



BC Centre for Disease Control
An agency of the Provincial Health Services Authority



BCCDC Public Health Laboratory

How did it get to there from here? Understanding transmission from whole genome sequencing

Linda Hoang MSc, MD, FRCPC

Medical Microbiologist

BC Centre for Disease Control Public Health Laboratory

PICNet Medical Co-Lead

Objectives

- Molecular Epidemiology
- Evolution of Tools that Guide Outbreak Investigations
- The Role of Whole Genome Sequencing for Outbreak Investigations

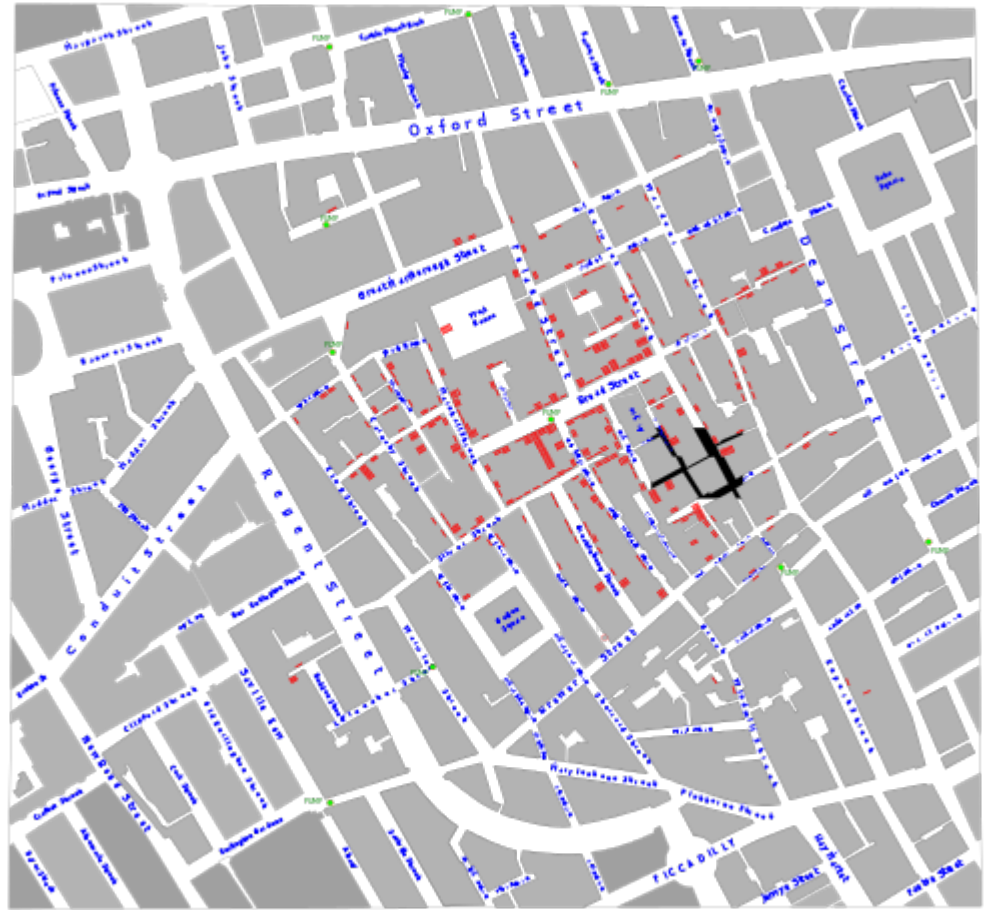
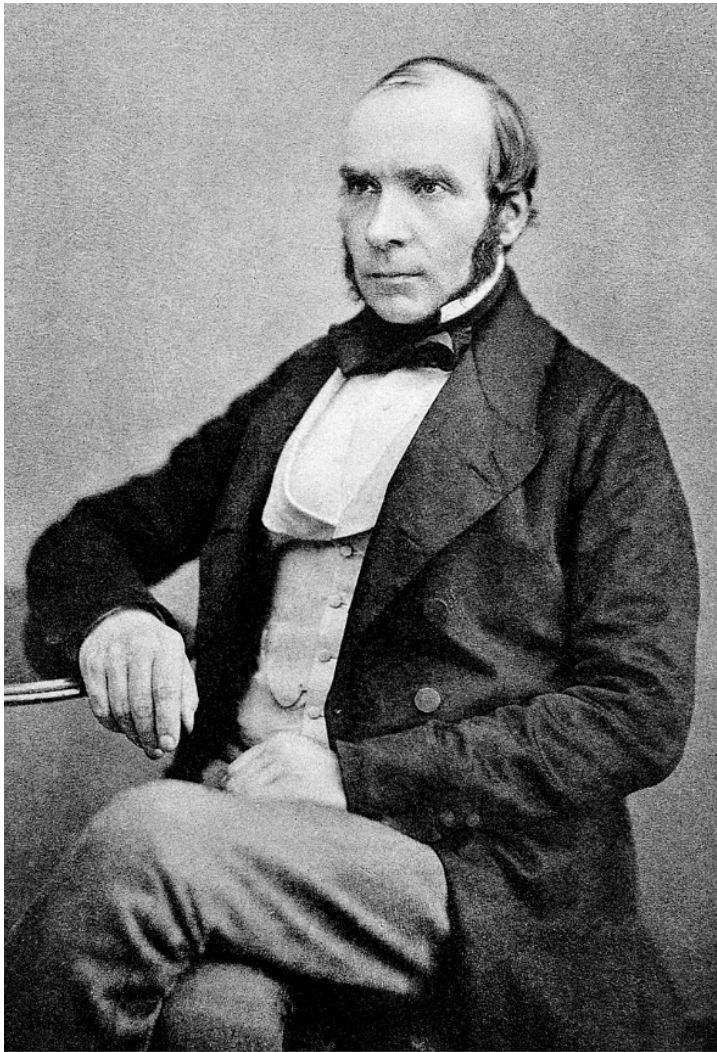
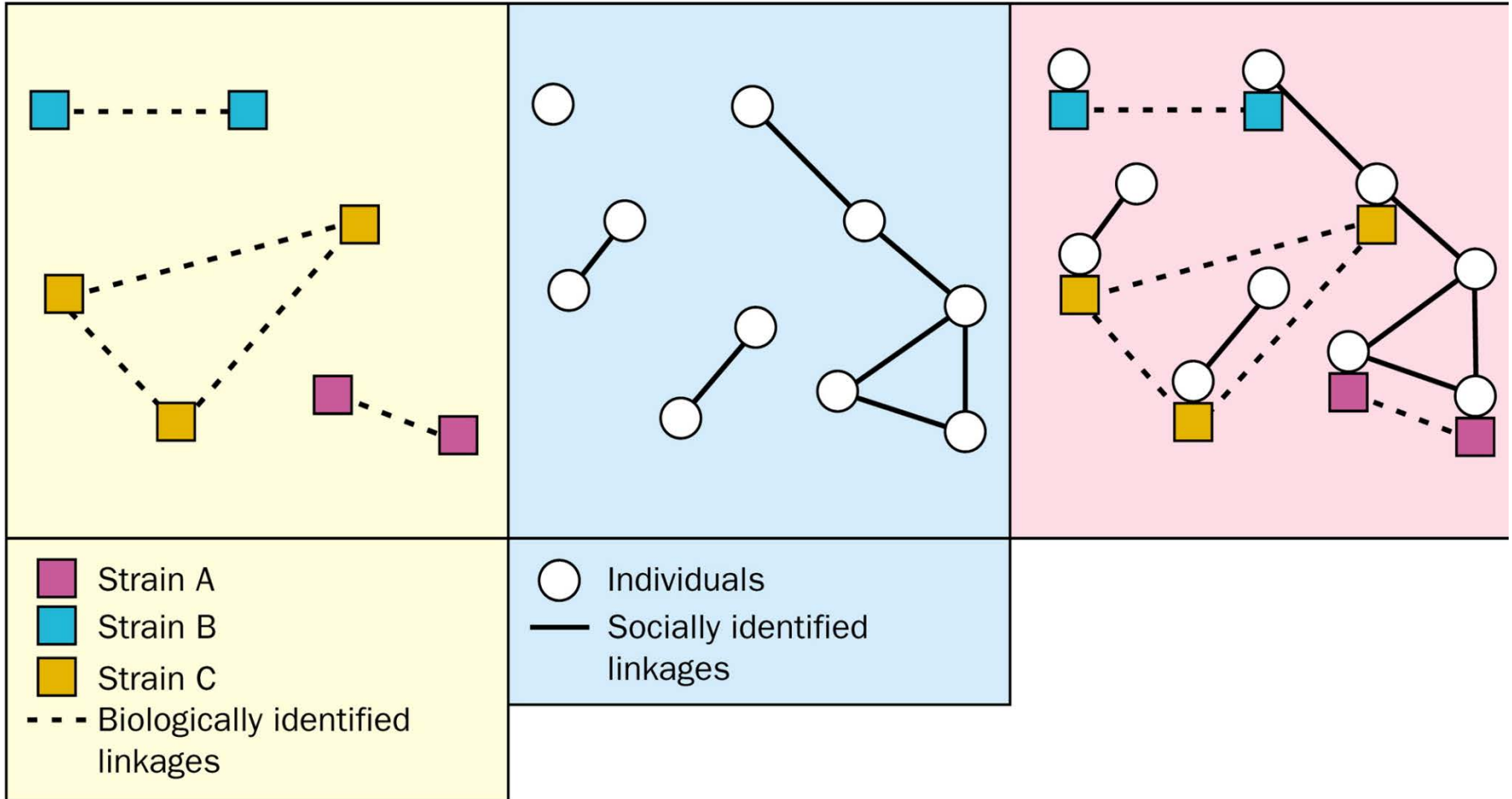


Image: Rsabbatini on Wikipedia, Licensed under CC BY 4.0

A. Strain typing

B. Epidemiology

C. Transmission Dynamics



Strain Typing: By Phenotype

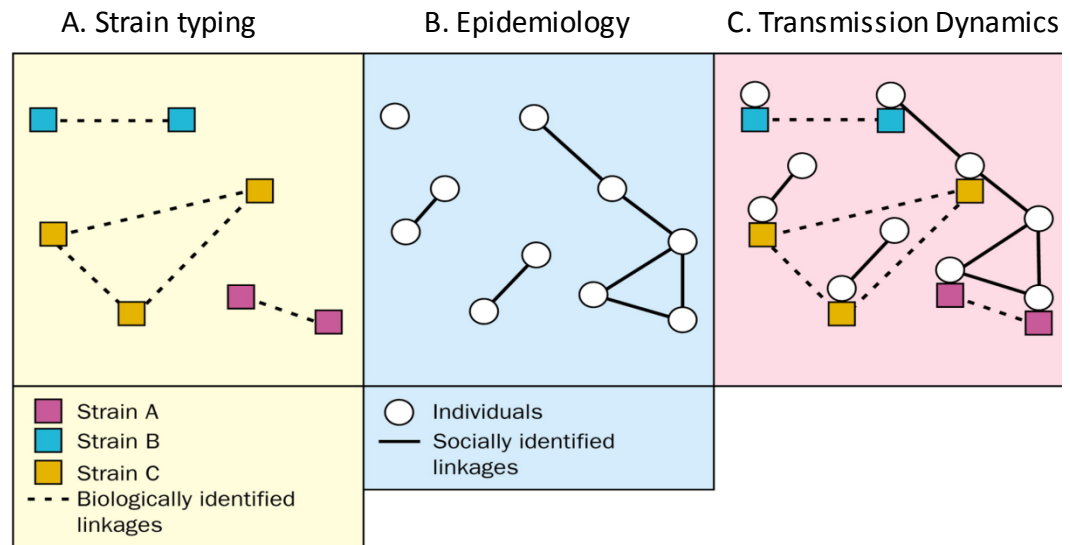
- Biochemicals
 - Assimilation of different biochemicals,
 - Antibiotic susceptibility profile
- Serotyping
 - Recognition by type-specific antibodies (e.g. *N. meningitidis*)
- Phage typing
 - Susceptibility to different bacteriophage



→ *Lack Discriminatory Power*

Molecular Epidemiology

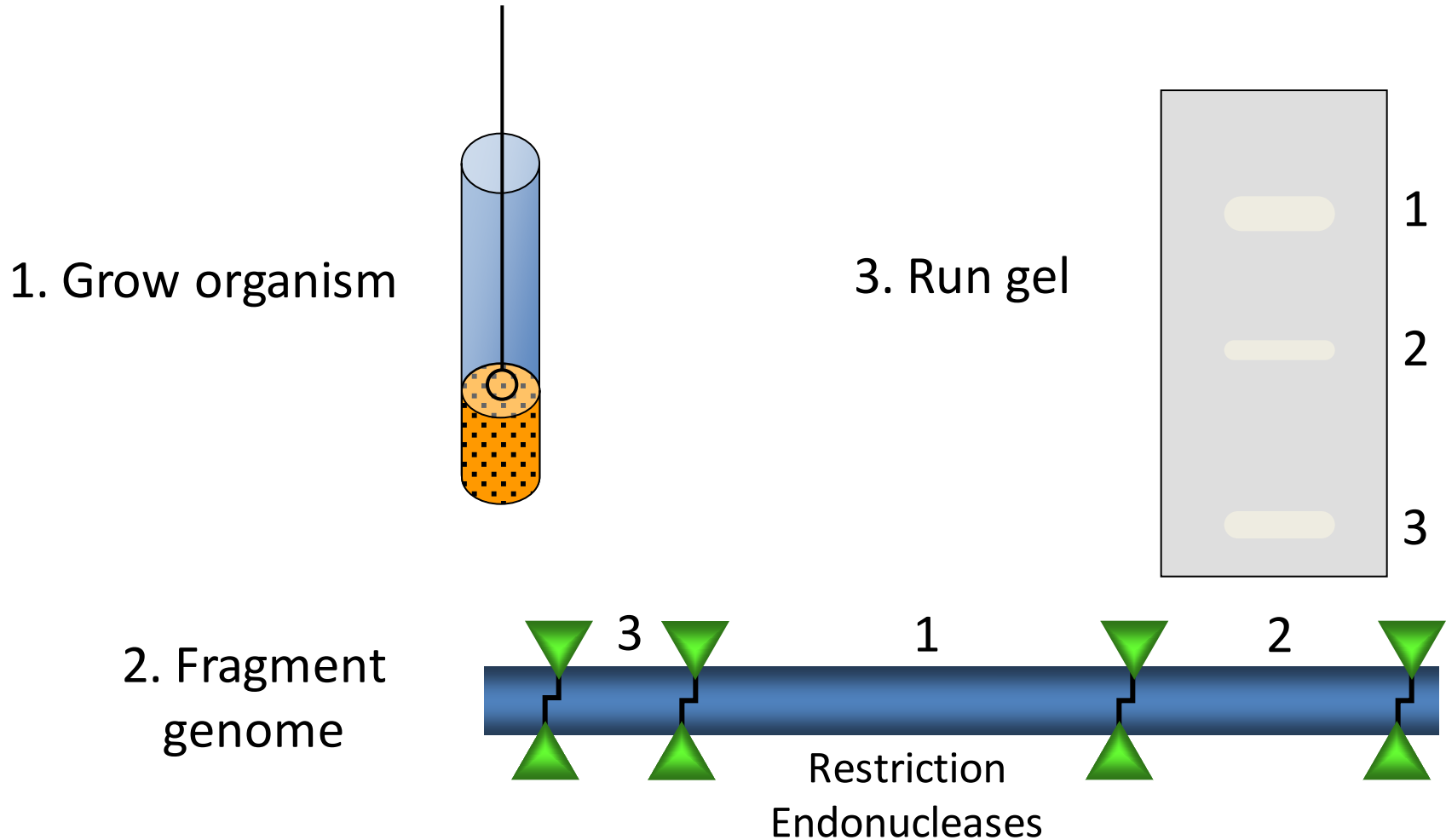
- Molecular tools provides info on strain relatedness
- Use of molecular methods coupled with conventional epidemiological tools, to identify potentially linked cases and aid in the investigation of outbreaks
- Choice of methods depends on pathogen, epidemiology, reference database, etc



Strain Typing: By Genotype

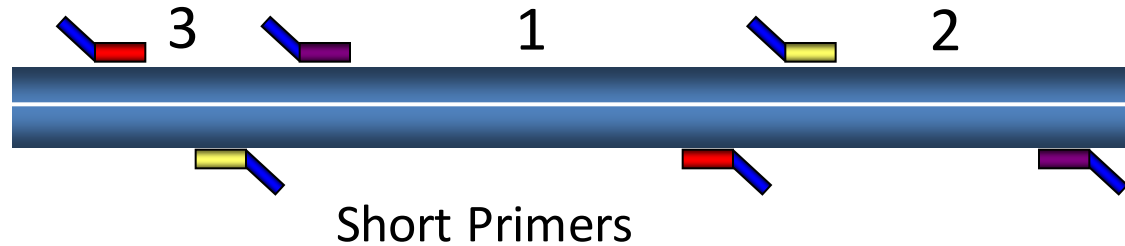
- Restriction fragment-length polymorphism (RFLP)
- Pulsed-field gel electrophoresis (PFGE)
- Random amplification of polymorphic DNA (RAPD)
- Amplified fragment length polymorphism (AFLP)
- Multilocus variable number of tandem repeats analysis (MLVA)
- Multilocus sequence typing (MLST)
- Single nucleotide polymorphism (SNP) typing
- Microarray typing

Restriction fragment-length polymorphism (RFLP)

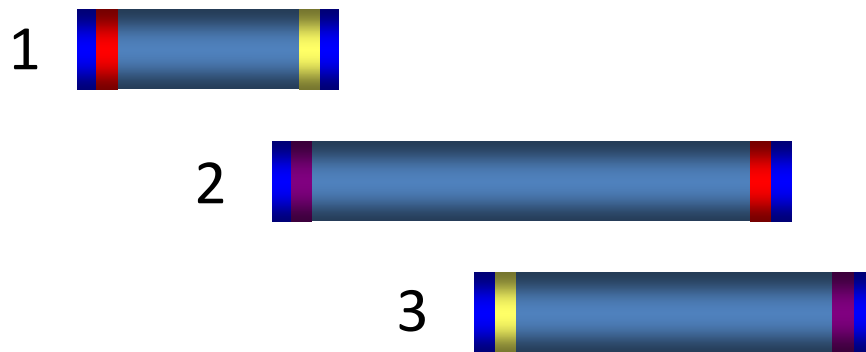


Random amplification of polymorphic DNA

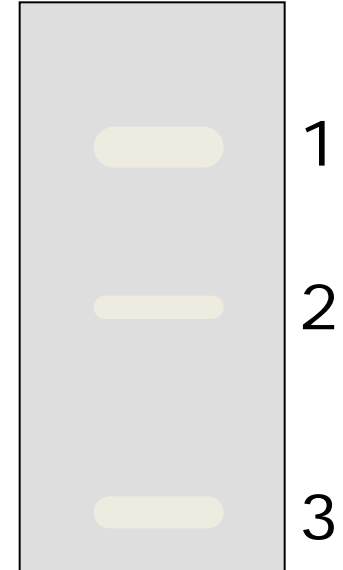
1. Amplify genome



2. Generate PCR fragments

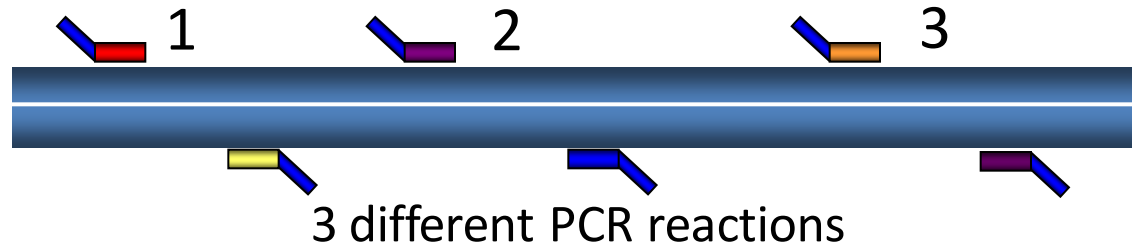


3. Run gel

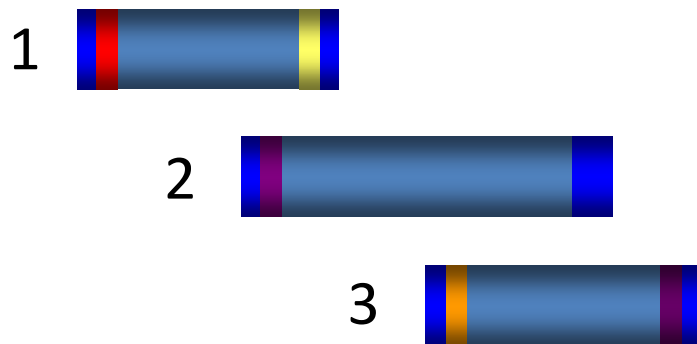


Multilocus Sequence Typing

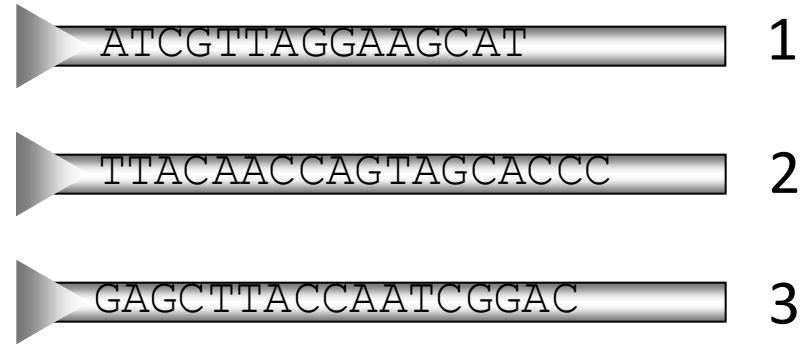
1. Amplify multiple loci



2. Generate PCR fragments



3. DNA sequencing



PFGE has limited discriminatory power

TABLE 4 Numbers of discrepancies between whole-genome sequencing and PFGE for paired-strain comparisons

Organism	No. of strains							
	Indistinguishable		Closely related		Possibly related		Different	
	Clonal by WGS	Nonclonal by WGS	Clonal by WGS	Nonclonal by WGS	Clonal by WGS	Nonclonal by WGS	Clonal by WGS	Nonclonal by WGS
VRE	55	9	0	81	0	8	0	18
MRSA	5	15	0	23	0	58	0	35
<i>Acinetobacter baumannii</i>	4	2	12	32	4	23	0	28
All organisms	64	26	12	136	4	89	0	81

Conventional Molecular Methods and Outbreak Investigations

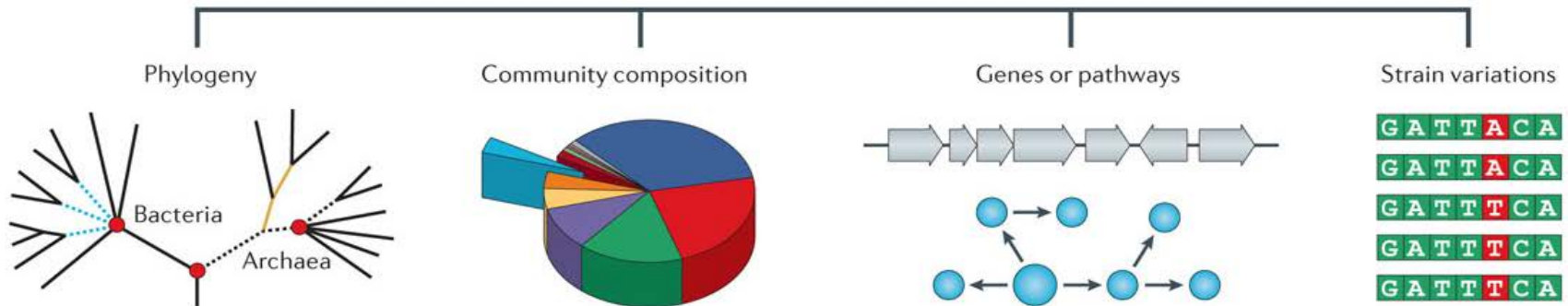
- Labour intensive
- Limited discriminatory power, but may be sufficient depending on scenario
- Role depends on available background database
- Laboratory's capacity/resources
- TAT needed

Highest resolution: WGS

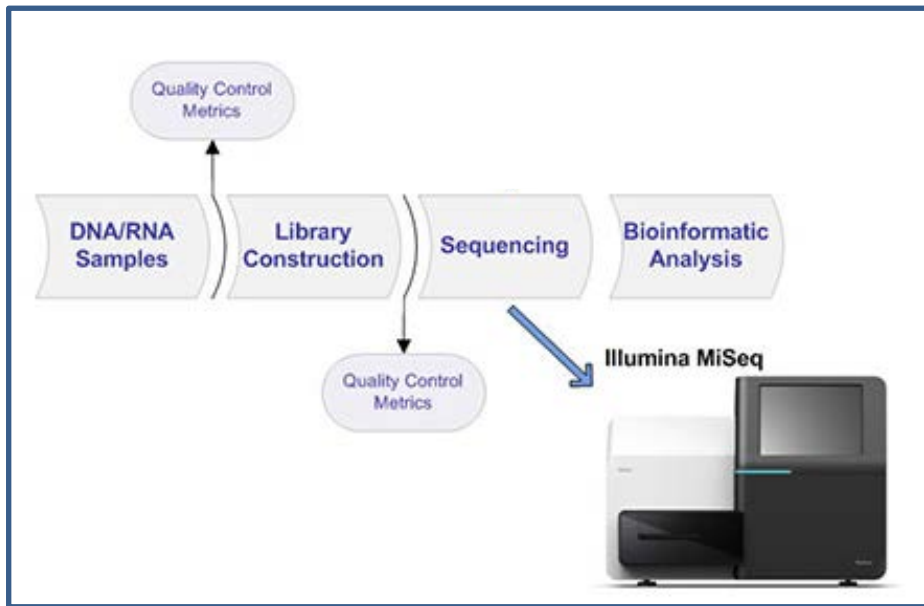


Genomics: the study of genomes (DNA)

- High throughput sequencing to obtain the nucleic acid sequences for a single organism (genome) or a mix of organisms (metagenomes)



How do we sequence genomes?



_columbia des_citroba
 - nd_enteroba
 ter_freund
 cpos_inclu british_
 co
 lude_citr obacte
 o r
 tish_colum
 a_cpos_inc ndii_and_e
 ter_cloac
 terobacte ae
 r _freundii olumbia_
 cp

..and then we need to put it back together

```

british_co
  tish_colum
    _columbia_
      olumbia_cp
        a_cpos_inc_
          cpos_inclu
            lude_citro
              de_citroba
                obacte
                  r  terobacter
                    ter_cloacae
            ter_freund
              _freundii
                ndii_and_e
                  nd_enterob
                    a

```

Consensus:

```

british_columbia_cpos_include_citrobacter_cloacae +
ter_freundii_and_enteroba

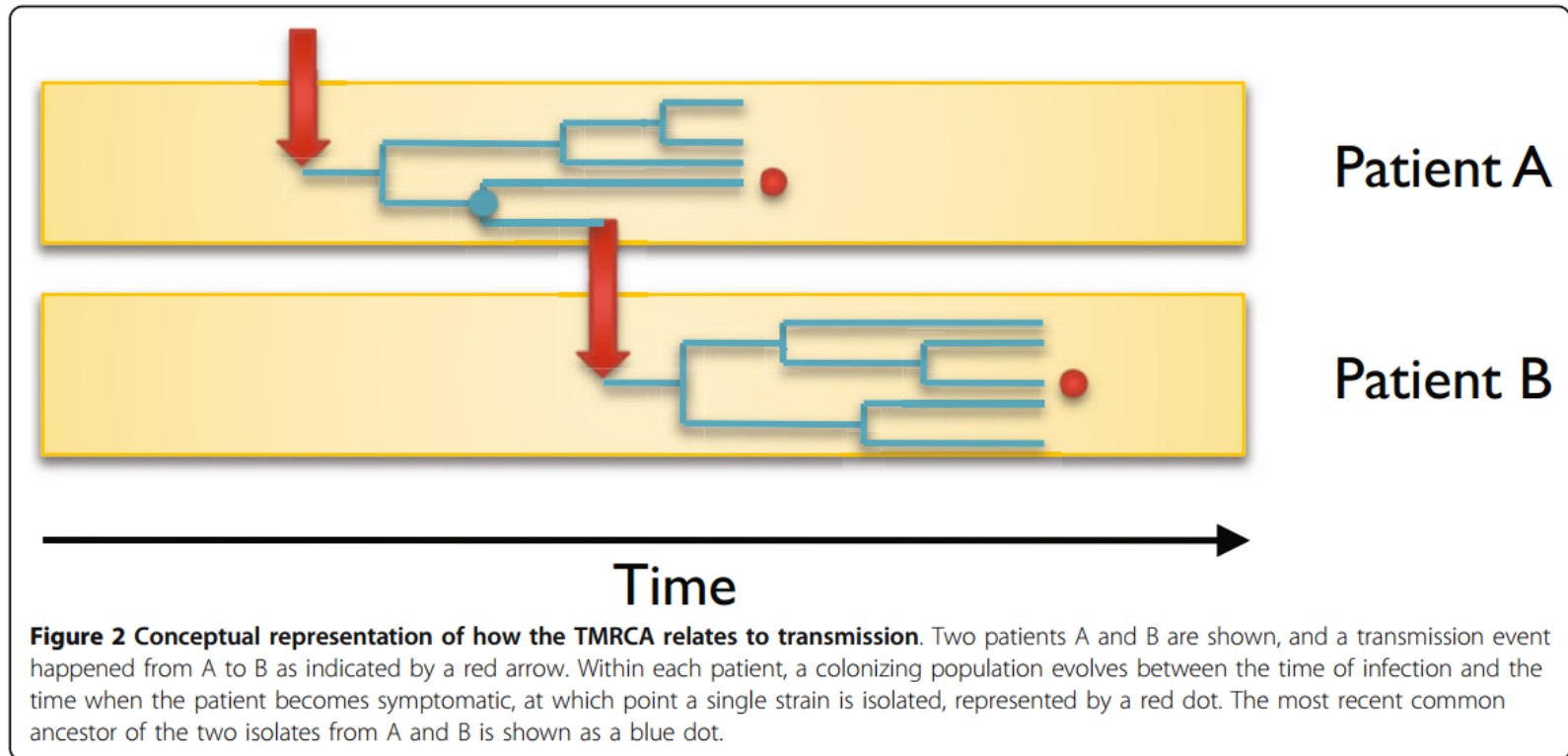
```


- 1 . GTCACCATAGGCTAGTAGCATTGGCGACTACAA
- 2 . GTCACCACAGGCTAGTAGCATTGGCGACTACAA
- 3 . GTCACCATAGGCTAGTAGCATTGGCGACTACAA
- 4 . GTCACCACAGGCTAGTAGCATTGGCGACTACAA
- 5 . GTCACCATAGGCTAGTAGCATTGACGACTACAA

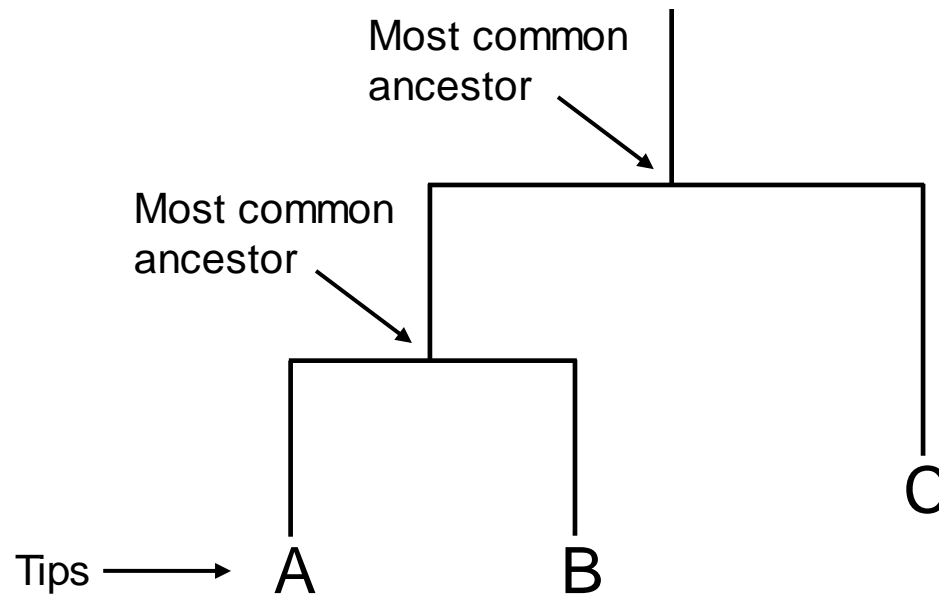
1 . GTCACCATAGGCTAGTAGCATTGGCGACTACAA
2 . GTCACCA**C**AGGCTAGTAGCATTGGCGACTACAA
3 . GTCACCATAGGCTAGTAGCATTGGCGACTACAA
4 . GTCACCA**C**AGGCTAGTAGCATTGGCGACTACAA
5 . GTCACCATAGGCTAGTAGCATTG**A**CGACTACAA

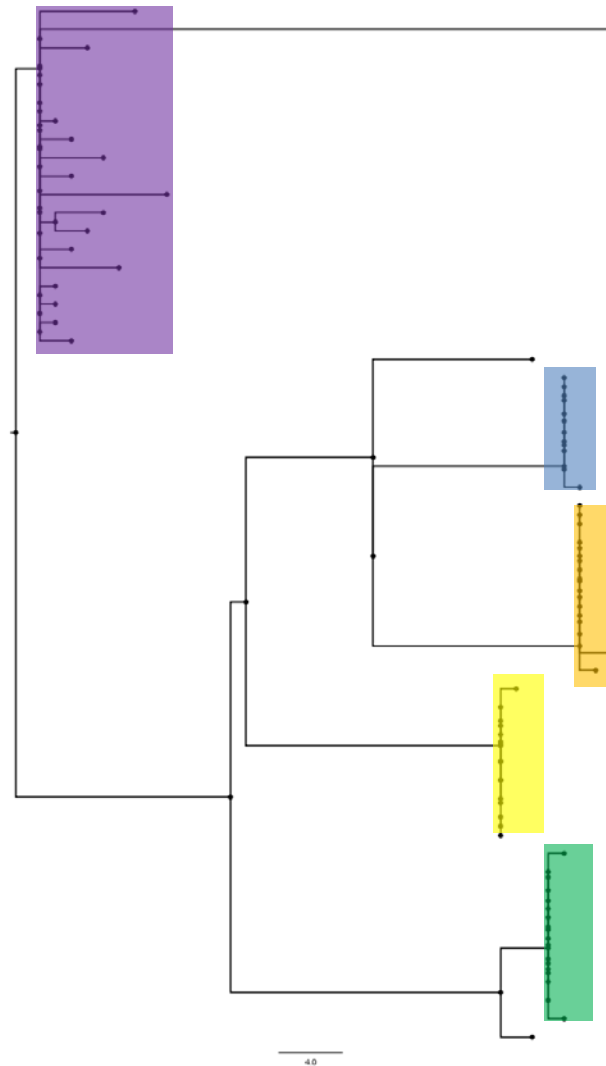
- Isolates 1 and 3 are identical
- Isolates 2 and 4 are identical

Genomic Clock



Phylogenetic trees 101

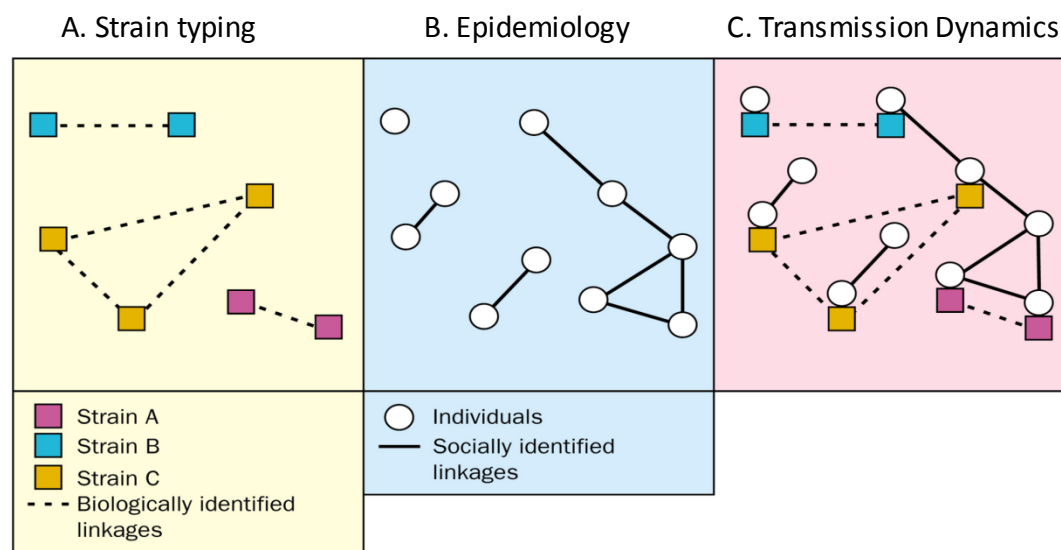




Always need **strong**
epidemiology!!!

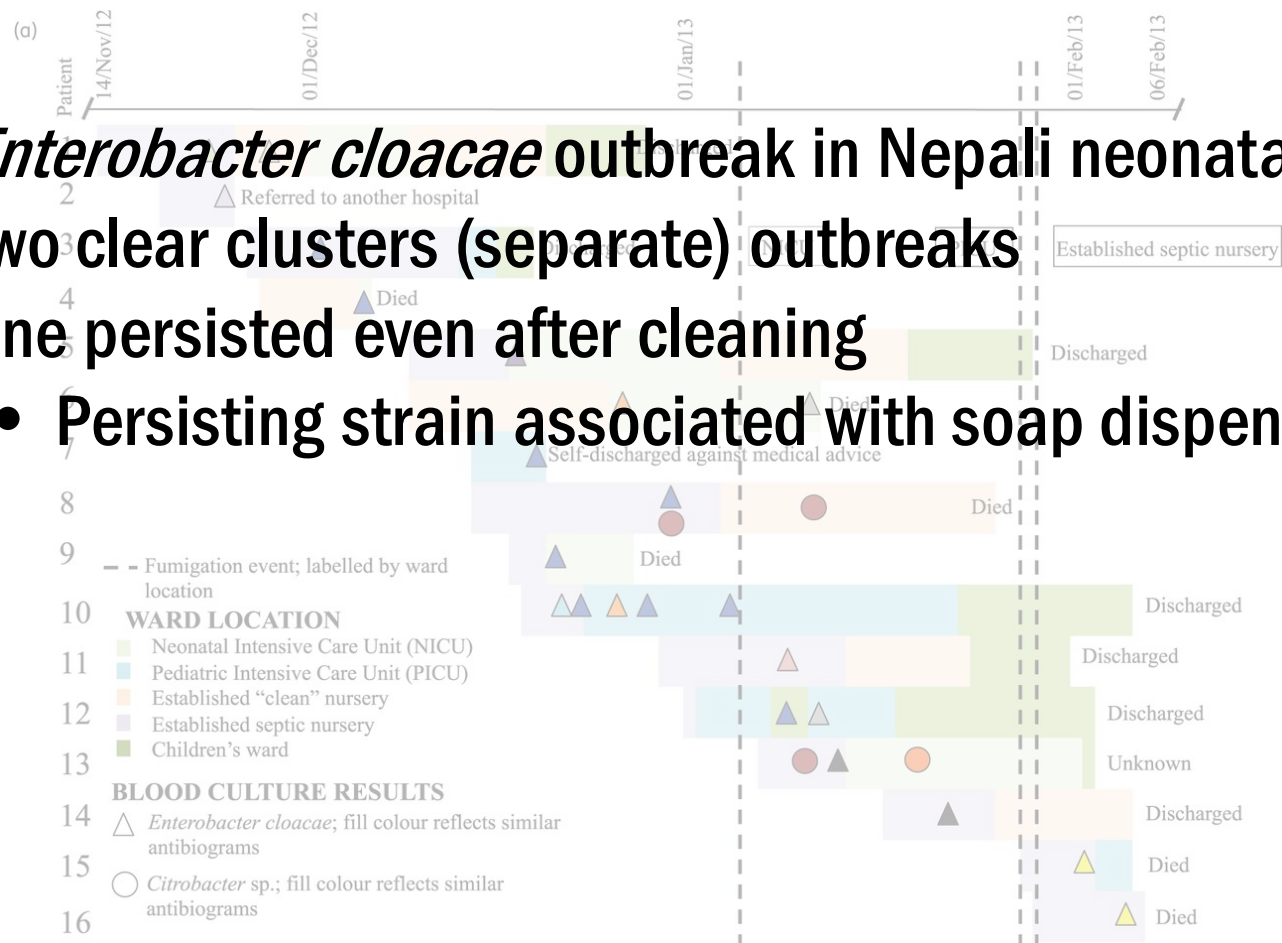
Genomic Epidemiology

- Whole genome data provides details on strain relatedness
- Use of whole genome sequence data coupled with conventional epidemiological tools, to identify potentially linked cases and aid in the investigation of outbreaks
- Provide transmission dynamics (chain of transmission)



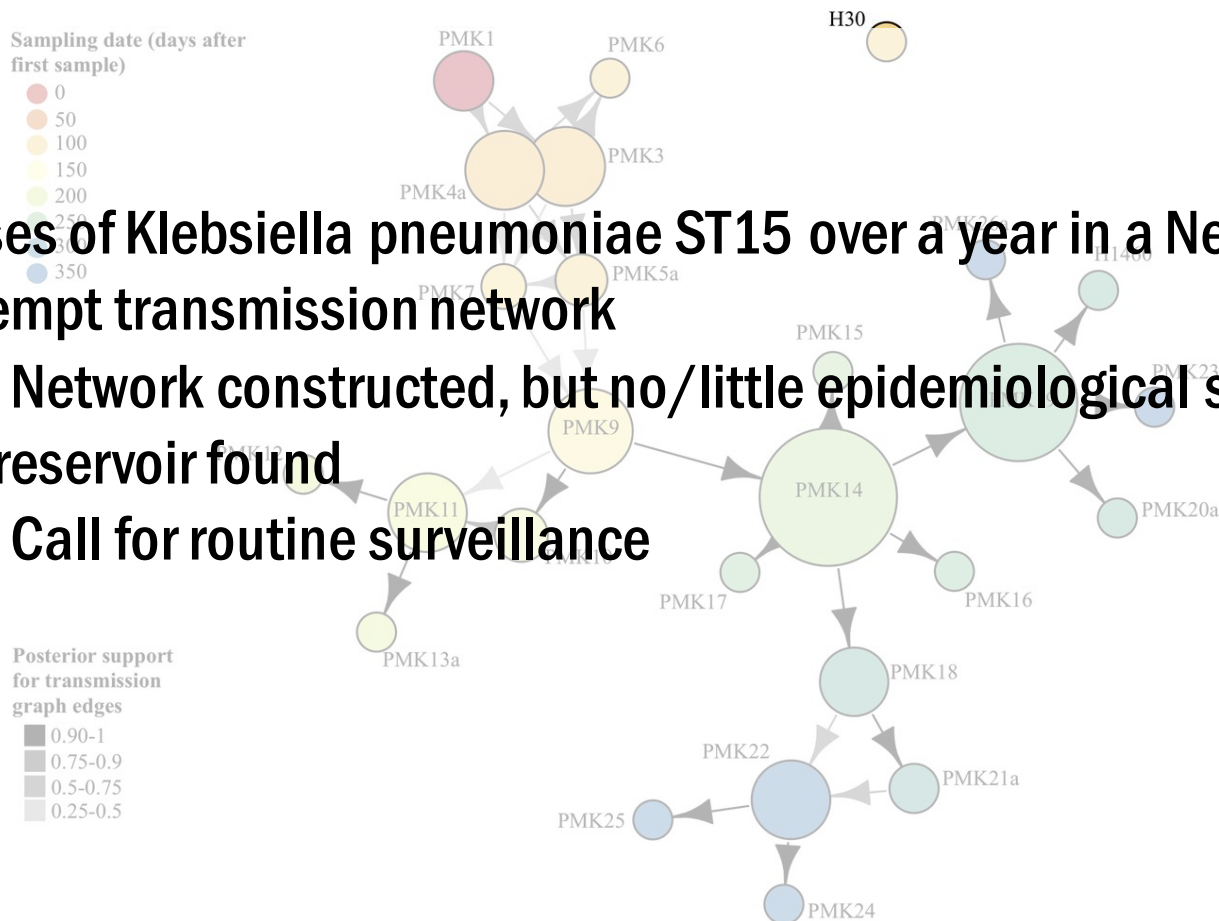
Stoesser et al. J Antimicrob Chemother. 2015 Apr;70(4):1008-15

- *Enterobacter cloacae* outbreak in Nepali neonatal units
- Two clear clusters (separate) outbreaks
- One persisted even after cleaning
- Persisting strain associated with soap dispenser

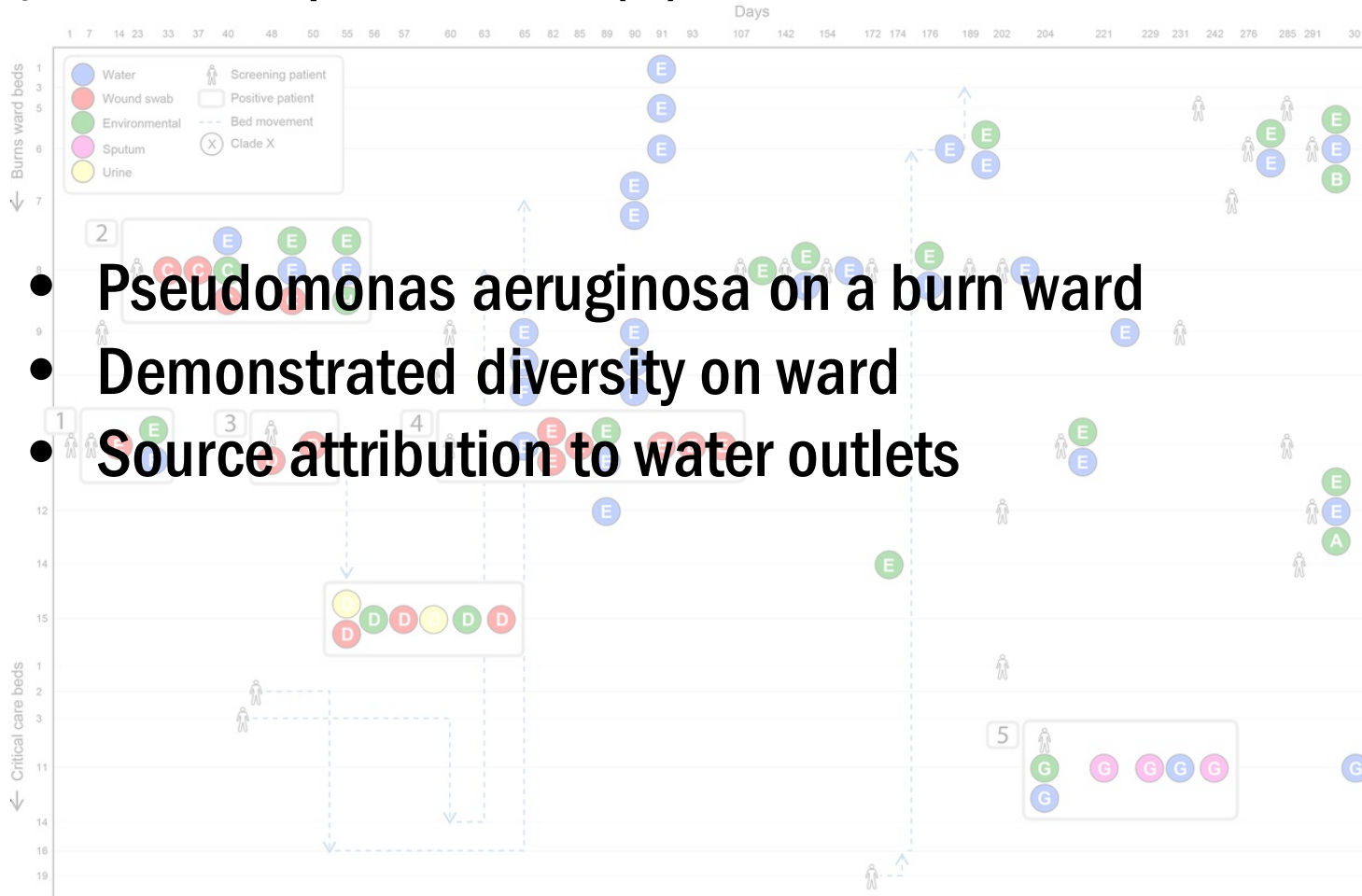


Stoesser et al. *Antimicrob Agents Chemother.* 2014 Dec;58(12):7347-57.

- Cases of *Klebsiella pneumoniae* ST15 over a year in a Nepali NICU
- Attempt transmission network
 - Network constructed, but no/little epidemiological support
- No reservoir found
 - Call for routine surveillance

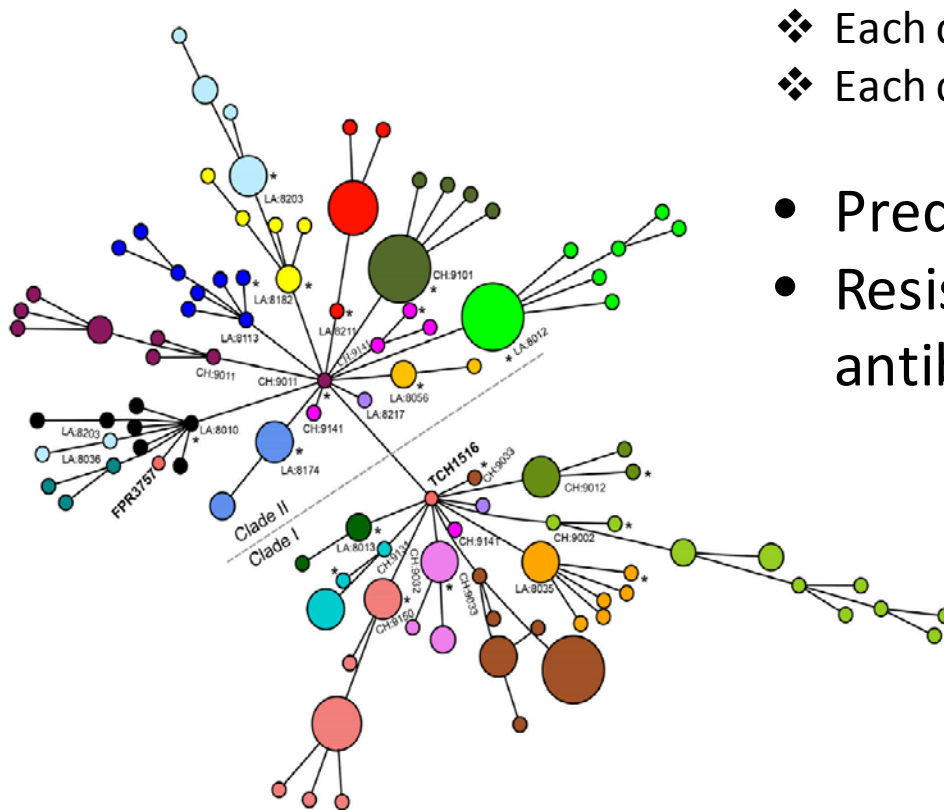


Quick et al. BMJ Open. 2014 Nov 4;4(11):e006278.



- Pseudomonas aeruginosa on a burn ward
- Demonstrated diversity on ward
- Source attribution to water outlets

Household transmission of USA300 in U.S.



- ❖ Each circle = genotype
- ❖ Each colour = family

- Predominant CA-MRSA strain in U.S.
- Resistant to fluoroquinolone antibiotics

CA- vs HA- pathogens

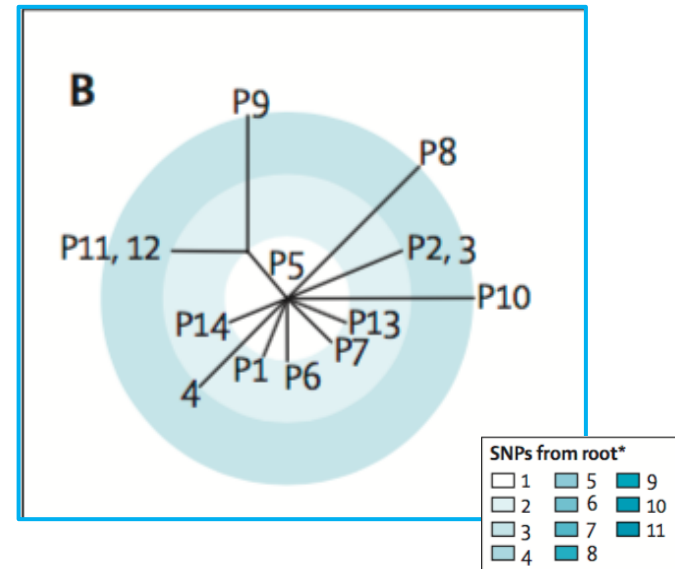
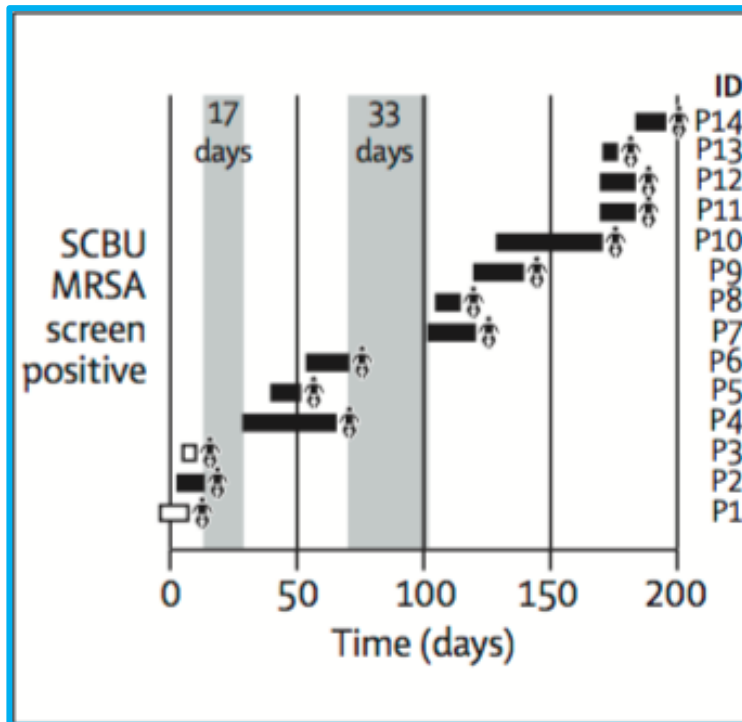
- Emergence of community associated MRSA and *C. difficile*
- CA- strains displacing previously dominant HA- strains
 - Repeat admissions and discharges?
 - Differences in transmission dynamics?
 - Epidemiology and traditional typing unable to resolved differences

MRSA

- Goal: reduce person-to-person transmission events and control outbreaks
- Detecting transmission events critical, but current methods imperfect
 - Probability of contact with a known MRSA carrier
 - Antibigram
 - PFGE: limited genotypes

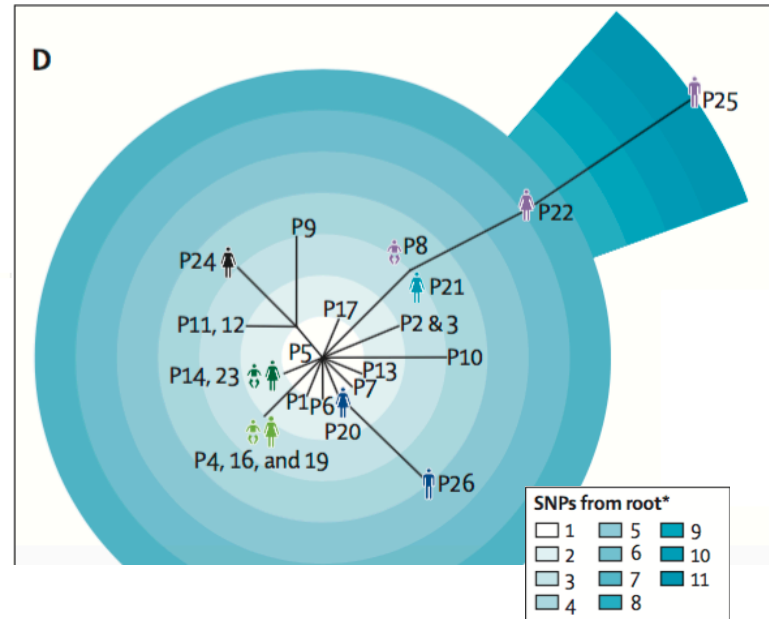
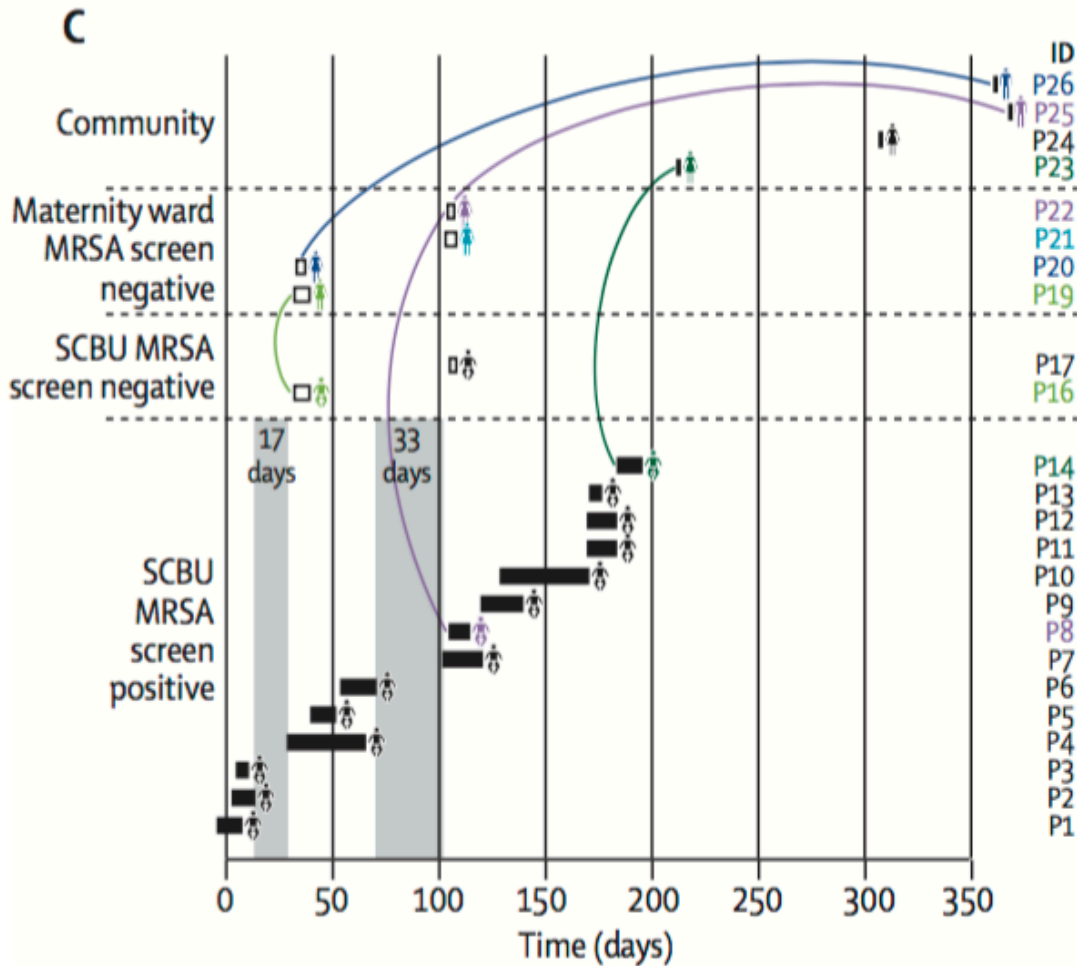
MRSA Outbreak in Special Care Baby Unit (SCBU)

Harris et al. Lancet Infect Dis 2013; 13:130-36



- Highly related cluster of 14 patients from SCBU
- P1 and P3 incorrectly excluded because antibiogram differed.
- Outbreak spanned the MRSA-free period (grey columns)

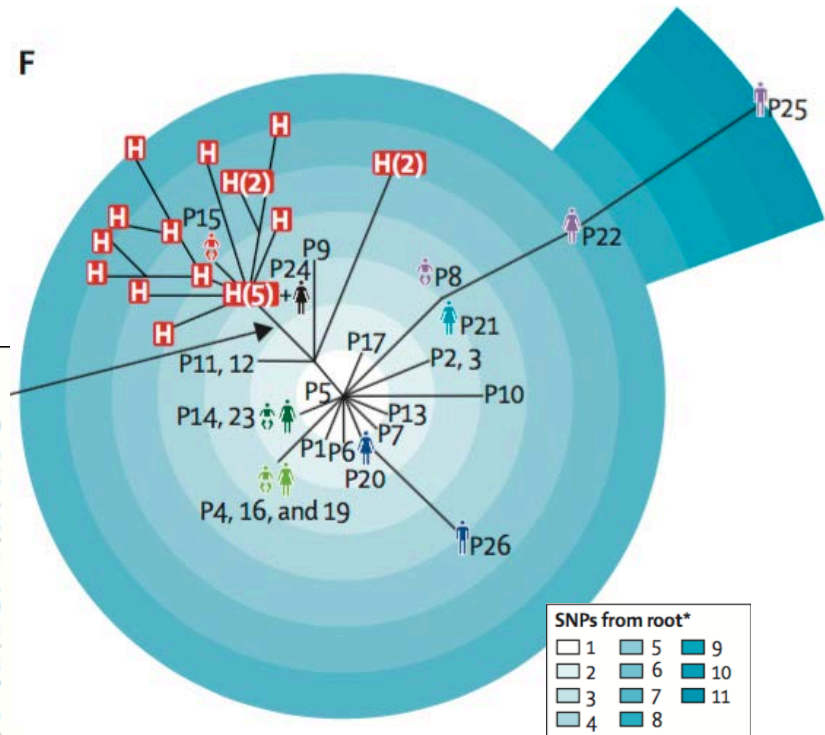
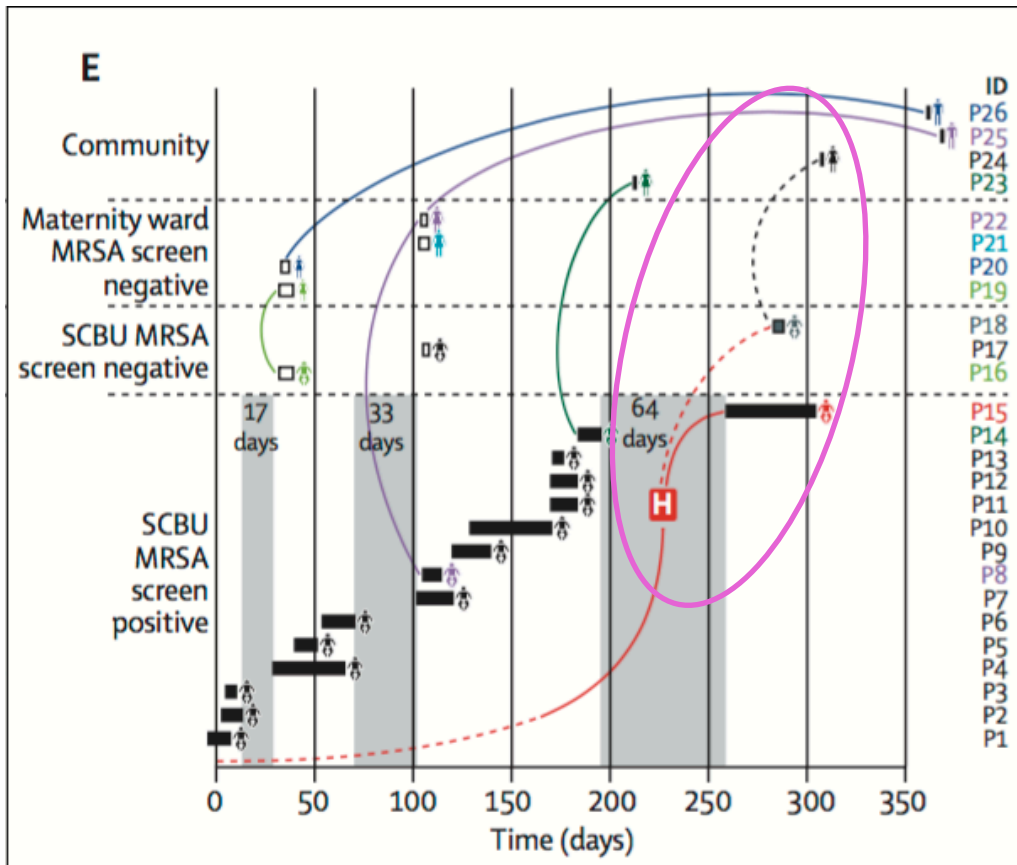
Social Network of MRSA Outbreak



MRSA transmission

- within SCBU
- between SCBU and Maternity ward
- between SCBU, Maternity ward and community

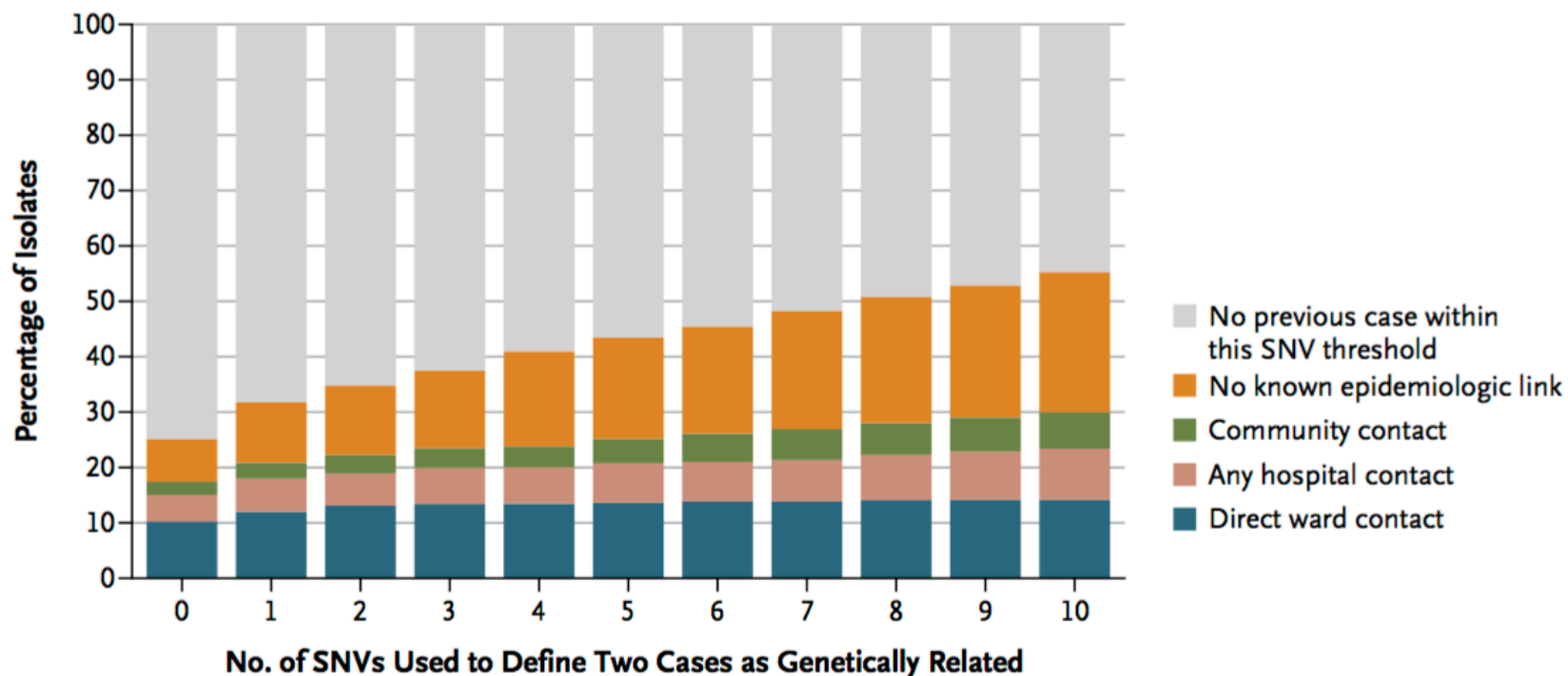
Social Network of MRSA Outbreak + Healthcare workers



-WGS identified relatedness between P15 and P24
 -transmission event after deep clean suggested staff involvement

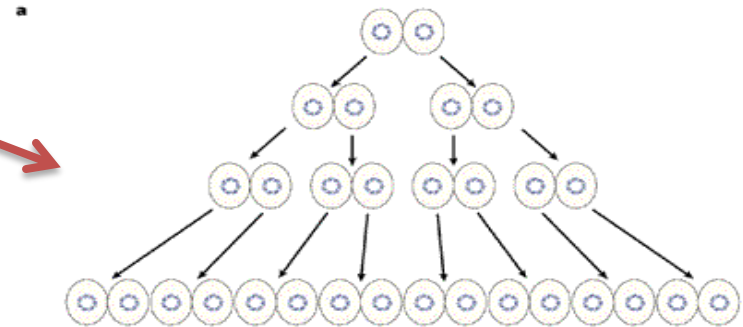
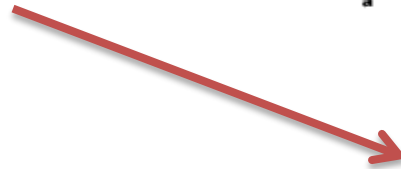
C.difficile outbreak.... not really an outbreak

B Epidemiologic Relationships between Genetically Related Cases



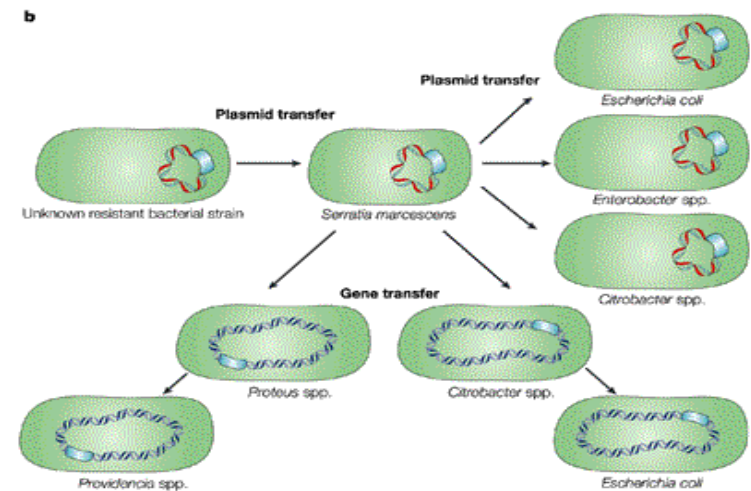
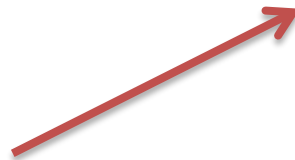
What if Bacterial Genes Transfer by Plasmids: CPO!

CLONAL SPREAD



Can molecular epidemiology tools tell us how CPO is spread?

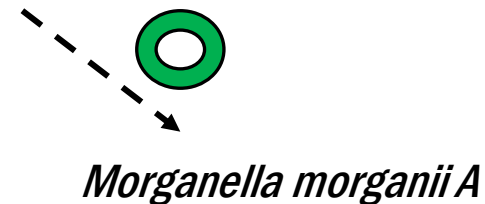
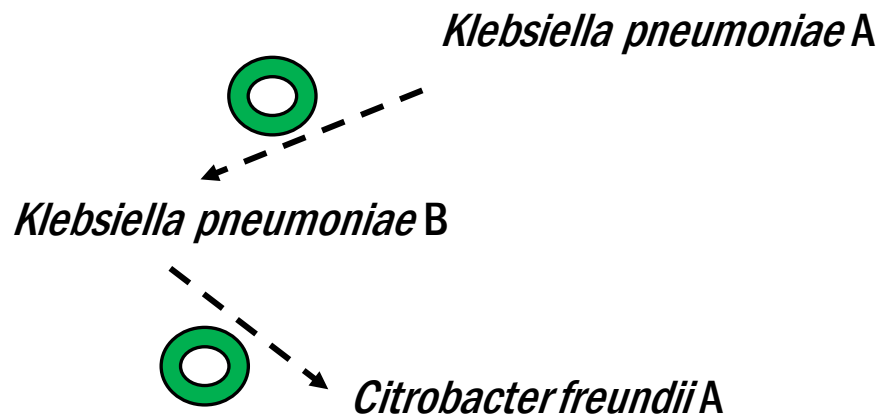
PLASMID SPREAD



Nature Reviews | Microbiology

MULTISPECIES

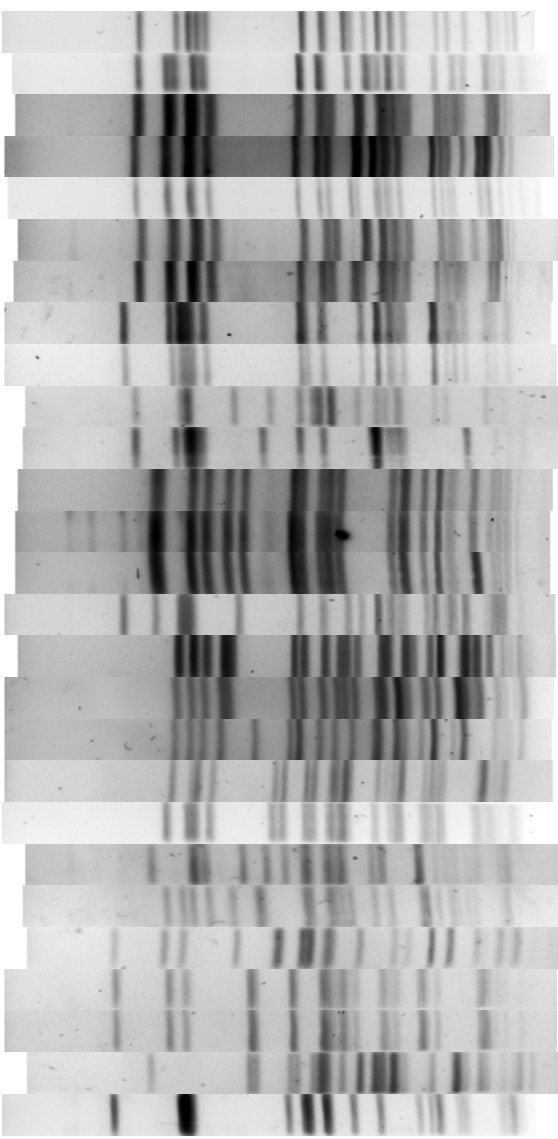
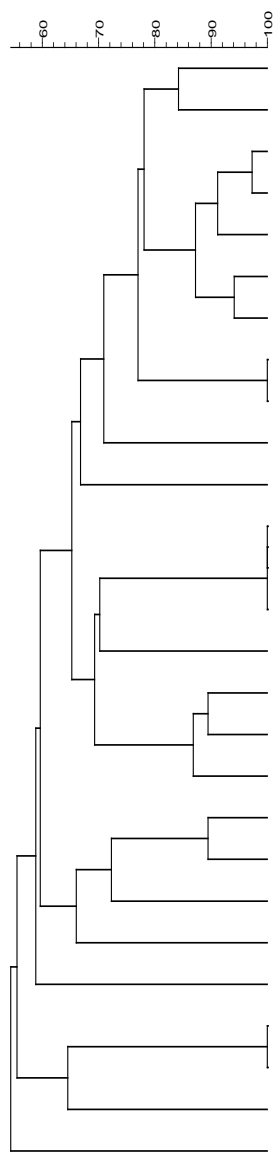
OUTBREAKS



60 70 80 90 100

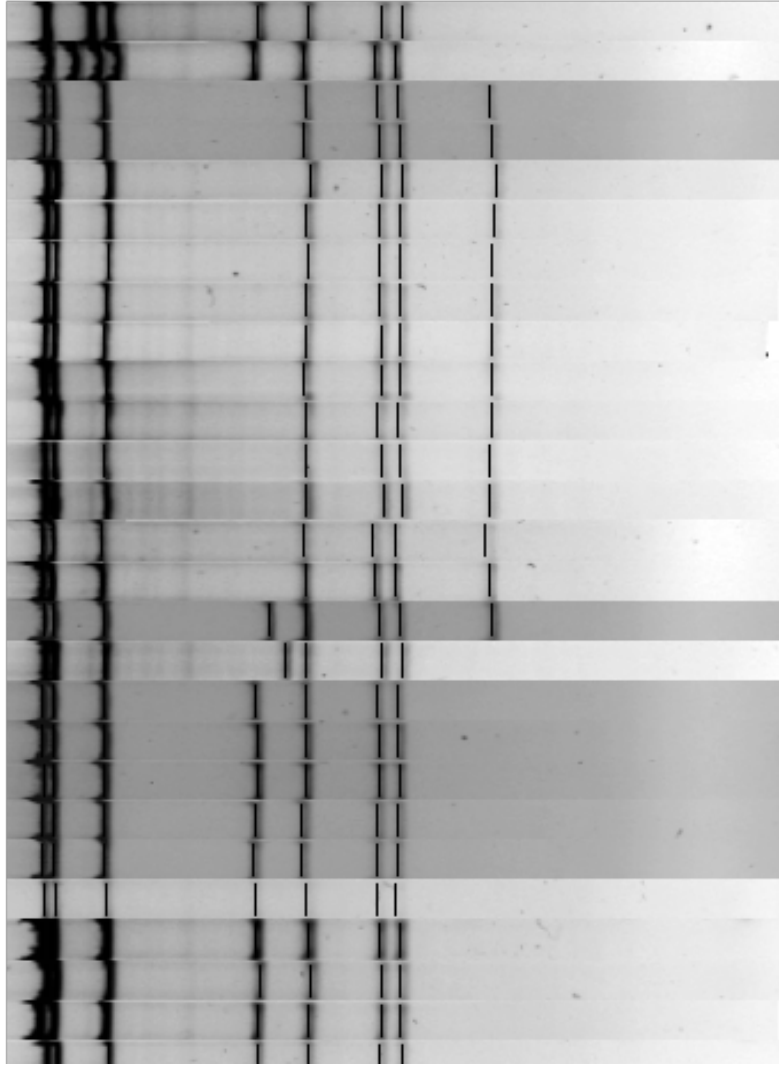
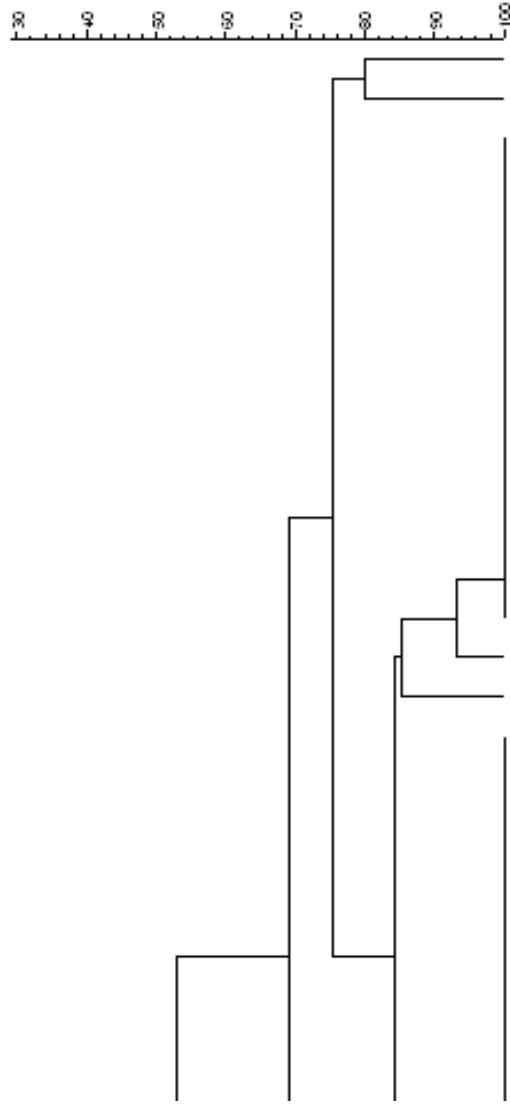
PFGE-XbaI PFGE-XbaI

BCCDC PFGE of *K. pneumoniae*



Pt / Year	GNT	GNTPID?	AbG ID?	Travel	Hx
Pt 8 2011	KPC	}	N	Y	US, multipadm
Pt 8 2011	KPC				
Pt 9 2012	NDM	}	Y	N	Y
Pt 38 2013	NDM				
Pt 9 2011	NDM				
Pt 38 2013	NDM				
Pt 9 2011	NDM	}	Y	N	Y
Pt 6 2011	NDM				
Pt 6 2011	NDM	}	Y	N	India, multipadm
Pt 32 2012	KPC				
Pt 35 2012	NDM	}	N	N	
Pt 23 2012	NDM				
Pt 20 2012	NDM				
Pt 18 2012	NDM	}	N	N	
Pt 3 2010	NDM				
Pt 22 2012	NDM	}	N	N	
Pt 29 2012	NDM				
Pt 39 2013	NDM	}	Y	Y	India
Pt 2 2009	NDM				
Pt 2 2008	NDM	}	Y	Y	Greece, hosp
Pt 33 2012	NDM				
Pt 37 2013	NDM				
Pt 28 2012	NDM	}	Y	Y	Greece, hosp
Pt 5 2010	KPC, VIN				
Pt 5 2010	KPC, VIN	}	Y	Y	Greece, hosp
Pt 30 2012	NDM				
Pt 7 2011	NDM				

Plasmid analysis



- N14-01471 *Citrobacter freundii*
- N14-01697 *Escherichia coli*
- N12-00638 *Enterobacter doacae*
- N13-02638 *Enterobacter amnigenus*
- N12-01479 *Enterobacter doacae*
- N13-02559 *Enterobacter doacae*
- N13-02562 *Enterobacter doacae*
- N13-02628 *Klebsiella pneumoniae*
- N13-02828 Unknown
- N14-01372 *Escherichia coli*
- N14-01518 *Enterobacter doacae*
- N14-01568 *K. pneumoniae*
- N14-01694 *K. pneumoniae*
- N14-01698 *Enterobacter doacae*
- N14-01740 *Enterobacter doacae*
- N13-02563 *Enterobacter doacae*
- N14-01564 *K. pneumoniae*
- N12-01144 *Klebsiella pneumoniae*
- N13-00986 *Enterobacter amnigenus*
- N13-01437 *Enterobacter doacae*
- N13-02818 *Enterobacter doacae*
- N13-03184 *Klebsiella pneumoniae*
- N12-00249 *Klebsiella pneumoniae*
- N12-00463 *Klebsiella pneumoniae*
- N12-00997 *Klebsiella pneumoniae*
- N12-02590 *Klebsiella pneumoniae*
- N13-02395 *Klebsiella pneumoniae*

CPE by Region: CPHLN Data

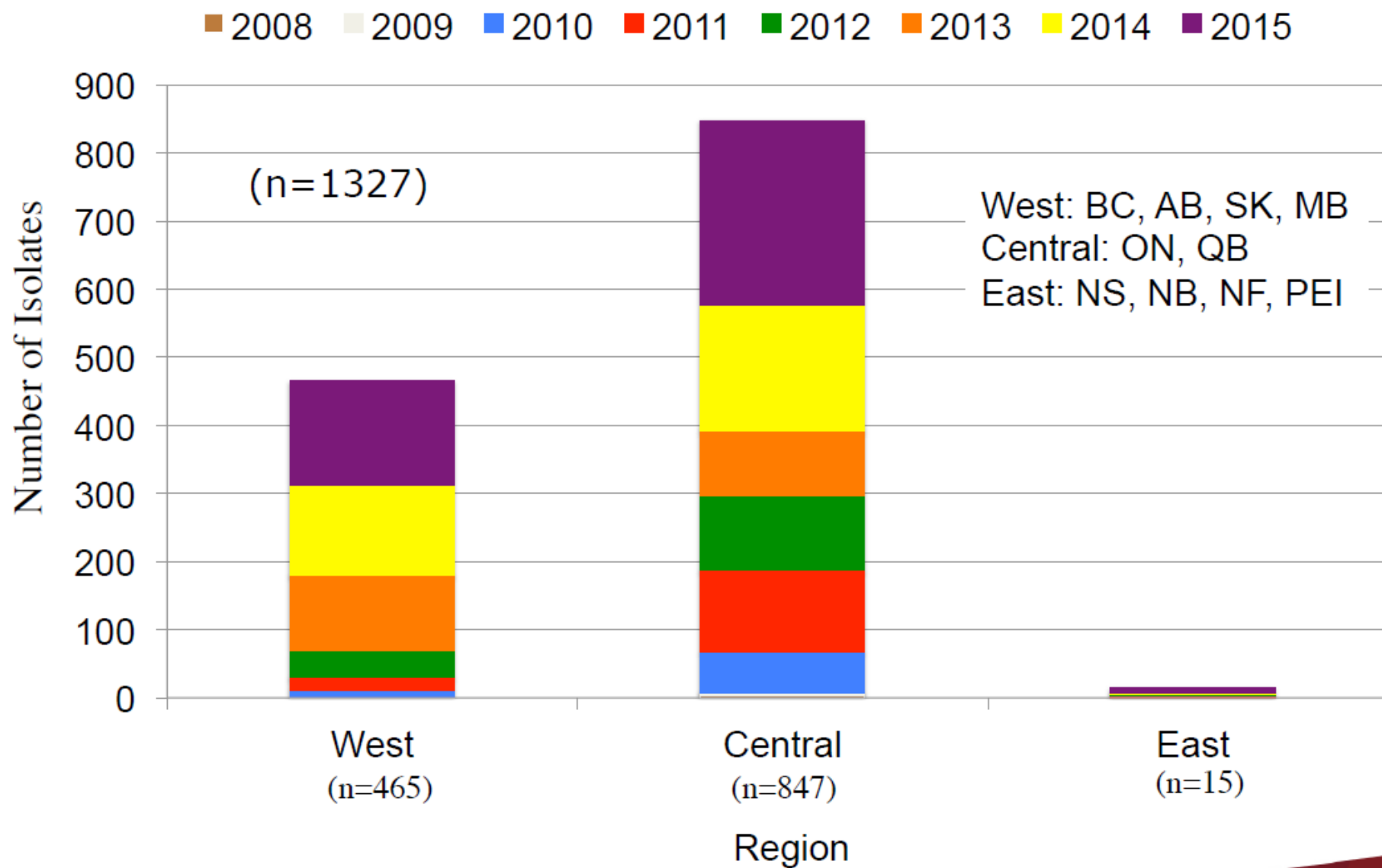
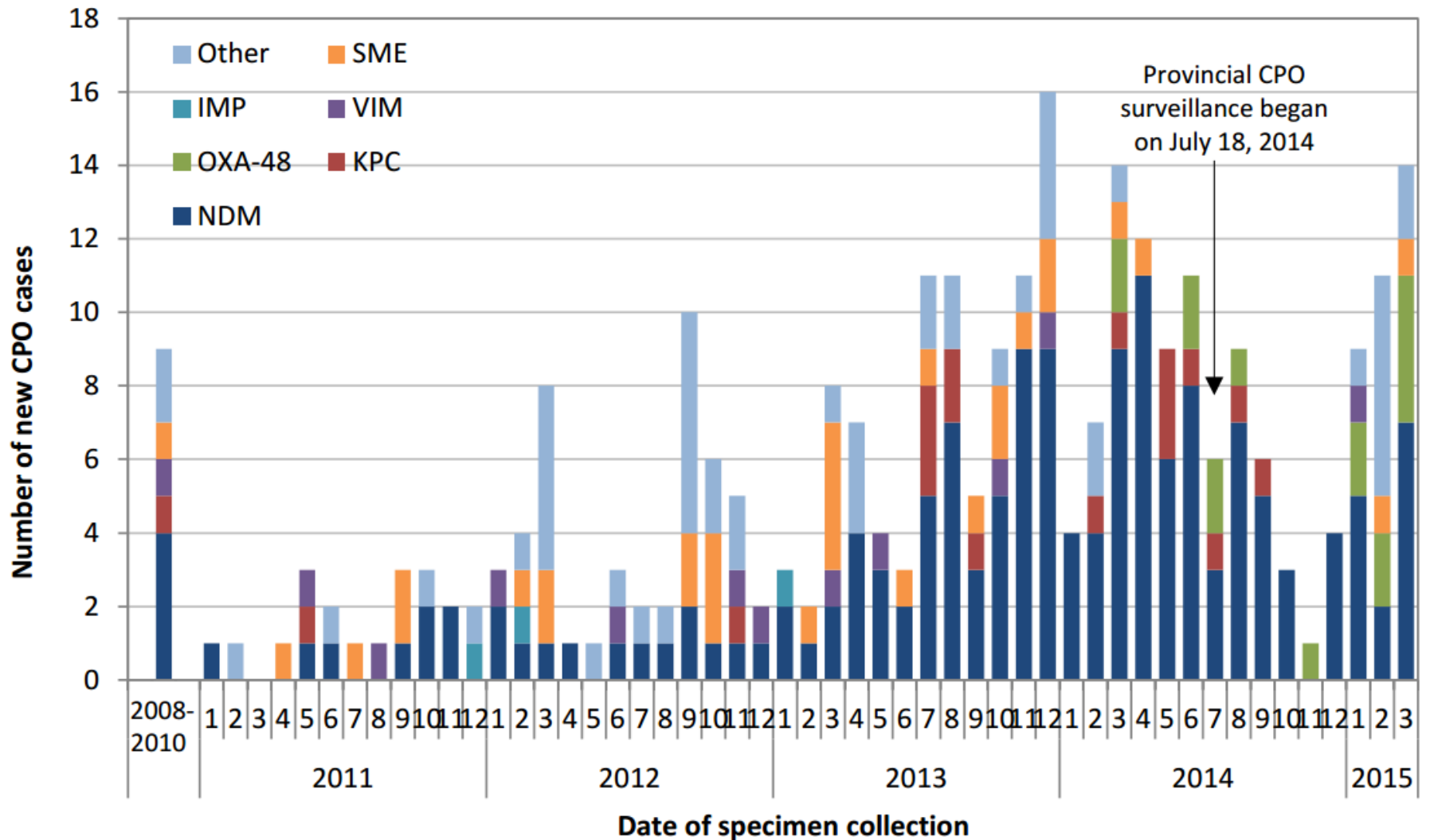


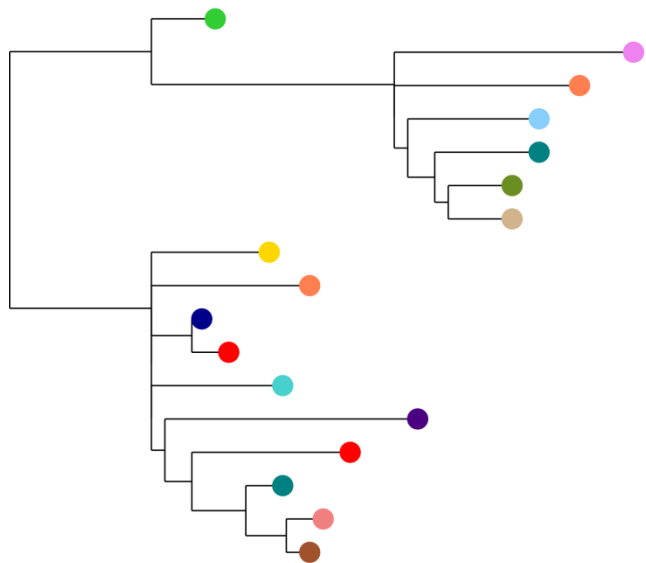
Figure 9. Number of new CPO cases by carbapenemase gene in BC, 2008 – March 2015



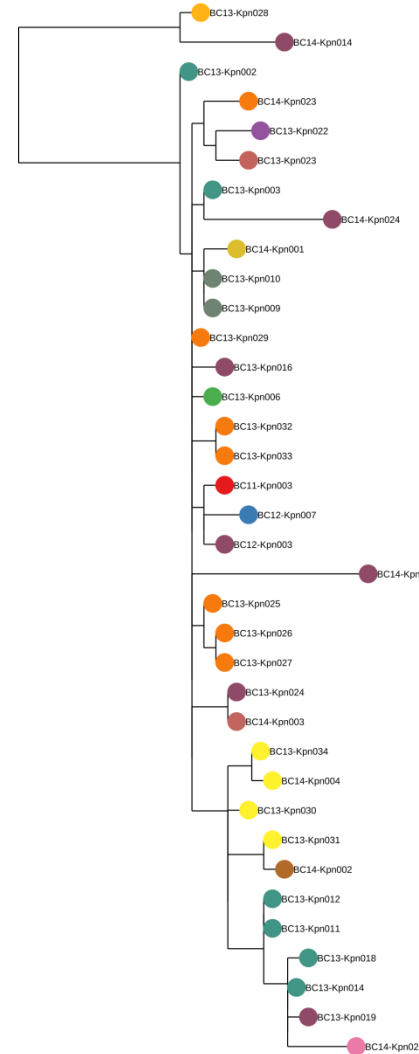
CPO: NDM in BC

ST340

STKPN1

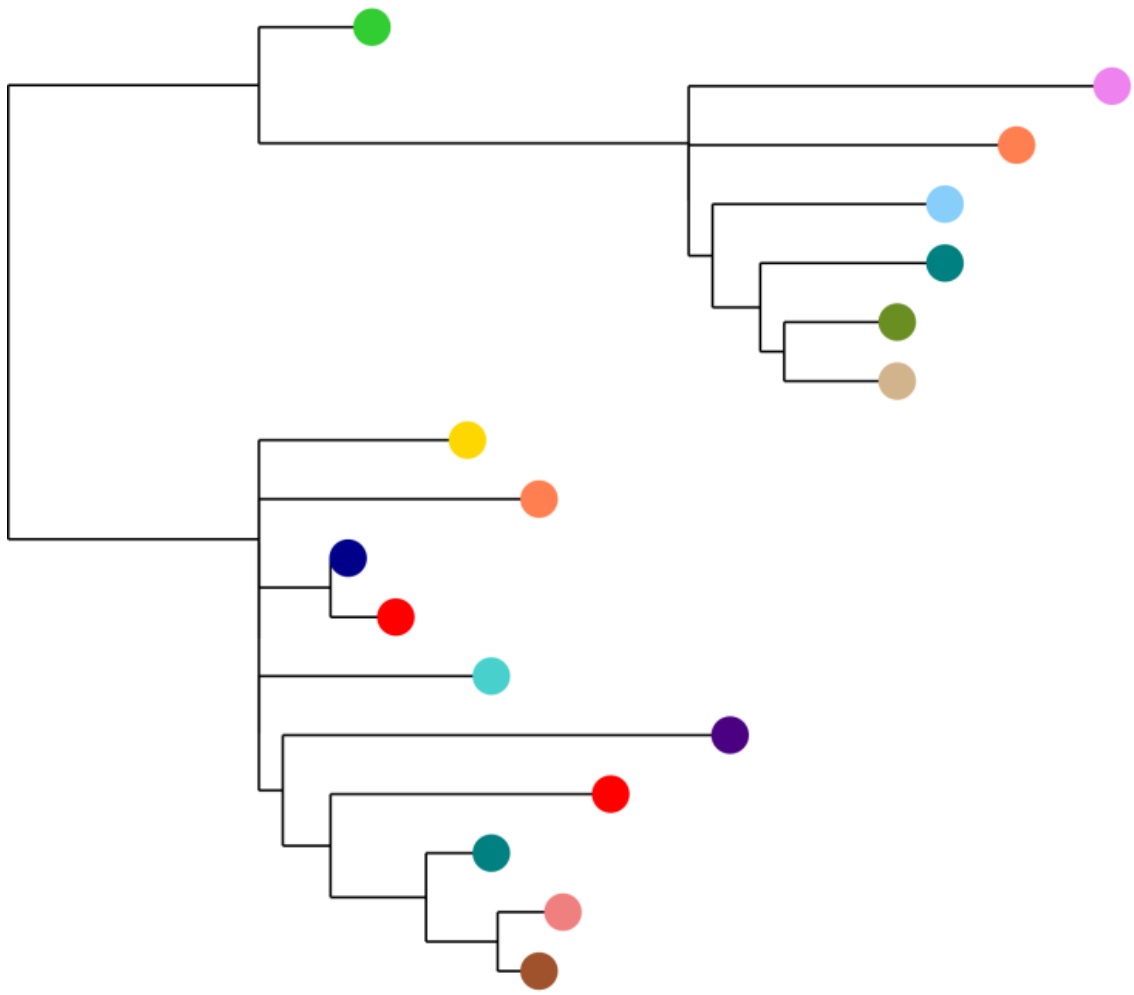


BCKpXAI.0025	N	2012
BCKpXAI.0032	pNDM-BC1-6	NA 2013
BCKpXAI.0057		2014
BCKpXAI.0045	pNDM-BC1-2	N 2013
BCKpXAI.0060		2014
BCKpXAI.0058		2014
BCKpXAI.0054	Y	2014
BCKpXAI.0022	pNDM-BC1-9	N 2012
BCKpXAI.0057		2014
BCKpXAI.0020	pNDM-BC1-1	N 2012
BCKpXAI.0037		N 2013
BCKpXAI.0053		2014
BCKpXAI.0060	pNDM-BC1-2	2014
BCKpXAI.0044	NA	2013
BCKpXAI.0043	pNDM-BC1-2	NA 2013



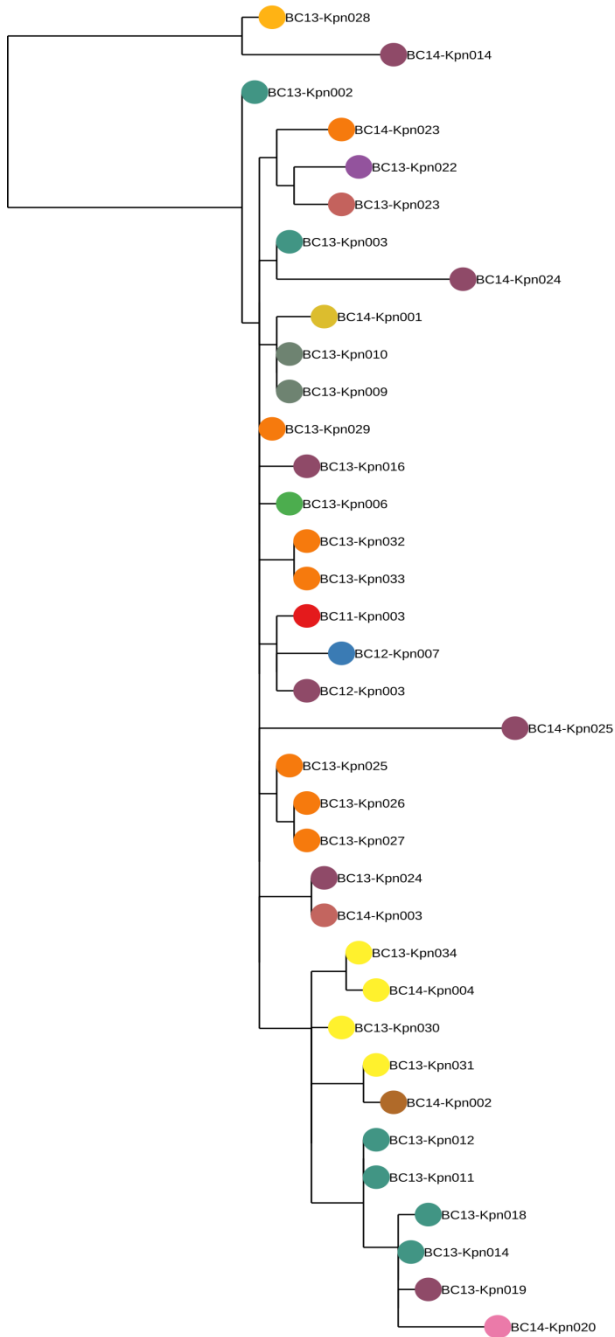
BCKpXAI.0067		2013
BCKpXAI.0031	pNDM-BC6-2	N 2013
BCKpXAI.0066	pNDM-BC5-5	2014
BCKpXAI.0046	pNDM-BC5-1	2013
BCKpXAI.0047		2013
BCKpXAI.0031	pNDM-BC5-1	2013
	pNDM-BC5-6	2014
BCKpXAI.0049	pNDM-BC5-5	2014
BCKpXAI.0039	pNDM-BC5-1	NA 2013
BCKpXAI.0039	pNDM-BC5-1	NA 2013
BCKpXAI.0066	pNDM-BC5-1	2013
		NA 2013
BCKpXAI.0035		NA 2013
BCKpXAI.0066	pNDM-BC5-1	2013
BCKpXAI.0066	pNDM-BC5-1	2013
BCKpXAI.0008	pNDM-BC5-1	Y 2011
BCKpXAI.0021		2012
		2012
		2014
BCKpXAI.0066	pNDM-BC5-1	2013
BCKpXAI.0066	pNDM-BC5-1	2013
BCKpXAI.0066	pNDM-BC5-1	2013
	pNDM-BC7-1	2013
BCKpXAI.0051	pNDM-BC7-2	2014
BCKpXAI.0048	pNDM-BC5-7	N 2013
BCKpXAI.0048	pNDM-BC5-7	N 2014
BCKpXAI.0048	pNDM-BC5-7	2013
BCKpXAI.0048	pNDM-BC5-7	2013
BCKpXAI.0050	pNDM-BC6-1	2014
BCKpXAI.0031	pNDM-BC5-4	NA 2013
BCKpXAI.0031	pNDM-BC5-4	NA 2013
BCKpXAI.0031		2013
BCKpXAI.0031		N 2013
		2013
BCKpXAI.0063		2014

STKPN1



BCKpXAI.0025		N	2012
BCKpXAI.0032	pNDM-BC1-6	NA	2013
BCKpXAI.0057			2014
BCKpXAI.0045	pNDM-BC1-2	N	2013
BCKpXAI.0060			2014
BCKpXAI.0058			2014
BCKpXAI.0054		Y	2014
BCKpXAI.0022	pNDM-BC1-9	N	2012
BCKpXAI.0057			2014
BCKpXAI.0020	pNDM-BC1-1	N	2012
			2012
BCKpXAI.0037		N	2013
BCKpXAI.0053			2014
	pNDM-BC1-2		2014
BCKpXAI.0060			2014
BCKpXAI.0044		NA	2013
BCKpXAI.0043	pNDM-BC1-2	NA	2013

2.94



■	BCKpXAI.0067			2013
■				2014
■	BCKpXAI.0031	pNDM-BC6-2	N	2013
■	BCKpXAI.0066	pNDM-BC5-5		2014
■	BCKpXAI.0046	pNDM-BC5-1		2013
■	BCKpXAI.0047			2013
■	BCKpXAI.0031	pNDM-BC5-1		2013
■		pNDM-BC5-6		2014
■	BCKpXAI.0049	pNDM-BC5-5		2014
■	BCKpXAI.0039	pNDM-BC5-1	NA	2013
■	BCKpXAI.0039	pNDM-BC5-1	NA	2013
■	BCKpXAI.0066	pNDM-BC5-1		2013
■			NA	2013
■	BCKpXAI.0035		NA	2013
■	BCKpXAI.0066	pNDM-BC5-1		2013
■	BCKpXAI.0066	pNDM-BC5-1		2013
■	BCKpXAI.0008	pNDM-BC5-1	Y	2011
■	BCKpXAI.0021			2012
■				2012
■				2014
■	BCKpXAI.0066	pNDM-BC5-1		2013
■	BCKpXAI.0066	pNDM-BC5-1		2013
■	BCKpXAI.0066	pNDM-BC5-1		2013
■		pNDM-BC7-1		2013
■	BCKpXAI.0051	pNDM-BC7-2		2014
■	BCKpXAI.0048	pNDM-BC5-7	N	2013
■	BCKpXAI.0048	pNDM-BC5-7	N	2014
■	BCKpXAI.0048	pNDM-BC5-7		2013
■	BCKpXAI.0048	pNDM-BC5-7		2013
■	BCKpXAI.0050	pNDM-BC6-1		2014
■	BCKpXAI.0031	pNDM-BC5-4	NA	2013
■	BCKpXAI.0031	pNDM-BC5-4	NA	2013
■	BCKpXAI.0031			2013
■	BCKpXAI.0031		N	2013
■				2013
■	BCKpXAI.0063			2014

ST340

Stay tuned for full BC NDM
story....epidemiology data pending

- **Goal:**
 - Real-time WGS for outbreak investigation
 - Stop transmission after first few cases by finding clear connections
 - WGS provide antimicrobial susceptibility details
- **Challenges:**
 - Need automation
 - Costly
 - Need bioinformatics
 - More outbreaks identified, more resources needed to follow up
 - Complex biology



Acknowledgement

- Dr. Matthew Croxen, Research Assistant, BCCDC Public Health Laboratory
- Dr. Michael Mulvey, National Microbiology Laboratory, Winnipeg

THANK YOU!

