

# Superbugs, Emerging Pathogens and the Evolution of Clinical Genomics

David Alexander

OAHPP Research Rounds  
November - 2010

# Superbugs, Emerging Pathogens and the Evolution of Clinical Genomics

The OAHPP and Research at the Public Health Laboratories

DNA Sequencing: From Gels to Genomes

Surveillance: Molecular Epidemiology of Pandemic Influenza A

Testing for Emerging pathogens:

- *Streptococcus pseudopneumoniae*
- *Mycobacterium xenopi*

Pathogen Discovery

- NDM-1-producing Enterobacteria

Future Applications

- Microbiomes and Metagenomics

Summary and Questions

## Infectious Disease in Ontario

### Ontario in the '00s

2000: **'Walkerton' E.coli O157:H7 Outbreak** → 2500 ill, 7 deaths

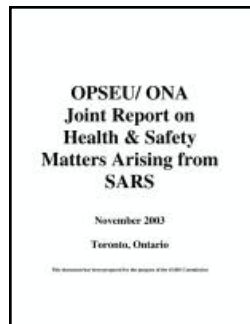
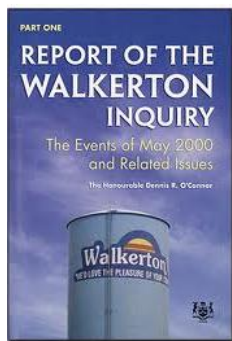
2003: **SARS** → 251 confirmed cases, 44 deaths

2005: **'Seven Oaks' Legionella Outbreak** → 127 cases, 21 deaths

2008: **'Maple Leaf' Listeriosis Outbreak** → 22/38 cases, 9/15 deaths

2009: **Swine Flu/H1N1 Influenza Pandemic** → 7000 confirmed cases, 128 deaths

### These crises exposed cracks in Ontario's Public Health System:



- Funding
- Surveillance
- Testing Capacity
- Public Health Research
- Infection Control
- Communication
- Funding

## Bill 171 and the OAHPP

Owing to the inertia, apathy and the lack of legislative powers conferred on health authorities but little can be said regarding [these deaths] except to again emphasize the great and ever pressing claim made upon municipal and county authorities for some early and active move on their part to make some in the direction of providing help and assistance for those suffering from [infectious disease] in some one or other of its many forms.

**Annual Report of the Ontario Dept of Public Health - 1907**

**Health Systems Improvements Act, 2007 (Bill 171)**



**Ontario Agency for Health Protection and Promotion**

## Bill 171 and the OAHPP

### Bill 171: Schedule K ⇔ Objects of the OAHPP

- (a) to provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians and reduce health inequities;
- (b) to develop, disseminate and advance public health knowledge, best practices, and research in the areas of population health assessment, infectious diseases, health promotion, chronic diseases, injury prevention, and environmental health;
- (d) to develop, collect, use, analyse and disclose data, including population health, surveillance and epidemiological data, across sectors, including human health, environmental, animal, agricultural, education, community and social services and housing sectors, in a manner that informs and enhances healthy public policy
- (e) to undertake, promote and co-ordinate public health research in co-operation with academic and research experts as well as the community;
- (i) to undertake research related to evaluating the modes of transmission of febrile respiratory illnesses and the risk to health workers;

## The OAHPP and Research at the Public Health Laboratories

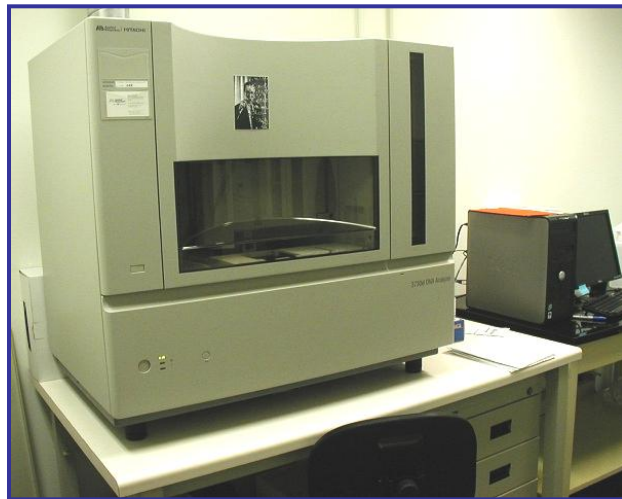
### Advanced Diagnostics and Research Group

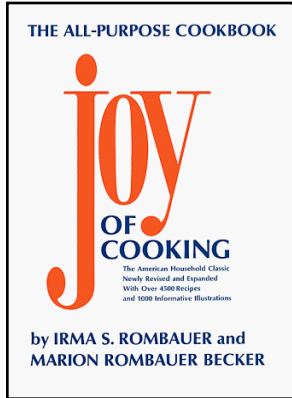
- Revived in 2006 ⇒ 'Molecular Research'
- Current Staffing
  - 5 Medical Microbiologists (MD's with ID training and many responsibilities)
  - 1 Clinical Microbiologist (PhD with ID training)
  - 5 Molecular Microbiologists (PhD trained scientists)
  - 7 Research Technicians (MSc/PhD trained)
  - <10 Student Researchers (undergrad → PhD trained)
- Emphasis is on 'Clinical Research' including
  - 'Knowledge Generation' activities
  - Surveillance and Epidemiology activities
  - Test Development, Evaluation, Validation
  - Clinical Testing
- Diverse areas of study ⇒ Virology, Bacteriology, Mycology, Parasitology, Genomics!

## That was then...



## DNA Core Lab



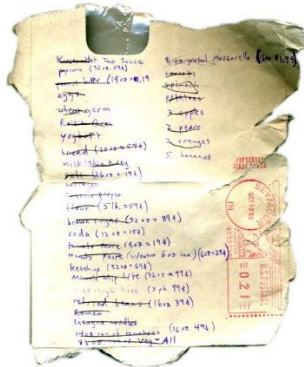


## Genomics 101

⇒ **Cookbook:** Recipes *plus* Cooking Tips, Menus, Food History...  
Durable (but can accumulate stains, changes over time)

### Genomics ⇒ DNA

The collection of hereditary data in an organism  
Durable data storage (stable - but not static)



⇒ **Shopping List:** Essential Recipe Information  
Temporary (destroyed in pockets/purse)

### Transcriptomics ⇒ RNA

Temporary data storage



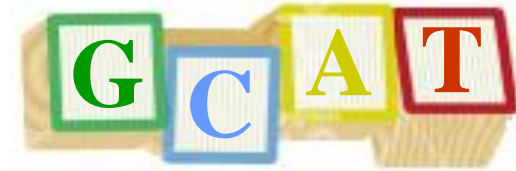
⇒ **Food:** End Product of the Recipe - NOT paper and text

### Proteomics ⇒ Protein

Antigens and Enzymes

## DNA Sequencing

DNA ⇒ Information Storage Medium



Sequencing ⇒ Collect, Read and Use Information

**Identification:** What is the title of the cookbook?

⇒ 16S rRNA gene sequencing for identification of bacterial species

**Classification:** What kind of recipes are in the cookbook?

⇒ multilocus sequence analysis for 'genotyping' bacterial strains

**Comparison:** How does this cookbook compare to my other cookbooks?

**Are the ingredients and recipes similar or different?**

⇒ SNP detection = look for 'typos' in the cookbook

⇒ In/Del detection = look for recipes that have been inserted/deleted

## DNA Sequencing: From Gels to Genomes

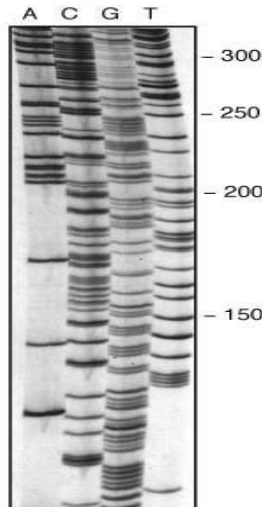
### DNA Sequencing: 1975

**Allan Maxam** and **Walter Gilbert** → 'chemical sequencing'

**Frederick Sanger** → 'chain terminator/dideoxy sequencing'

- Technically demanding → radiolabelled nucleotides, large sequencing plates
- Slow → few hundred bases/run (if you're really good!)
- Expensive → \$1/base

*but* Sanger did complete the first DNA genome sequence: phiX174 (5386 bases)



## DNA Sequencing: From Gels to Genomes

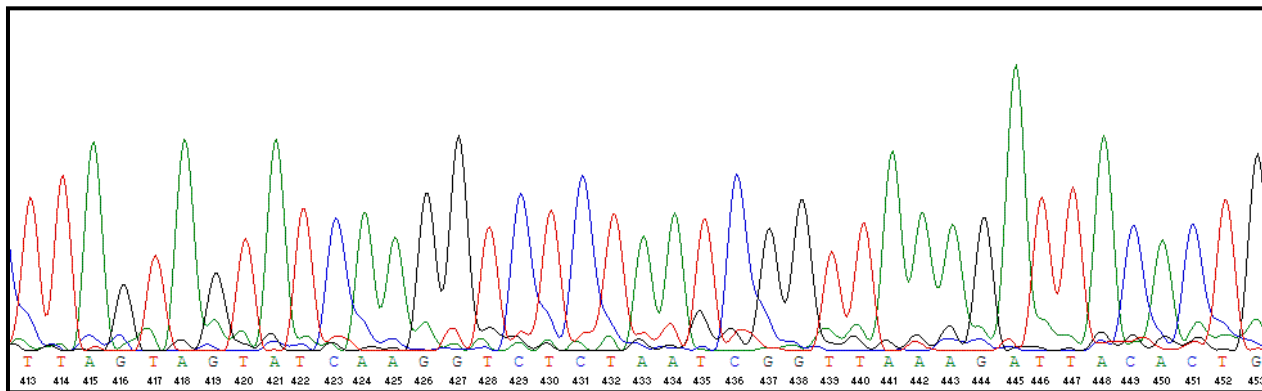
### Automated Capillary Electrophoresis: 1985 - present

Modified version of Sanger sequencing → uses fluorescent ddNTPs: **Not Radioactive!**

First automated sequencer developed by **Leroy Hood** (1986)

First commercial sequencer: Applied Biosystems ABI 370 (1987)

- Technically simple → sequencing kits!
- Rapid → 500+ bases/sample and up to 384 samples/run
- Inexpensive → less than \$0.01/base



## DNA Sequencing: From Gels to Genomes

### Next-Generation Sequencing: 2005 - present

**Illumina** (Solexa) and **SOLiD** sequencing: 'short read' technologies

**Roche/454**: 'long read' pyrosequencing

- Technically demanding and labour intensive → 3 days prep work/run
- Massive Throughput → 400,000,000+ bases/run
- Very Inexpensive → less than \$0.00002/base

**Bioinformatics is the bottleneck!**



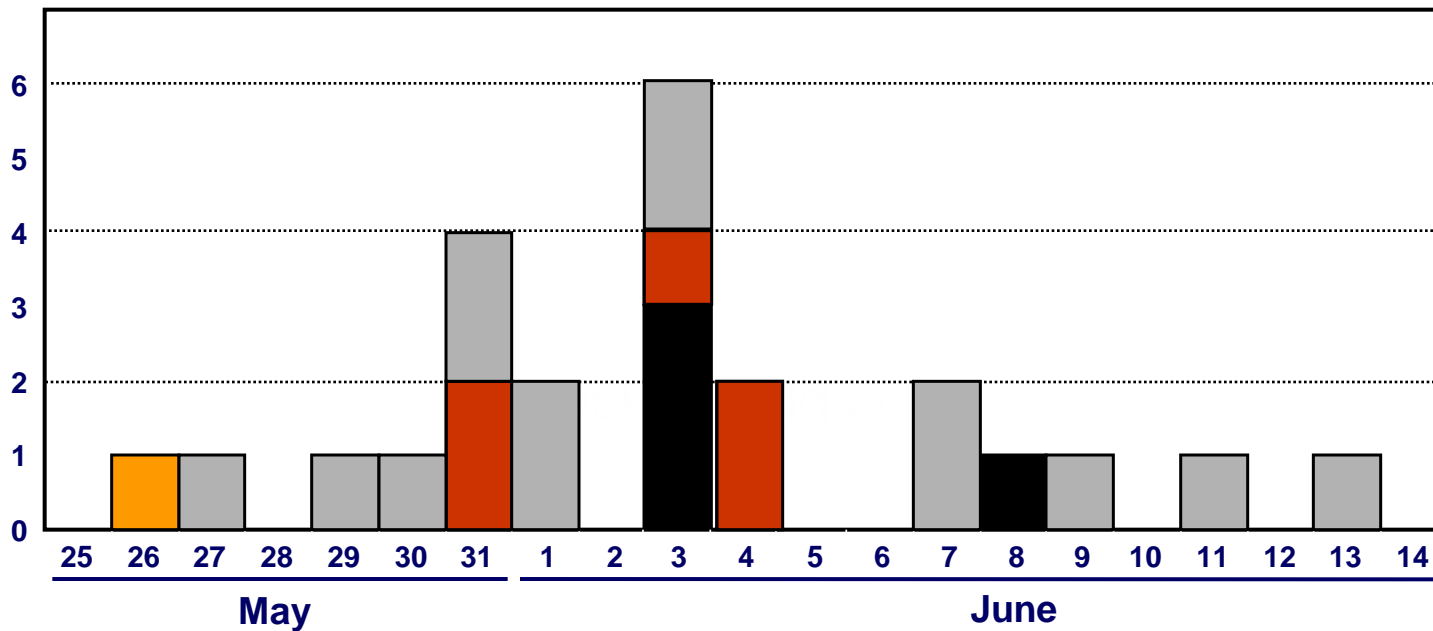
## The First 25 Genomes: 1995 - 2000

ORGANISM	JOURNAL	DATE
<i>Haemophilus influenzae</i> Rd (KW20)	Science 269,496-512	1995-07-28
<i>Mycoplasma genitalium</i> G-37	Science 270,397-403	1995-10-20
<i>Methanocaldococcus jannaschii</i> DSM 2661	Science 273,1058-1073	1996-09-28
<i>Mycoplasma pneumoniae</i> M129	Nucleic Acids Research 24, 4420-4449	1996-11-15
<i>Saccharomyces cerevisiae</i> S288C	Nature 387,5-105	1997-05-29
<i>Helicobacter pylori</i> 26695	Nature 388,539-547	1997-08-07
<i>Escherichia coli</i> K-12, MG1655	Science 277,1453-1474	1997-09-05
<i>Methanothermobacter thermoautotrophicus</i>	J Bacteriology 179,7135-7155	1997-11-10
<i>Bacillus subtilis subtilis</i> 168	Nature 390,249-256	1997-11-20
<i>Archaeoglobus fulgidus</i> VC-16	Nature 390,364-370	1997-11-27
<i>Borrelia burgdorferi</i> B31	Nature 390,580-586	1997-12-11
<i>Aquifex aeolicus</i> VF5	Nature 392,353-358	1998-03-26
<i>Pyrococcus horikoshii</i> OT3	DNA Research 5,55-76	1998-04-30
<i>Mycobacterium tuberculosis</i> H37Rv	Nature 393,537-544	1998-06-11
<i>Treponema pallidum pallidum</i> Nichols	Science 281,375-388	1998-07-17
<i>Chlamydia trachomatis</i> D/UW-3/CX (sv D)	Science 282,754-759	1998-10-23
<i>Rickettsia prowazekii</i> Madrid E	Nature 396,133-140	1998-11-12
<i>Caenorhabditis elegans</i>	Science 282,2012-2018	1998-12-11
<i>Helicobacter pylori</i> J99	Nature 397,176-180	1999-01-14
<i>Chlamydomonas reinhardtii</i> CC-125	Nature Genetics 21,385-389	1999-04-10
<i>Aeropyrum pernix</i> K1	DNA Research 6,83-101	1999-04-30
<i>Thermotoga maritima</i> MSB8	Nature 399,323-329	1999-05-27
<i>Deinococcus radiodurans</i> USUHS (R1)	Science 286,1571-1577	1999-11-19
<i>Campylobacter jejuni</i> NCTC 11168	Nature 403,665-668	2000-02-10
<i>Neisseria meningitidis</i> MC58	Science 287,1809-1815	2000-03-10

## The Latest 25 Genomes: August/September 2010

ORGANISM	JOURNAL	DATE
<i>Saccharomyces cerevisiae</i> S288c	Unpublished	2010-09
<i>Ferrimonas balearica</i> PAT, DSM 9799	Unpublished	2010-09-24
<i>Vulcanisaeta distributa</i> IC-017, DSM 14429	Unpublished	2010-09-22
<i>Halomonas elongata</i> DSM 2581	Environmental Microbiology (in press)	2010-09-17
<i>Methanoplanus petrolearius</i> DSM 11571	Unpublished	2010-09-17
<i>Sulfurimonas autotrophica</i> OK10, DSM 16294	Unpublished	2010-09-15
<i>Spirochaeta thermophila</i> DSM 6192	Unpublished	2010-09-10
<i>Dickeya dadantii</i> 3937	Unpublished	2010-09-10
<i>Clostridium cellulovorans</i> 743B, ATCC 35296	J Bacteriology 192, 901-902	2010-09-02
<i>Bacillus subtilis spizizenii</i> W23	Unpublished	2010-08-31
<i>Edwardsiella tarda</i> FL6-60	Unpublished	2010-08-26
<i>Mycoplasma hyorhinis</i> HUB-1	Unpublished	2010-08-23
<i>Candidatus Regiella insecticola</i> LSR1	Environmental Microbiology (in press)	2010-08-19
<i>Helicobacter pylori</i> 908	Unpublished	2010-08-16
<i>Methanothermobacter marburgensis</i> Marburg	Unpublished	2010-08-11
<i>Caldicellulosiruptor obsidiansis</i> OB47	Unpublished	2010-08-11
<i>Butyrivibrio proteoclasticum</i> B316	PLoS ONE 5(8):e11942	2010-08-10
<i>Staphylococcus aureus aureus</i> JKD6159	Unpublished	2010-08-09
<i>Acidilobus saccharovorans</i> 345-15	Appl Environ Microbiology 76, 5652-5657	2010-08-06
<i>Corynebacterium pseudotuberculosis</i> 1002	Unpublished	2010-08-06
<i>Oxalobacteraceae symbiotic bacterium</i> CARI	Unpublished	2010-08-05
<i>Corynebacterium pseudotuberculosis</i> C231	Unpublished	2010-08-05
<i>Acetohalobium arabaticum</i> Z-7288, DSM 5501	SIGS 3(1): 57-65	2010-08-05
<i>Clostridium saccharolyticum</i> WM1, DSM 2544	Unpublished	2010-08-05
<i>Thermosediminibacter oceani</i> DSM 16646	Unpublished	2010-08-05

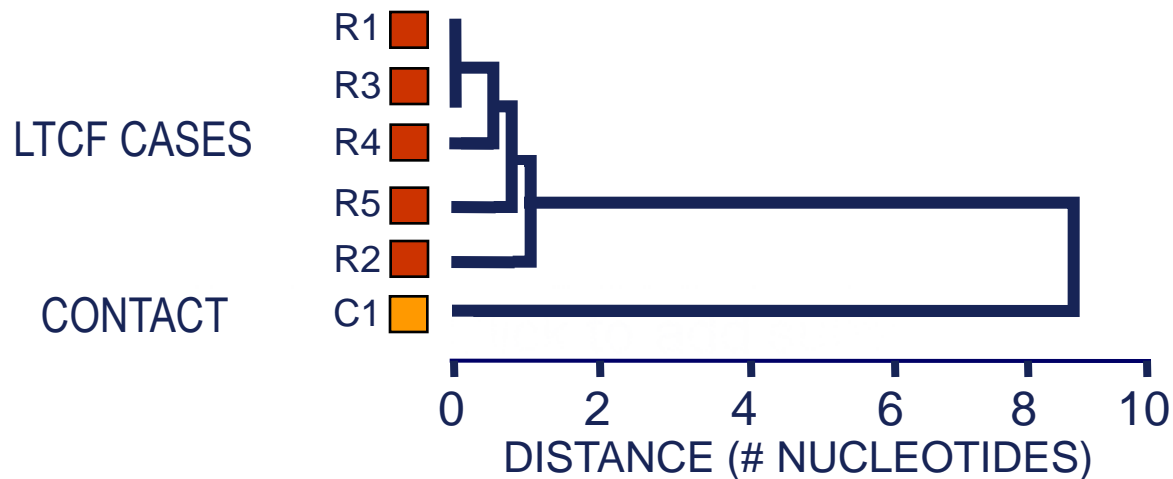
# Molecular Epidemiology of Pandemic Influenza A Respiratory Outbreak Within a Long-Term Care Facility



- RESIDENT (pH1N1-)
- RESIDENT (pH1N1+)
- CONTACT (pH1N1+)
- STAFF (pH1N1 ?? => None Tested !?)

# Molecular Epidemiology of Pandemic Influenza A

## Transmission of pH1N1 Within a Long-Term Care Facility



**Case Identified by Contact Tracing was NOT the source of the outbreak**  
**No Staff or Visitor Data Available for Comparison**

## Evolution of Oseltamivir Resistance

### Multiple pH1N1 Isolates from Single Individual

- Original Isolate = Oseltamivir **Sensitive**
- Intermediate Isolate = Oseltamivir **Resistant**
- Final Isolate = Oseltamivir **Resistant**

### Resistance Due to single nucleotide change in Neuraminidase (NA) gene

**C** ⇒ **T** = **Histidine** ⇒ **Tyrosine (H275Y)**

### But whole genome sequencing also revealed

- Multiple, additional mutations accumulated over time ⇒ May impact **Fitness** and/or **Virulence**
- Intermediate Isolate included mixture of wildtype and mutant viruses

H1N1 Gene	PB2	HA	HA	NA	NA
Original Amino Acid	<b>Ser</b>	<b>Ser</b>	<b>Val</b>	<b>His</b>	<b>Ser</b>
Original Nucleotide	<b>A</b>	<b>T</b>	<b>T</b>	<b>C</b>	<b>G</b>
Intermediate Nucleotide	<b>Mixed</b>	<b>Mixed</b>	<b>Mixed</b>	<b>T</b>	<b>Mixed</b>
Final Nucleotide	<b>G</b>	<b>C</b>	<b>C</b>	<b>T</b>	<b>A</b>
Final Amino Acid	<b>Gly</b>	<b>Pro</b>	<b>Ala</b>	<b>Tyr</b>	<b>Asn</b>

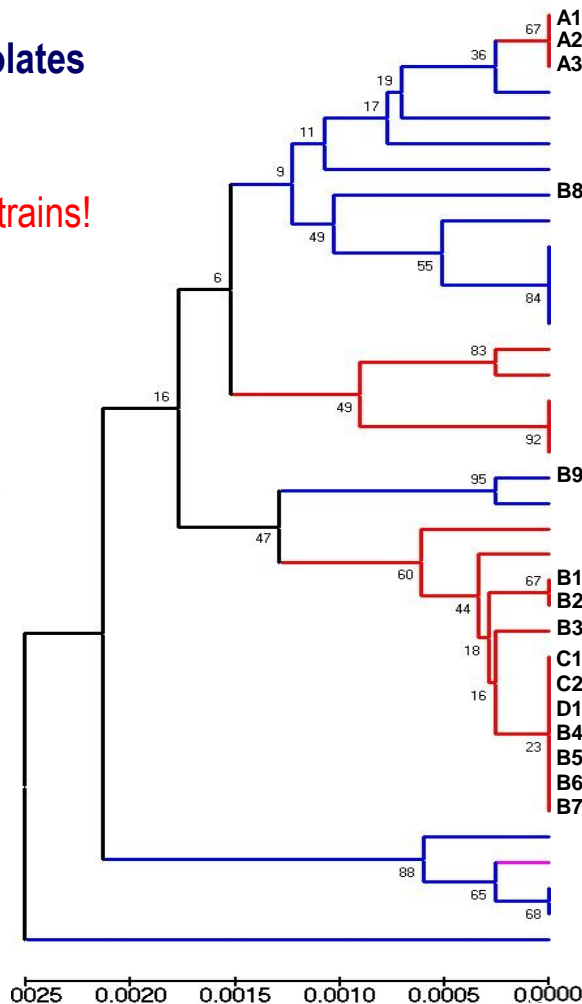
**H275Y**

# Molecular Epidemiology of Pandemic Influenza A

## Whole Genome Sequencing of pH1N1 Isolates

- 35 isolates from Northern Ontario
- Temporal Diversity
  - ⇒ 1<sup>st</sup> Wave and 2<sup>nd</sup> Wave = **Different Strains!**
- Geographic Diversity
  - ⇒ Same Town = **Multiple Strains**
  - ⇒ Different Towns = **Different Strains**
- Tree based on Protein Sequences
- Genetic Diversity > Antigenic Diversity

- 1<sup>st</sup> Wave (April-July 2009)
- 2<sup>nd</sup> Wave (Oct-Nov 2009)
- 2010



**Genetically Identical Cluster**  
All Cases from Same Week and Town A

**Town B: Multiple Cases**  
Different Times = **Different Strains**



**Amino Acid Identity**  
≠  
**Nucleotide Identity**

## Emerging Pathogens: *Streptococcus pseudopneumoniae*

### *S. pseudopneumoniae*

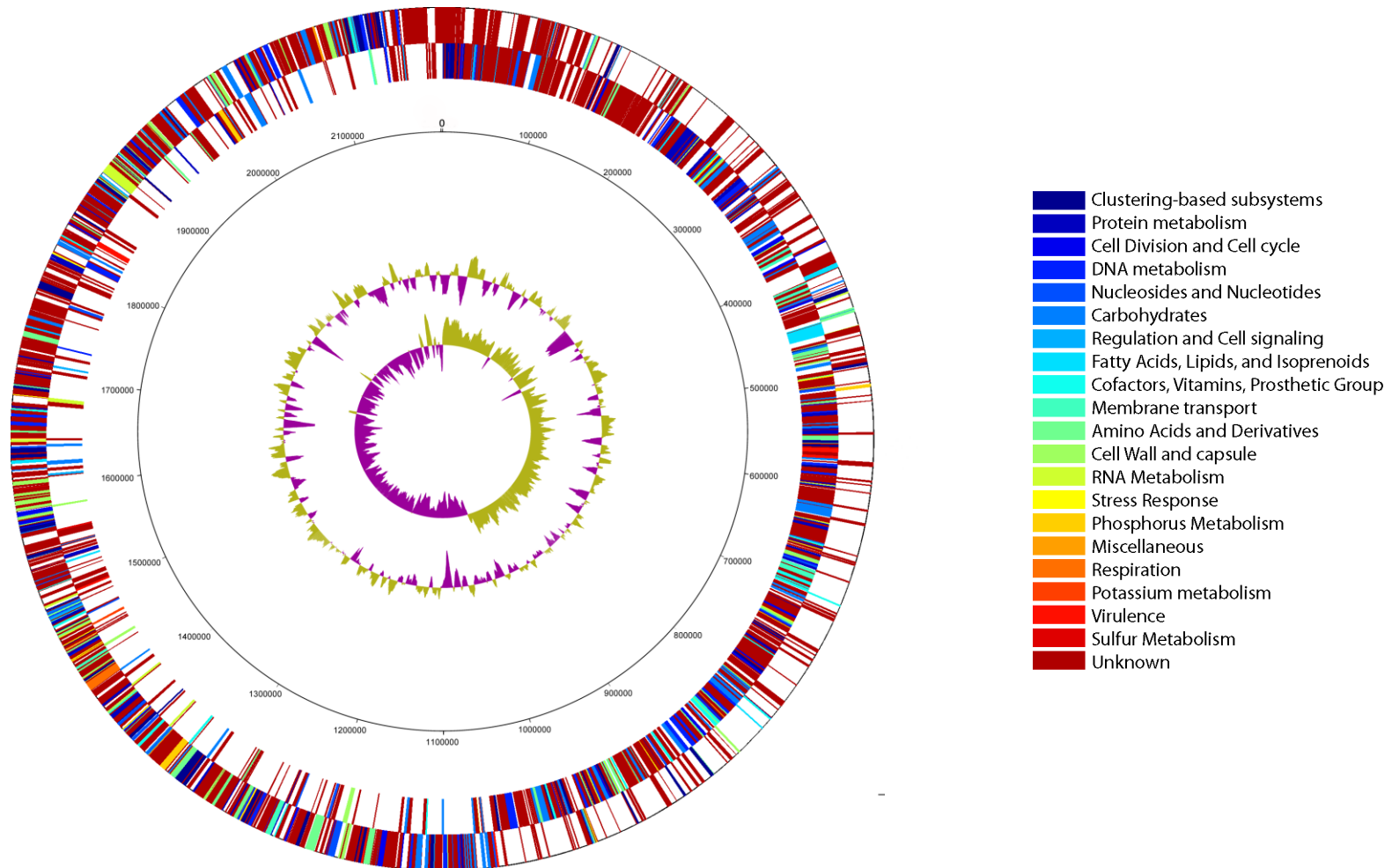
- Species established in 2004 (Arbique et al. 2004. J Clin Micro. 42:4686-4696)
- Genetically and phenotypically similar to *S. pneumoniae* and *S. mitis*

Test	<i>S.pneumo</i>	<i>S. pseudopneumo</i>	<i>S. mitis</i>
<b>PHENOTYPIC</b>			
Hemolysis	α-hemolytic	α-hemolytic	α-hemolytic
Optochin (5% CO2)	Sensitive	Resistant	Resistant
Optochin (O2)	Sensitive	Sensitive	Resistant
Bile Solubility	Soluble	Not Soluble	Not Soluble
<b>GENETIC</b>			
AccuProbe Pneumococcus	<i>S.pneumo</i>	<i>S.pneumo</i>	Not <i>pneumo</i>
Pneumolysin ( <i>ply</i> ) Sequencing	<i>S.pneumo</i>	<i>S.pneumo</i>	Not <i>pneumo</i>
16S rRNA Sequencing	<i>S.pneumo</i>	<i>S.pseudo</i>	<i>S.mitis</i>

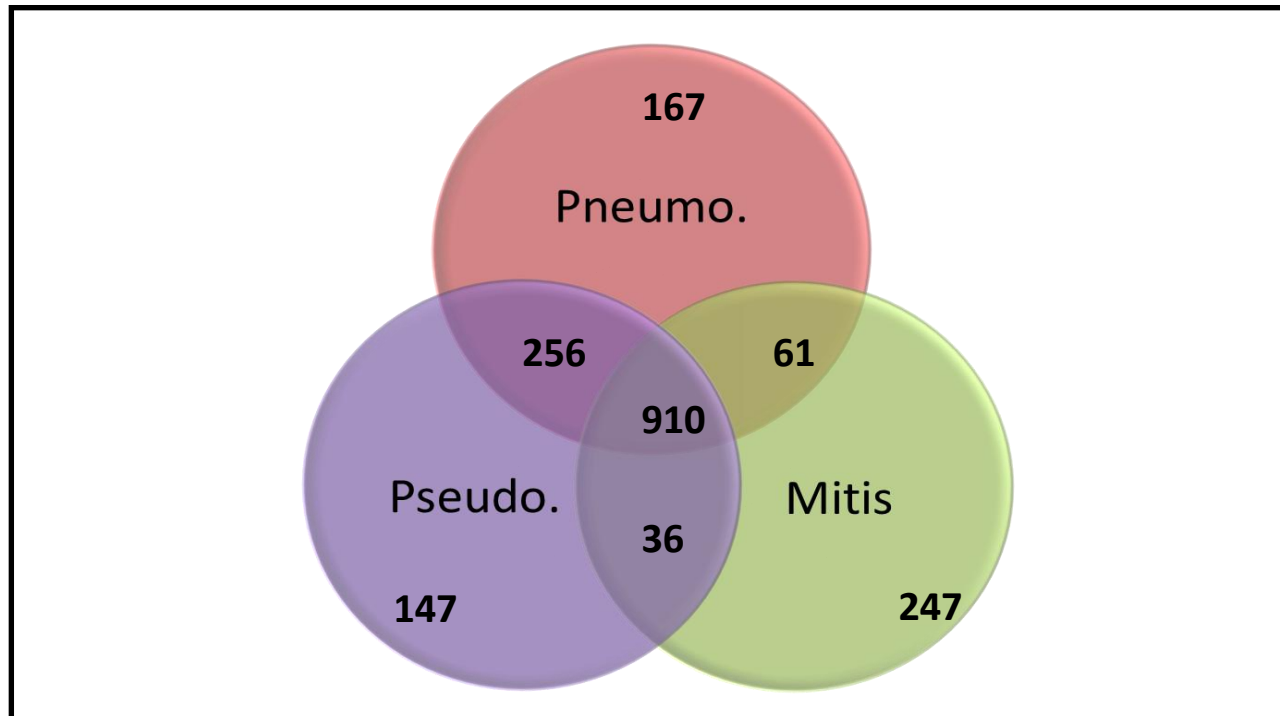
### Clinical Confusion!

Is the clinical isolate a nasty *S. pneumoniae* or (mostly) harmless *S. mitis* ?  
Is *S. pseudopneumoniae* a professional pathogen or common commensal?

# Emerging Pathogens: *Streptococcus pseudopneumoniae*



## Emerging Pathogens: *S. pseudopneumoniae* vs other Streptococci



	Pseudo.	Mitis (NCTC 12261)	Pneumo. (TIGR4)
Size	2,201,903 bp	2,045,857 bp	2,160,842 bp
CDS	2359	2172	2301
RNA	43	97	70

## Emerging Pathogens: *Mycobacterium xenopi*

### *Mycobacterium xenopi*

- Non-Tuberculous Mycobacterial species → TB-like respiratory disease
- Second most common NTM in Ontario → 800 isolates per year
- Originally identified (1959) as a frog pathogen (*Xenopus laevis*)
- Species associated with hot water systems/showers
- More common in Great Lakes region than elsewhere in Canada?



	<i>M. tuberculosis</i>	<i>M. xenopi</i>
<b>Disease</b>	<b>Tuberculosis</b>	<b>Tuberculosis-like</b>
<b>Isolates/Year</b>	<b>1000 Isolates</b>	<b>800 Isolates</b>
<b>Cases/Year</b>	<b>500-600 Cases</b>	<b>Unknown</b>
<b>Treatment</b>	<b>Clear Guidelines</b>	<b>No Clear Guidelines</b>
<b>Treatment Duration</b>	<b>6 Months (up to 2 yrs)</b>	<b>Months - Years</b>
<b>Drug Resistance</b>	<b>Some (1% MDR)</b>	<b>No Routine Testing</b>
<b>Surveillance</b>	<b>Mandatory Reporting</b>	<b>No Surveillance</b>
<b>Surveillance Tools</b>	<b>Many Genotyping Tools</b>	<b>No Genotyping Tools</b>

## Emerging Pathogens: *Mycobacterium xenopi*

### Genome Sequencing and Surveillance

- Sequenced *M.xenopi* ATCC 19250<sup>T</sup> → Type Strain (from *Xenopus laevis*)
- Use genome data for development of molecular surveillance tools
- Sequence additional strains for which clinical data exists

### Surveillance Questions

- Are animal (e.g. frog) and environmental isolates the same as human isolates?
- How much variation among human isolates?
- Is there an association between *M. xenopi* genotype and disease phenotype?

### Study Outcomes

- Determine if ongoing *M. xenopi* surveillance is required
- Evaluate genetic diversity of *M. xenopi* strains in Ontario
- Determine if genotyping can predict disease phenotype/severity

## Antibiotic Resistant Superbugs: NDM-1

### ‘New Delhi metallo- $\beta$ -lactamase’

- Novel antibiotic-resistance gene found in *Escherichia coli* and *Klebsiella* spp.
- Confers high level resistance to carbapenems and other  $\beta$ -lactam antibiotics
- Associated with travel and medical treatment in India, Pakistan and Bangladesh

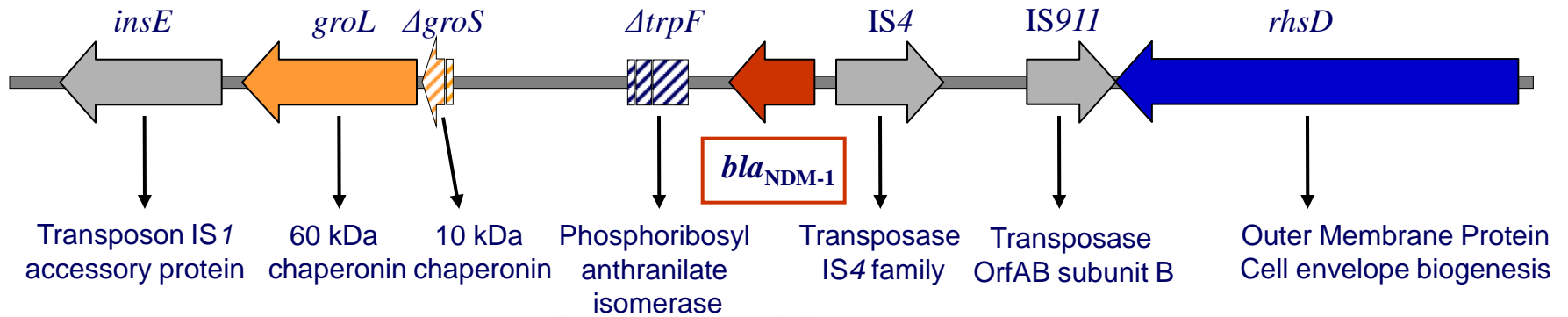
### ***K.pneumoniae* strain GN529:** First NDM-1 producing strain isolated in Ontario

- August 16<sup>th</sup>: specimen recovered from patient with history of travel/hospitalization in India
- August 19<sup>th</sup>: phenotypic testing revealed resistance to carbapenems as well as **ALL** tested aminoglycosides, quinolones, tetracycline and sulphonamides **ONLY** susceptible to tigecycline and colistin
- August 20<sup>th</sup>: presence of NDM-1 confirmed with a novel PCR assay
- September 3<sup>rd</sup>: Whole genome sequence obtained  
NDM-1 localized to large plasmid (1 of 3 !) and exhibits novel architecture

	ANTIBIOTIC	MIC (µg/ml)	STATUS	ALLELE	
<b>Penicillins and Cephalosporins</b>	Ampicillin	≥256	Resistant	<i>bla</i> <sub>SHV-11</sub> <i>bla</i> <sub>TEM-1</sub> <i>bla</i> <sub>CTX-M-15</sub> <i>bla</i> <sub>OXA-1</sub>	} <b>Detected by PCR*</b> *PCR is not part of routine testing
	Amox/Clav	≥32/16	Resistant		
	Pip/Tazo	≥128/4	Resistant		
	Cefazolin	≥4	Resistant		
	Cefoxitin	≥256	Resistant		
	Ceftazidime	≥256	Resistant		
	Cefotaxime	≥256	Resistant		
	Cefepime	48	Resistant		
<b>Carbapenems</b>	Ertapenem	32	Resistant	<i>bla</i> <sub>NDM-1</sub>	} <b>ALL Drug Resistance Loci Detected by Genome Sequencing</b>
	Meropenem	≥32	Resistant		
	Imipenem	≥32	Resistant		
<b>Aminoglycosides</b>	Amikacin	≥256	Resistant	<i>armA</i> <i>aadA2</i> <i>strA-strB</i>	
	Gentamicin	≥256	Resistant		
	Tobramycin	≥16	Resistant		
<b>Quinolones</b>	Nalidixic acid	≥32	Resistant	<i>qnrS1</i> <i>gyrA</i> <sup>M</sup> <i>parC</i> <sup>M</sup>	
	Ciprofloxacin	≥32	Resistant		
	Levofloxacin	≥8	Resistant		
<b>Tetracycline</b>	Tetracycline	≥16	Resistant	<i>tetA</i>	
<b>Glycylcyclines</b>	Tigecycline	1	Sensitive		
	Colistin	0.5	Sensitive		
<b>Polymyxins</b>					
<b>Sulfonamides</b>	Co-trimoxazole	4/76	Resistant	<i>sull, dfrA12</i>	
<b>Macrolides</b>	Macrolides	n/a	Resistant	<i>mph2/mel</i>	

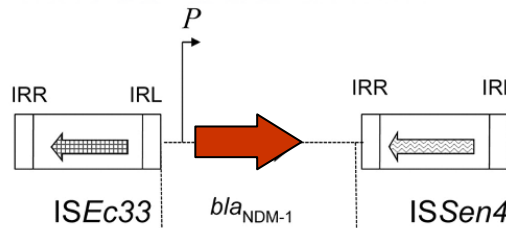
# Antibiotic Resistant Superbugs: NDM-1 Architecture

## *K. pneumoniae* GN529 plasmid (ST147)



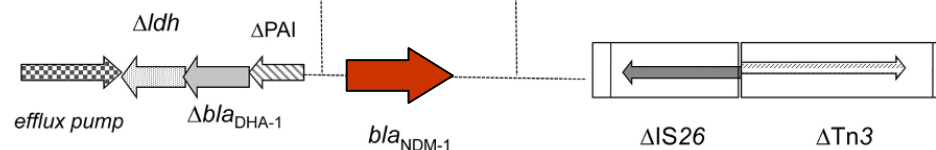
## *E. coli*

(Poirel et al. AAC 2010. 54:4914-6)



## *K. pneumoniae* (ST14)

(Yong et al: AAC 2009 53:5046-5054)



## Microbiomes and Metagenomics

### Microbial Ecosystems ⇨ The Microbiome

- In the 'real world' bacteria live in complex ecosystems ⇨ 100's of species mixed together
- Proper balance of microbial species is necessary for the ecosystem to function properly
- Unbalanced ecosystem ⇨ 'Disease'

### Metagenomics

- Methods for surveying/monitoring changes in the microbiome
- Classical 'Metagenomics' ⇨ Culture... but <10% of bacteria can be grown in the lab!
- Molecular Metagenomics ⇨ PCR & Sequence → Not necessary to grow anything!

### Metagenomics Projects

- 'Healthy' vs 'Sick' Microbiome ⇨ Intestinal Disease, UTIs, STIs
- Troubleshooting Molecular Tests ⇨ Is a non-target organism triggering false positive results ?
- Evaluation of Culture Media ⇨ Does enrichment media 'enrich'? Does selective media 'select'?

## Clinical Genomics: Summary

**Inexpensive, High Throughput DNA Sequencing is here!**

**Sequencing is a tool for Research *and* Clinical Labs**

- ✓ Molecular Epidemiology
- ✓ Pathogen Surveillance
- ✓ Discovery of Drug Resistance Determinants and Virulence Factors
- ✓ Improved Diagnostics
- ✓ Metagenomics
- ✓ Potential to Sequence Host and Pathogen at the Same Time

**Clinical Genomics Challenges**

- ✓ Bioinformatics and Data Management
- ✓ Specimen Processing Pipeline and Testing Infrastructure
- ✓ Sequencing does not replace the need for Culture and Classical Microbiology

## Clinical Genomics: Acknowledgments

### DNA Core

Jennifer Ma  
Keisha Warren  
Weilong Hao

### Influenza

Jonathan Gubbay  
AliReza Eshaghi  
Alex Marchand-Austin  
Anne-Luise Winter  
Peel Public Health

### *S. pseudopneumoniae*

Dylan Pillai  
Dea Shahinas  
Rachel Lau  
Andrew Wong

### NDM-1

Roberto Melano  
Samir Patel  
Nathalie Tijet  
Olga Lastovetska

### *M. xenopi*

Frances Jamieson  
Ted Marras  
Pam Chedore & the TB Lab

### Metagenomics

Anu Rebbapragada  
Vanessa Allen  
Gustavo Mallo  
Stephen Perusini







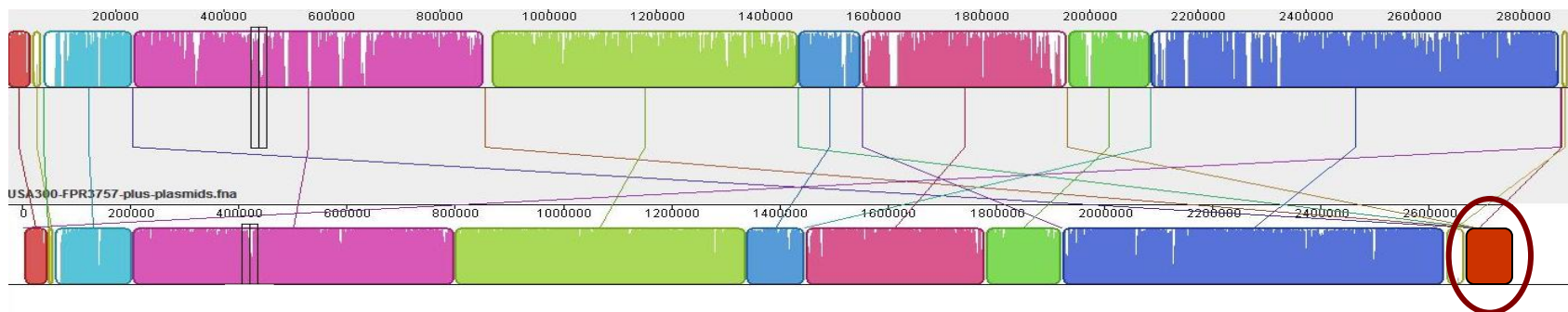
## Antibiotic Resistant Superbugs: MMRSA

### Clinical Isolate of MRSA

- **Phenotypically:** Mupirocin Resistant
- **Genotypically:** No Resistance Gene Detected → **PCR Failed**

### Whole Genome Sequencing Performed

- Novel Strain exhibits extensive similarity to other MRSA
- **AND** includes 'extra' DNA encoding **Novel Mupirocin-Resistance Gene**
- ***mup-2*** gene is on a plasmid and thus may be mobilized to other bacteria



'Extra DNA' including *mup-2*

# DNA Core Lab

## Roche GS-FLX/454 Genome Sequencer

- **Function:** Massively Parallel Pyrosequencing
  - ✓ Bacterial Genome Sequencing
    - ⇒ 2 staff
    - ⇒ 2 billion basepairs sequenced
    - ⇒ 20 genomes to date



- **Future:**
  - ✓ Metagenomics
  - ✓ Pathogen Discovery
  - ✓ Transcriptome Sequencing
  - ✓ Better Bioinformatics!

## DNA Core Lab

### Applied Biosystems 3730xl Sequencer

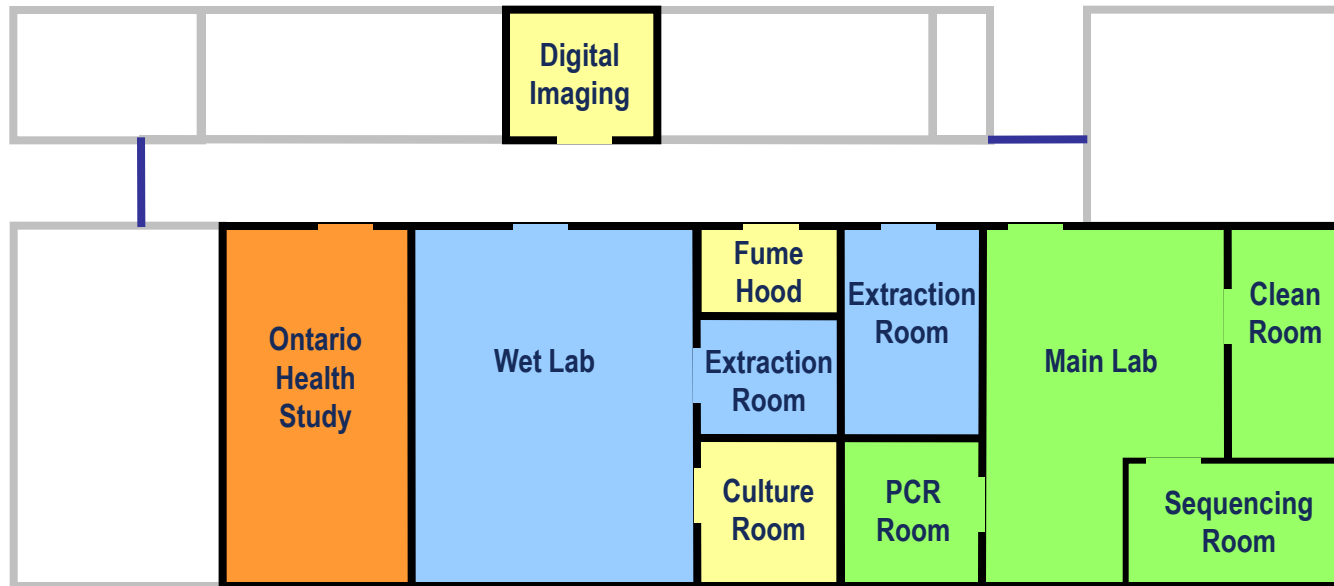
- **Function:** Sanger DNA sequencing & Fragment Analysis
  - ✓ Flu Genome Sequencing (~100 genomes to date)
  - ✓ Mumps Genome Sequencing
  - ✓ MLSA
  - ✓ MIRU-VNTR (TB Genotyping)
  - ✓ 16S Sequencing



## Transmission of Influenza A Pandemic (H1N1) 2009 Virus Within a Long-Term Care Facility in Ontario, Canada

	NUMBER	GENDER		AGE MEDIAN (RANGE)	ILLNESS DURATION MEDIAN (RANGE)
		MALE	FEMALE		
ALL STAFF	220	13	207	43 yrs (23-64)	n/a
ALL RESIDENTS	180	50	130	88 yrs (33-100)	n/a
ALL CASES	23	5	18	41 yrs (23-100)	7 days (3-27)
STAFF CASES	14	2	12	33 yrs (23-59)	6 days (3-27)
RESIDENT CASES	9	3	6	70 yrs (33-100)	11 days (7-18)
pH1N1 CONFIRMED	5	2	3	56 yrs (33-88)	13 days (10-14)

# 101 Resources Road – EOMDC Labs



-  DNA Core Lab
-  H1N1 Seroprevalence Study
-  Ontario Health Study
-  Common Areas