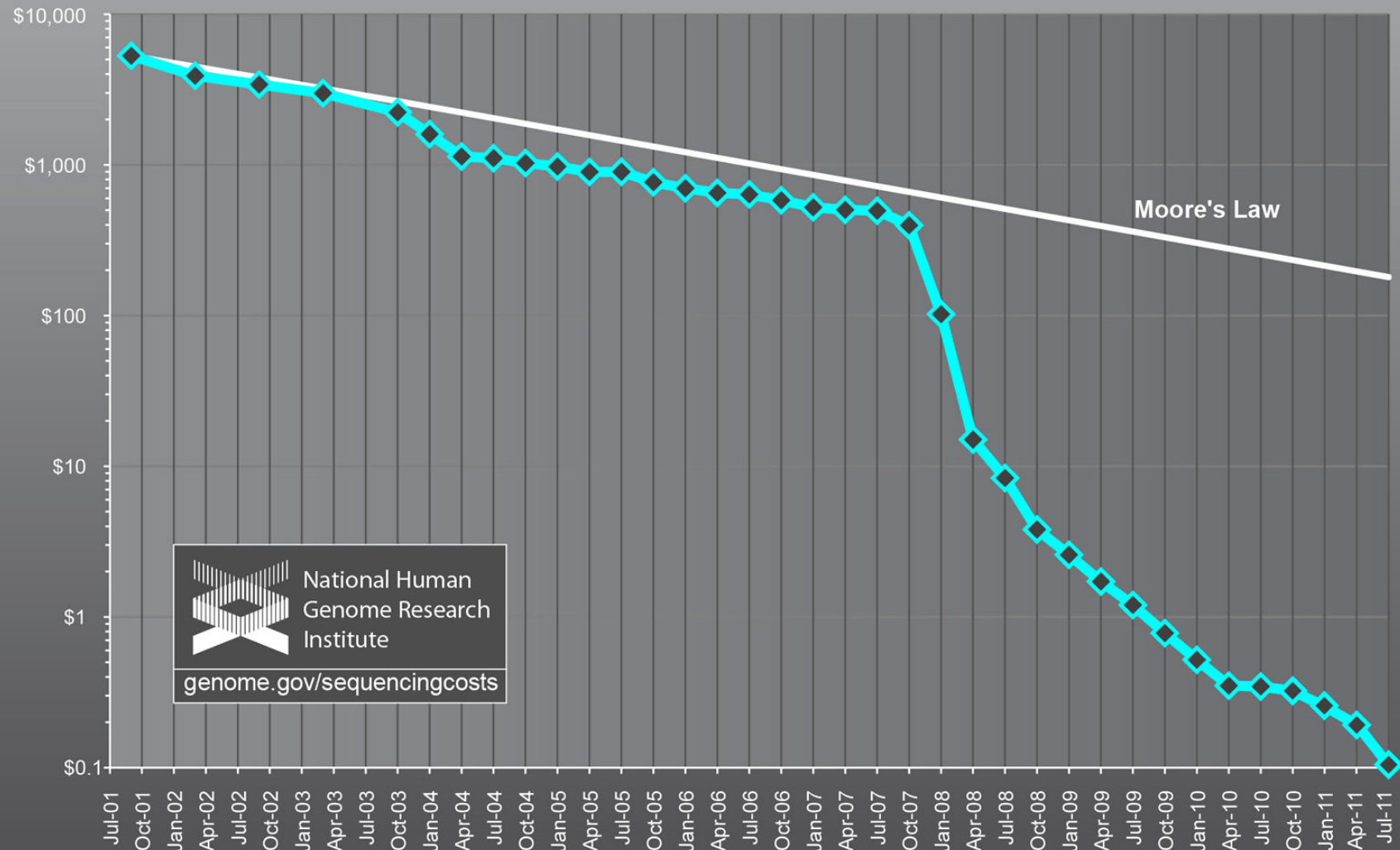


# How will the control of infectious disease be improved by genomic analysis?

Christophe Fraser

*MRC Centre for Outbreak Analysis  
Dept of Infectious Disease Epidemiology*

## Cost per Megabase of DNA Sequence



The sequencing revolution is now.

Desktop sequencing in every lab and in  
every hospital ward



Sequencers are the new microscopes

# Why sequence?

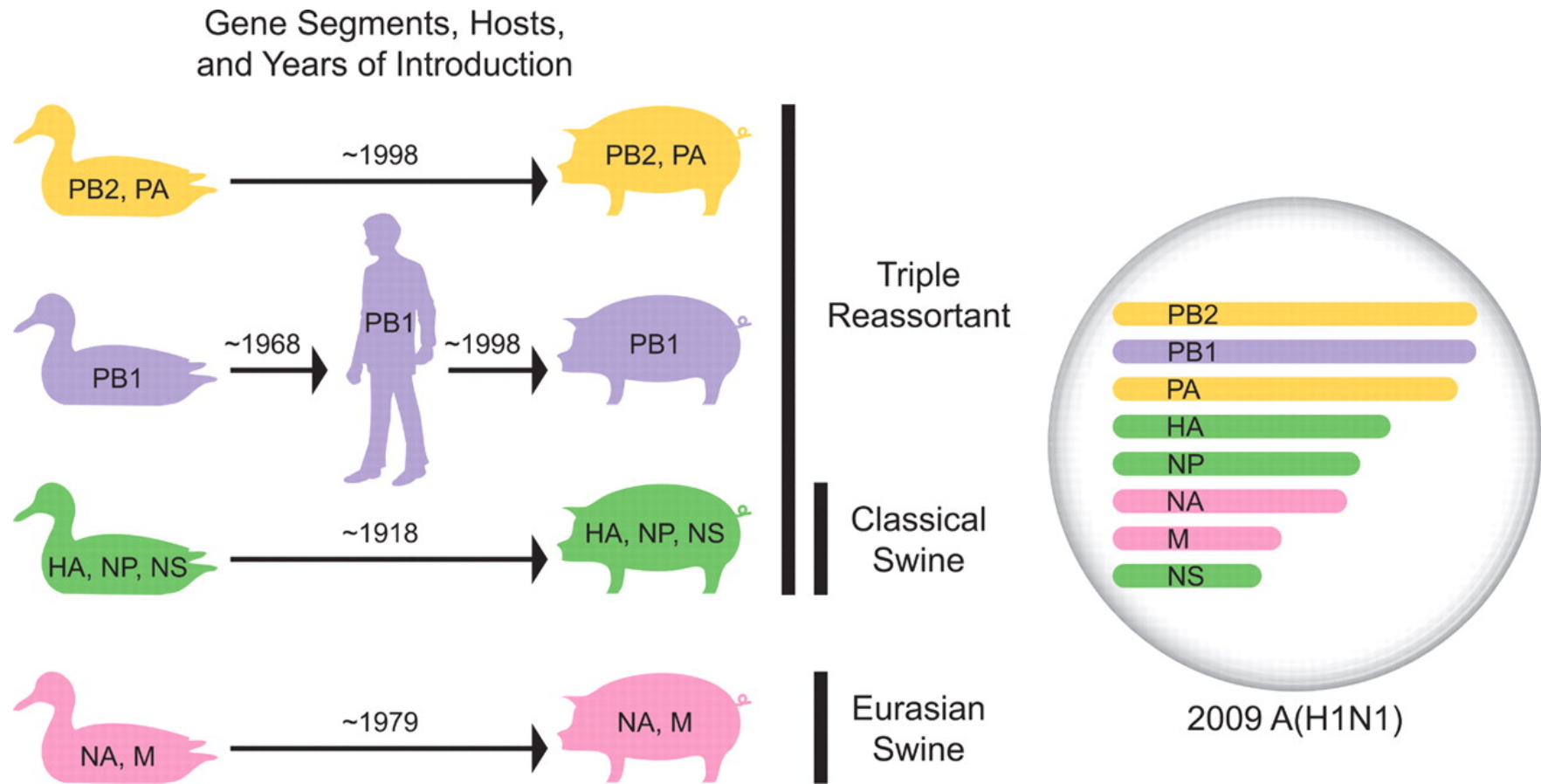
- To track pathogens and outbreaks
- To identify factors important for disease
- To tailor treatment
- To understand evolution

# Two Examples:

- The 2009 H1N1 influenza pandemic
- The PMEN-1 lineage of *Streptococcus pneumoniae*

- The 2009 H1N1 influenza pandemic
- Tracking bacterial spread and evolution

# In April 2009, virological surveillance triggered a pandemic



# Genetic data was shared in days



NCBI

## Influenza Virus Resource

Information, Search and Analysis



HOME SEARCH SITE MAP
Flu home Database Genome Set Alignment Tree BLAST Annotation FTP Help Contact us

**Influenza Virus Resource** presents data obtained from the NIAID Influenza Genome Sequencing Project as well as from GenBank, combined with tools for flu sequence analysis and annotation. In addition, it provides links to other resources that contain flu sequences, publications and general information about flu viruses.

Read more about: [This resource](#) | [Flu database](#) | [NIAID Influenza Sequencing Project](#) | [Influenza virus biology](#)

- NCBI
- Growth of flu sequences
- GenBank sequences from the NIAID Project
- Assembly Archive
- Trace Archive
- NIAID data releasing status
- RefSeq genomes
- RefSeq proteins
- Protein Structures
- Flu resources
- NIAID Project
- JCVI Flu
- CDC Flu
- Vaccine Selection
- WHO Flu
- NCBI Viruses

### GenBank sequences from 2009 H1N1 influenza outbreak

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**The following 2009 H1N1 influenza virus sequences were submitted to NCBI and are available in GenBank:**

*June 19, 2009, 8 submitted by University of Padova, Italy; 9 by National Institute for Health and Welfare, Finland; 1 by Laboratory, Biogentec, Sector La Vara S/N, Chile; 10 by National Institute of Infectious Diseases, Japan:*

	PB2	PB1	PA	HA	NP	NA	MP	NS
<b>Influenza A virus</b> (A/Finland/554/2009(H1N1))				GQ283488	GQ283491	GQ283487	GQ283490	GQ283489
<b>Influenza A virus</b> (A/Finland/555/2009(H1N1))				GQ283493		GQ283492	GQ283495	GQ283494
<b>Influenza A virus</b> (A/Italy/49/2009(H1N1))	GQ283485	GQ283486	GQ283483	GQ283484	GQ283482	GQ283481	GQ283480	GQ283479
<b>Influenza A virus</b> (A/Castro/TXP/2009(H1N1))				GQ286175				

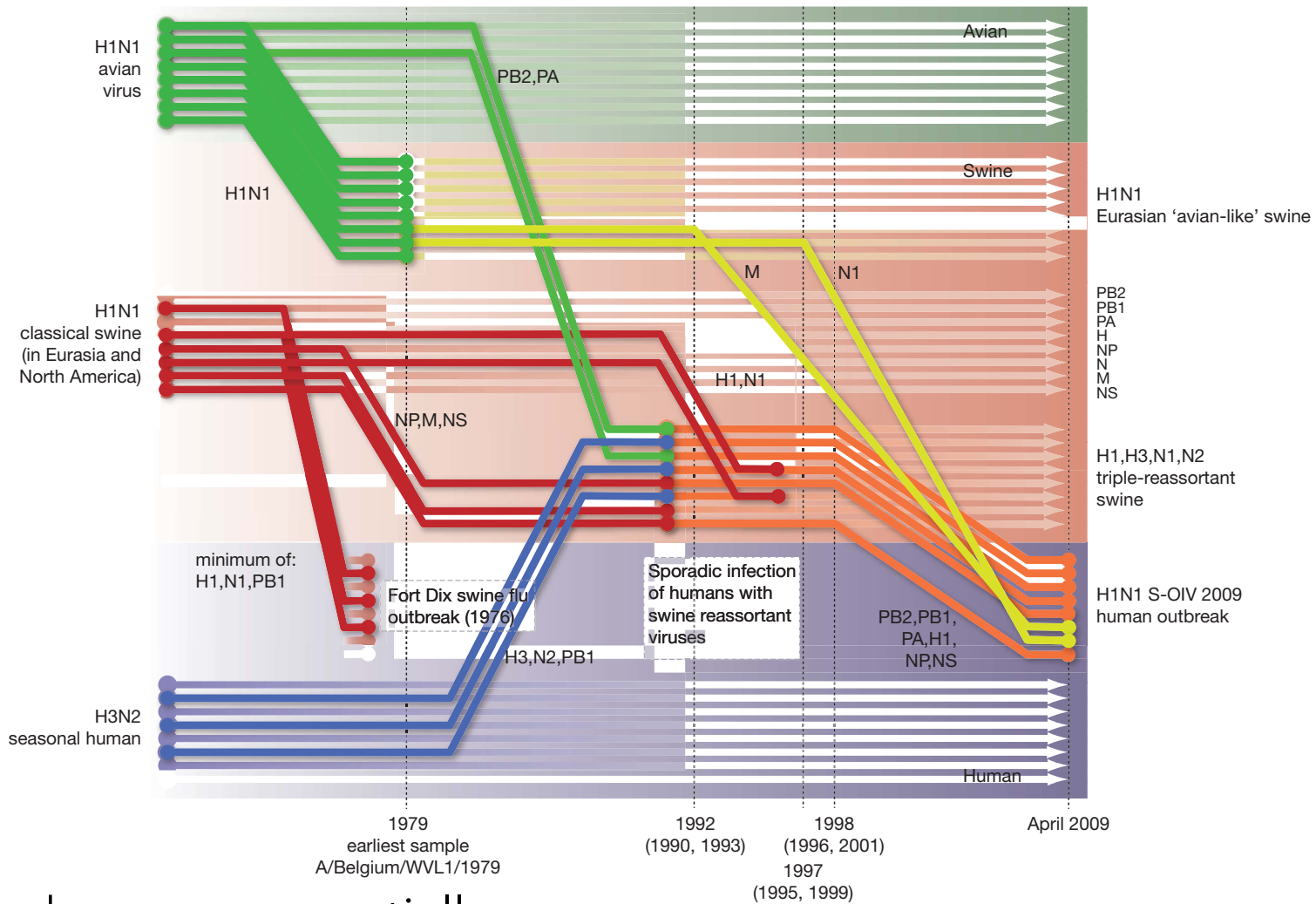
H1N1 Flu Info

- U.S. Info >
- Things You Can Do >
- Plan & Prepare >
- International Info >

[HHS.gov](#)    [CDC.gov](#)  
[Add This To Your Web Site!](#)



# Genomics revealed a complex evolutionary history



Still includes some essentially human-adapted core genes

Gavin Smith et al, Nature 2009 & 2010

**Influenza Virus Resource**  
Information, Search and Analysis

Home | Search | The Flu | Flu home | Database | Genome Set | Alignment | Tree | BLAST | Annotation | FTP | Help | Contact us

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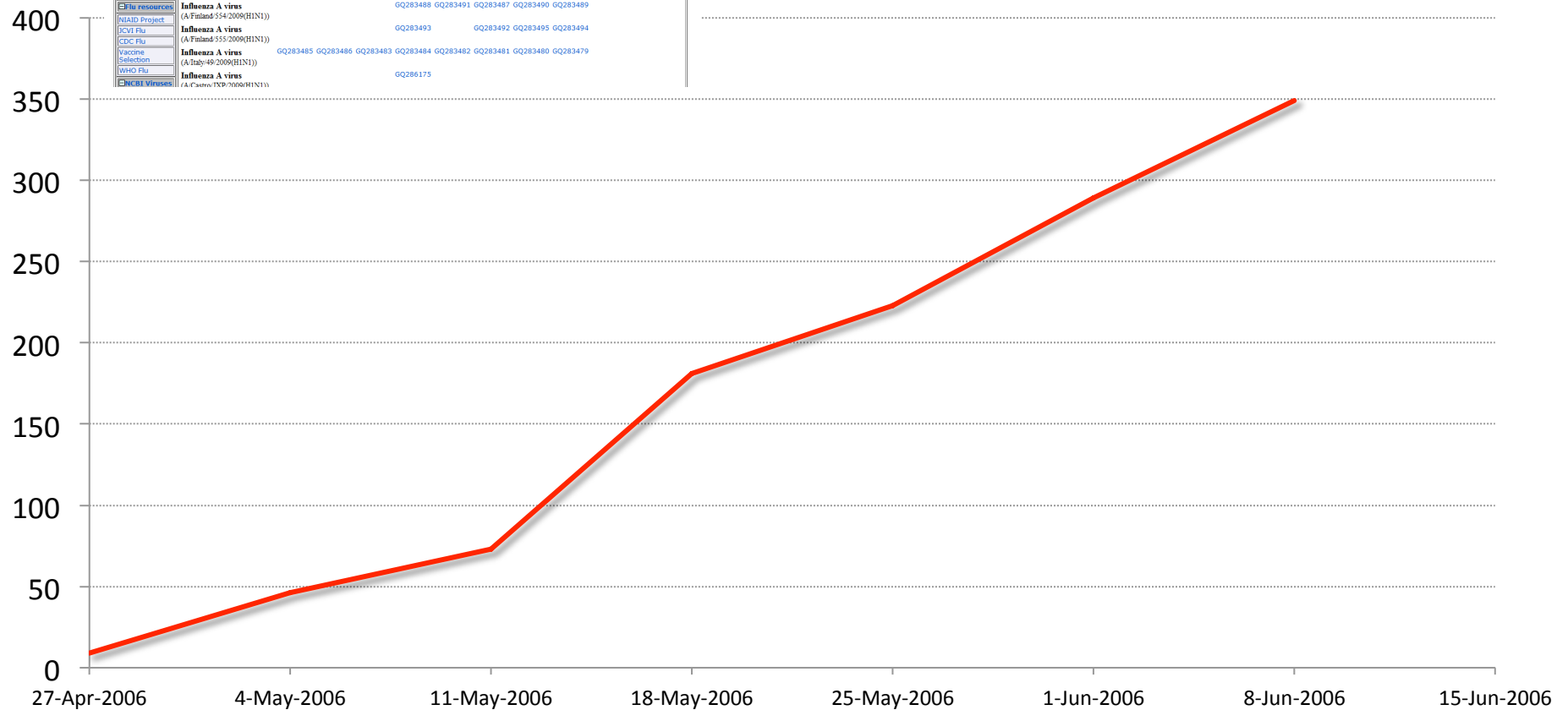
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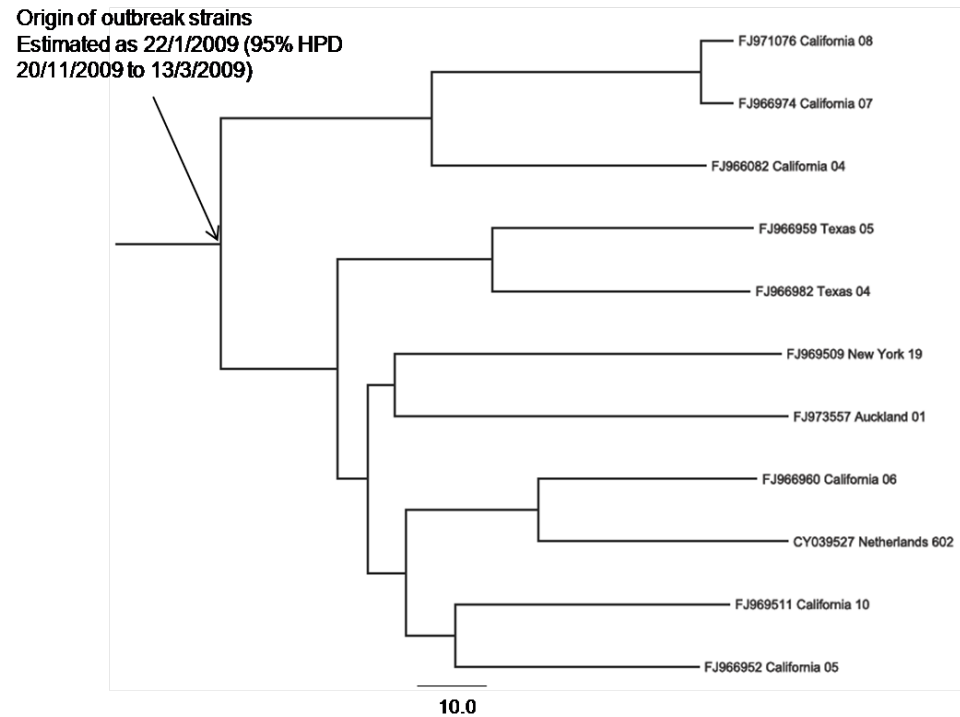
	PB2	PB1	PA	HA	NP	NA	MP	NS
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<b>Influenza A virus</b> (A/Chile/7297/2009(H1N1))				GQ286175				

Number of full length HA sequences:



Currently over 2,600 full length HA sequences (for H1N1pdm virus)

# Earliest H1N1pdm trees (4 May)

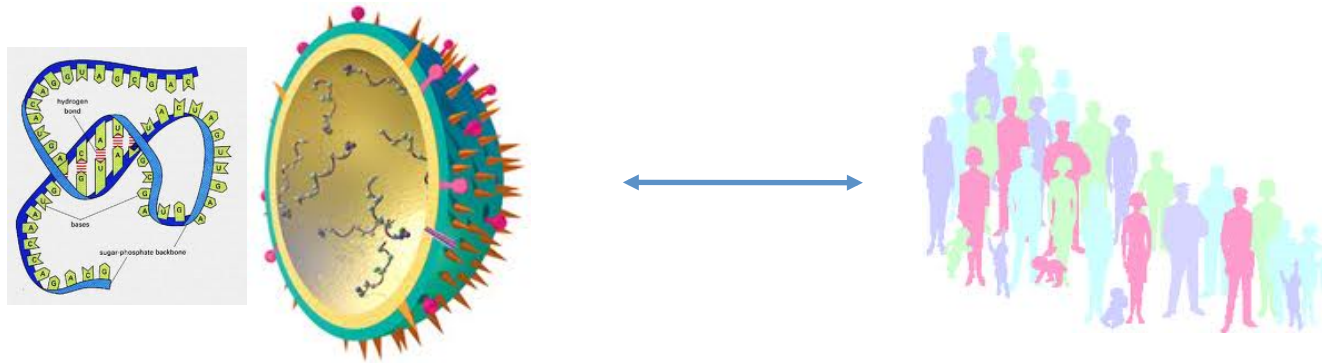


We can already tell from tree structure that the epidemic wasn't growing very fast...

# Molecular epidemiology to detect local transmission (EpiInfo)



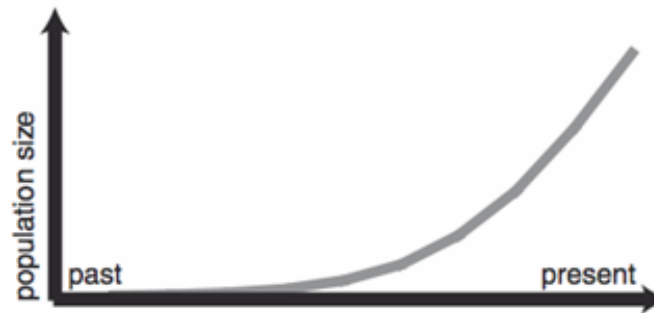
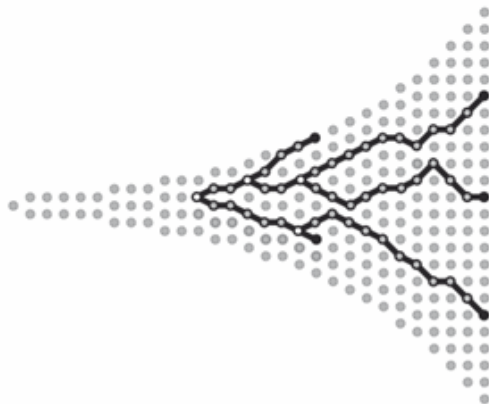
# PHYLODYNAMICS:



## BEAST (Bayesian Evolutionary Analysis Sampling Trees)

aaaagcaaca aaaatgaagg caactactagt agttctgcta  
tgcagacaca ttatgtatag gttatcatgc gaacaattcat  
actagaaaag aatgtaacag taacacactc tgtaacctt  
gaaactatgc aaactaagag gggtagcccc attgcattg  
ctggatcctg ggaaatccag agtgtgaatc acttcacaca  
tgtggaaca tctagtccag acaatggaac gtgtaccaca

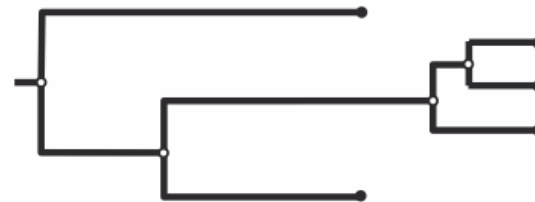
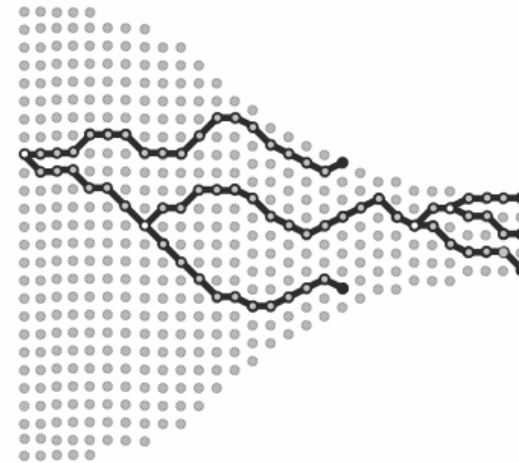
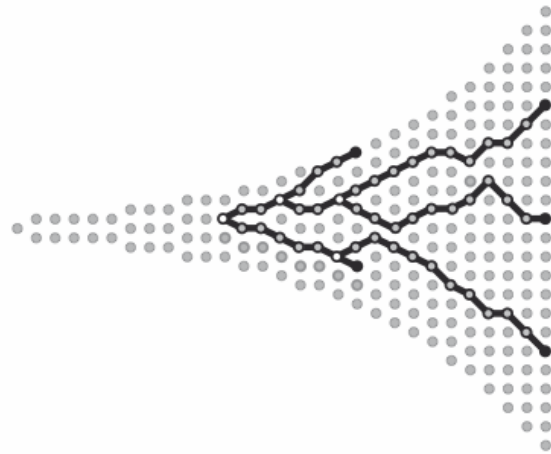
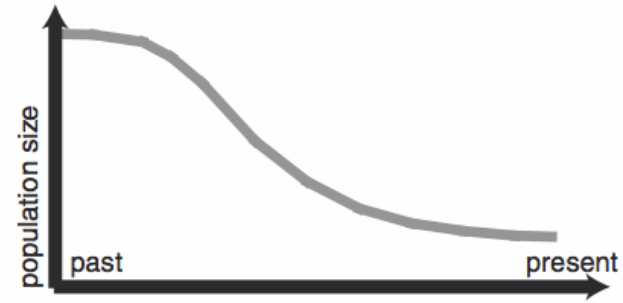
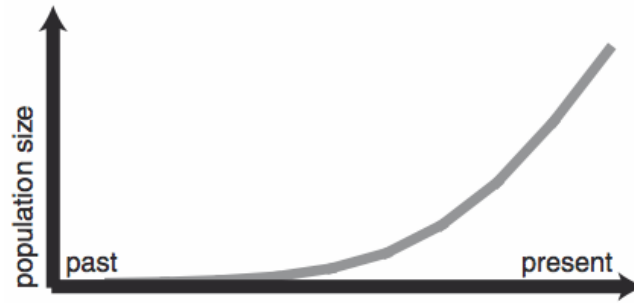
+



Bayesian  
Skyline  
Plot

BSP

# The coalescent with variable population size



# The coalescent

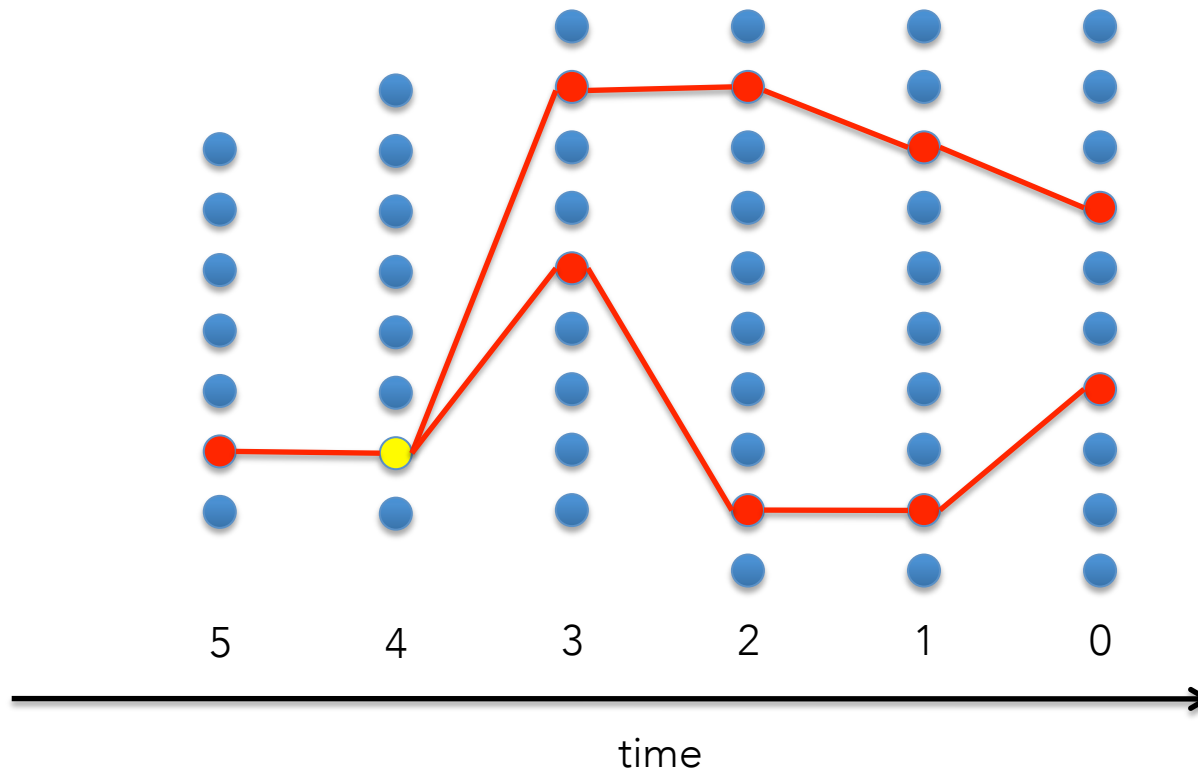
Consider 2 infected people **randomly chosen** from  $N_t$  total infected people



# The coalescent

Probability they shared a common ancestor time T ago is

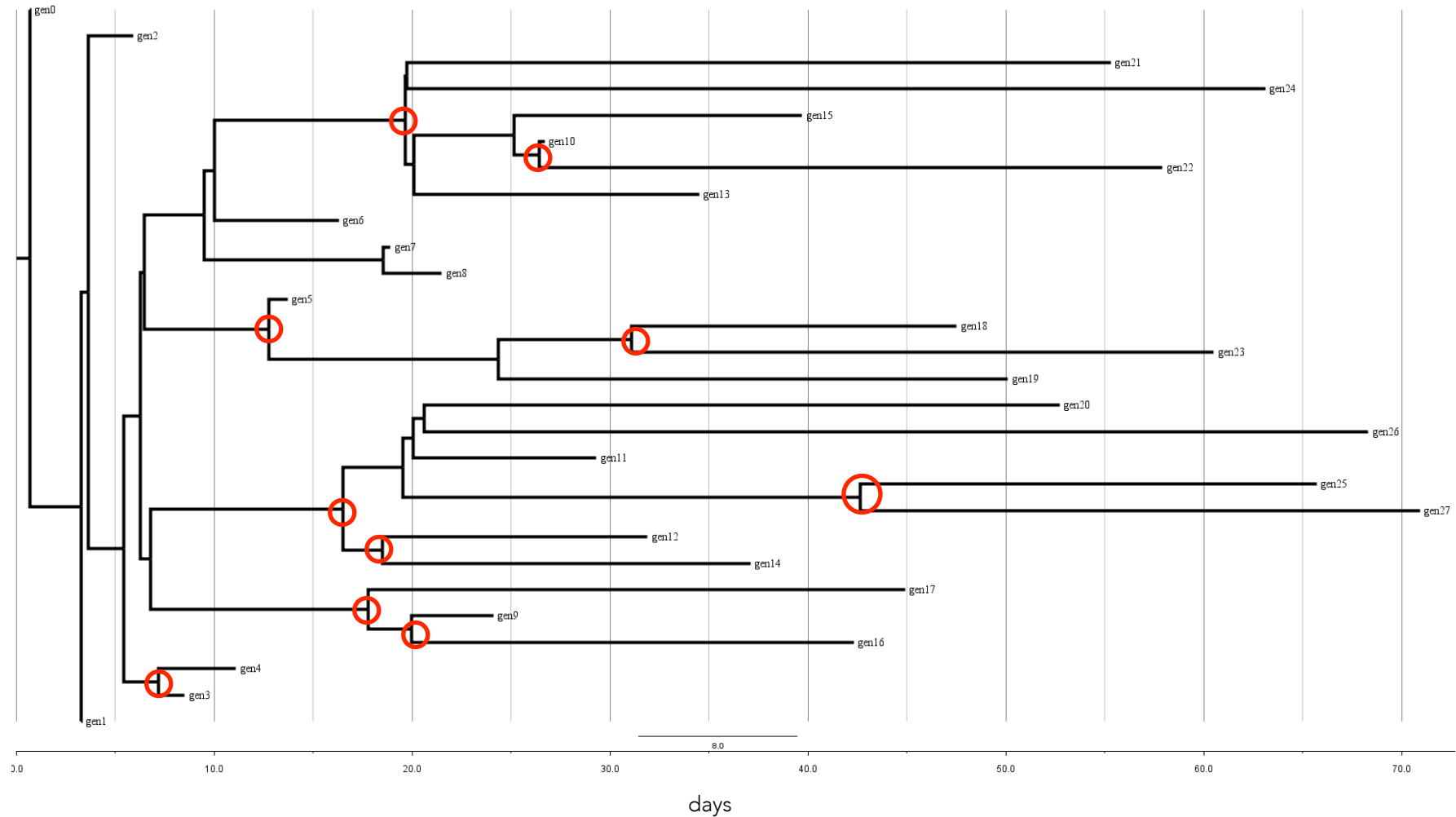
$$\frac{1}{N_T} \prod_{x=1}^{(T-1)} \left( 1 - \frac{1}{N_x} \right)$$



Time is measured in generations of infection



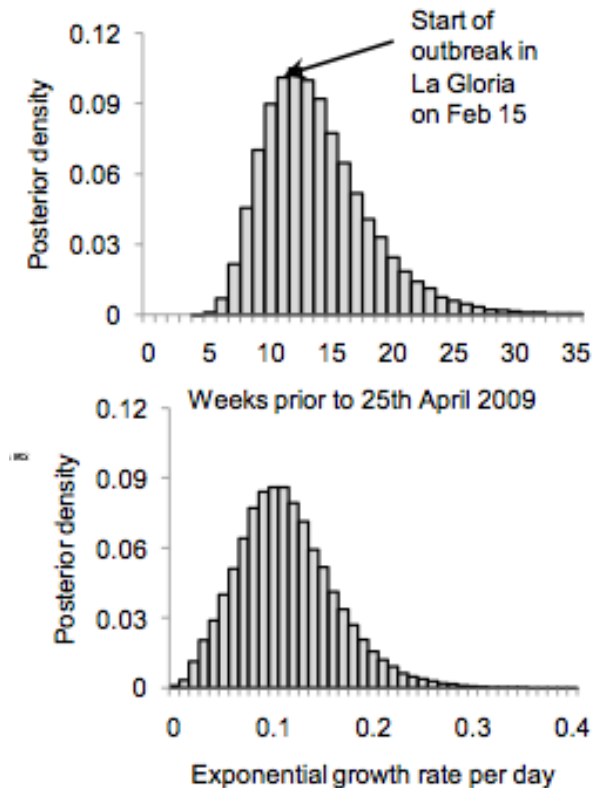
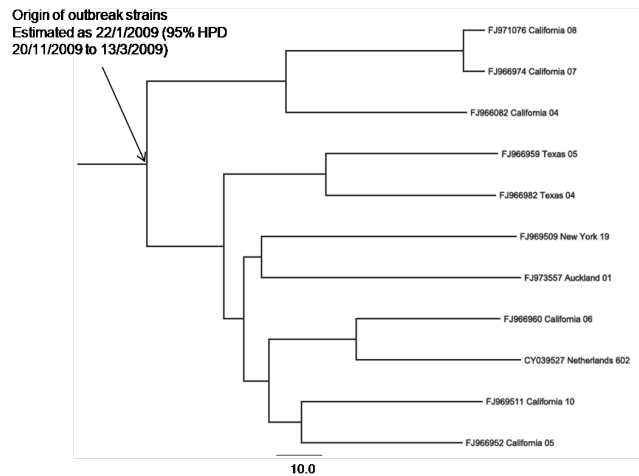
The coalescent can thus be used to reconstruct the number infected from a phylogeny...



○ coalescent events

...provided a suitable model is used to relate mutations to time (*molecular clock model*)

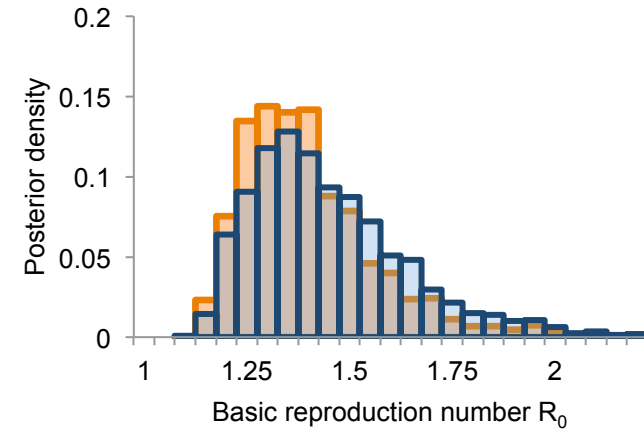
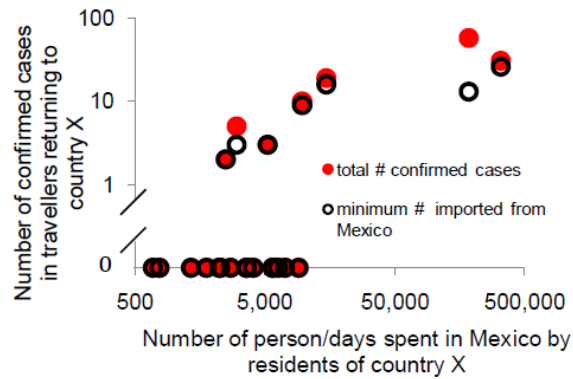
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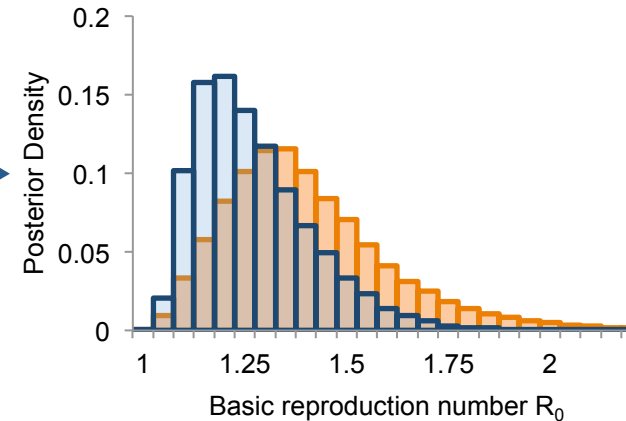
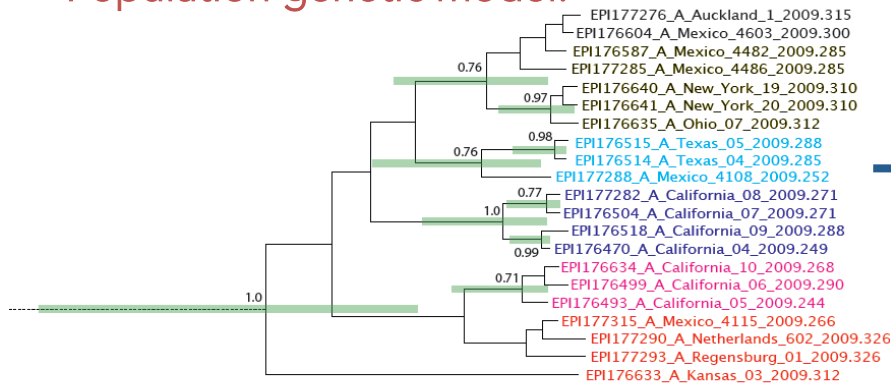
Can already tell that the epidemic wasn't growing very fast  
Based on assuming exponential growth: strong assumptions → robust estimates

# 9 May: Updated trees

## Epidemiological model:

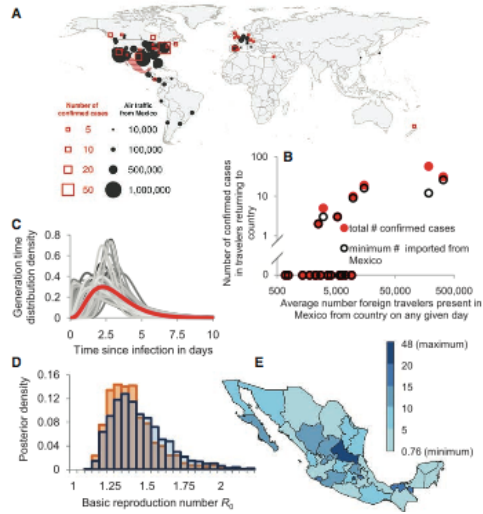


## Population genetic model:

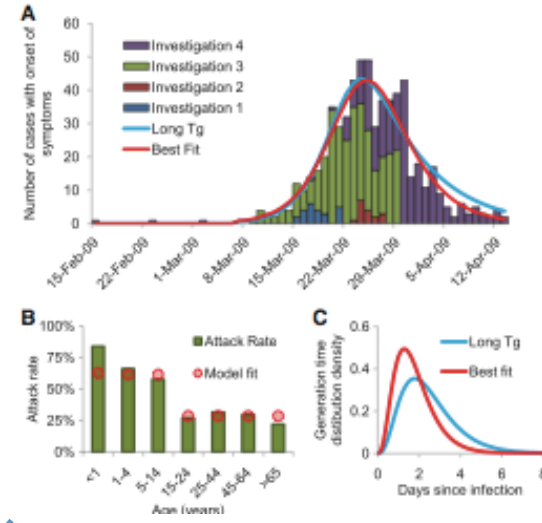


Orange – first iteration

Blue – updated – more effort to obtain 'random' unlinked sample

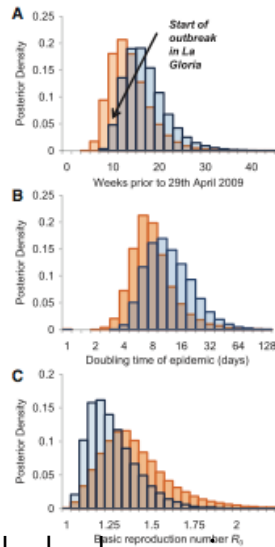


Back-calculation

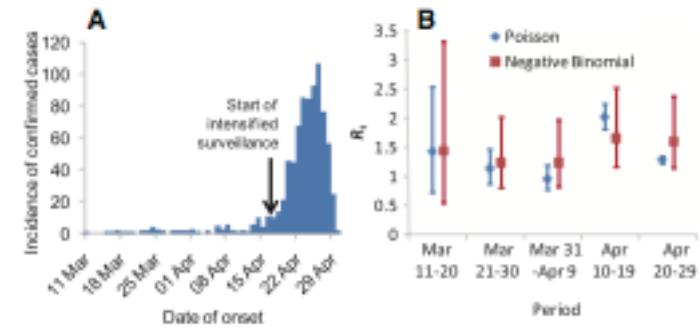


Outbreak investigation

Effective reproduction number



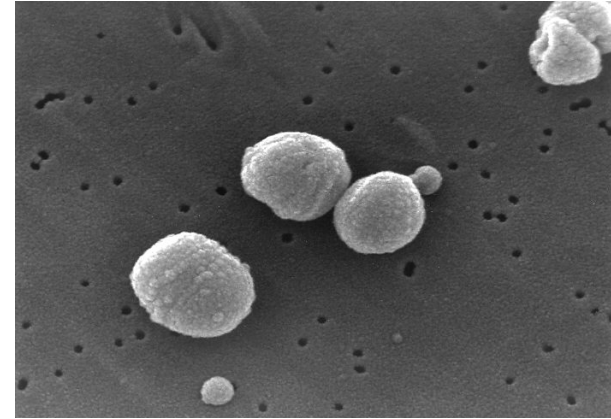
Phylodynamics



Time-series analysis

- The 2009 H1N1 influenza pandemic
- Tracking bacterial spread and evolution

# Streptococcus pneumoniae

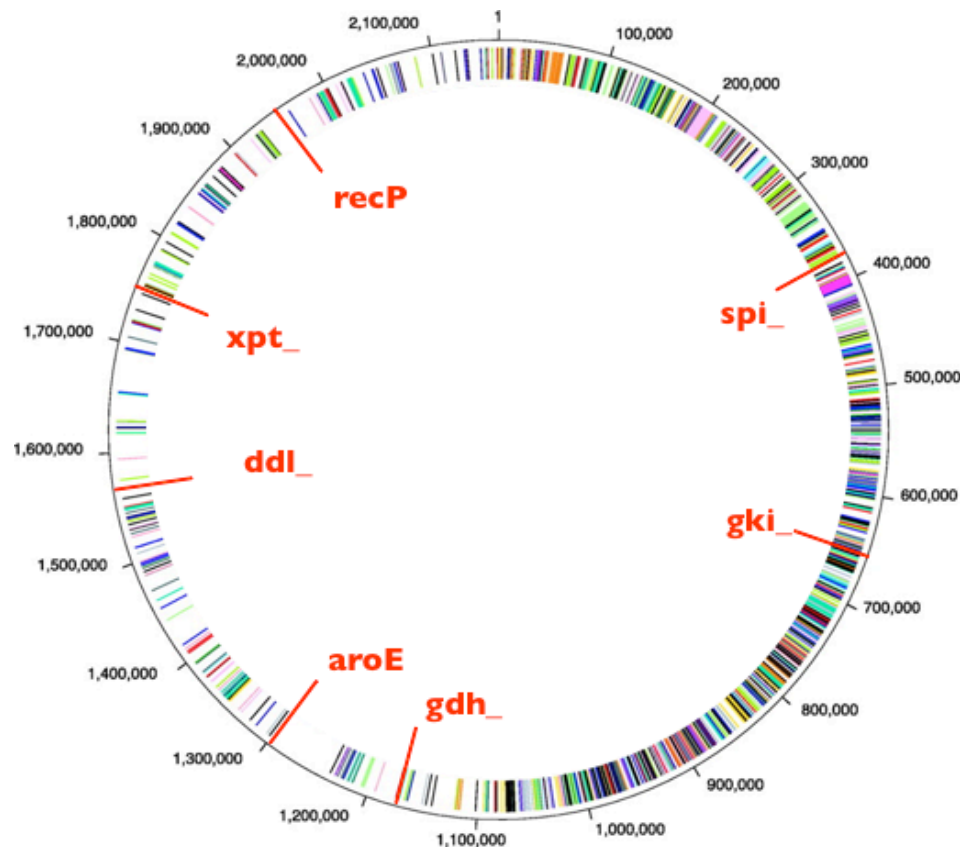


- Gram +ve, commonly carried.
- Near ubiquitous in children.
- Causes otitis, pneumonia, invasive disease, meningitis, ....
- Causes 10% of all paediatric mortality.
- Diverse patterns of virulence and resistance.
- Antigenically diverse (92 serotypes).
- 7- and 13-valent vaccines now available.
- Naturally competent – recombinogenic.

# Vaccine-caused Serotype Replacement

- Serotype replacement was complete in US in <10 years (Hanage et al, Epidemics 2009).
- Disease levels decreased approx 2/3 in US, but very little decline in the UK (HPA UK).
- Huge ecological perturbation, with unknown effect on antibiotic resistance and virulence factors
- What are implications for global roll-out?

# Probing the core genome with Multi-Locus Sequence Typing (MLST)



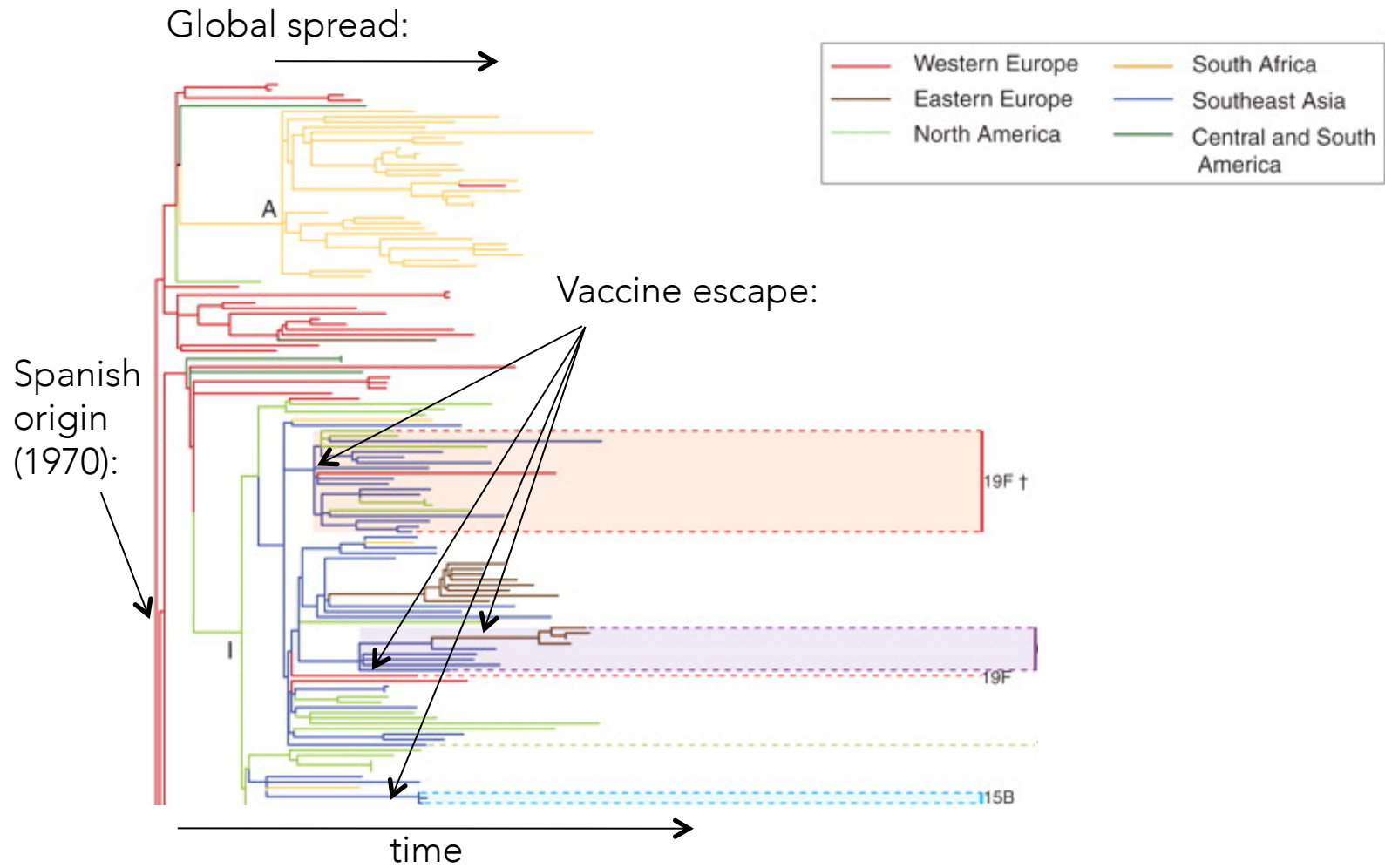
*Now cheaper to sequence all 2,150,000 base pairs (whole genome with next generation sequencing) than 3,500 base pairs (MLST with capillary sequences).*



# A population genomic analysis

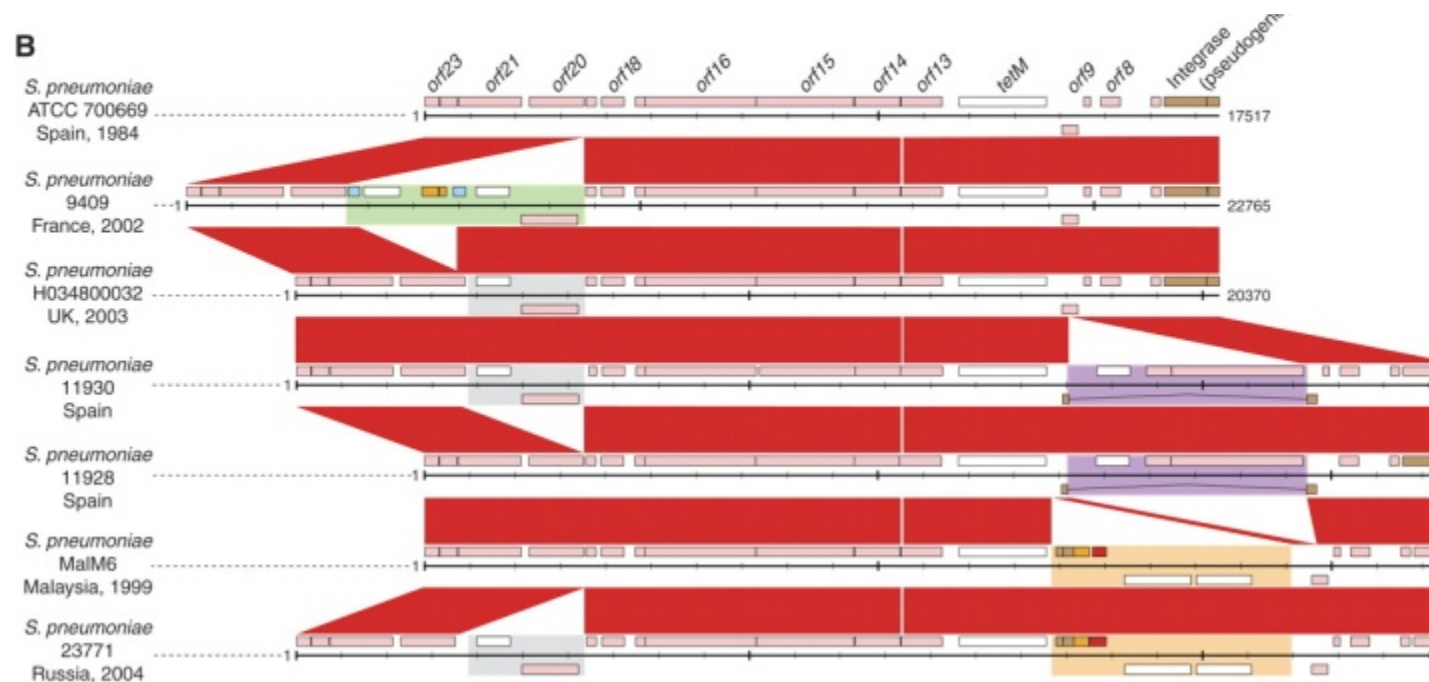
- Focus on PMEN-1 lineage:
  - Earliest recognised multi-drug resistant lineage of *Streptococcus pneumoniae* (penicillin, chloramphenicol, tetracycline, occasionally: fluoroquinolones & rifampicin, ...)
  - Predominantly serotype 23F/ST81
  - Caused 40% of invasive disease in USA in 1990s
  - Member of the highly mosaic cluster (*based on BAPS/MLST analysis*)
- Full genomes from 241 isolates

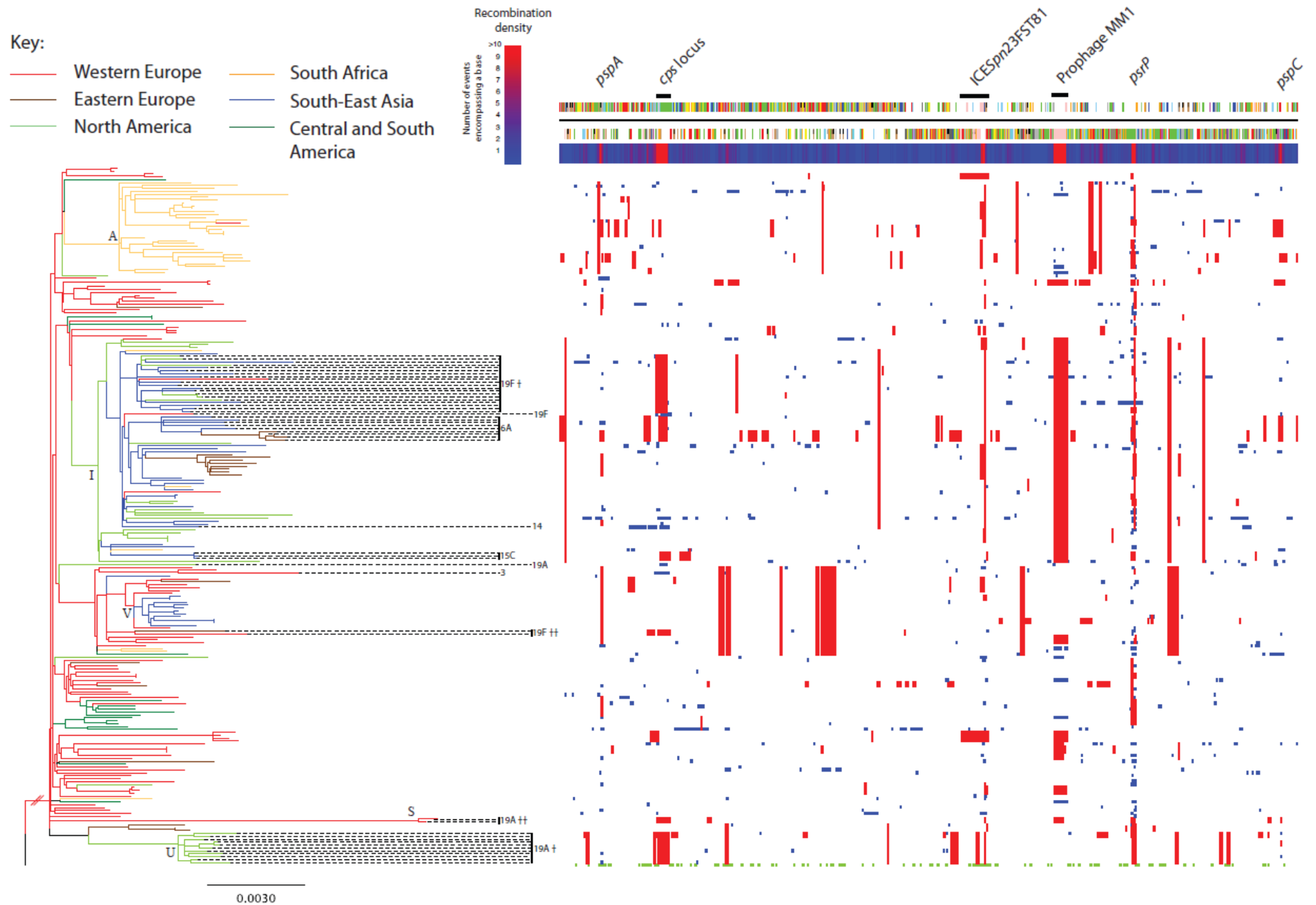
# Rapid Pneumococcal Evolution in Response to Clinical Interventions



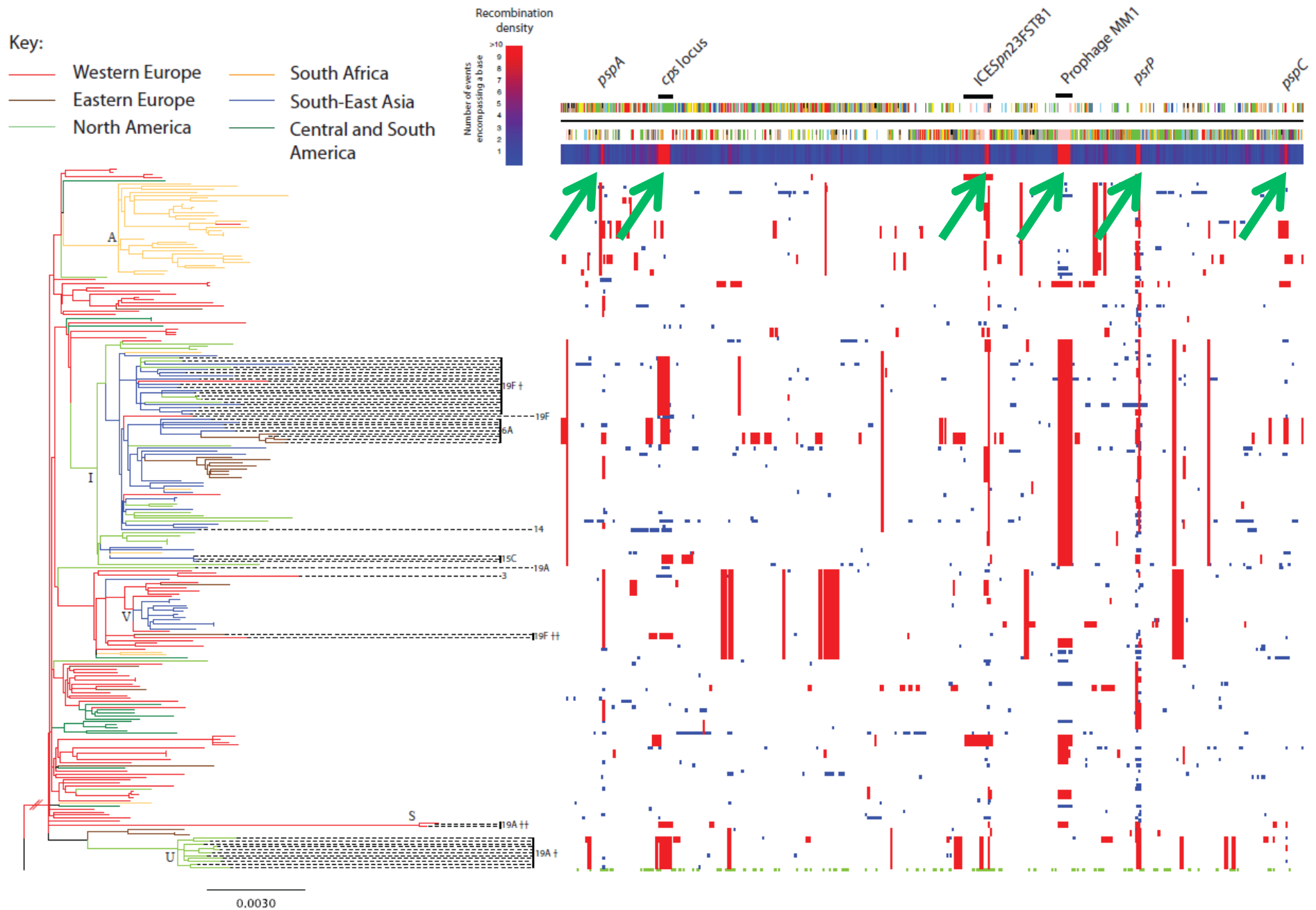
# Multiple acquisition & loss of antibiotic resistance

- Whole lineage is resistant to penicillin, chloramphenicol & tetracycline.
- Fluoroquinolone resistance mutations acquired & lost, seemingly random.
- Macrolide resistance cassettes acquired repeatedly through horizontal gene transfer

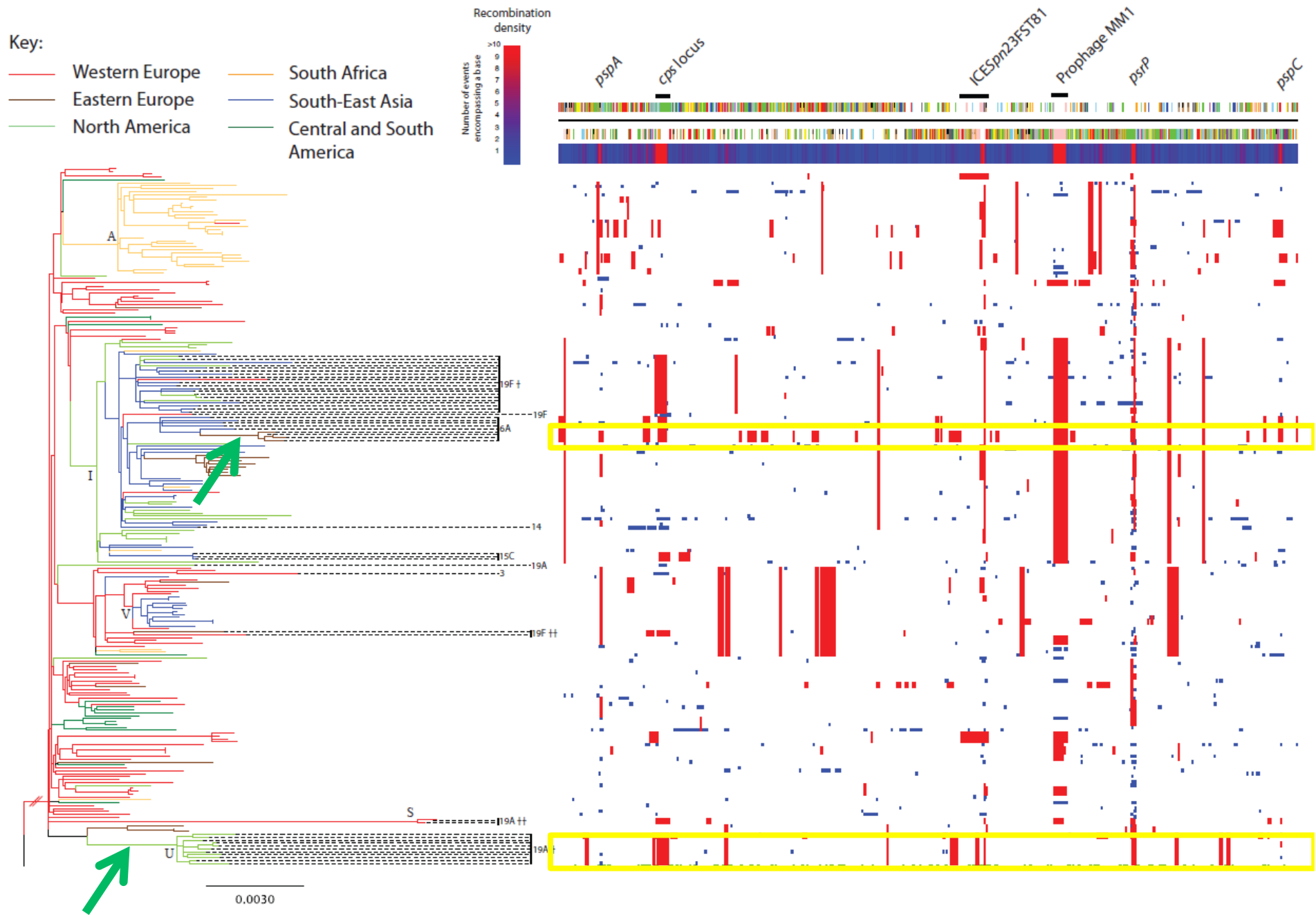


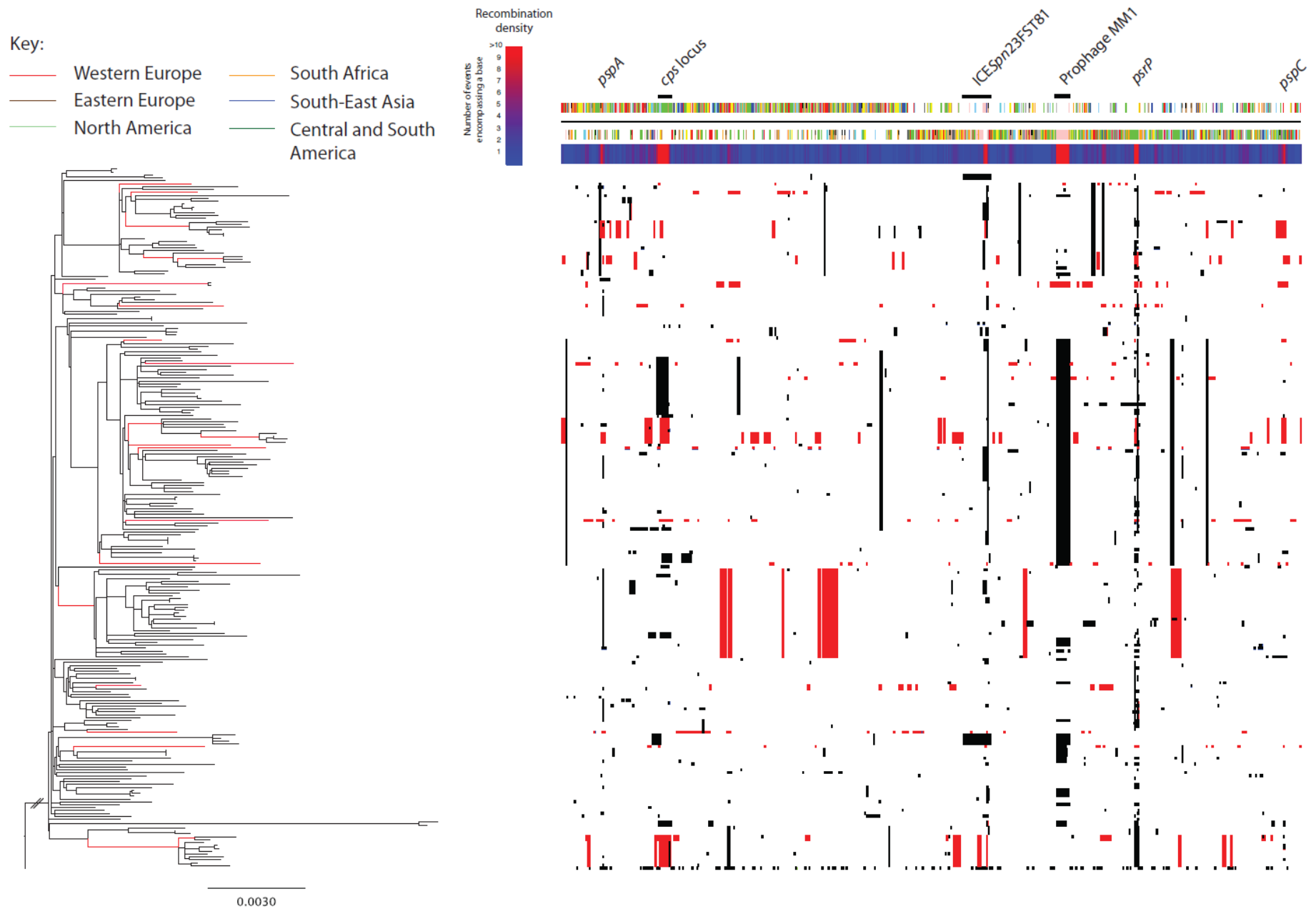


90% of polymorphisms acquired by recombination, covering 75% of genome (identified by SNP density)



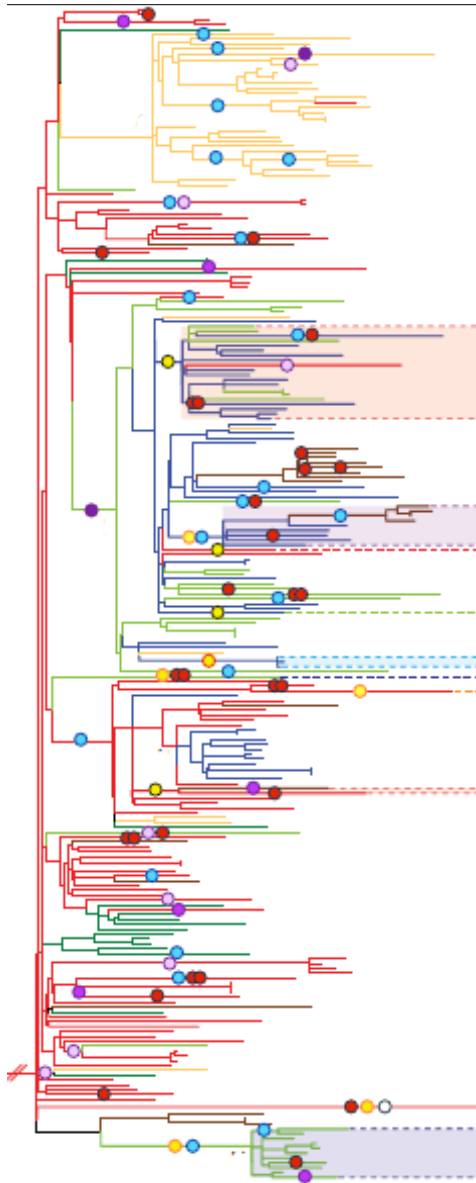
Recombination not uniform along genome, but marked by hotspots





Hyper-recombination accounts for over 50% of polymorphisms – role still unclear

# Phylogeny reveals a rich adaptive history



*Blue: hyper-recombination events*

*Yellow: serotype switches*

*Purple: Acquisition of macrolide resistance cassettes*

*Red: Fluoroquinolone resistance mutations*

*White: Abrogation of competence.*

With whole genome data, we can appreciate that genetic, genomic and selective events all occur concurrently, not in isolation. This will require new theory.



## Summary

- PMEN-1 lineage defined by acquisition of an accessory multidrug-resistant gene (ICE), and rapid spread since 1970
- Further changes in lineage driven by rapid switching in accessory genome (inc. antibiotic resistance and vaccine escape)
- New understanding of mechanisms of recombination

# Conclusions

- Sequencing is cheap, and will soon be standard.
- Most infections will be 'typed'.
- If nothing else, cheapest & quickest way of determining antibiotic resistance profile.
- Interpretation & analysis will remain challenging.
- Data storage & sharing, and linkage to meta-data will be extremely challenging, but necessary.