

Integrating Next Generation Technology into Healthcare-Associated Infection Outbreak Investigations

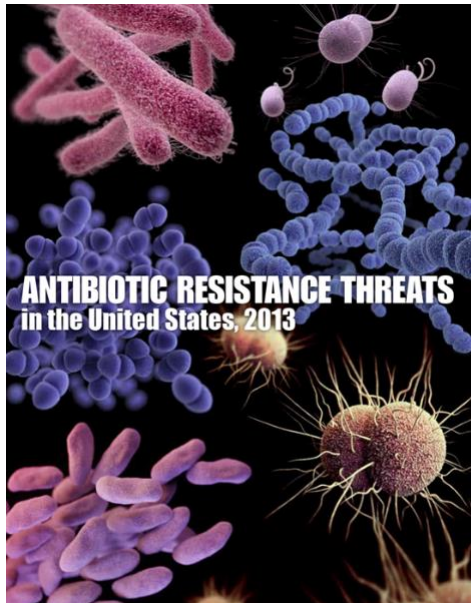
Division of Healthcare Quality Promotion

Rich Stanton

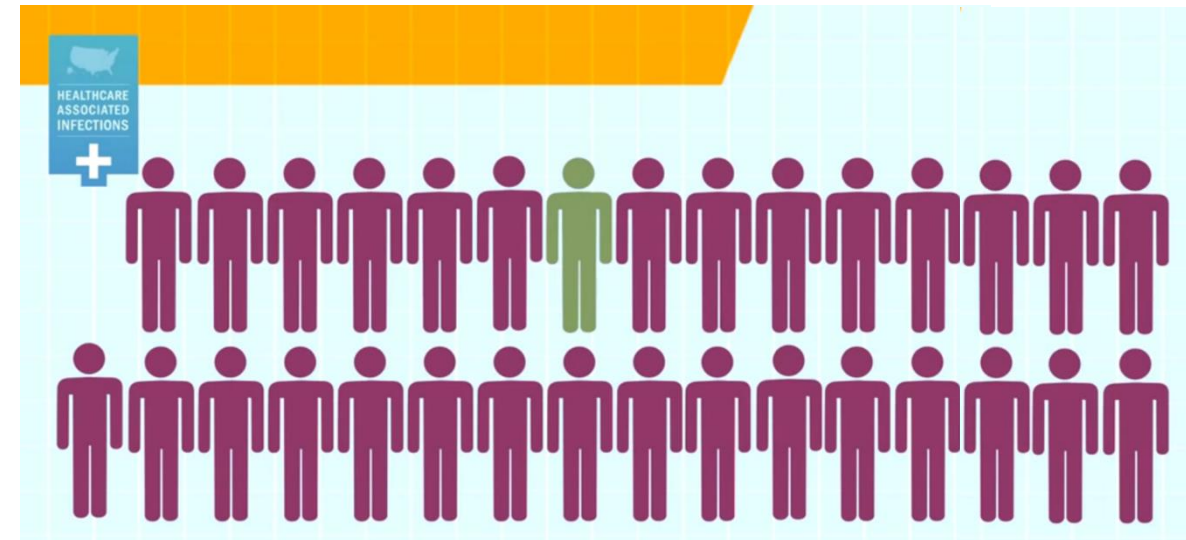
Gillian McAllister

Division of Healthcare Quality Promotion

- DHQP focuses on healthcare associated infections (HAIs)
- Clinical and Environmental Microbiology Branch (CEMB)
- Metagenomics and Molecular Biology (MMB)
 - Gillian McAllister – Sequencing Activity Lead
 - Rich Stanton – Molecular Biology Activity Lead



On any given day, about 1 in 31 hospital patients has at least one healthcare-associated infection (HAI).



Healthcare Pathogens Incredibly Diverse

- **Gram-positive bacteria**
 - *Staphylococcus*
 - *Enterococcus*
 - Nontuberculous mycobacteria
- **Spore-formers**
 - *Clostridioides difficile*
 - *Clostridium sordellii*
- **Gram-negative bacteria**
 - Enterobacteriaceae (>50 genera)
 - Carbapenem-resistant Enterobacteriaceae (CRE)*
 - *E. coli*, *Klebsiella*, *Enterobacter*, *Citrobacter*, *Serratia*, *Morganella*, *Providencia*)
 - *Burkholderia*
 - *Acinetobacter*
 - Carbapenem-resistant *Acinetobacter baumannii* (CRAB)*
 - *Pseudomonas aeruginosa*
 - Carbapenem-resistant *Pseudomonas aeruginosa* (CRPa)*

Often discover novel species, or strains of previously identified species

➤ **Untenable to sequence every HAI or MDRO pathogen**

Diversity Complicates WGS for Outbreak Investigations

- Complex biology:
 - Multiple routes of transmission
 - Ubiquitous in healthcare environment (sinks, devices, products, asymptomatic carriers, etc.)
 - Heterogenous infections
 - Vertical (clonal expansion) and horizontal (plasmids) transmission of AR genes
- Structural factors:
 - Persistent outbreaks (weeks – years)
 - Single facility, regional, national, international
- WGS limitations:
 - Sampling limitations (single sample/patient, no asymptomatic isolates, limited environmental samples)
 - No standards for comparison of relatedness for all species
 - Different growth rates in different environments

Diversity Reflected Outbreak Investigations

- 41 different species from 20 genera sequenced as part of 102 HAI outbreak investigations over last six years
- 21 outbreak investigations involved multiple species
- Sequenced anywhere from 2-70 (median: 8) isolates per outbreak investigation

WGS of HAI Outbreaks Counts

Year	Count	# of Species	Total Isolates
2014	2	2	40
2015	9	14	197
2016	17	10	146
2017	20	15	334
2018	23	18	299
2019	31	21	351
Total	102	46	1367

WGS of HAI Outbreaks by Pathogen

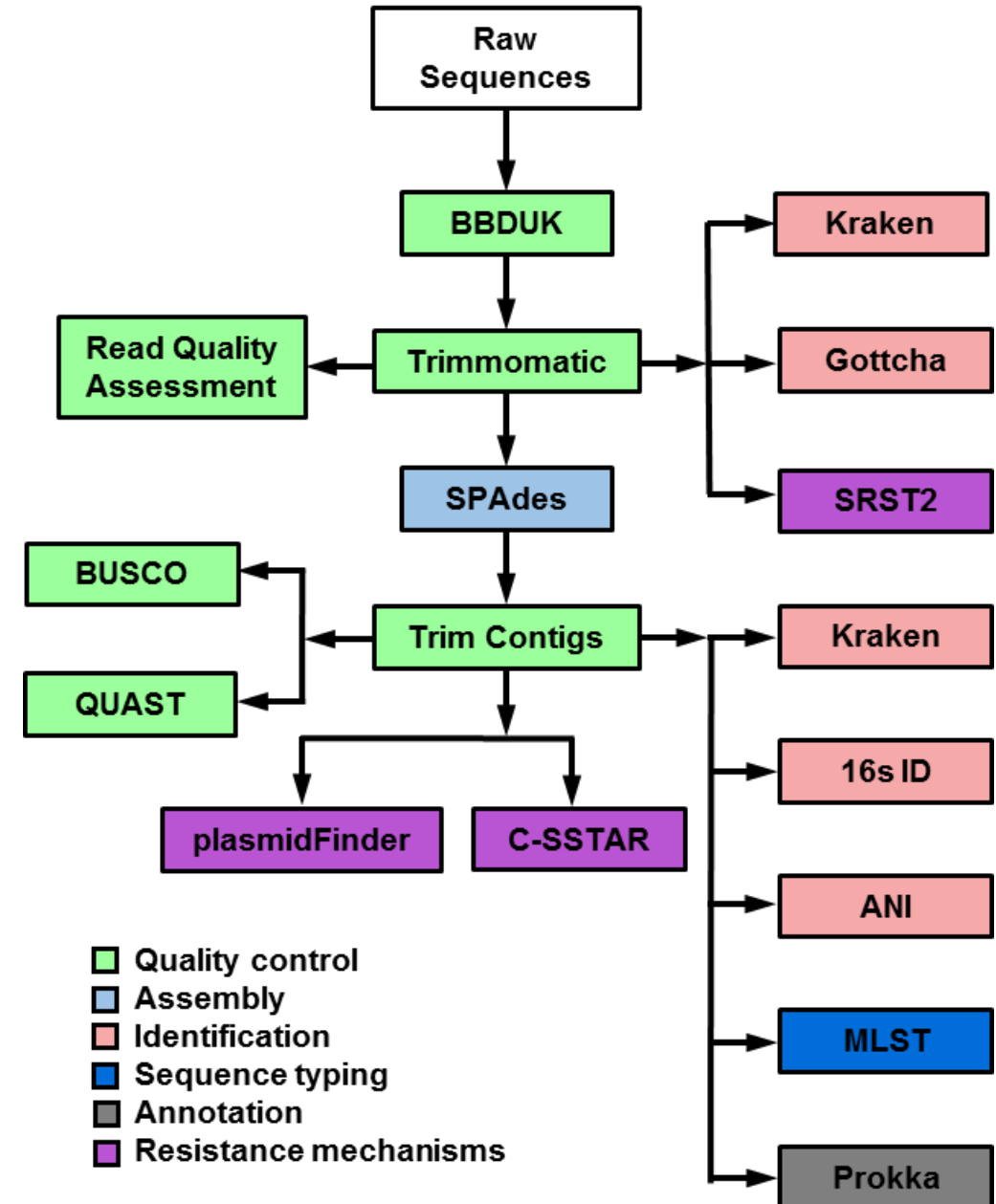
Species	Count
<i>Pseudomonas aeruginosa</i>	22
<i>Klebsiella pneumoniae</i>	21
<i>Acinetobacter baumannii</i>	16
<i>Escherichia coli</i>	16
<i>Mycobacterium chimaera</i>	10
<i>Staphylococcus aureus</i>	10
<i>Enterobacter cloacae</i>	5

Multiple Approaches to Determine Relatedness

- Initial processing through QuAISAR-H pipeline
- Multilocus Sequence Typing (MLST)
- Core Genome Multilocus Sequence Typing (cgMLST)
- High Quality Single Nucleotide Polymorphisms (hqSNPs)
- AR Genes and Plasmid Replicons Overlaps

Standard WGS HAI Processing: QuAISAR-H Pipeline

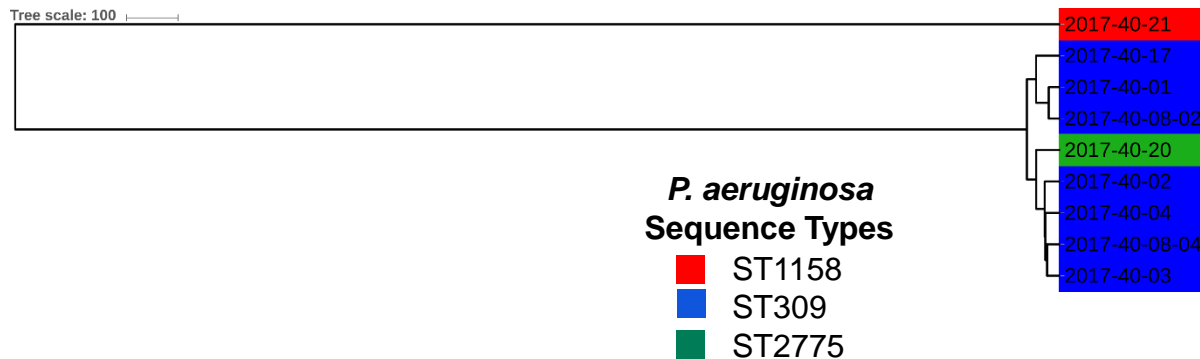
- Quality control, Assembly, species Identification, Sequencing typing, Annotation, and Resistance mechanisms for Healthcare-associated pathogens
- Automates routine evaluation
- Provides an easy, all-in-one tool for initial processing and analyses of raw sequence data
- Available through AMD Portal (amdportal-sams.cdc.gov)



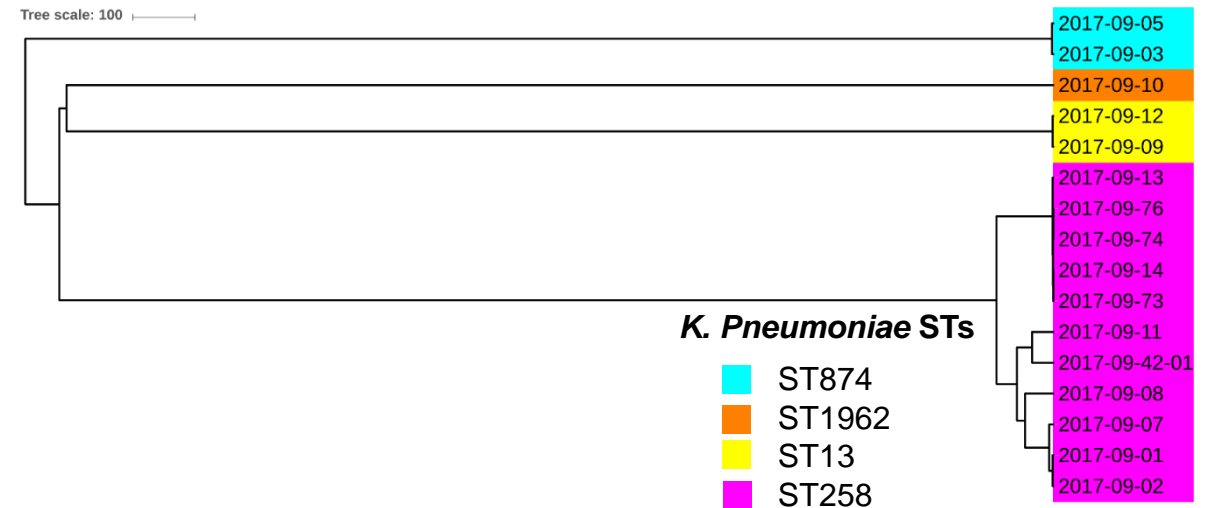
MLST/cgMLST

- Multilocus Sequence Typing MLST (pubmlst.org)
 - Compares of alleles of 7 housekeeping genes and names sequence type (ST)
 - Command line tool (github.com/tseemann/mlst)
- Core Genome MLST (cgMLST)
 - Compares of alleles of 1000s of genes common to a specific species
 - Implemented through BioNumerics
- Both can be used to rapidly identify clusters for hqSNP analysis

cgMLST tree of *P. aeruginosa* isolates from KPC-outbreak in single facility.

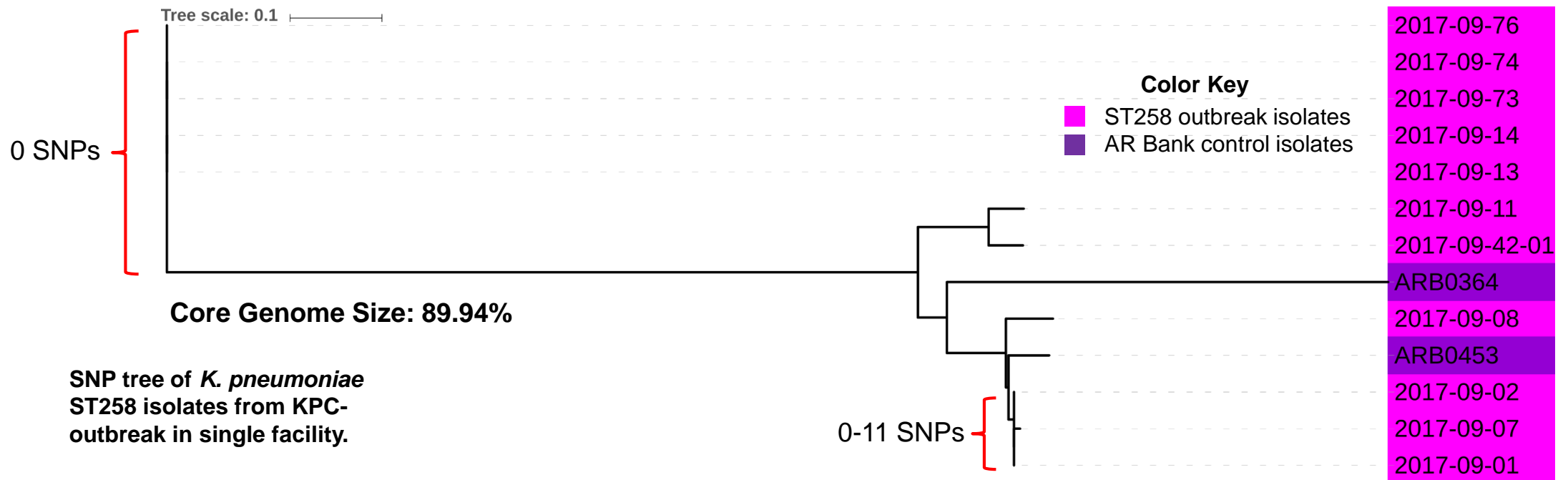


cgMLST tree of *K. pneumoniae* isolates from KPC-outbreak in single facility.



High Quality SNPs

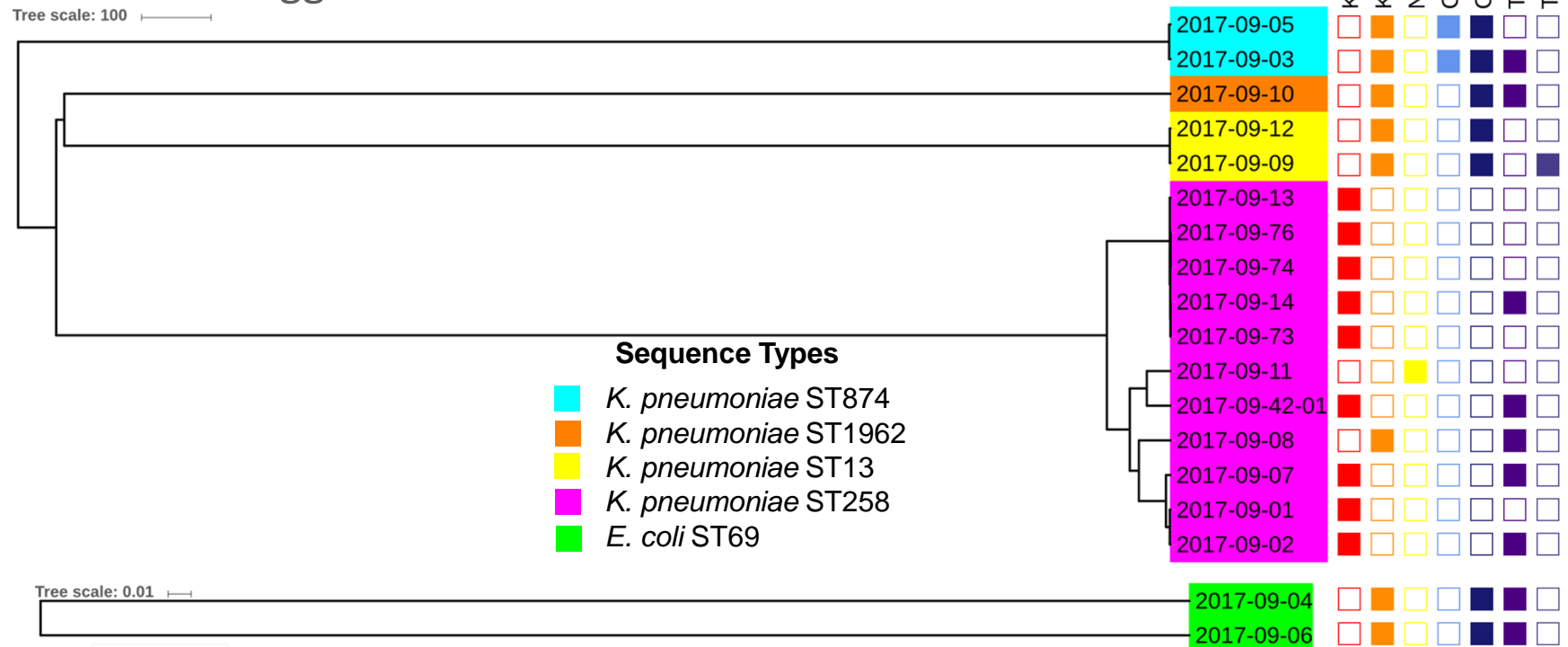
- hqSNPS determined over core genome through SNVPhyl (github.com/phac-nml/snvphyl-galaxy)
- Includes core genome % calculation (varies with species but increases confidence in calls)
- Median outbreak genome by Mash distance (github.com/marbl/Mash) used as mapping reference



AR Gene/Plasmid Replicons Overlaps

- AR genes called using c-SSTAR (github.com/chrisgulvik/c-SSTAR) and srst2 (github.com/katholt/srst2)
- ResFinder (cge.cbs.dtu.dk/services/ResFinder/) and ARG-ANNOT (ifmr48.timone.univ-mrs.fr/blast/arg-annot_nt.html) databases
- Common genes in unrelated isolates suggests horizontal transfer

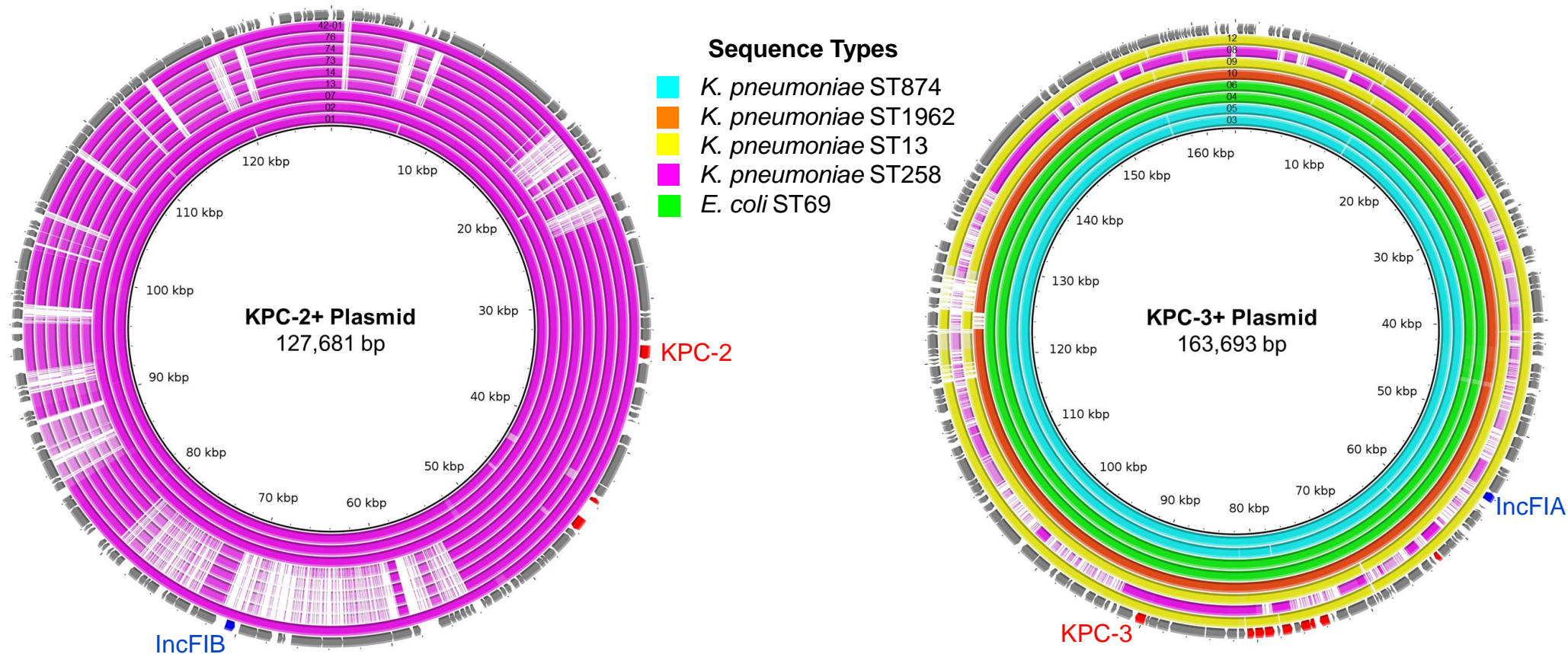
cgMLST Trees from multiple species/STs from KPC-outbreak in single facility.



AR Gene/Plasmid Replicons Overlaps

- Plasmid replicons identified through PlasmidFinder (cge.cbs.dtu.dk/services/PlasmidFinder/)
- Long read sequencing can resolve plasmids, but overlapping genes and markers (especially on the same contig) can be used as indicators of horizontal transfer

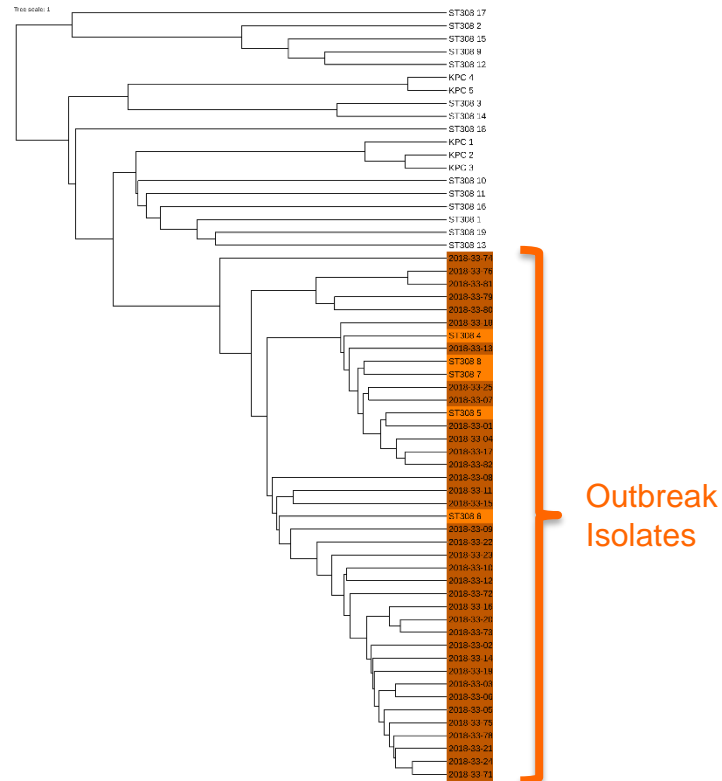
Short read sequences mapped to plasmids from KPC-outbreak.



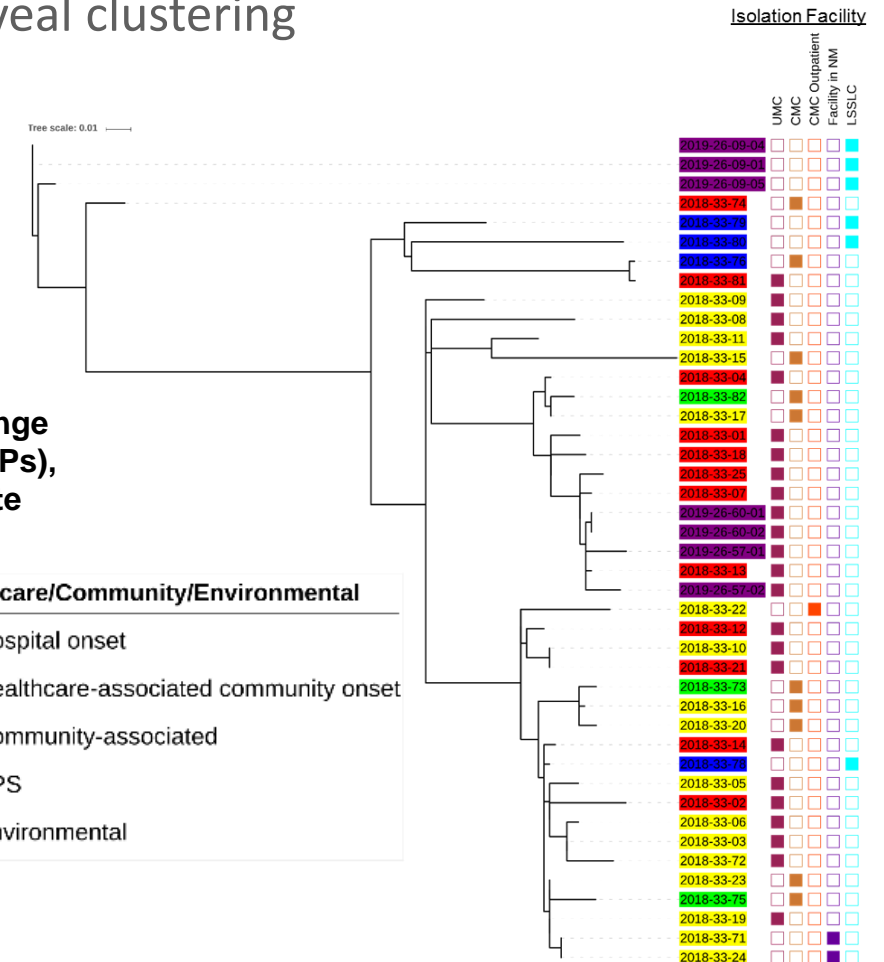
Best Practices/General Tips

- Because of the diversity of outbreaks, a variety of approaches strengthens conclusions
- Non-epidemiologically related isolates from the same ST can reveal clustering
- Relative SNP/gene distances rather than cutoffs of relatedness
- Always incorporate epidemiological data

cgMLST tree shows that putative outbreak isolates all cluster distinctly from control isolates from same ST.



SNP tree from same outbreak shows wide range in relatedness (0-105 SNPs), but clusters that correlate with epi data.



Best Practices/General Tips

- Standardized outbreak analysis reports include STs, AR Genes, Plasmid Replicons, SNP Matrices, and trees
- Provide epidemiologists an overall summary of the WGS analysis

2	2018-33 Outbreak			Antibiotic Resistance Genes ^a																										
3	CDC MMB ID	Source	Collection	Species	MLST	aadA1b[aminoglycoside]	aadA6[amin]	aph(3')-IIB[am]	bcr1[phenicol]	bla _{oxa} -2[beta]	bla _{oxa} -488[bet]	bla _{pac} (beta-lac)	bla _{vim} -2[beta]	catB7[phenicol]	crpP(ciproflox)	fosA(fosfomyc)	sul1(sulphonamide)													
4	2018-33-01	Wound	7/20/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
5	2018-33-02	Wound	7/3/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
6	2018-33-03	Urine	8/21/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
7	2018-33-04	Urine	8/23/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
8	2018-33-05	wound (chest)	11/20/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
9	2018-33-06	wound	11/29/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
10	2018-33-07	abcess	11/30/2017	<i>Pseudomonas aeruginosa</i>	308	X	X	X	X	X	X	X	X	X	X	X	X													
11	2018-33-08	urine	11/30/2017	<i>Pseudomonas aeruginosa</i>	308																									
12	2018-33-09	urine	12/17/2017	<i>Pseudomonas aeruginosa</i>	308																									
13	2018-33-10	urine	12/30/2017	<i>Pseudomonas aeruginosa</i>	308																									
14	2018-33-11	wound	1/12/2018	<i>Pseudomonas aeruginosa</i>	308																									
15	2018-33-12	tracheal aspirate	2/8/2018	<i>Pseudomonas aeruginosa</i>	308																									
16	2018-33-13	bronchial washing	2/12/2018	<i>Pseudomonas aeruginosa</i>	308																									
17	2018-33-14	sputum (coughed)	3/31/2018	<i>Pseudomonas aeruginosa</i>	308																									
18	2018-33-15	urine	4/24/2018	<i>Pseudomonas aeruginosa</i>	308																									
19	2018-33-16	urine	5/8/2018	<i>Pseudomonas aeruginosa</i>	308																									
20	2018-33-17	tissue	5/25/2018	<i>Pseudomonas aeruginosa</i>	308																									
21	2018-33-18	bronchial washing	6/7/2018	<i>Pseudomonas aeruginosa</i>	308																									
22	2018-33-19	urine	6/15/2018	<i>Pseudomonas aeruginosa</i>	308																									
23	2018-33-20	urine	6/18/2018	<i>Pseudomonas aeruginosa</i>	308																									
24	2018-33-21	tracheal aspirate	6/24/2018	<i>Pseudomonas aeruginosa</i>	308																									
25	2018-33-22	urine	7/9/2018	<i>Pseudomonas aeruginosa</i>	308																									
26	2018-33-23	Tissue (coccyx)	7/10/2018	<i>Pseudomonas aeruginosa</i>	308																									
27	2018-33-24	wound (leg)	7/24/2018	<i>Pseudomonas aeruginosa</i>	308																									
28	2018-33-25	Tissue	1/25/2018	<i>Pseudomonas aeruginosa</i>	308																									
29	2018-33-71 (NM)	Wound	7/24/2018	<i>Pseudomonas aeruginosa</i>	308																									
30	2018-33-32-01-01	Environmental-Sink Basin	10/15/2018	<i>Pseudomonas spp.</i>	**																									
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2018-33-09

2018-33-22

2018-33-12

2018-33-21

2018-33-10

2018-33-20

2018-33-16

2018-33-03

2018-33-06

2018-33-14

2018-33-05

2018-33-23

2018-33-17

2018-33-71 (NM)

2018-33-24

Align Antibiotic Resistance Gene database 181/002, October 3rd 2019 version (green, colored gene columns; highlight AB genes characteristic of the isolate set)

Altius Antibiotic Resistance Gene database, 10/1/2023, October 2nd 2018 version, genes colored, gene columns highlight AR genes characteristic of the isolate set

Umbrella BioProject for Posting of WGS Data to NCBI

CDC HAI-Seq

Accession: PRJNA531911 ID: 531911

CDC's Division of Healthcare Quality Promotion-hosted Umbrella for any sequence data (genome, plasmid, amplicon, shotgun) generated by CDC and other public health laboratories that are related to healthcare-associated infections (HAIs). Can include any data format, including raw reads and/or assemblies. We have implemented a standard scheme for isolate/sample identification. We request for those sites interested in submitting data to this umbrella project, please contact: HAISeq@cdc.gov to be assigned your unique code. DHQP has guidance available for posting metadata, which can be provided upon request. In general, submitters should not post any metadata that compromises confidentiality. Questions? Please email HAISeq@cdc.gov.

Accession	PRJNA531911
Type	Umbrella project
Submission	Registration date: 10-Apr-2019 Centers for Disease Control and Prevention. Division of Healthcare Quality Promotion
Relevance	Medical

<https://www.ncbi.nlm.nih.gov/bioproject/531911>

Questions?

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For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov

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