(0, a + g\tau)$ as the modal antibiotic resistance
673 prevalence and fixed κ_j^* as the concentration. We calculated the maximum
674 likelihood estimates of a_j^* , g_j^* , and κ_j^* by using the Nelder-Mead algorithm³⁵ to
675 maximize the following likelihood function:

676

$$L_j^{(1)}(a_j^*, g_j^*, \kappa_j^*) \\ = \prod_{i=1}^{c_j} \int_{x=0}^1 \text{Beta}(x | \omega = \max(0, a_j^* \tau_{i,j} + g_j^*), \kappa = \kappa_j^*) \text{Bin}(r_{i,j} | n_{i,j}, x) dx$$

677

678 Priors for all model fitting were identified from the literature and were bacteria-
679 specific (see below).

680

681 For illustrative purposes, the parameters c and b for Fig. 2B, E, H were chosen
682 such that $\tau = 1.5$ courses per person per year would lead to 50% resistance
683 prevalence. This τ was chosen to roughly coincide with *S. pneumoniae* empirical
684 data^{6,8}. Other parameters used were $\beta = 4$, $u = 1$ (ref. 3) and k as given in the
685 figure.

686

687 *Priors for duration of carriage*

688

689 For *S. pneumoniae*, we assume an average duration of carriage of 1 month (ref.
690 3), giving a clearance rate $u = 1$ months⁻¹. For *E. coli*, we assume that the average

691 duration of carriage is 59 to 98 days^{36,37}, and accordingly set a uniform prior for
692 u over the range 0.3–0.5 months⁻¹. For *S. aureus*, we assume a duration of
693 carriage of 3.3 months (estimated from ambulatory patients clearing MRSA³⁸) to
694 5.9 months (ref. 39), and accordingly set a uniform prior for u over the range
695 0.17–0.3 months⁻¹.

696

697 The transmission parameter, β , is constrained by the likelihood function (see
698 below), so we set a uniform prior on β wide enough to overlap the full range of
699 observed carriage prevalence, Y , given the range of clearance rates u and
700 treatment rates τ (i.e. $Y = 1 - (u + \tau)/\beta$ for the sensitive strain alone, and $Y = 1 -$
701 $u/(\beta(1-c))$ for the resistant strain alone). Specifically, for *S. pneumoniae*, we use
702 the range 1–6; for *E. coli*, we use the range 1–10; and for *S. aureus*, we use the
703 range 0.1–2.

704

705 *Likelihood ranges for carriage prevalence*

706

707 In the main text, we detail how the likelihood function used in model fitting
708 constrains model output such that all countries must exhibit a prevalence of
709 carriage Y such that $Y^{(0)} \leq Y \leq Y^{(1)}$. For *S. pneumoniae*, we follow Colijn *et al.*³ in
710 assuming $0.2 \leq Y \leq 0.8$ in children. For *E. coli*, we restrict our attention to
711 extraintestinal pathogenic *E. coli* (ExPEC), a subset of *E. coli* that is responsible
712 for most invasive infections, and assume $0.499 \leq Y \leq 0.942$, which is derived from
713 95% confidence intervals around the observed prevalence of carriage of ExPEC
714 (9 of 12 healthy control subjects) from Martinez-Medina *et al.*⁴⁰. Finally, for *S.*
715 *aureus*, we adopt $0.2 \leq Y \leq 0.6$ based on Bogaert *et al.*³², which is based on the

716 observed range of *S. aureus* colonization in Dutch children, with a slightly wider
717 range to capture more variation between European countries.

718

719 *MCMC details*

720

721 Following the differential evolution MCMC algorithm³⁴, we run $10n$ chains,
722 where n is the number of free parameters in the model, *i.e.* 30 for *S. pneumoniae*
723 (for which carriage duration is fixed at 1 month) and 40 for *E. coli* and *S. aureus*,
724 for which carriage duration is not fixed. The burn-in period lasts 1,000 iterations,
725 after which 100,000 samples from the posterior are taken across all chains.

726

727

728 Sources for antibiotic consumption and resistance prevalence data

729

730 We used data from the European Centre for Disease Prevention and Control
731 (ECDC) and from the European Antimicrobial Resistance Surveillance Network
732 (EARS-Net) to parameterize our models for the consumption of antibiotics and
733 prevalence of antibiotic resistance in EU countries.

734

735 The ECDC provides information on antimicrobial consumption in defined daily
736 doses (DDD) per 1000 inhabitants per day for participating countries, with
737 antimicrobials broken down into categories as classified in the World Health
738 Organisation's (WHO) Anatomical Therapeutic Chemical (ATC) Classification
739 System. Consumption is classified into primary care and hospital use, with the
740 majority of use in primary care. We focus on primary care usage only, as hospital

741 usage data is sparse and we are focusing on community-acquired bacterial
742 carriage. The ECDC releases online publications summarizing consumption data
743 (*e.g.* ref. 41) and maintains a queryable online database⁶.
744
745 EARS-Net, formerly EARSS, provides information on resistance levels as
746 measured in invasive isolates of various bacterial pathogens isolated from blood
747 and cerebrospinal fluid^{7, 8}. We assume that invasive isolates are a sample of
748 commensally-carried strains⁴. We summarize the data used and sources for the
749 five data sets analysed (**Table S1**).

Data set	Consumption: <i>ATC code, sector, year, and source</i>	Resistance: <i>Pathogen, resistance metric, year, and source</i>
<i>Streptococcus pneumoniae</i> penicillin resistance, 2007 (Figs. 1–2, main text)	J01C (Beta-lactam antibacterials, penicillins), primary care, 2007 (ECDC 2017b, 2014 [†])	<i>S. pneumoniae</i> , percentage non-susceptible to penicillin, 2007 (EARSS 2007)
<i>Escherichia coli</i> fluoroquinolone resistance, 2015 (Fig. 3a, main text)	J01MA (Fluoroquinolones), primary care, 2015 (ECDC 2017b)	<i>E. coli</i> , percentage resistant to fluoroquinolones, 2015 (ECDC 2017a)
<i>E. coli</i> penicillin resistance, 2015 (Fig. 3b, main text)	J01C (Beta-lactam antibacterials, penicillins), primary care, 2015 (ECDC 2017b)	<i>E. coli</i> , percentage resistant to aminopenicillins, 2015 (ECDC 2017a)
<i>Staphylococcus aureus</i> meticillin resistance, 2015 (Fig. 3c, main text)	J01C (Beta-lactam antibacterials, penicillins), primary care, 2015 (ECDC 2017b)	<i>S. aureus</i> , percentage resistant to meticillin (MRSA), 2015 (ECDC 2017a)
<i>S. pneumoniae</i> macrolide resistance, 2015 (Fig. 3d, main text)	J01FA (Macrolides), primary care, 2015 (ECDC 2017b)	<i>S. pneumoniae</i> , percentage non-susceptible to macrolides, 2015 (ECDC 2017a)

750

751 **Table S1.** Data sources for antibiotic consumption and antimicrobial resistance

752 across five pathogen-drug combinations. [†]Portugal recorded no penicillin

753 consumption for 2007 in the online ECDC database⁶, but the 2011 ECDC report⁴¹

754 provides the corrected figure of 11.3 DDD per 1000 inhabitants per day for 2007.

755

756

757 **Supporting information**

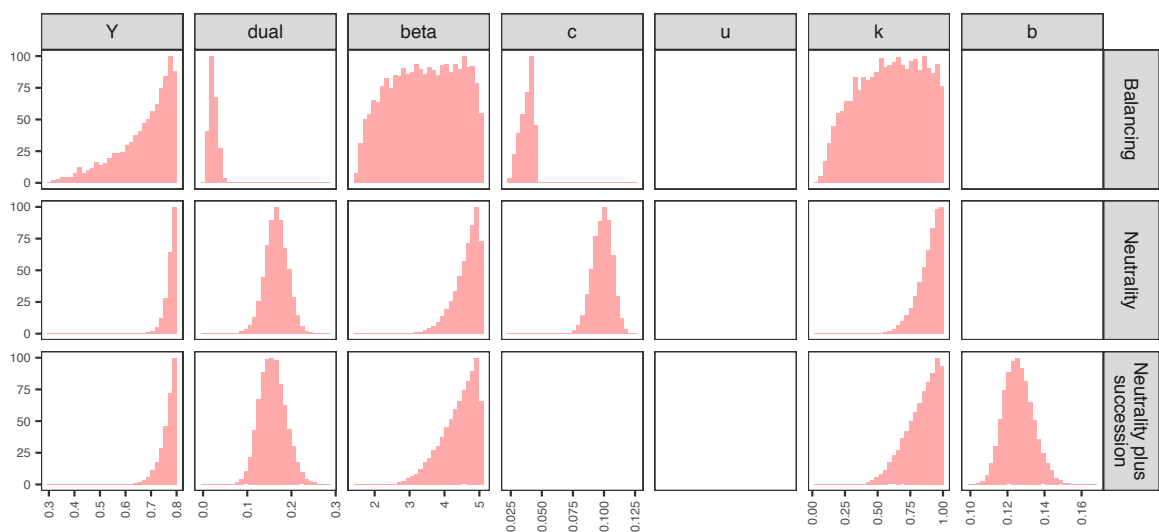
758

759 **S1. Posterior distributions from model fitting**

760

761 Here, we show the posterior distributions from model fitting from the main

762 analysis (**Fig. S1–S5**).



763

764 **Figure S1** | Posterior distribution for *S. pneumoniae* / penicillin, 2007. *Y* gives

765 the overall prevalence of carriage (whether single or dual) in the population;

766 *dual* gives the fraction of carriers who carry both sensitive and resistant strains;

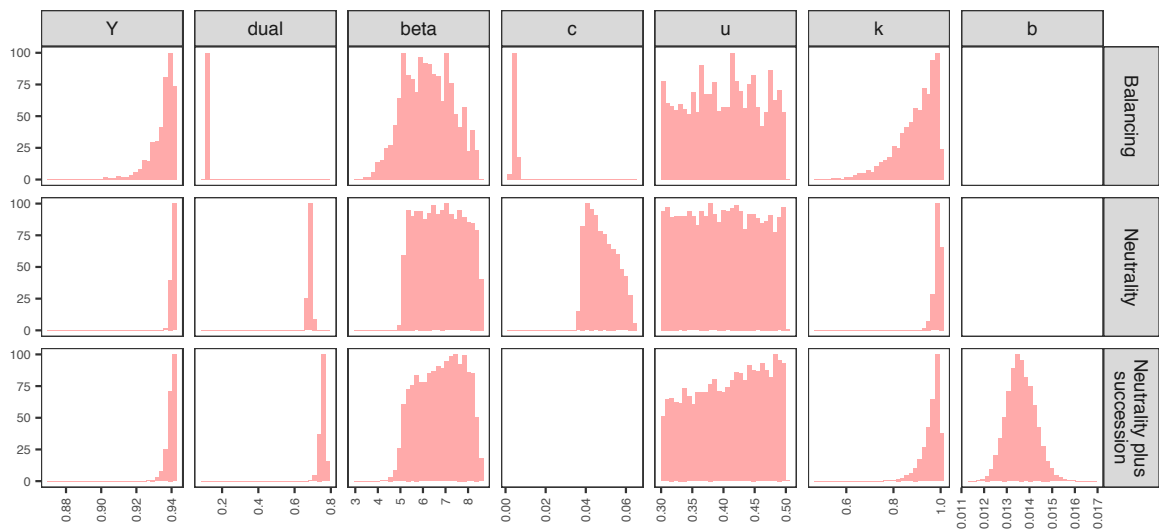
767 *beta* gives the transmission parameter; *c* gives the transmission cost of

768 resistance; *u* gives the clearance rate (if the clearance rate is subject to fitting; for

769 *S. pneumoniae*, $u = 1$); *k* gives the efficiency of recolonisation, and *b* gives the

770 within-host rate of succession (see *Methods*, main text, for details).

771

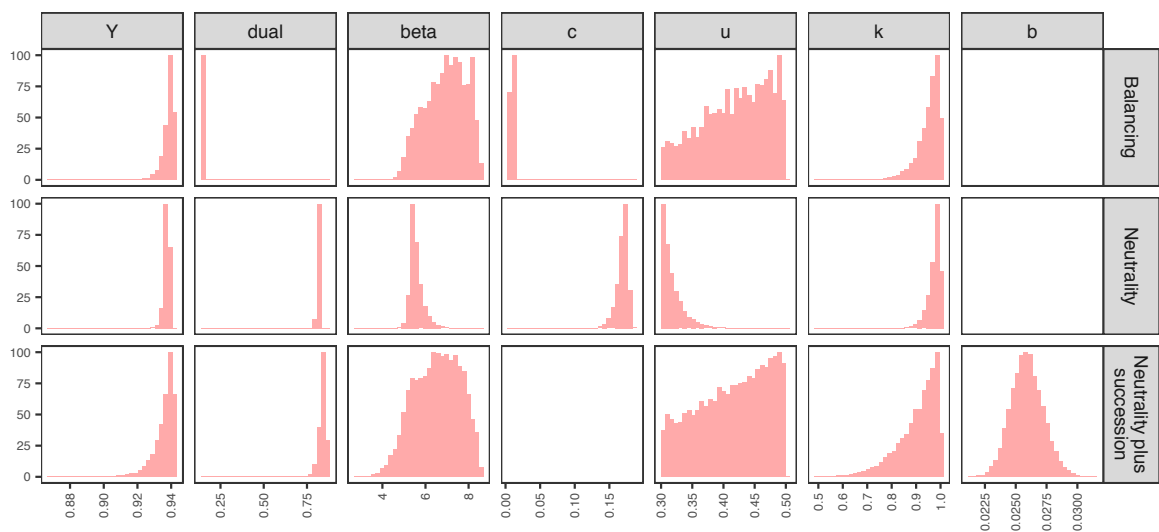


772

773 **Figure S2** | Posterior distribution for *E. coli* / fluoroquinolones, 2015. See Fig. S1

774 for details.

775

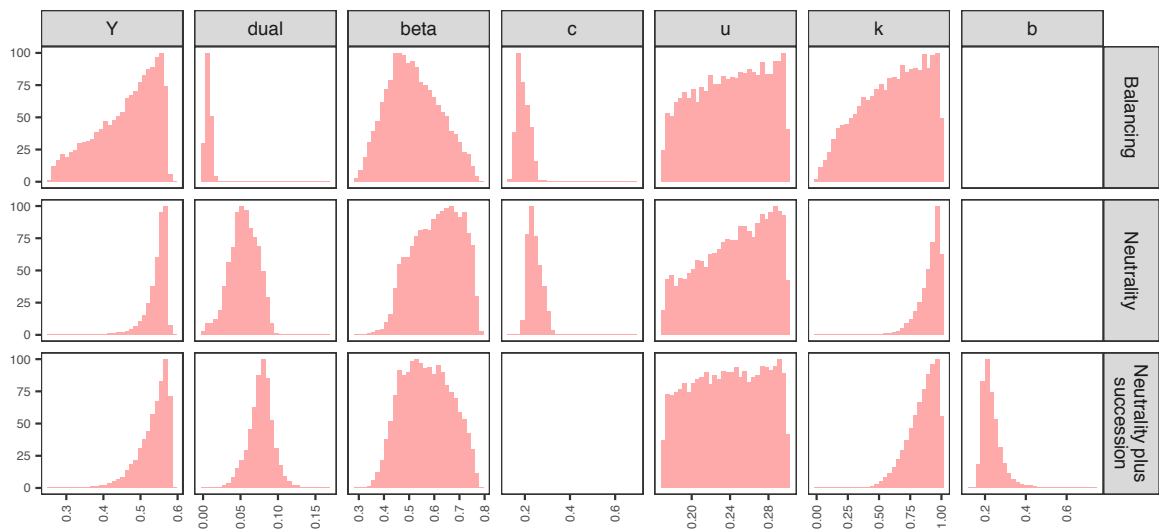


776

777 **Figure S3** | Posterior distribution for *E. coli* / penicillin, 2015. See Fig. S1 for

778 details.

779

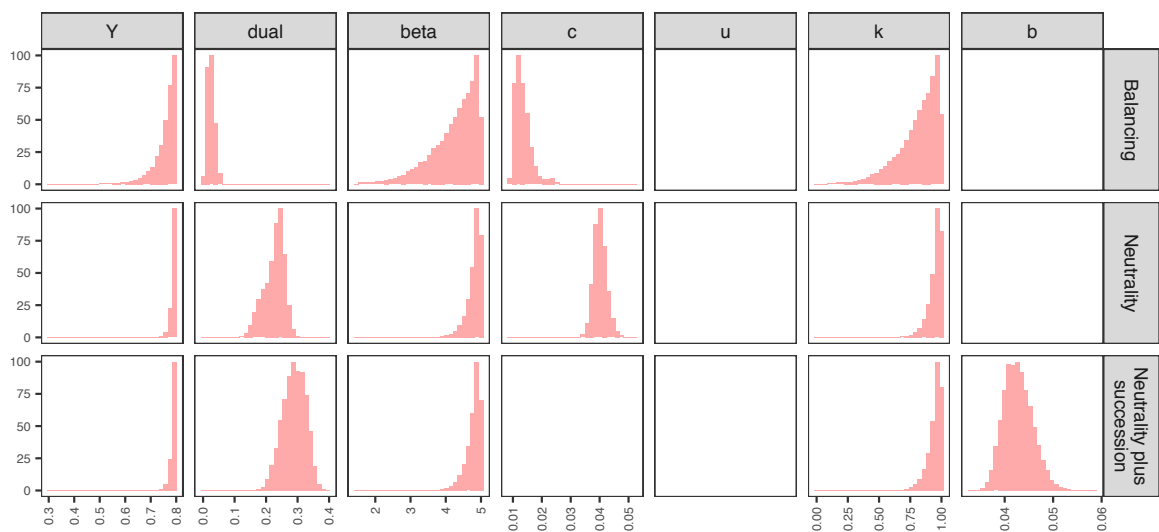


780

781 **Figure S4** | Posterior distribution for *S. aureus* / meticillin, 2015. See Fig. S1 for

782 details.

783



784

785 **Figure S5** | Posterior distribution for *S. pneumoniae* / macrolides, 2015. See Fig.

786 S1 for details.

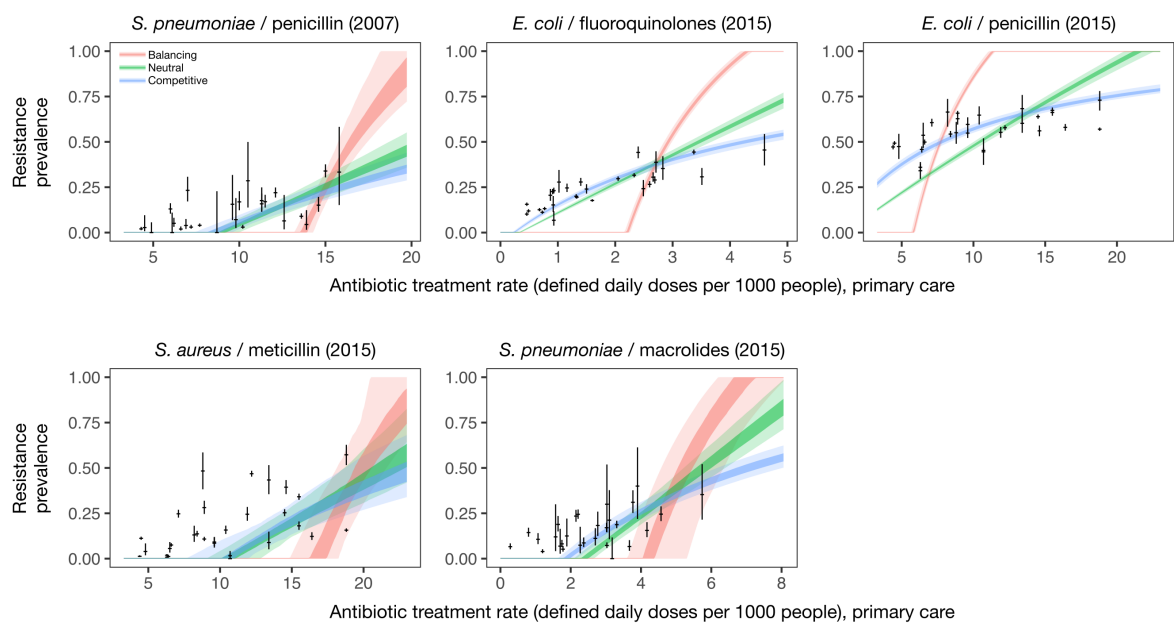
787

788 S2. Positive association between carriers: $k > 1$

789

790 In the main analysis, we assume that k measures relative efficiency of co-
791 colonisation compared to colonisation of an uncolonised host, and hence restrict
792 our attention to $k \leq 1$. However, it is also possible to interpret k as capturing
793 positive association between carriers, as increasing k increases transmission
794 among carriers without impacting upon the overall prevalence of carriage in the
795 population. Thus, it is possible to have $k > 1$ reflecting this mechanism. Allowing
796 for the range $0 \leq k \leq 5$, we find that (a) the fit of the within-host balancing model
797 does not substantially improve and that (b) similar levels of coexistence are
798 possible for the within-host neutral and within-host competition models with
799 lower prevalence of carriage. Here, for illustration, we adopt more restrictive
800 ranges on the prevalence of carriage: $0.2 \leq Y \leq 0.4$ for *S. pneumoniae*, $0.4 \leq Y \leq 0.8$
801 for *E. coli*, and $0.2 \leq Y \leq 0.4$ for *S. aureus* (**Fig. S6**).

802



804 **Figure S6 | Model fits with $0 \leq k \leq 5$.**

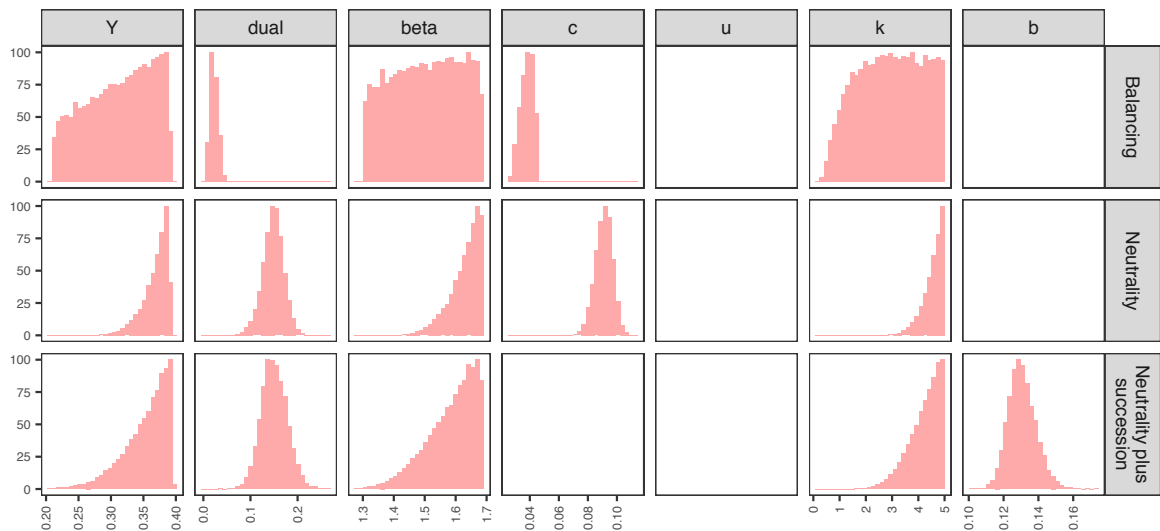
805

806 Posterior distributions from model fitting with $0 \leq k \leq 5$

807

808 Posterior distributions provided in **Figs. S7–S11**.

809

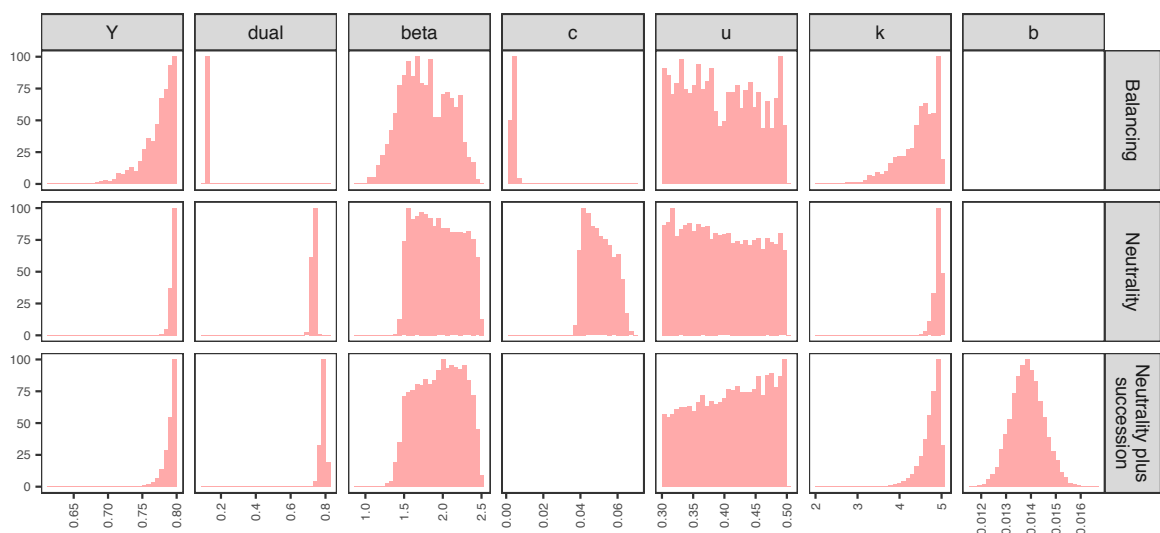


810

811 **Figure S7** | Posterior distribution for *S. pneumoniae* / penicillin (2007) data set

812 with $0 \leq k \leq 5$.

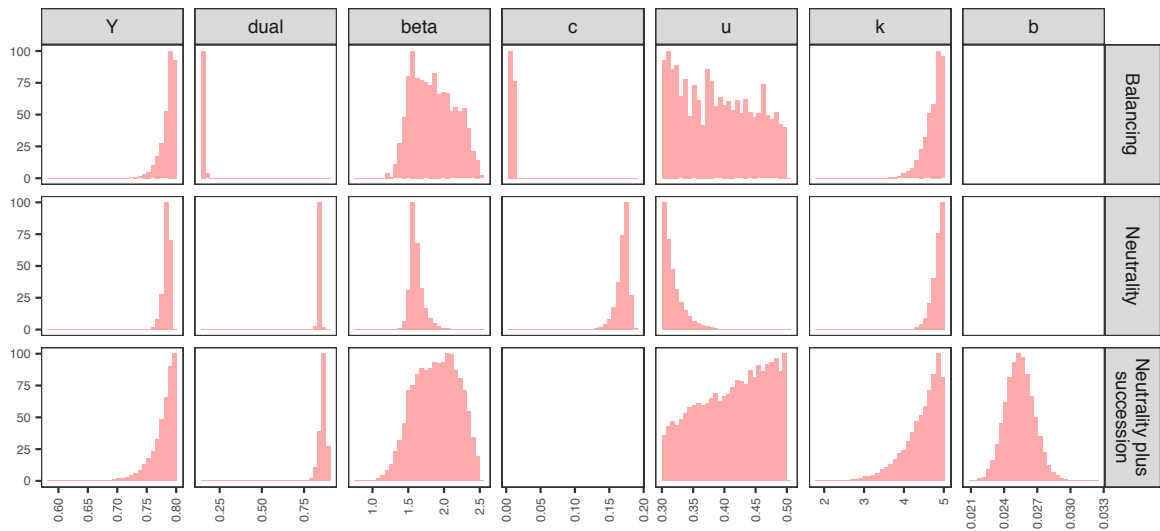
813



814

815 **Figure S8** | Posterior distribution for *E. coli* / fluoroquinolones (2015) data set

816 with $0 \leq k \leq 5$.

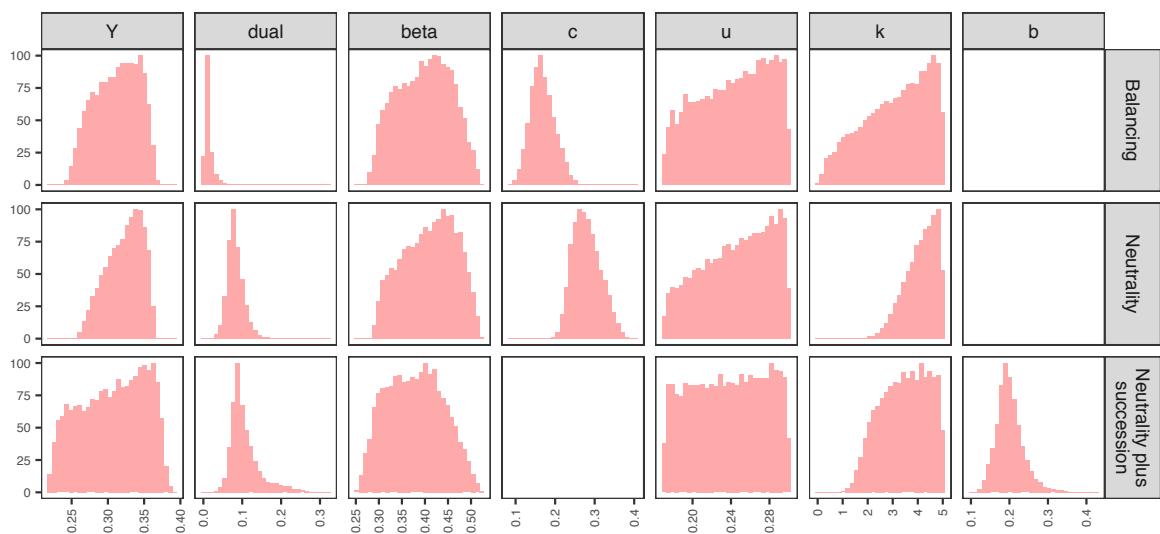


817

818 **Figure S9** | Posterior distribution for *E. coli* / penicillin (2015) data set with $0 \leq$

819 $k \leq 5$.

820

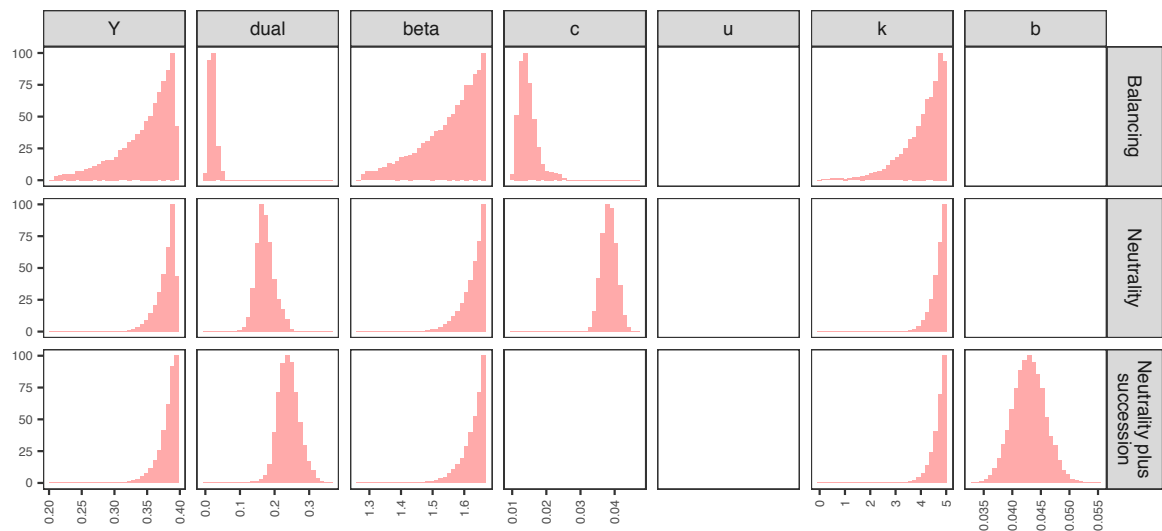


821

822 **Figure S10** | Posterior distribution for *S. aureus* / meticillin (2015) data set with

823 $0 \leq k \leq 5$.

824



825

826 **Figure S11** | Posterior distribution for *S. pneumoniae* / macrolides (2015) data

827 set with $0 \leq k \leq 5$.

828

829 *Relative likelihoods from model fitting with $0 \leq k \leq 5$*

830

831 We calculated the relative likelihood for the fitted models, M_i , by comparison of

832 the Akaike Information Criterion (AIC) of each model to that of the best model, M

833 ($\exp[(AIC(M) - AIC(M_i))/2]$) (**Table S2**).

834

Model	Within-host balancing	Within-host neutrality	Within-host competition
<i>S. pneumoniae</i> / penicillin (2007) ($n =$ 3)	4.82×10^{-5}	0.453	1
<i>E. coli</i> / fluoroquinolones (2015) ($n = 4$)	1.11×10^{-127}	1.03×10^{-12}	1
<i>E. coli</i> / penicillin (2015) ($n = 4$)	1.12×10^{-161}	1.34×10^{-26}	1

<i>S. aureus</i> / meticillin (2015) ($n = 4$)	6.87×10^{-4}	0.696	1
<i>S. pneumoniae</i> / macrolides (2015) ($n = 3$)	3.84×10^{-14}	1.33×10^{-3}	1

835

836 **Table S2** | Relative likelihoods for model fits with $0 \leq k \leq 5$. The number of
837 parameters, n , is given for each model.

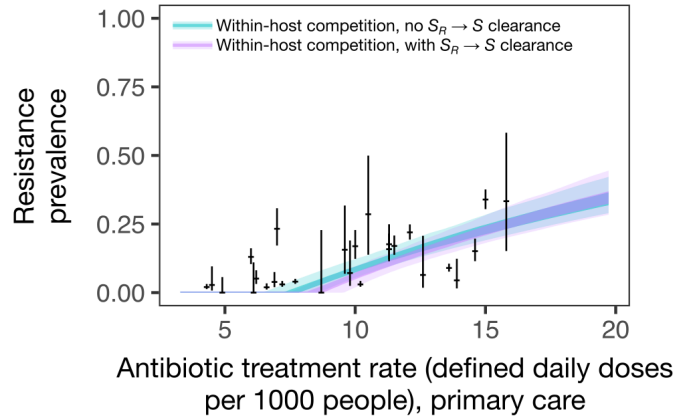
838

839 S3. S_R -to- S clearance in within-host competition model

840

841 In the within-host neutral model with competition, within-host competition
842 causes R_S carriers to transition into S_R carriers over time. However, an
843 alternative model proposes that the minor complement of resistant cells in S_R
844 carriers may be outcompeted within the host over time, transitioning S_R carriers
845 to S carriers. To verify the robustness of our results against the clearance of
846 resistant cells from S_R carriers, we re-fit the the neutral model with within-host
847 competition to the *S. pneumoniae* / penicillin data set assuming that S_R carriers
848 transition to S carriers at double the rate of the R_S to S_R transition, i.e. $2b$. Adding
849 this transition has a minimal impact on the model fit (**Fig. S12**). The relative
850 likelihood of the model fitted with S_R -to- S clearance is 0.926 compared to the
851 model fitted without S_R -to- S clearance.

852



853

854 **Figure S12** | Model fits for *S. pneumoniae* / penicillin (2007) data set without
 855 and with S_R -to- S clearance.

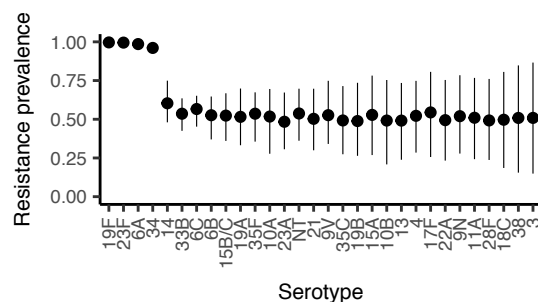
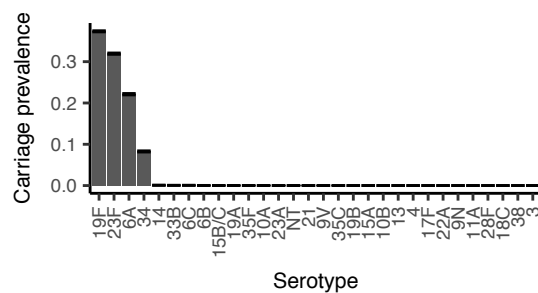
856

857 S4. Pneumococcal coexistence without immune memory

858

859 We found that independent clearance of serotypes alone was insufficient to
 860 support the high diversity of pneumococcal serotype carriage observed in
 861 human populations with only four serotypes maintained (Fig. S13).

862



863

864

865 **Fig. S13** | As serotypes vary greatly in duration of carriage, the mechanism of
866 independent clearance alone is not able to reproduce observed patterns of
867 pneumococcal carriage or resistance prevalence, as all but the four serotypes
868 with the highest duration of carriage are eliminated. Resistance prevalence is
869 close to 50% for eliminated serotypes as stochastic importation of strains (see
870 *Methods*) maintains carriage of both sensitive and resistant strains of each
871 serotype at low prevalence.

872