INCREASING BIOINFORMATICS CAPACITY THROUGH THE BIOINFORMATICS REGIONAL RESOURCE

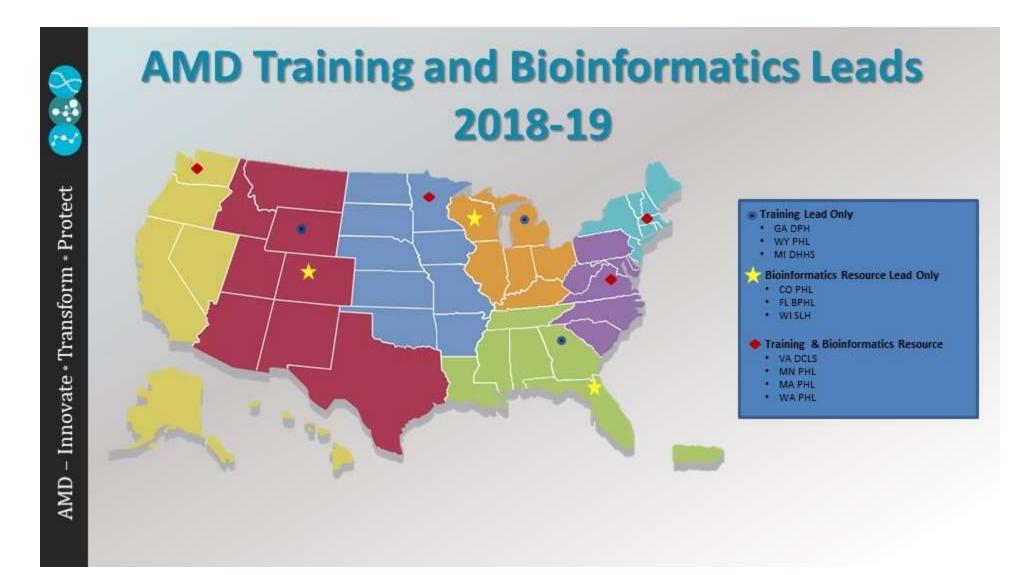
Kelsey Florek, MPH, PhD July, 25 2019



AMD - Bioinformatics Regional Resource

- Access to computational resources
- Training
- Workflows and Pipelines
- Consulting and Support







Access to computational resources

- On-Prem Linux workstation
 - Specifications
 - Configuration
 - Issues





"I used to bury my bones. Now I upload them to the cloud."



Access to computational resources

- On-Prem Linux workstation
 - Specifications
 - Configuration
 - Issues



- Obtaining access to Cloud infrastructure
 - Consulting with IT departments about access
 - Providing access through virtual computers hosted by us.
 - Connecting with Bioinformaticians using specific architectures



Training

- AMD Symposium
- 1 on 1 virtual training
- Linux virtual courses
- In person on-site training
- Organism/outbreak specific training
- Office Hours



Workflows and Pipelines

- Access to programs and pipelines used by state Bioinformaticians
- Implementing strict version control and locking down analysis programs and pipelines for validations
- User friendly approaches to running bioinformatics analyses and tools



Consulting and Support

- Ad-hoc analyses
 - Outbreak investigations
 - AR analyses
 - Validations
- Implementation of workflows or pipelines
- Tool Development
- On-demand expansion of infrastructure



OUTBREAK OF CARBAPENEM RESISTANT ACINETOBACTER BAUMANNII



Initial Presentation

- Facility A in Southeastern Wisconsin
 - notification of cluster of carbapenem-resistant
 Acinetobacter baumannii (CRAB)
 - occurring in five patients during September and October

 Highly resistant and identical on antimicrobial susceptibility testing (AST)



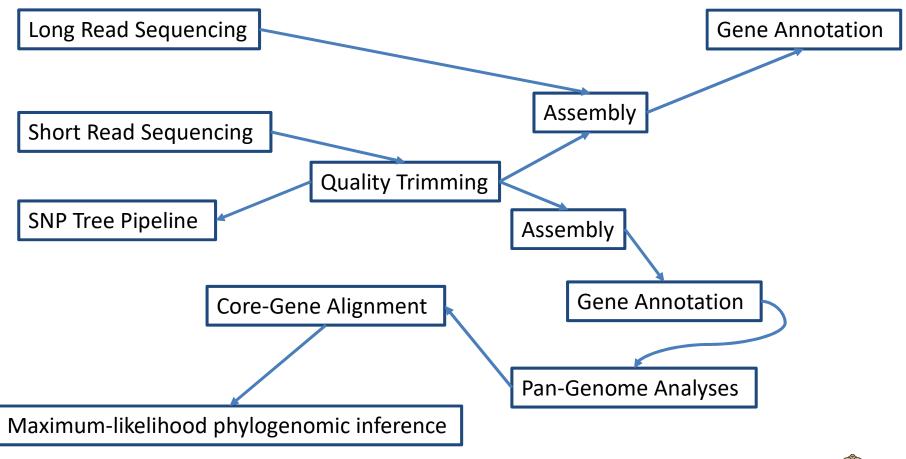
AST Profile

- Amikacin: Resistant
- Aztreonam: Resistant
- Cefepime: Resistant
- Cefotaxime: Resistant
- Ceftazidime: Resistant
- Ciprofloxacin: Resistant
- Colistin: Susceptible
- Doripenem: Resistant
- Doxycycline: Resistant
- Gentamicin: Resistant

- Imipenem: Resistant
- Levofloxacin: Resistant
- Meropenem: Resistant
- Minocycline: Intermediate
- Piperacillin-tazobactam: Resistant
- Polymyxin-B: Susceptible
- Ticarcillin-clavulanate: Resistant
- Tobramycin: Resistant
- Trimethoprim-sulfamethoxazol:
 Resistant



Sequence analyses workflow



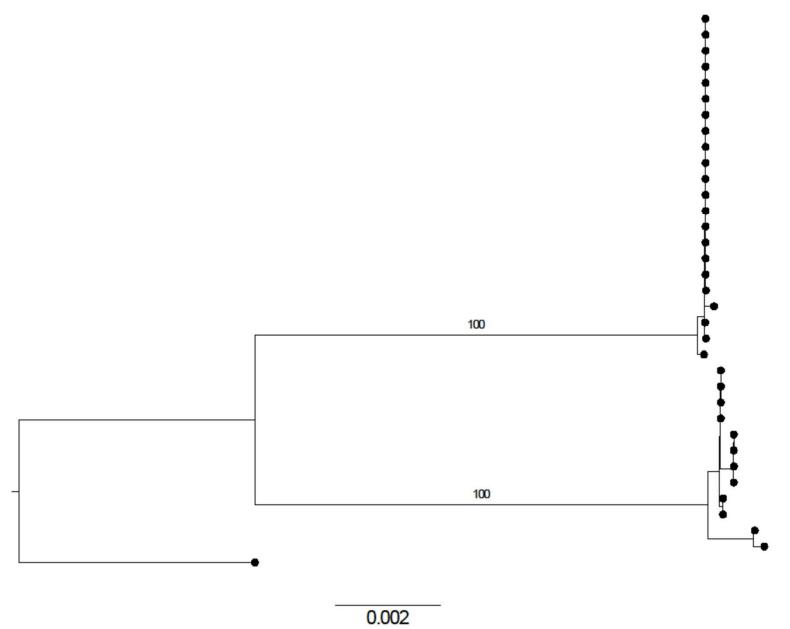


Resistance Mechanisms

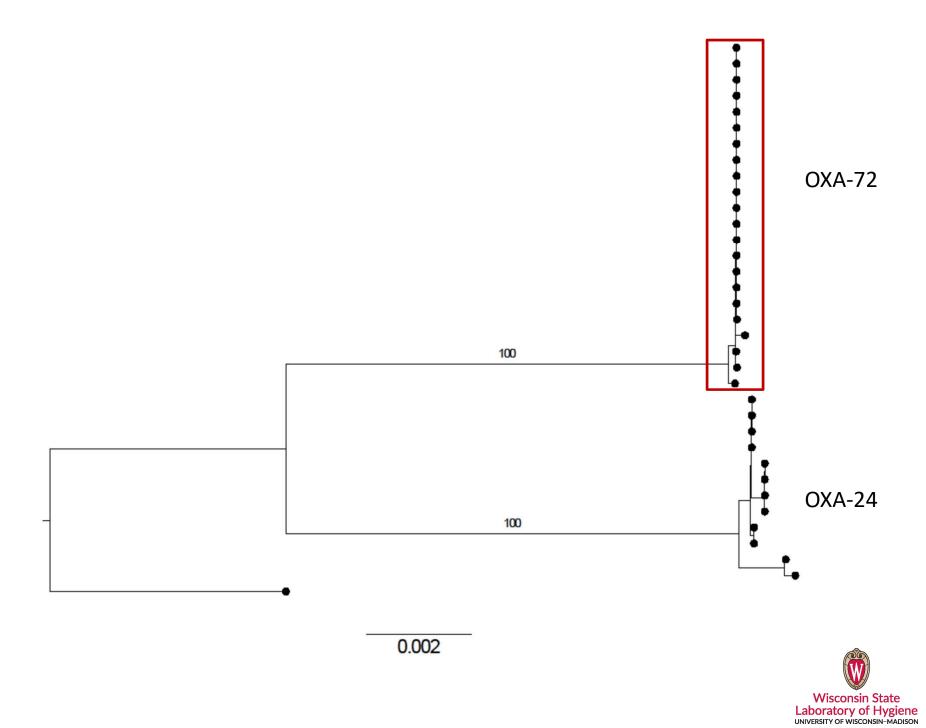
- Aminoglycoside Resistance
 - AAC(3)-la
 - AAC(6')-lp
 - aadA5
 - APH(6)-Id
 - ANT(3")-IIa
 - APH(3")-lb
 - armA
- Beta-lactamase
 - OXA-66
 - OXA-72
 - ADC-25

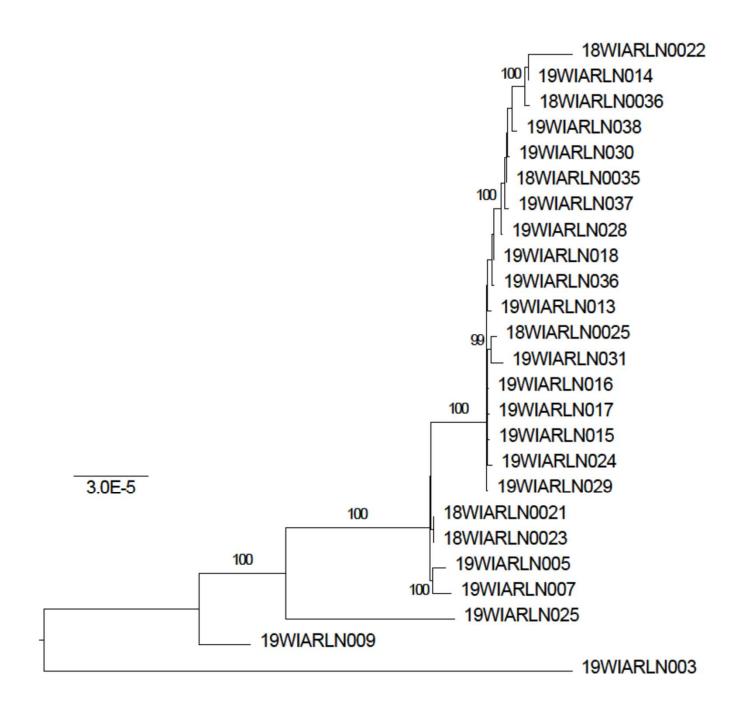
- Dihydrofolate Reductase
 - dfrA17
- Macrolide
 - mphD
- Sulfonamide
 - sul1
 - sul2
- Numerous multidrug efflux complex proteins



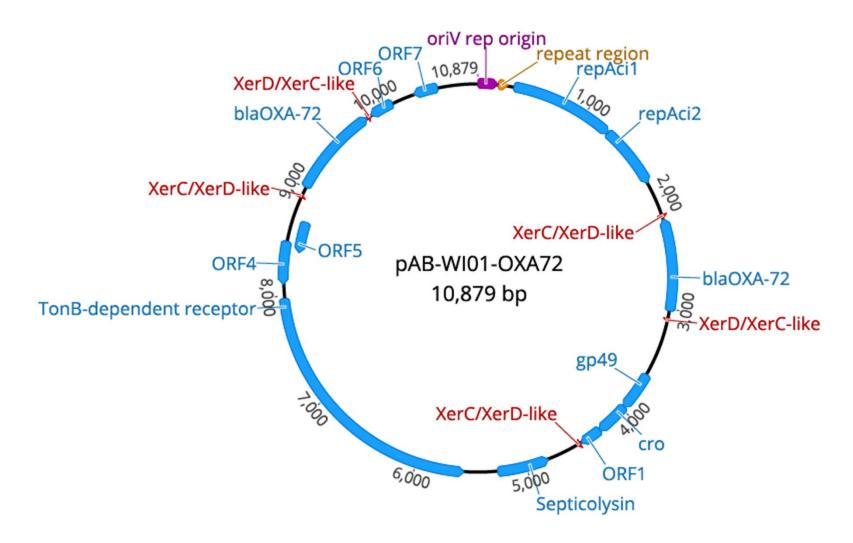






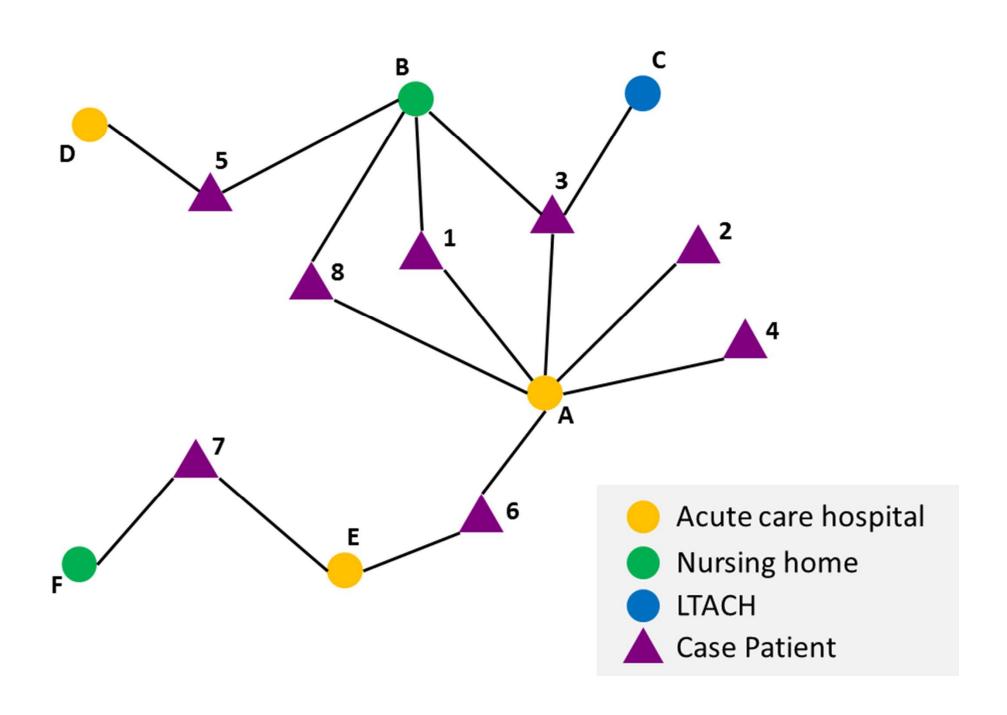






Povilonis et al. J Antimicrob Chemother 2013; 68: 1000–1006 doi:10.1093/jac/dks499





Conclusions

- Wisconsin has a few different CRABs that have colonized patients
 - OXA-24
 - OXA-72
- Indication this could be part of a larger nationwide issue
- Continued surveillance is needed to help prevent the spread of this resistance



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DISCUSSION



Discussion

 What are some of the biggest needs/barriers to using NGS in your lab?

What are the barriers for epidemiologists?

 What is needed to make NGS data readily usable by epidemiologists?



Discussion

 What aspects of NGS do you see bring the most value?

 What are the key areas of support you would like to see from both the Training and Bioinformatics Resource?

