

Global surveillance of antimicrobial resistance through global sewage

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@ShinnyPimlapas

Global surveillance of AMR



Can human sewage be used to detect and combined with modelling explain global emergence and trends in AMR ?

Sample collection - 2016

79 samples from 60 countries have been collected and analysed



Center for Genomic Epidemiology

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ResFinder 3.0

ResFinder identifies acquired antimicrobial resistance genes and/or find chromosomal mutations in total or partial sequenced isolates of bacteria.

[View the version history of this server.](#)

The database is curated by:
Valeria Bortolaia
(click to contact)

Chromosomal point mutations

Acquired antimicrobial resistance genes

Select type of your reads

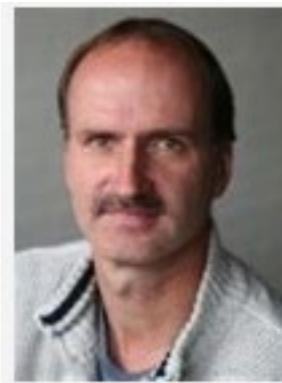
If you get an "Access forbidden. Error 403": Make sure the start of the web address is https and not just http. Fix it by clicking [here](#).

Name	Size	Progress	Status
Isolate File			

[Upload](#) [Remove](#)

MGmapper: Reference based mapping and taxonomy annotation of metagenomics sequence reads

Thomas Nordahl Petersen^{1*}, Oksana Lukjancenko², Martin Christen Frølund Thomsen¹, Maria Maddalena Sperotto¹, Ole Lund¹, Frank Møller Aarestrup², Thomas Sicheritz-Pontén^{1*}



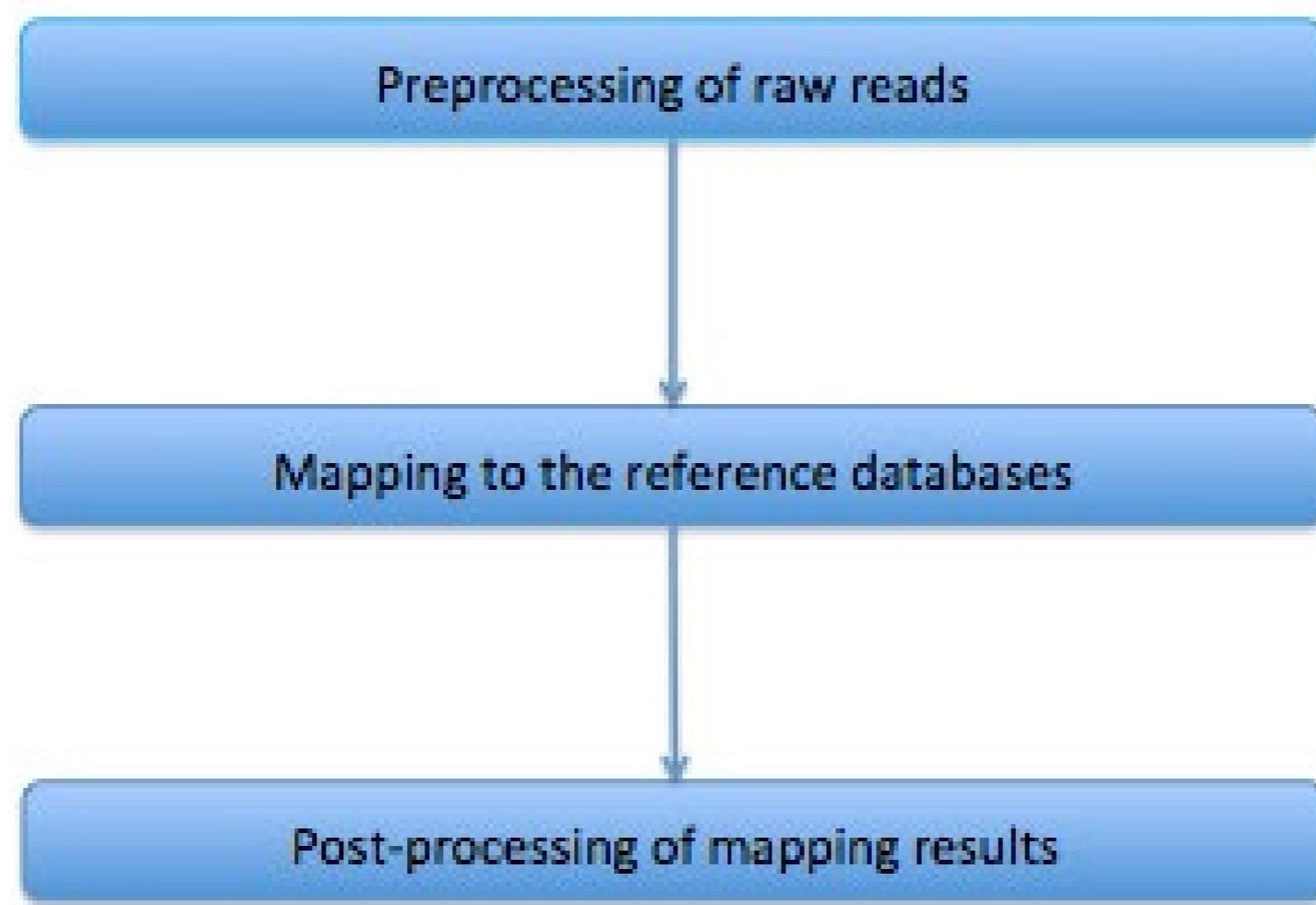
¹ Department of Bio and Health Informatics, Technical University of Denmark, Kongens Lyngby, Denmark,
² National Food Institute, Technical University of Denmark, Kongens Lyngby, Denmark

* tnp@cbs.dtu.dk (TNP); thomas@cbs.dtu.dk (TSP)

Abstract

An increasing amount of species and gene identification studies rely on the use of next generation sequence analysis of either single isolate or metagenomics samples. Several methods are available to perform taxonomic annotations and a previous metagenomics benchmark study has shown that a vast number of false positive species annotations are a problem unless thresholds or post-processing are applied to differentiate between correct and false annotations. MGmapper is a package to process raw next generation sequence data and perform reference based sequence assignment, followed by a post-processing analysis to produce reliable taxonomy annotation at species and strain level resolution. An in-vitro bacterial mock community sample comprised of 8 genera, 11 species and 12 strains was previously used to benchmark metagenomics classification methods. After applying a post-processing filter, we obtained 100% correct taxonomy assignments at species and genus level. A sensitivity and precision at 75% was obtained for strain level annotations. A comparison between MGmapper and Kraken at species level, shows MGmapper assigns taxonomy at species level using 84.8% of the sequence reads, compared to 70.5% for Kraken and both methods identified all species with no false positives. Extensive read count statistics are provided in plain text and excel sheets for both rejected and accepted taxonomy annotations. The use of custom databases is possible for the command-line version of MGmapper, and the complete pipeline is freely available as a bitbucked package (<https://bitbucket.org/genomicepidemiology/mg mapper>). A web-version (<https://cge.cbs.dtu.dk/services/MG mapper>) provides the basic functionality for analysis of small fastq datasets.

MGmapper



[Home](#)[Services](#)[Instructions](#)[Output](#)[Article abstract](#)

MGmapper 2.4 (MetaGenomics mapper)

Click to 'Show' available databases:

Mapping options:

Mapping mode

Paired-end

Trimming of reads via cutadapt



Trimming parameters:

Database selection:

Database id's for Best-mode mapping

1,2

Comma separated list of database id's NOT already selected for Full-mode mapping

Database id's for Full-mode mapping

Comma separated list of database id's NOT already selected for Best-mode mapping

Contig sequence assembly:

Fastq read alignment criteria:

Clade level post-processing:

Failed hits available for download as text tab separated files (negative.*.) and excel file (Results.negative.xlsx)

Upload fastq file(s) as Single-end or Paired-end reads. In paired-end mode, only properly paired reads will be used and fastq files can NOT be interleaved. Files can be text or compressed as .gz or .Z files. Multiple files can be uploaded in both Single-end and Paired-end mode. Jobs are run in parallel using 4 cores. Max runtime 72 hours.

Below press 'Isolate File' to browse for FASTQ files to be uploaded.

Isolate File			
Name	Size	Progress	Status

<https://cge.cbs.dtu.dk/services/MGmapper/>

<https://bitbucket.org/genomicepidemiology/mg mapper>

<https://www.coursera.org/learn/metagenomics>

mapping AMR result

Gene	Description	GeneSize	ALB.17	AUS.18	AUS.18a	AUT.70	
16S_rRNA_methyltransferase	gentamicin	732	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	1263	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	765	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	765	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	804	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	804	0	0	0	0	
16S_rRNA_methyltransferase	gentamicin	765	0	0	0	0	
AAC GQ343136.1	gentamicin	867	50	2	2	6	
AAC GQ343186.1	sisomycin	429	0	0	0	0	
AAC KJ695106_1	gentamicin	501	0	0	0	0	
beta_lactamase GQ342998.1	amikacin	891	0	0	0	0	
beta_lactamase GQ342999.1	amikacin	891	0	0	0	0	
beta_lactamase GQ343000.1	amikacin	906	0	0	0	0	
beta_lactamase GQ343002.1	amikacin	873	0	0	0	0	
beta_lactamase GQ343003.1	amikacin	891	0	0	0	6	
beta_lactamase GQ343008.1	amikacin	1263	2	0	0	0	
beta_lactamase GQ343010.1	amikacin	1167	0	0	0	0	
beta_lactamase GQ343015.1	amikacin	1263	0	0	0	6	
beta_lactamase GQ343019.1	amikacin	891	0	0	0	0	

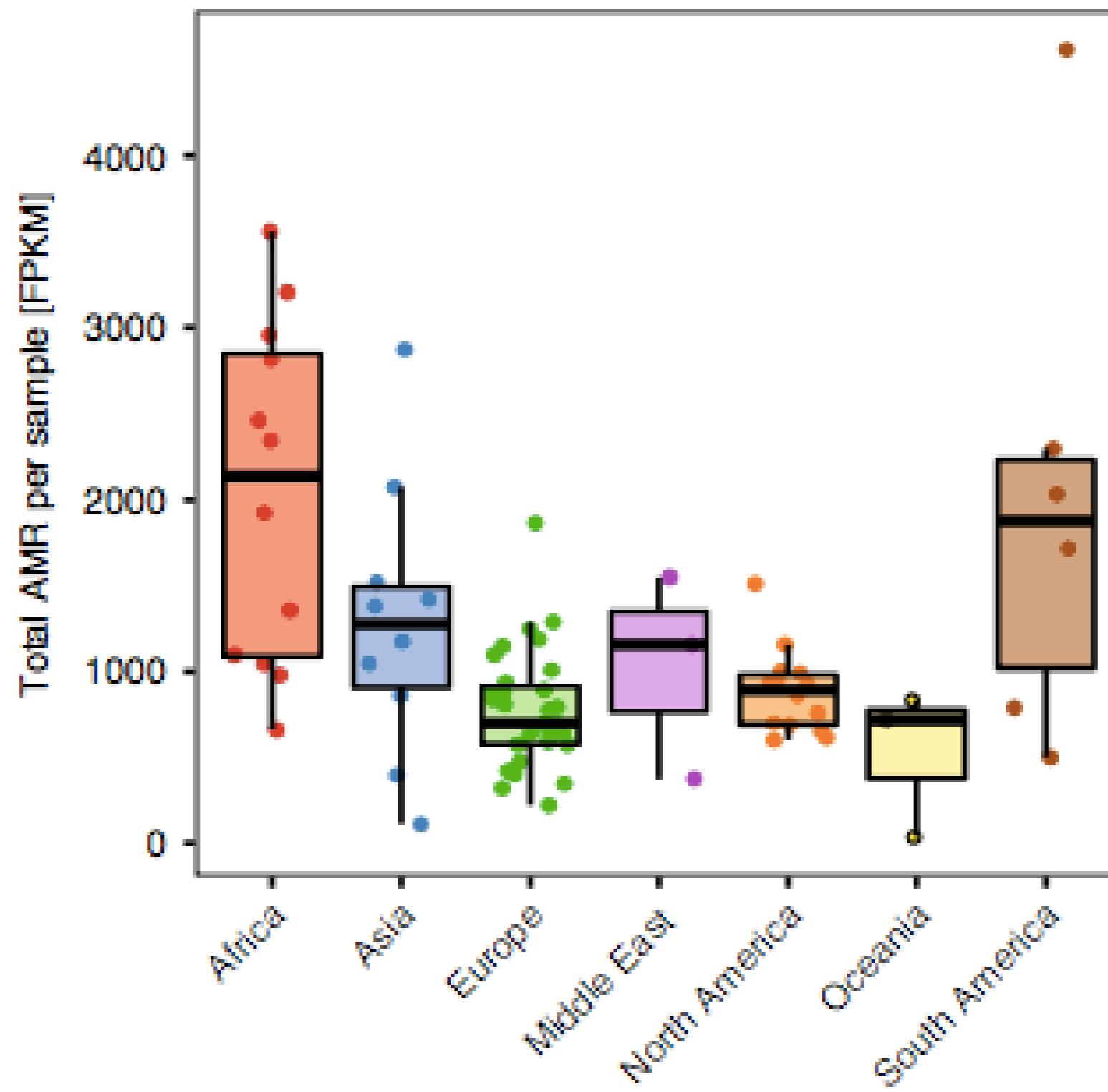
FPKM

Fragments Per Kilobase reference per Million bacterial fragments

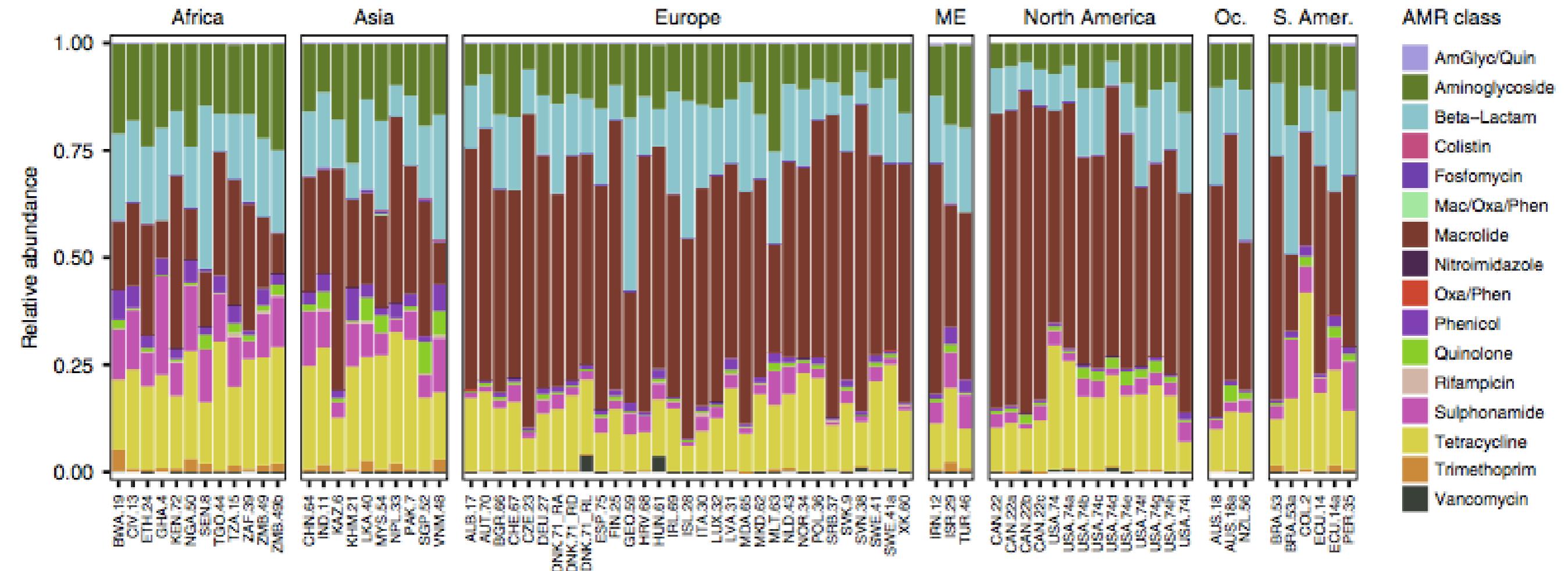
Sample	ReadCount_Bacteria
ALB.17	29715190
AUS.18	11724196
AUS.18a	3778910
AUT.70	15734026
BGR.66	19108694
BRA.53	17108324
BRA.53a	7733328
BWA.19	6599146
CAN.22	1423112
CAN.22a	868336
CAN.22b	11949640
CAN.22c	21282768

Total FPKM

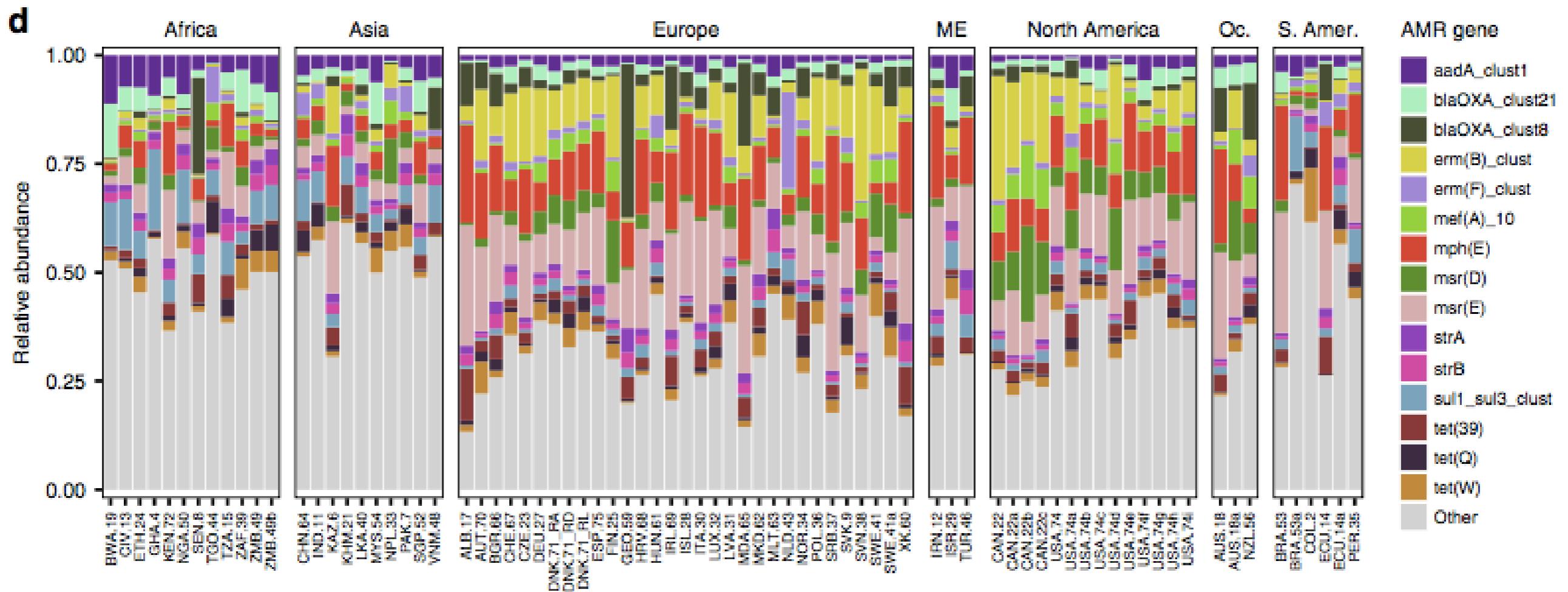
Fragments Per Kilobase reference per Million bacterial fragments



AMR classes



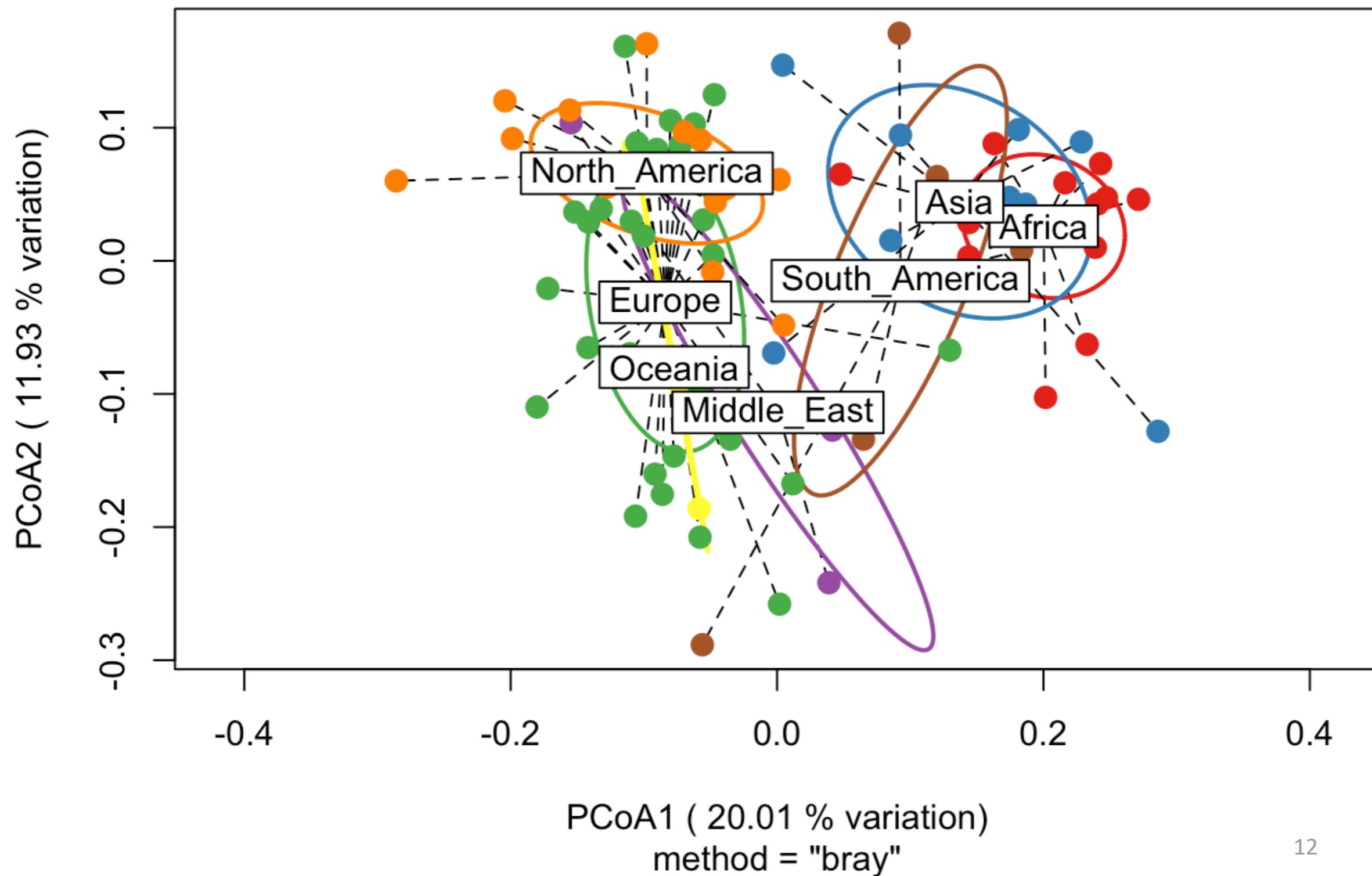
AMR genes



Resistome clustering in sewage across regions

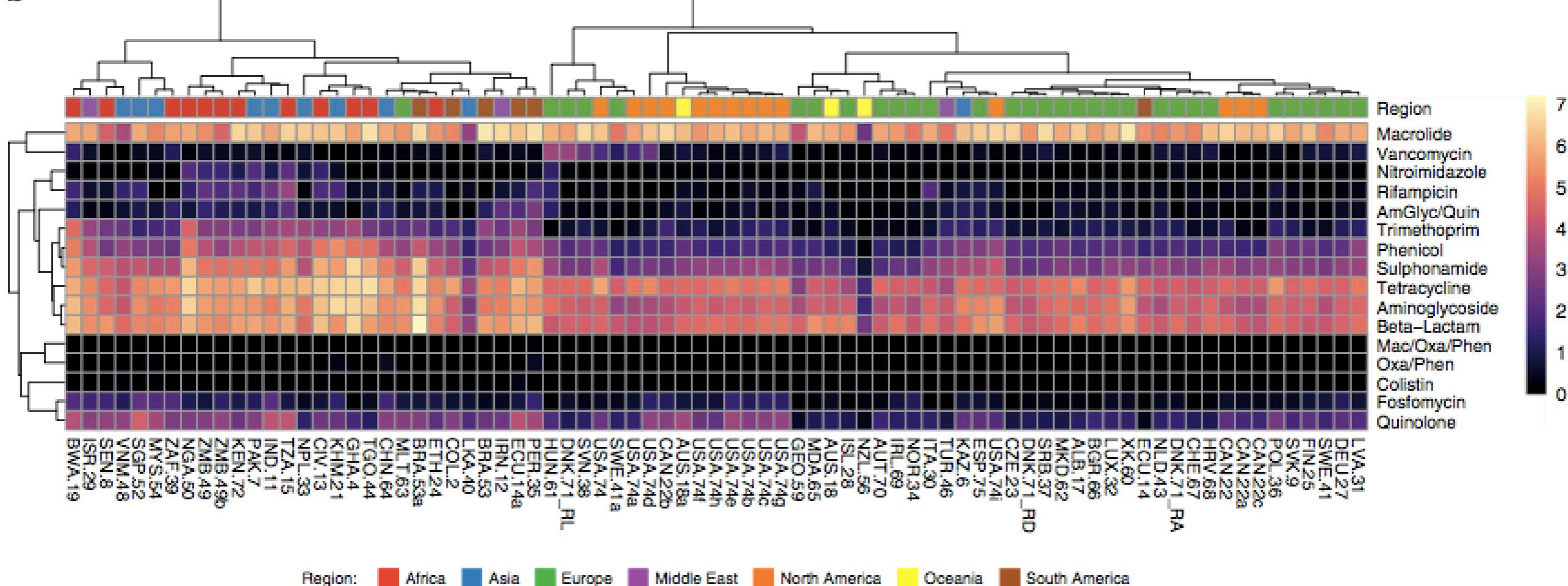
Hellinger-transformed (decostand function in vegan package) and Bray-Curtis dissimilarity

PCoA ResFinder



AMR class

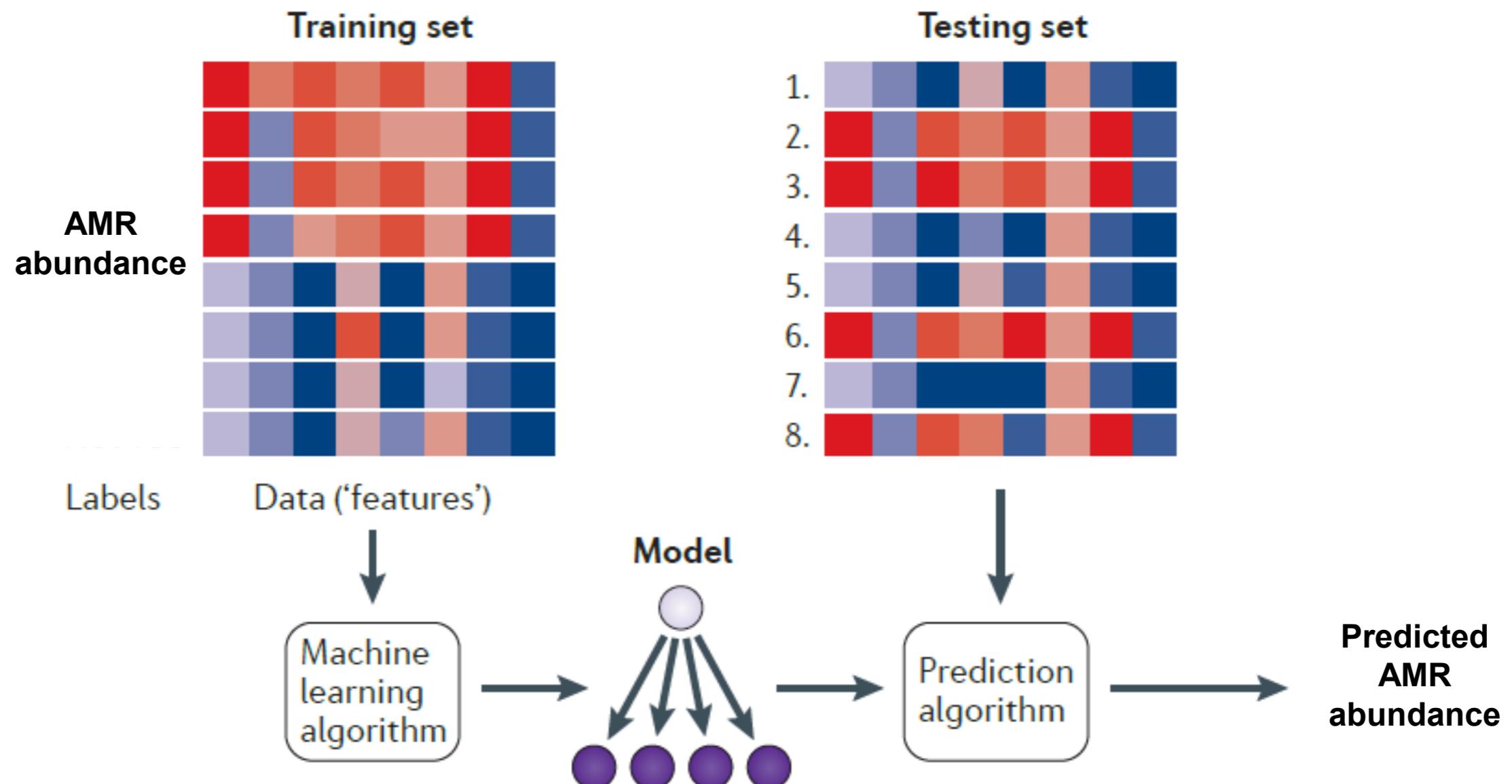
b



Drivers for AMR

Factor
Temperature
Flight connections
Antimicrobial use
Human development index

Predict AMR level using socio-economic data



Deeper look into socio-economic data from World bank

Predictors of higher AMR

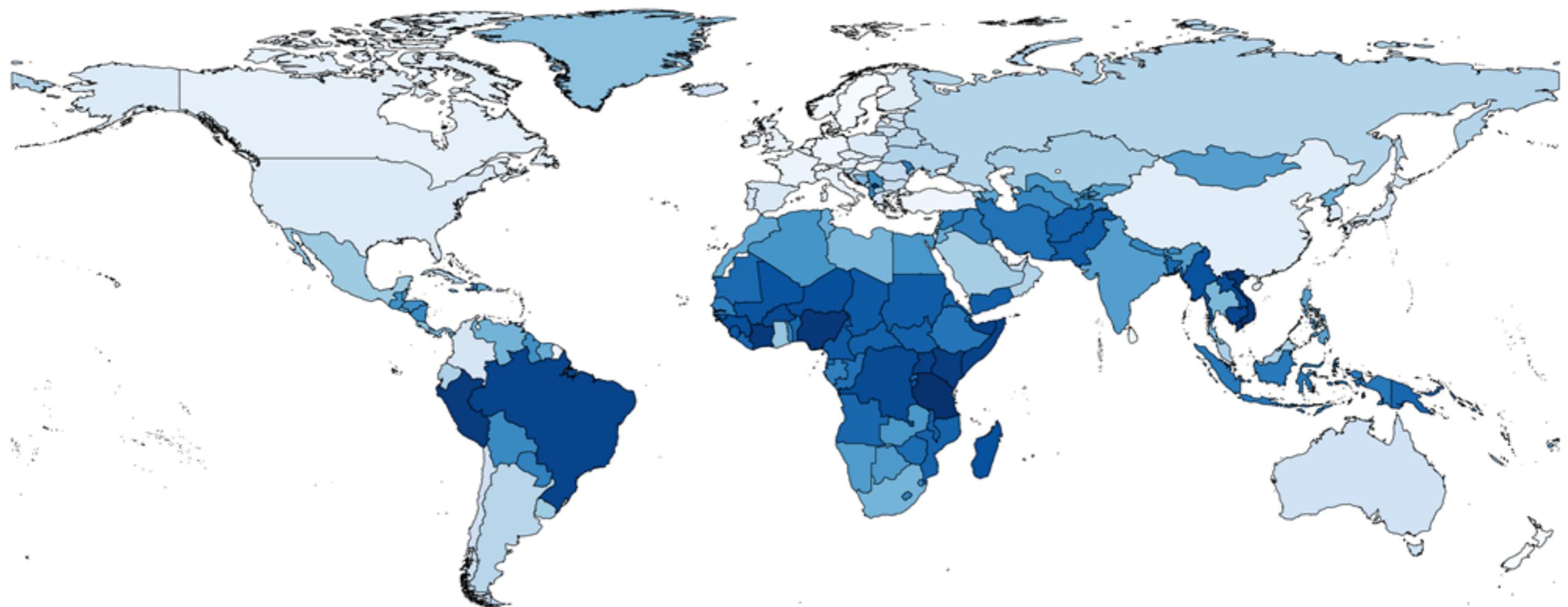
- Mortality rate
- Death, by communicable diseases and maternal, prenatal and nutrition conditions
- Risk of maternal death
- Open defecation
- Diarrhoea prevalence in children
- Risk of impoverishing expenditure for surgical care
- Informal employment
- Time to import

Predictors of lower AMR

- Investment in water and sanitation
- Completeness of death reporting
- Educational attainment
- Number of surgical procedures
- Life expectancy at birth
- Number of Physicians
- Births attended by skilled health staff
- Grace period on external debt



Global resistance prediction



Samples

Pilot (2016)

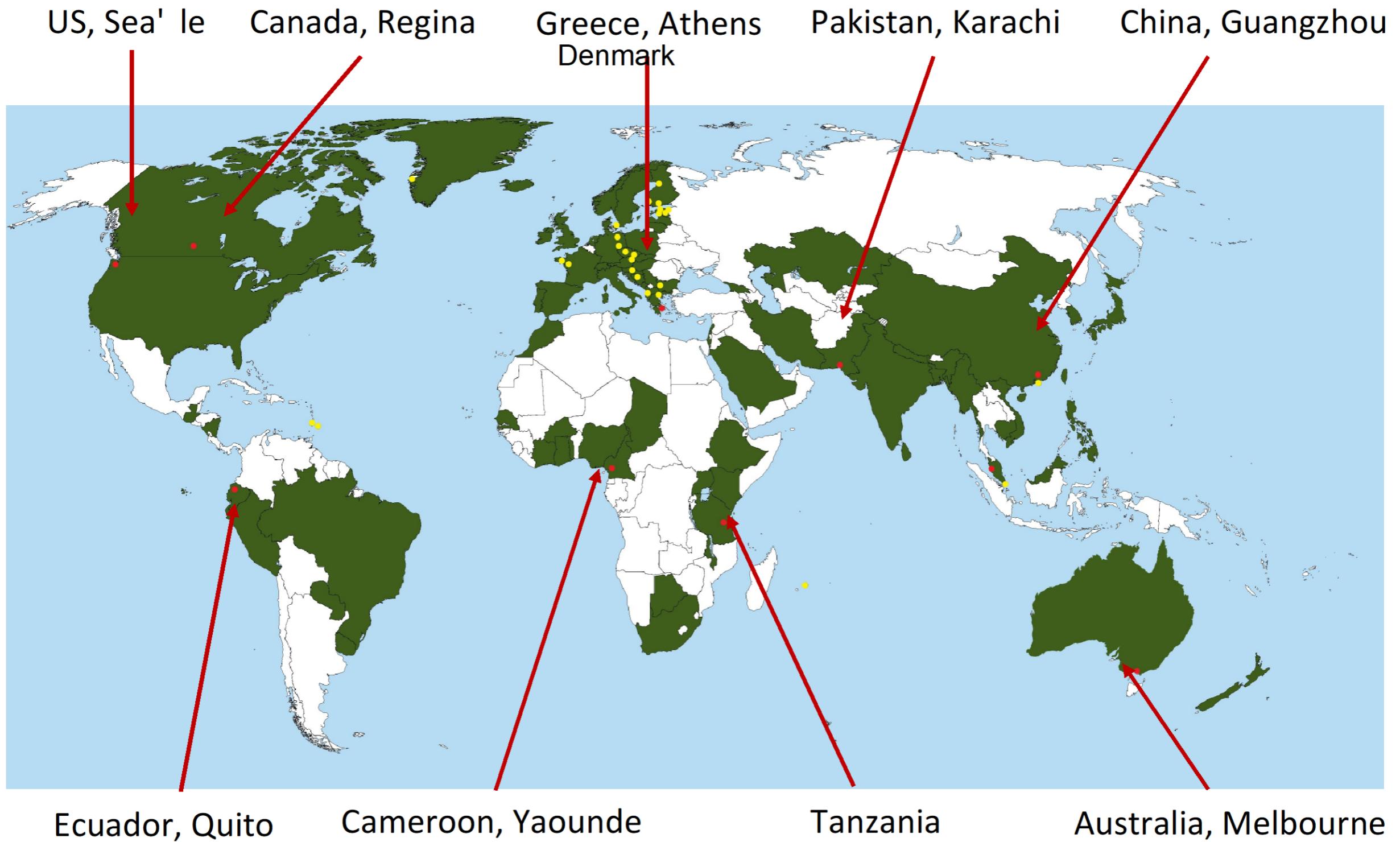
June 2017

November 2017

June 2018

November 2018

Sample collection – Longitudinal Monthly samples in one year

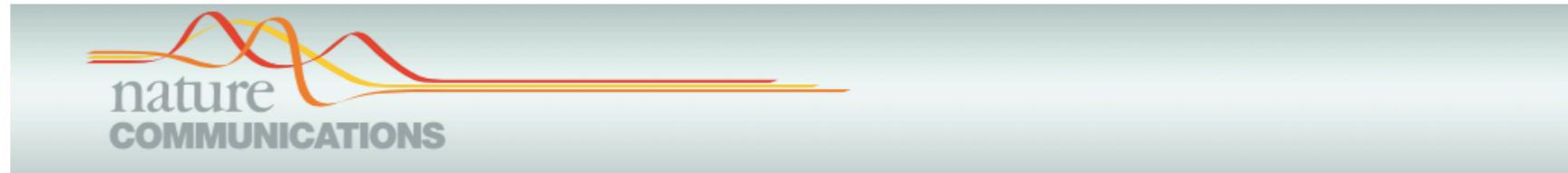


Conclusion

- Sewage is a good source for an ethically acceptable and economically feasible global surveillance and prediction of AMR and infectious diseases
- Drug use explains only minor part of AMR
- There are other factors that drive the occurrence of AMR such as sanitation, health ...

Acknowledgement

- Technical University of Denmark (DTU)
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 - Patrick Njage
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 - Mark Woolhouse
- Erasmus Medical Center
 - Marion P. Koopmans
 - David Nieuwenhuijse
- Global sewage surveillance project consortium



ARTICLE

<https://doi.org/10.1038/s41467-019-108853-3>

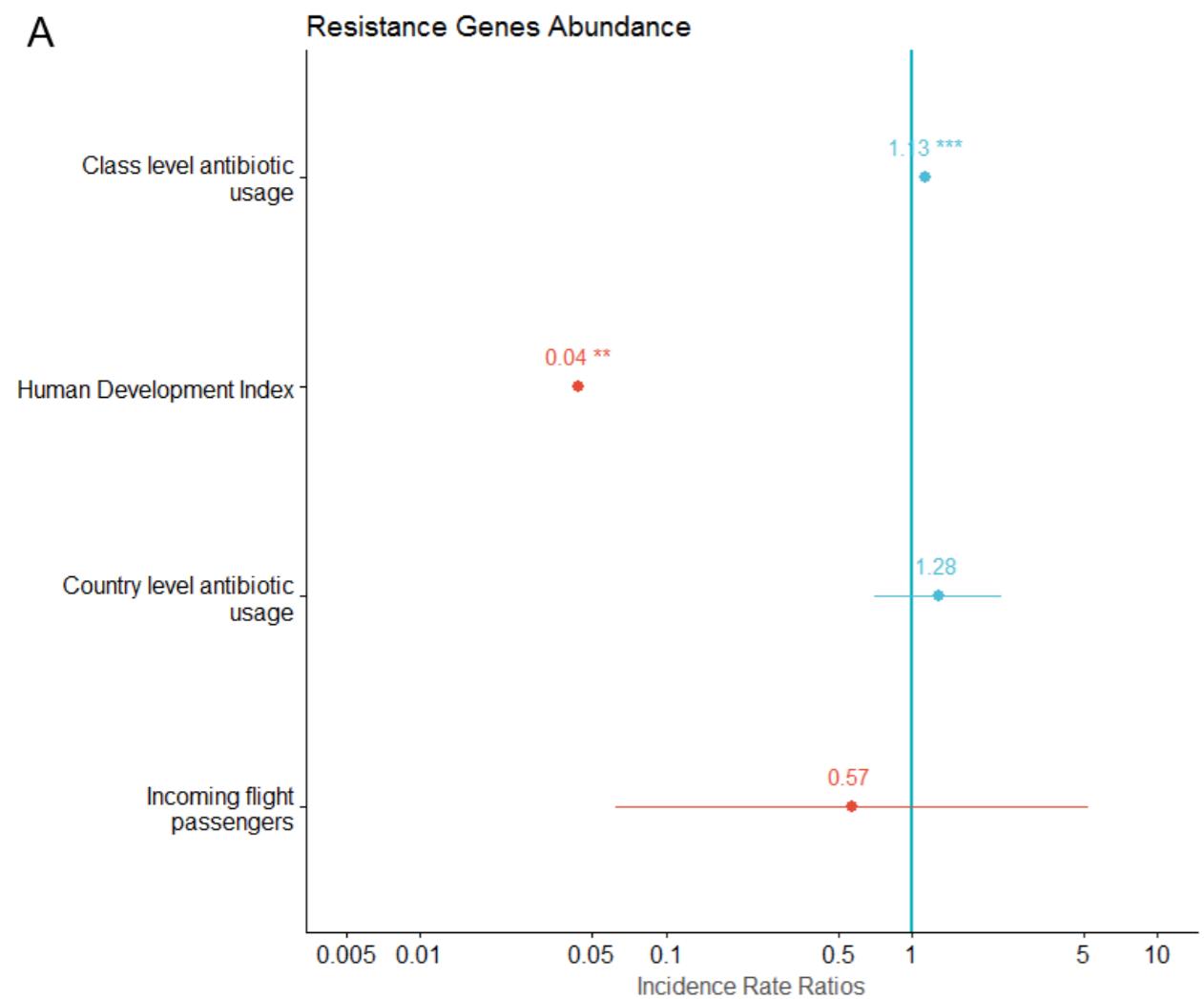
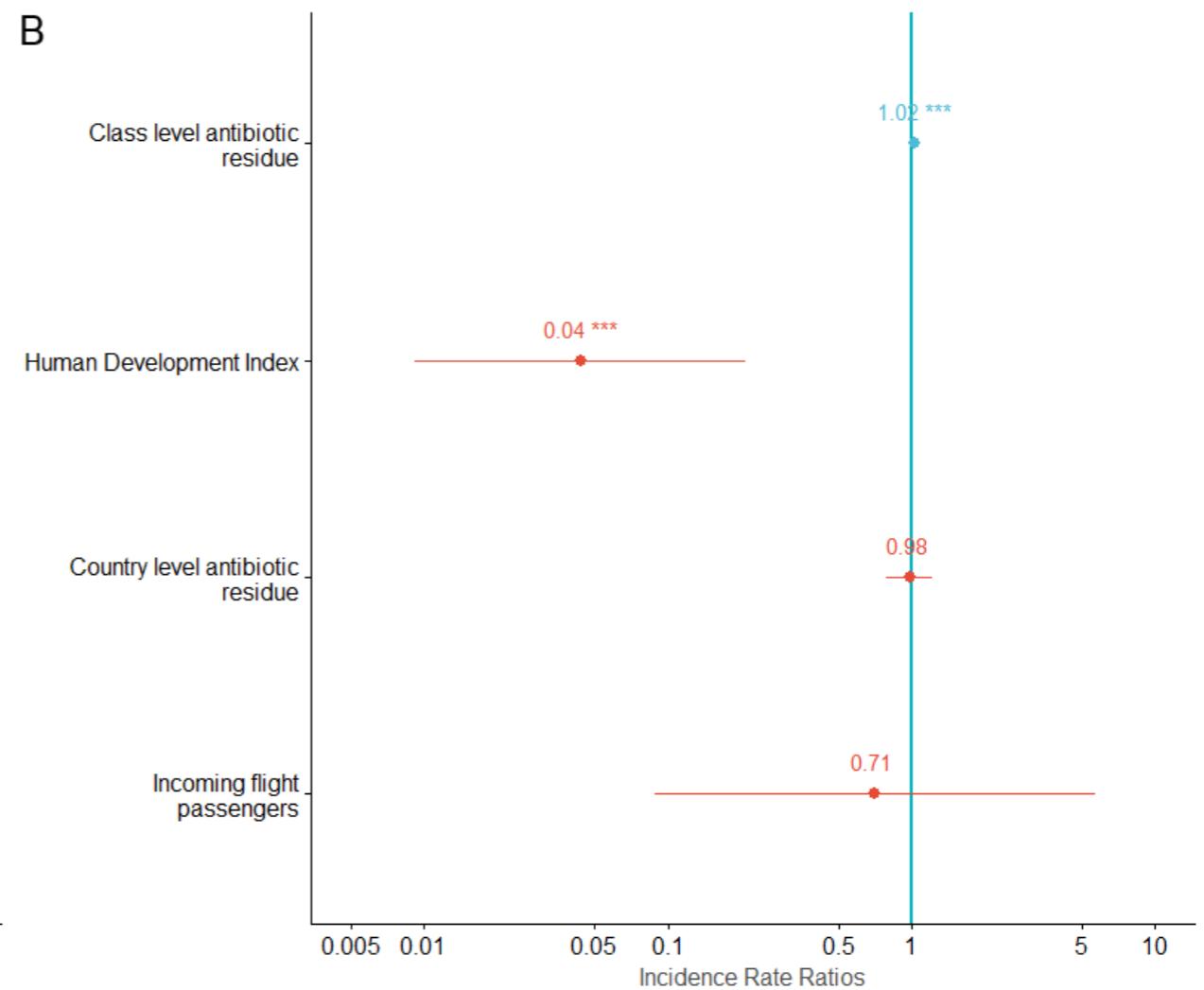
OPEN

Global monitoring of antimicrobial resistance based on metagenomics analyses of urban sewage

Rene S. Hendriksen¹, Patrick Munk¹, Patrick Njage¹, Bram van Bunnik¹, Luke McNally³, Oksana Lukjancenko¹, Timo Röder¹, David Nieuwenhuijse⁴, Susanne Karlsmose Pedersen¹, Jette Kjeldgaard¹, Rolf S. Kaas¹, Philip Thomas Lanken Conradsen Clausen¹, Josef Korbinian Vogt¹, Pimlapas Leekitcharoenphon¹, Milou G.M. van de Schans⁵, Tina Zuidema⁵, Ana Maria de Roda Husman⁶, Simon Rasmussen¹, Bent Petersen⁷, The Global Sewage Surveillance project consortium[#], Clara Amid⁸, Guy Cochrane⁸, Thomas Sicheritz-Ponten⁹, Heike Schmitt⁶, Jorge Raul Matheu Alvarez¹⁰, Awa Aidara-Kane¹⁰, Sünje J. Pamp¹, Ole Lund⁷, Tine Hald¹, Mark Woolhouse², Marion P. Koopmans⁴, Håkan Vigre¹, Thomas Nordahl Petersen¹ & Frank M. Aarestrup¹

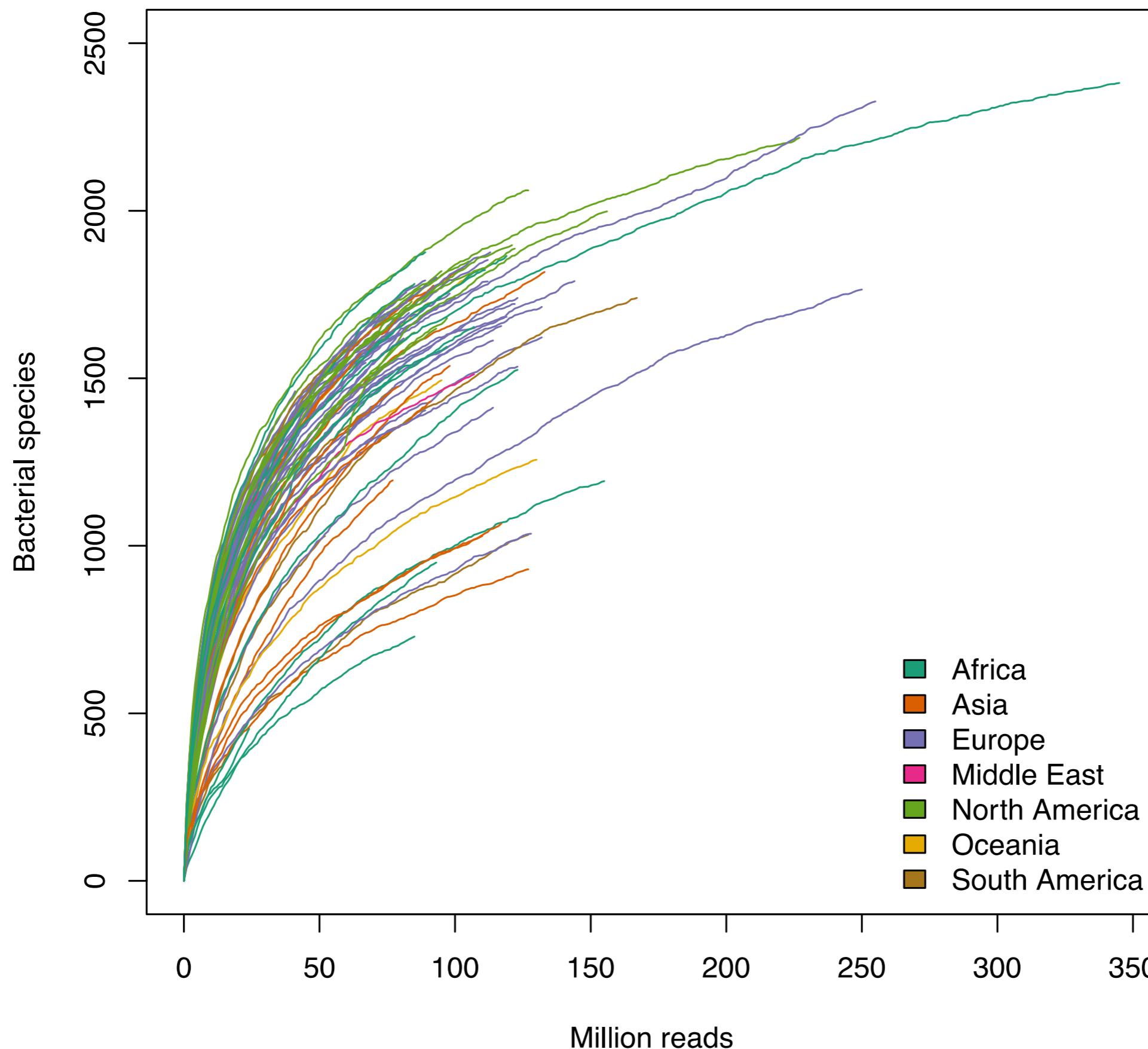
Thank you

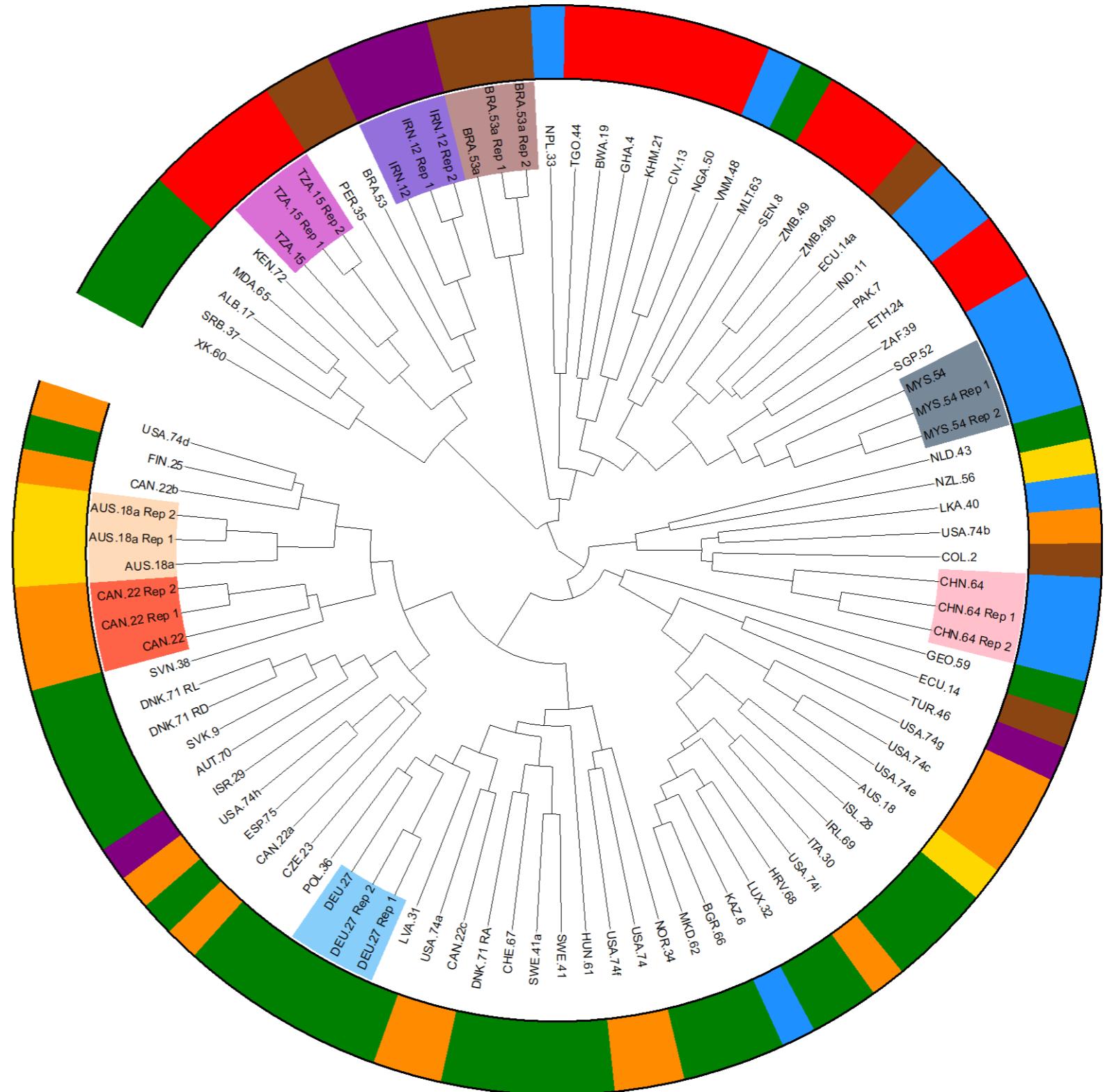


A**B**

Conclusion

- Sewage is a good source for an ethically acceptable and economically feasible global surveillance and prediction of AMR and infectious diseases
- AMR abundance is mainly influenced by local/national parameters
- Drug use explains only minor part of AMR
- There are other factors that drive the occurrence of AMR such as sanitation, health ...





Sample collection protocol

Global Sewage Surveillance Project

– global surveillance of infectious diseases and antimicrobial resistance from sewage

Protocol for sewage collection, June 2017

1. EXECUTIVE SUMMARY

No single approach exists for adequately monitoring large populations for the emergence of novel pathogens. Recent developments in high-throughput sequencing offer the ability to rapidly identify nucleic acids from various organisms in clinical and environmental samples. Sewage systems transport human faecal material from a large number of individuals. A point-prevalence metagenomic analysis will be applied to sewage samples collected globally from the main sewage system of major cities prior to treatment plants inlet. The project will serve as proof-of-concept, which could initiate a global surveillance of human infectious diseases including antimicrobial resistance from sewage collected in major cities around the world to detect, control, prevent and predict human infectious diseases.

The Global Sewage Surveillance Project is a continuation of the 2016 Pilot Global Sewage Surveillance Project and will continue from 2017 to 2018 with sampling windows each year in June and November.

2. PROJECT DESCRIPTION

Background

Human and animal populations are increasingly confronted with novel, emerging or re-emerging infectious, zoonotic, and communicable diseases including those that are multi-drug resistant. Many of these events can be attributed to increased globalization, urbanization, climate change, population growth, and intensive farming. According to the WHO, more than 25% of the total 58 million worldwide annual deaths are the direct result of infectious diseases.

Surveillance of pathogens and antimicrobial resistance are essential in disease control and prevention strategies. Human disease surveillance is often hampered due to ethical problems with sensitivity of data collected from clinical samples or healthy individuals. Exposure to human waste is a well-established risk factor, why sewage has been suggested as an alternative to clinical or individual human samples for population based surveillance. Since such samples are anonymized it would also avoid many ethical concerns.

The rapid developments in high-throughput sequencing and metagenomic analysis offers the potential to simultaneously determine the presence and prevalence of a large number of DNA

Packing instruction

11 (packing example)

With the palm of your hand, press gently on the tape allowing it to fix well to the plastic bag



12 (packing example)

Place the closed bag containing the polystyrene box inside the cardboard box

Make sure the polystyrene box does not move inside the cardboard box when 'shaking' the package

Make sure to tape all way around the parcel three times, i.e. once in the middle fixing the flaps, and twice all the way around the sides of the parcel as indicated on the photo

Make sure the ends of the tape fix each other (see photo)



13 (packing example)

Make sure the tape correctly fixes the flaps to the cardboard box



14 (packing example)

Make sure that all corners and ends of the fortified tape is fixed to the cardboard box



Sample details

Global Sewage Surveillance JUNE 2017 - SAMPLE DETAILS

Introduction

THE PURPOSE OF THIS SURVEY is to capture an overview of the collected samples.

If you have any questions or feedback for the submission of information via this survey, please contact Rene Hendriksen (rshe@food.dtu.dk), at the Technical University of Denmark.

Note: An asterisk (*) indicates a question that requires an answer.

Background

No single approach exists for adequately monitoring large populations and their environments for the emergence of novel pathogens. Recent developments in high-throughput sequencing offer the ability to rapidly identify nucleic acids from various organisms in clinical and environmental samples. Sewage systems are recognized as an important source of human pathogens, especially in crowded settings with poor infrastructure.

Purpose

A point-prevalence metagenomic analysis will be applied to sewage samples collected globally from the main sewage system of major cities prior to treatment plants inlet. The project will serve as proof-of-concept for applying metagenomic approaches, which could initiate a global surveillance of human infectious diseases including antimicrobial resistance from sewage collected in major cities around the world to detect, control, prevent and predict human infectious diseases.

Procedure

From each location, one representative sewage samples of 2L is collected from the main sewage flow from the city's main sewage pipelines prior to waste water treatment plant inlets or from the main outlet to rivers or similar. Samples can be obtained following the first filtering step, but it is important that there has been no processing of the sewage.

It is preferred to collect concentrated flow proportion sampling over 24 hours, however, should this not be possible due to lack of equipment, three crude point samples should be collected in a short time interval, i.e. at least 5 minutes between each individual sample, to ensure as much randomness as possible. Store the containers at -80°C (preferred) and prepare shipping the samples to the DTU Food in Denmark (see Appendix 2 in the protocol).

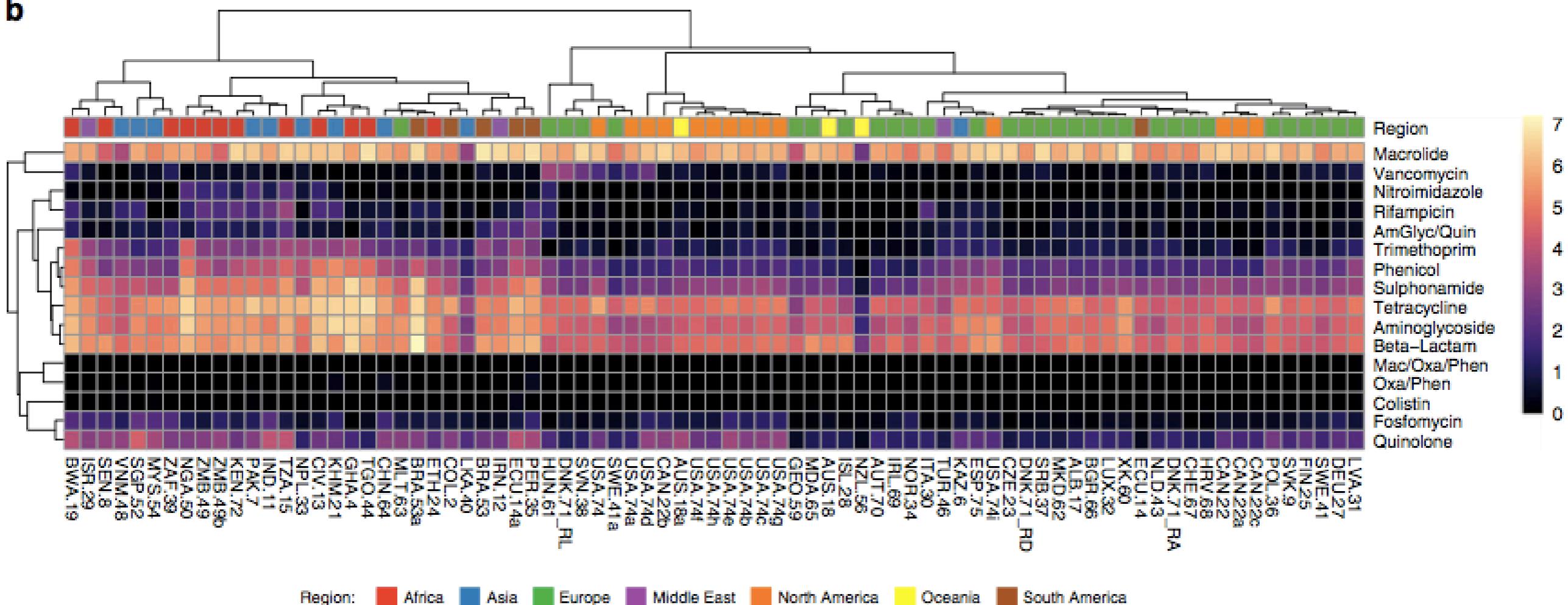
Specific description is found in the protocol sent by email from the organizer prior to sampling (for questions, please contact Rene Hendriksen, rshe@food.dtu.dk)

Sample collection – 2016 (pilot)

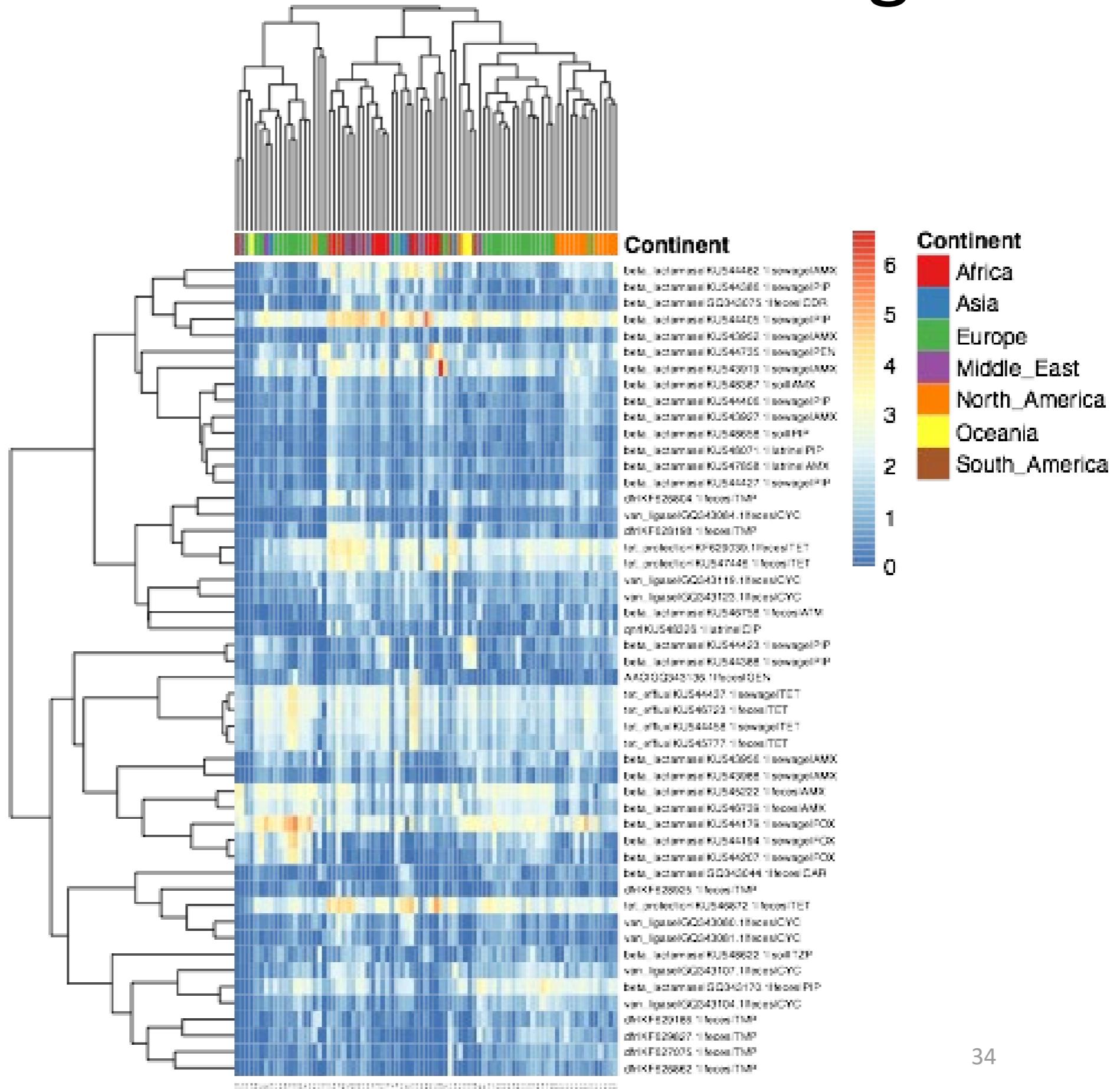


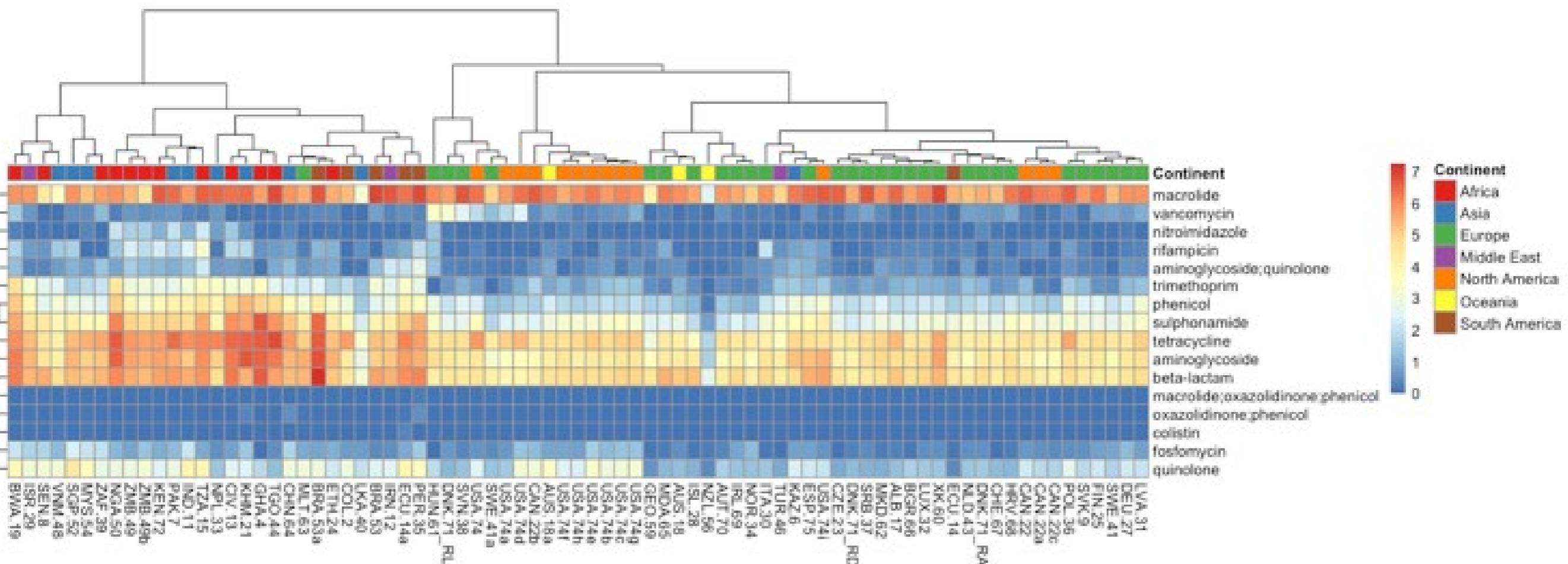
AMR class

6



Top 50 functional resistance genes



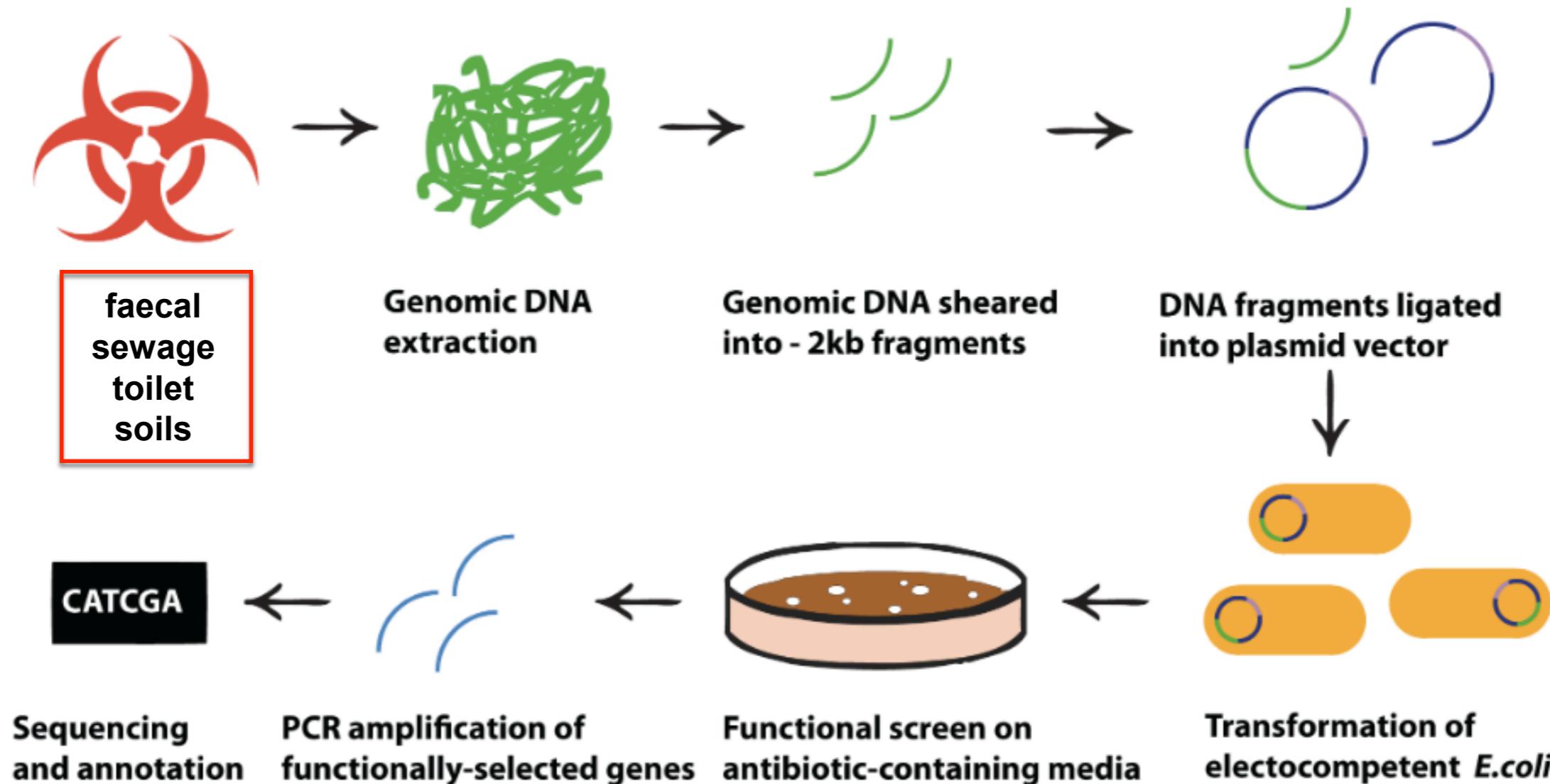


Functional resistance

- Resistance phenotype based on a functional metagenomic antibiotic resistance determinants
- Four functional metagenomic studies were considered, that analysed human faecal samples, sewage, latrines and soils
- Only ARDs selected on antibiotics towards which they are assumed to confer resistance have been selected
- Homology reduction with ResFinder using cd-hit

1. Pehrsson, E. C. et al. Interconnected microbiomes and resistomes in low-income human habitats. *Nature* 533, 212–216 (2016).
2. Moore, A. M. et al. Pediatric fecal microbiota harbor diverse and novel antibiotic resistance genes. *PLoS One* 8, e78822 (2013).
3. Sommer, M. O. A., Dantas, G. & Church, G. M. Functional characterization of the antibiotic resistance reservoir in the human microflora. *Science* 325, 1128–1131 (2009).
4. Forsberg, K. J. et al. Bacterial phylogeny structures soil resistomes across habitats. *Nature* 509, 612–616 (2014).
5. Seemann, T. Prokka: rapid prokaryotic genome annotation. *Bioinforma. Oxf. Engl.* 30, 2068–2069 (2014).
6. Fu, L., Niu, B., Zhu, Z., Wu, S. & Li, W. CD-HIT: accelerated for clustering the next-generation sequencing data. *Bioinforma. Oxf. Engl.* 28, 3150–3152 (2012).

Functional metagenomics



Moore AM¹, Munck C, Sommer MO, Dantas G. Front Microbiol. 2011 Oct 17;2:188

1. Pehrsson, E. C. et al. Interconnected microbiomes and resistomes in low-income human habitats. *Nature* 533, 212–216 (2016).
2. Moore, A. M. et al. Pediatric fecal microbiota harbor diverse and novel antibiotic resistance genes. *PloS One* 8, e78822 (2013).
3. Sommer, M. O. A., Dantas, G. & Church, G. M. Functional characterization of the antibiotic resistance reservoir in the human microflora. *Science* 325, 1128–1131 (2009).
4. Forsberg, K. J. et al. Bacterial phylogeny structures soil resistomes across habitats. *Nature* 509, 612–616 (2014).
5. Seemann, T. Prokka: rapid prokaryotic genome annotation. *Bioinforma. Oxf. Engl.* 30, 2068–2069 (2014).
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Article abstract

ResFinderFG 1.0

ResFinderFG identifies a resistance phenotype based on a functional metagenomic antibiotic resistance determinants database.

View the [version history](#) of this server.

The database is curated by:
Etienne Ruppé
Genomic Research Laboratory
Geneva University Hospitals
(click to contact)

Select Database

Select multiple items, with Ctrl-Click (or Cmd-Click on Mac)

functional genomics

Select threshold for %ID

98 %

Select minimum length

60 %

Select type of your reads

Assembled Genome/Contigs*

If you get an "Access forbidden. Error 403": Make sure the start of the web address is https and not just http. Fix it by clicking [here](#).

 Isolate File

Name

Size

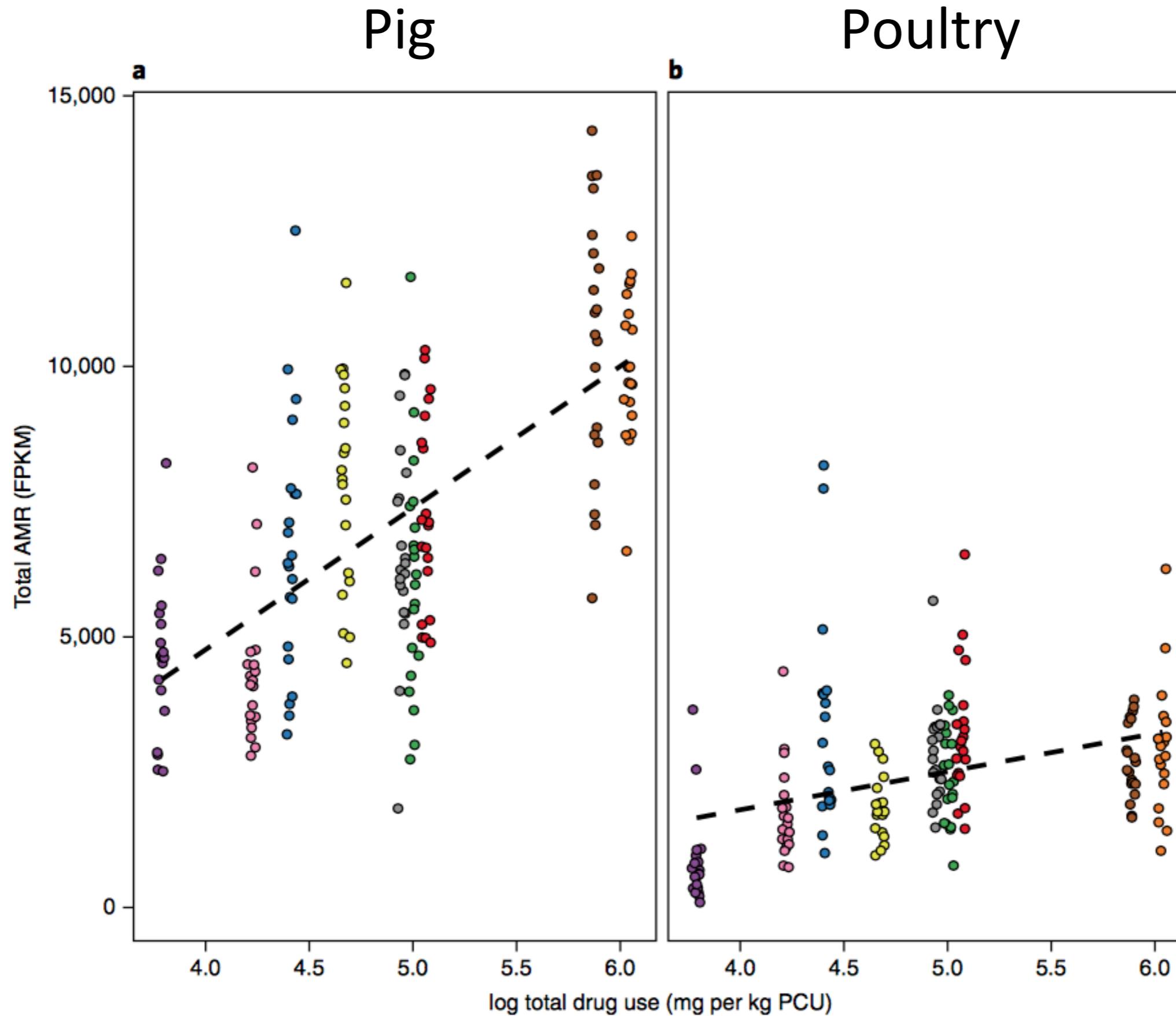
Progress

ResFinder -> 3026 genes

Functional resistance -> 2514 genes

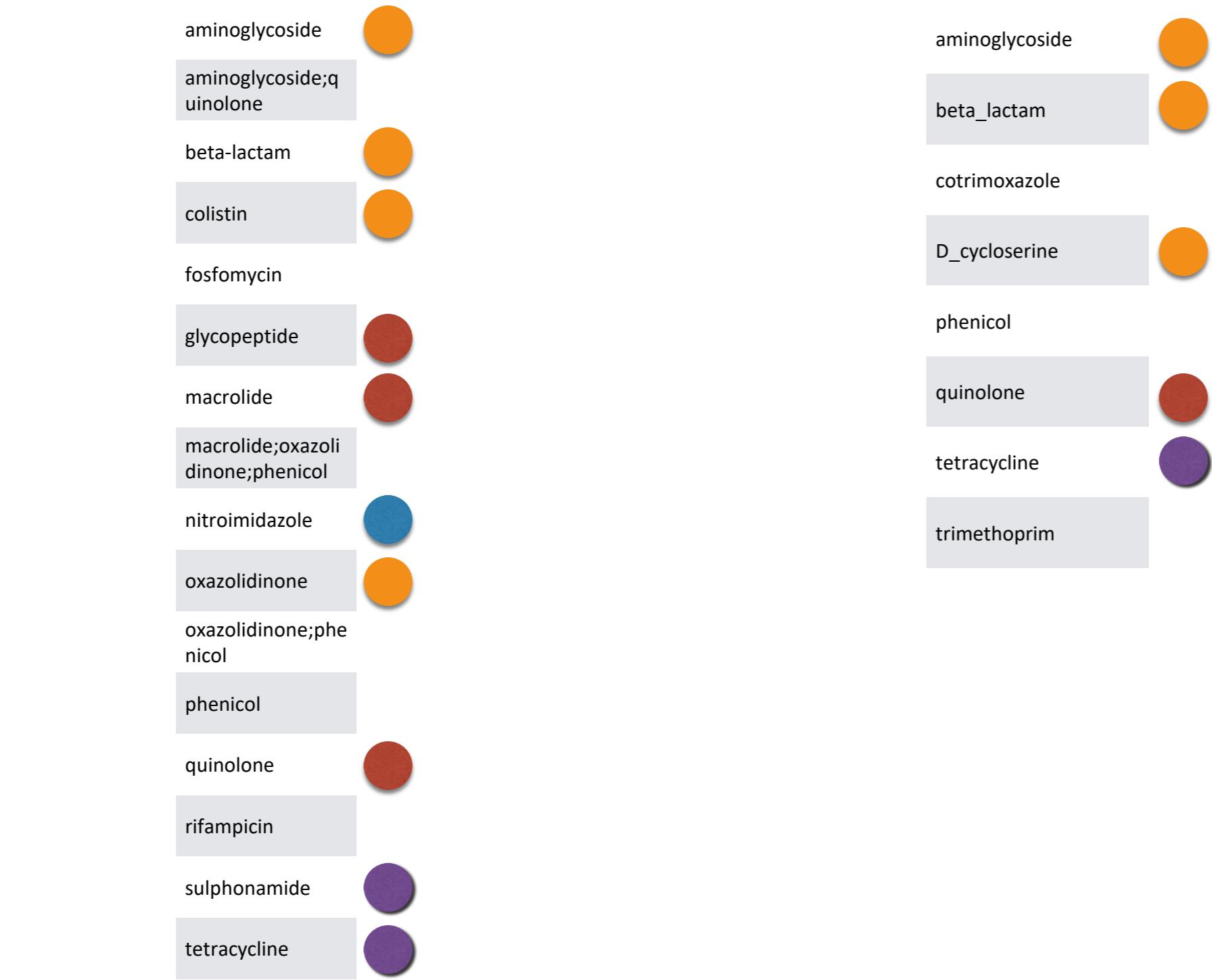
The different antibiotics used for selection are:

AMK: amikacin
AMX: amoxycillin
ATM: aztreonam
CAR: carbenicillin
CAZ: ceftazidime
CDR: cefdinir
CHL: chrloramphenicol
CIP: ciprofloxacin
CTX: cefotaxime
CYC: D-cycloserine
FEP: cefepime
FOX: cefoxitin
GEN: gentamicin
MIN: minocycline
OXY: oxytetracycline
PEN: penicillin
PIP: piperacillin
SIS: sisomycin
SXT: cotrimoxazole
TET: tetracycline
TGC: tigecycline
TMP: trimethoprim
TZP: piperacillin-tazobactam



ResFinder

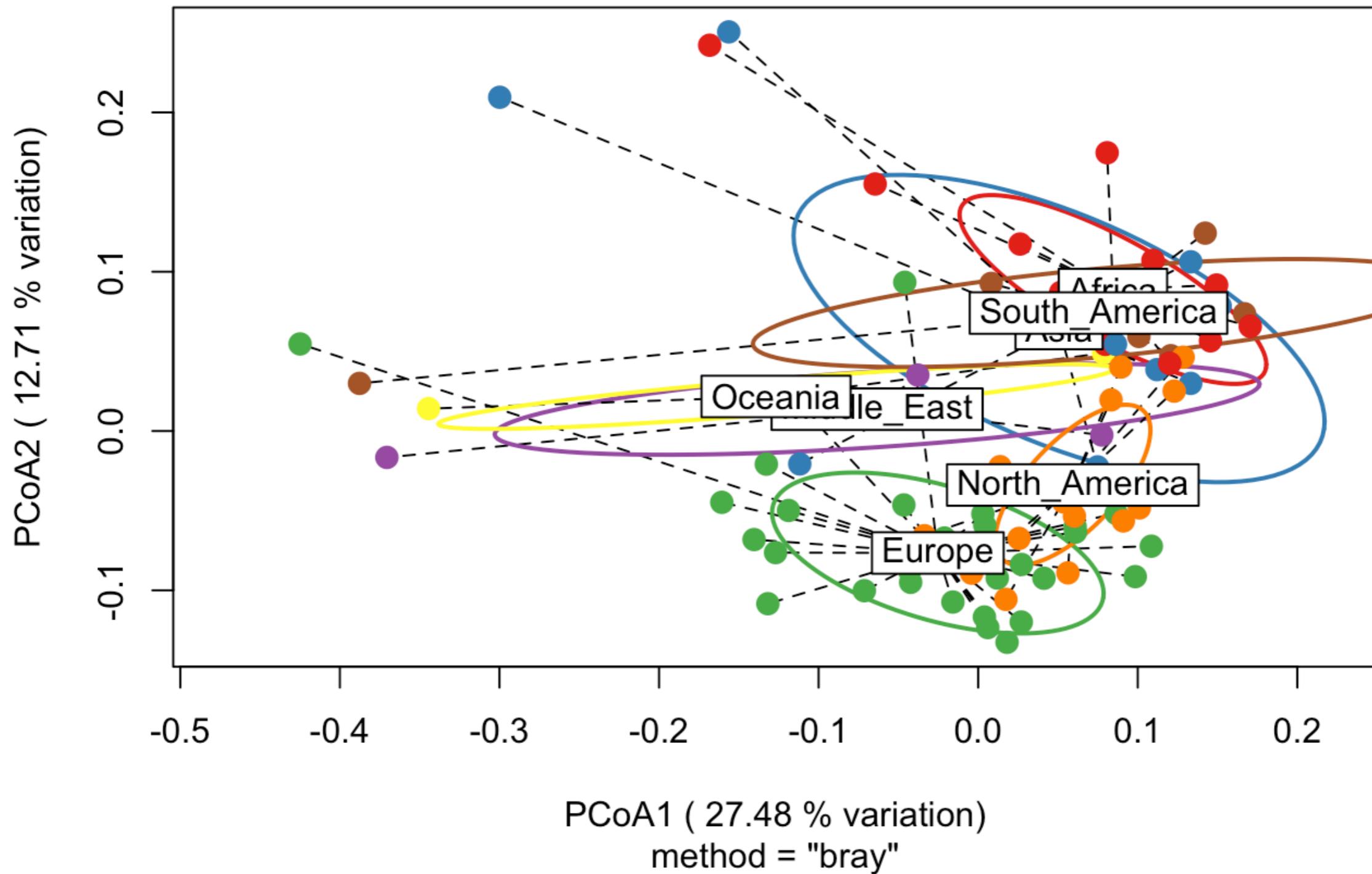
Functional resistance



- Critically important (Highest priority)
- Critically important (High priority)
- Highly important
- Important

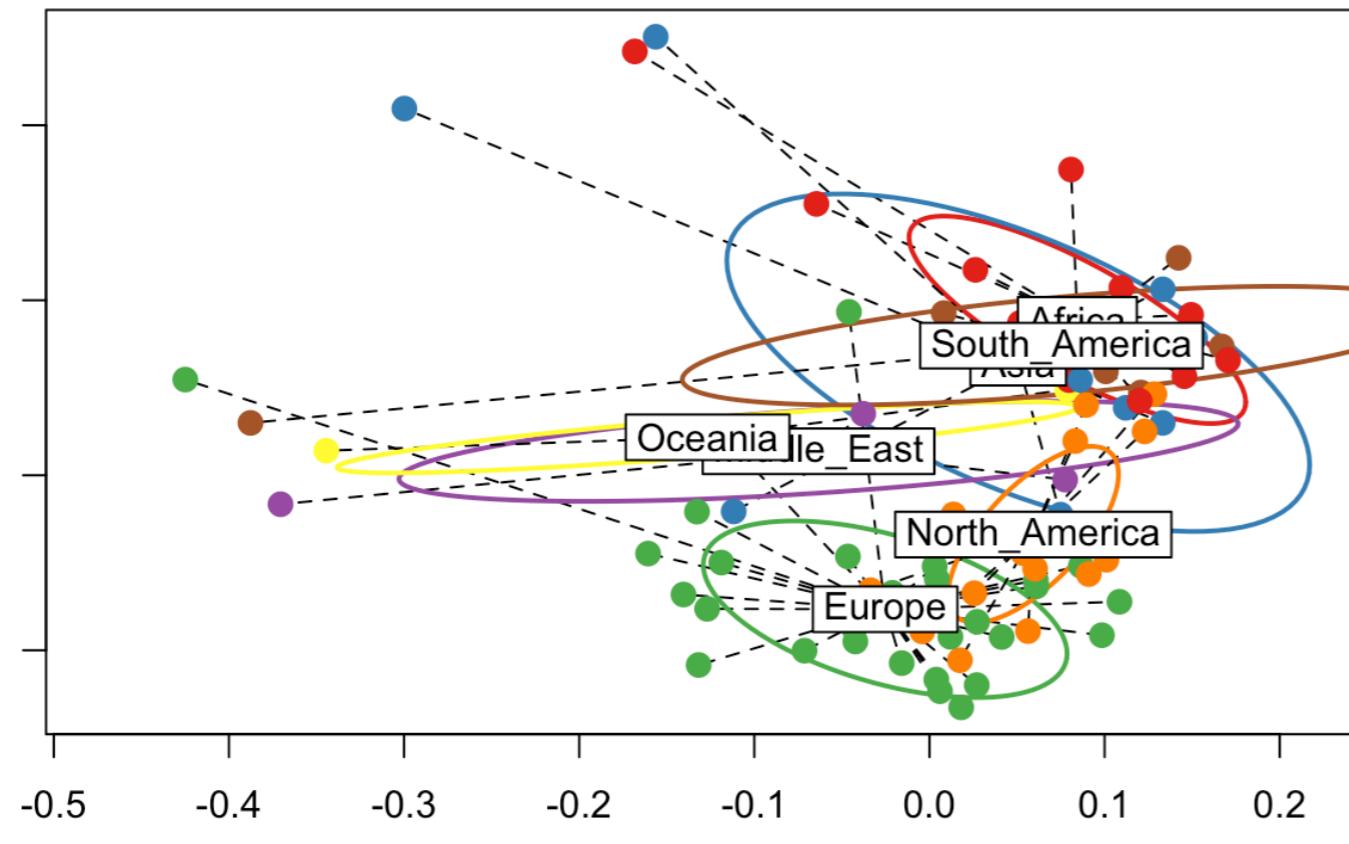
What are the other drivers of
the occurrence of AMR ?

PCoA Bacteria



PCoA Bacteria

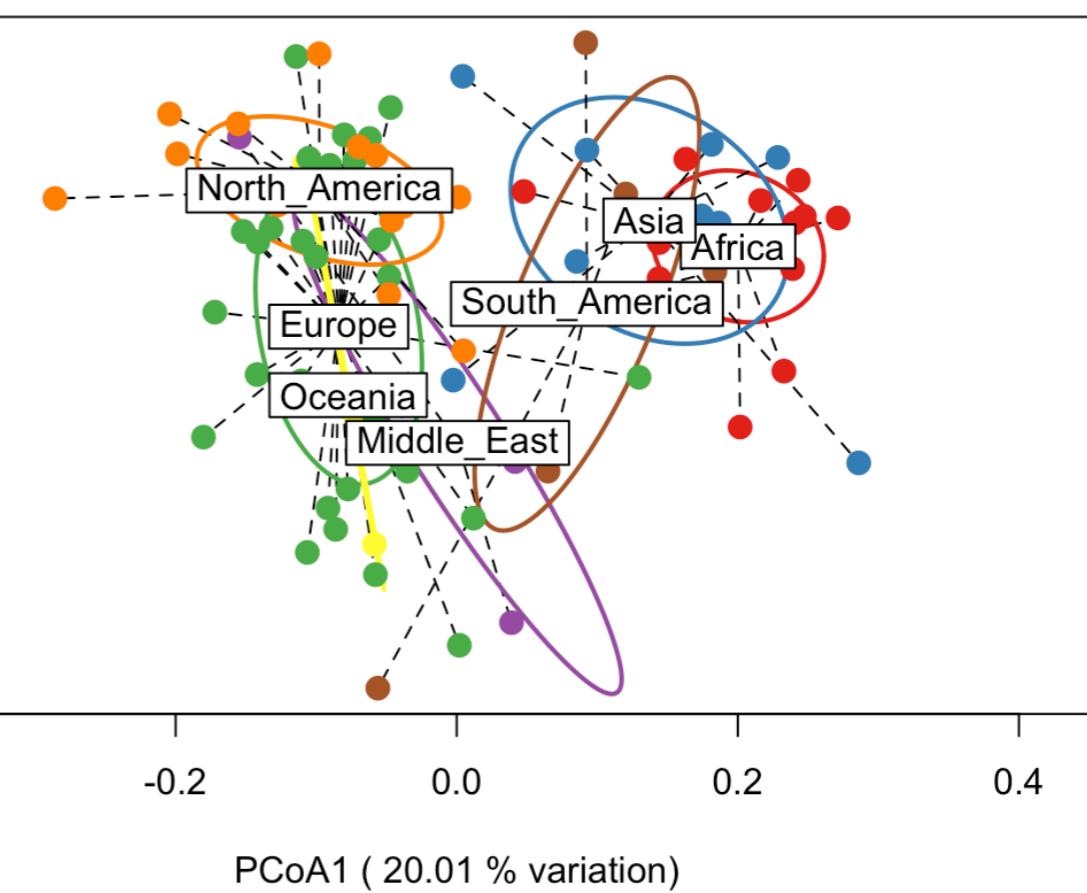
PCoA2 (12.71 % variation)



PCoA1 (27.48 % variation)
method = "bray"

PCoA ResFinder

PCoA2 (11.93 % variation)



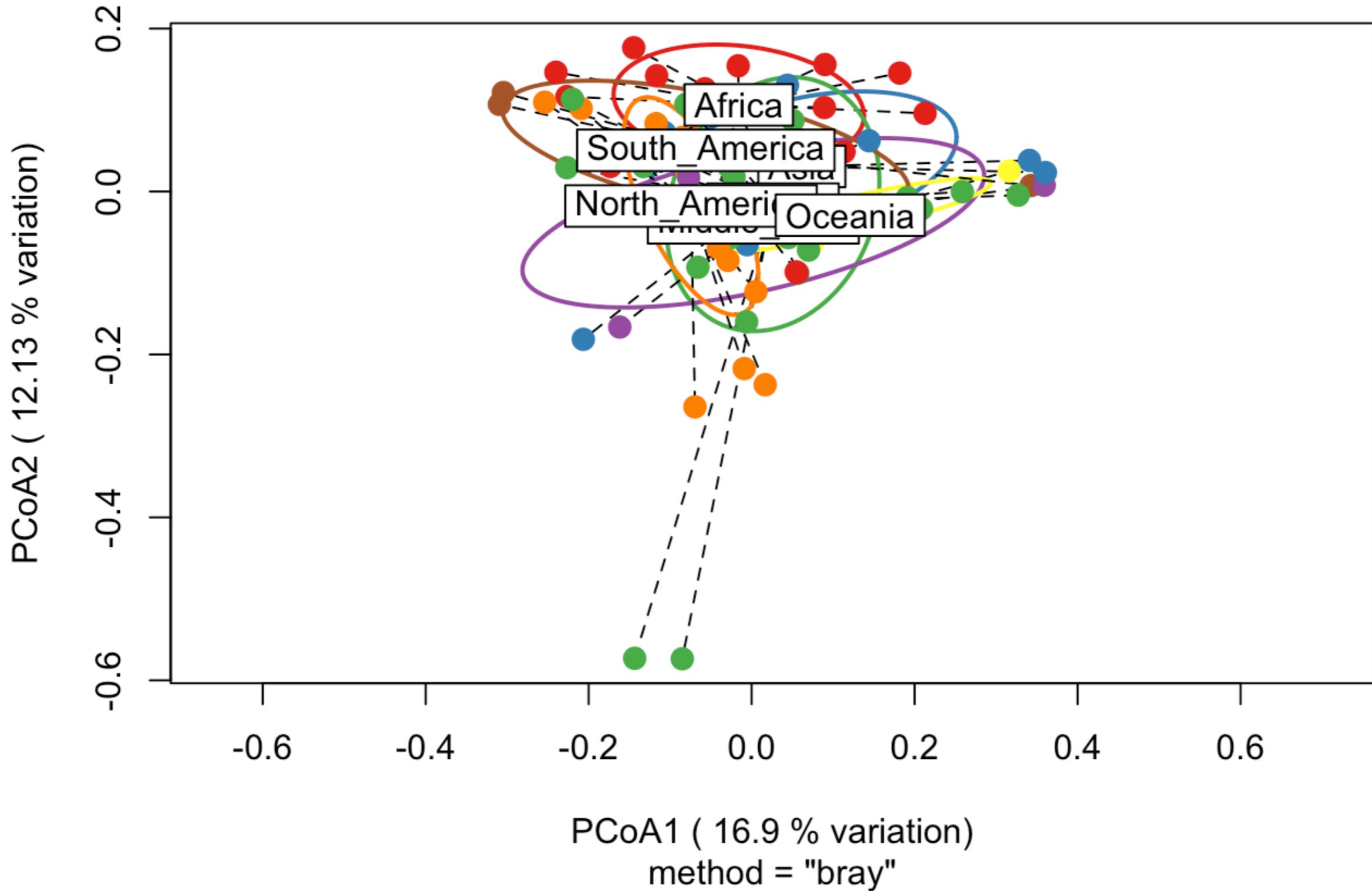
PCoA1 (20.01 % variation)

Future perspective

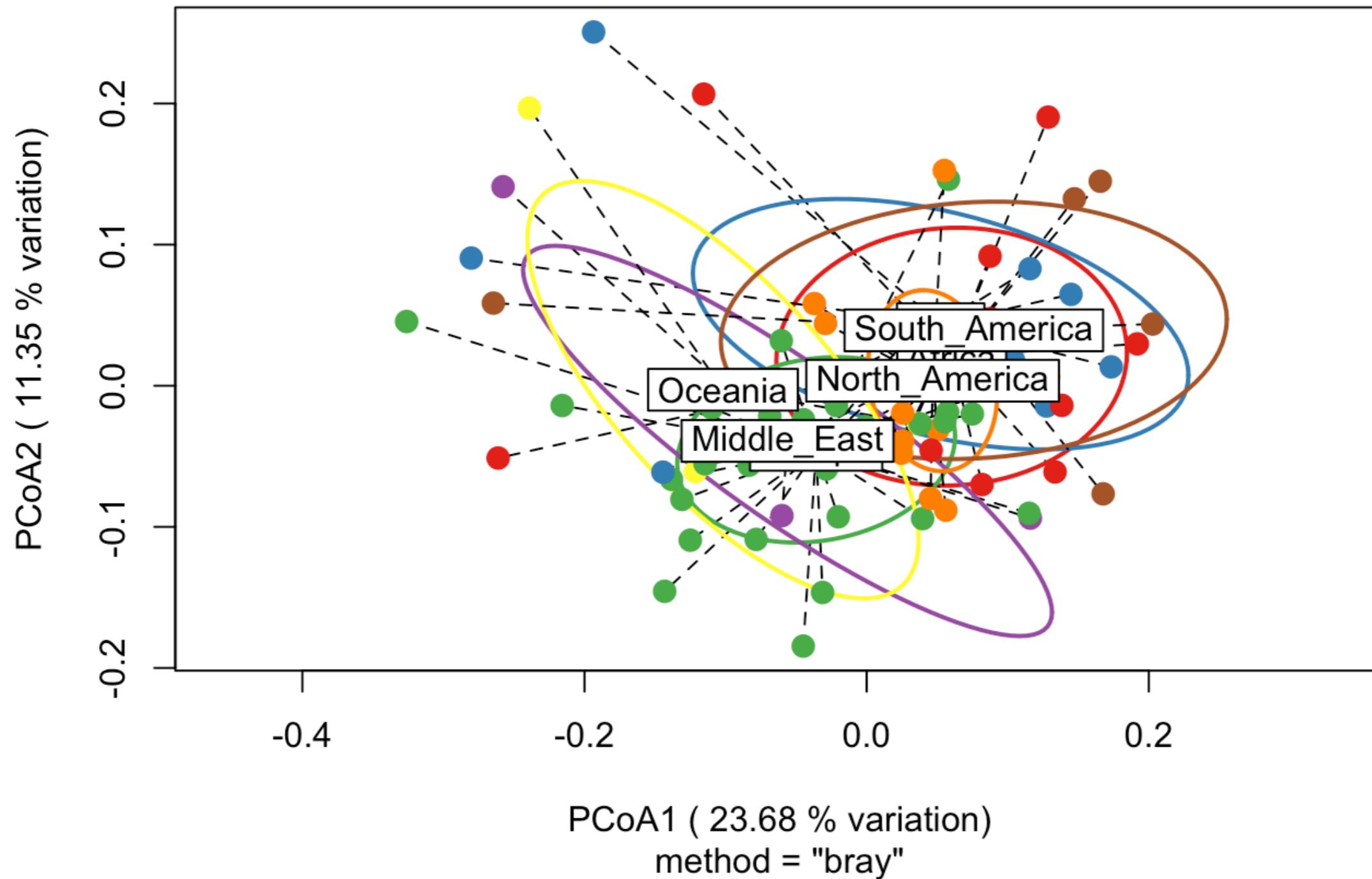
- Diversity and Abundance
 - AMR in gene level
 - AMR organisms
- Other resistance such as metal resistance and chromosomal point mutation

What are the other drivers of
the occurrence of AMR ?

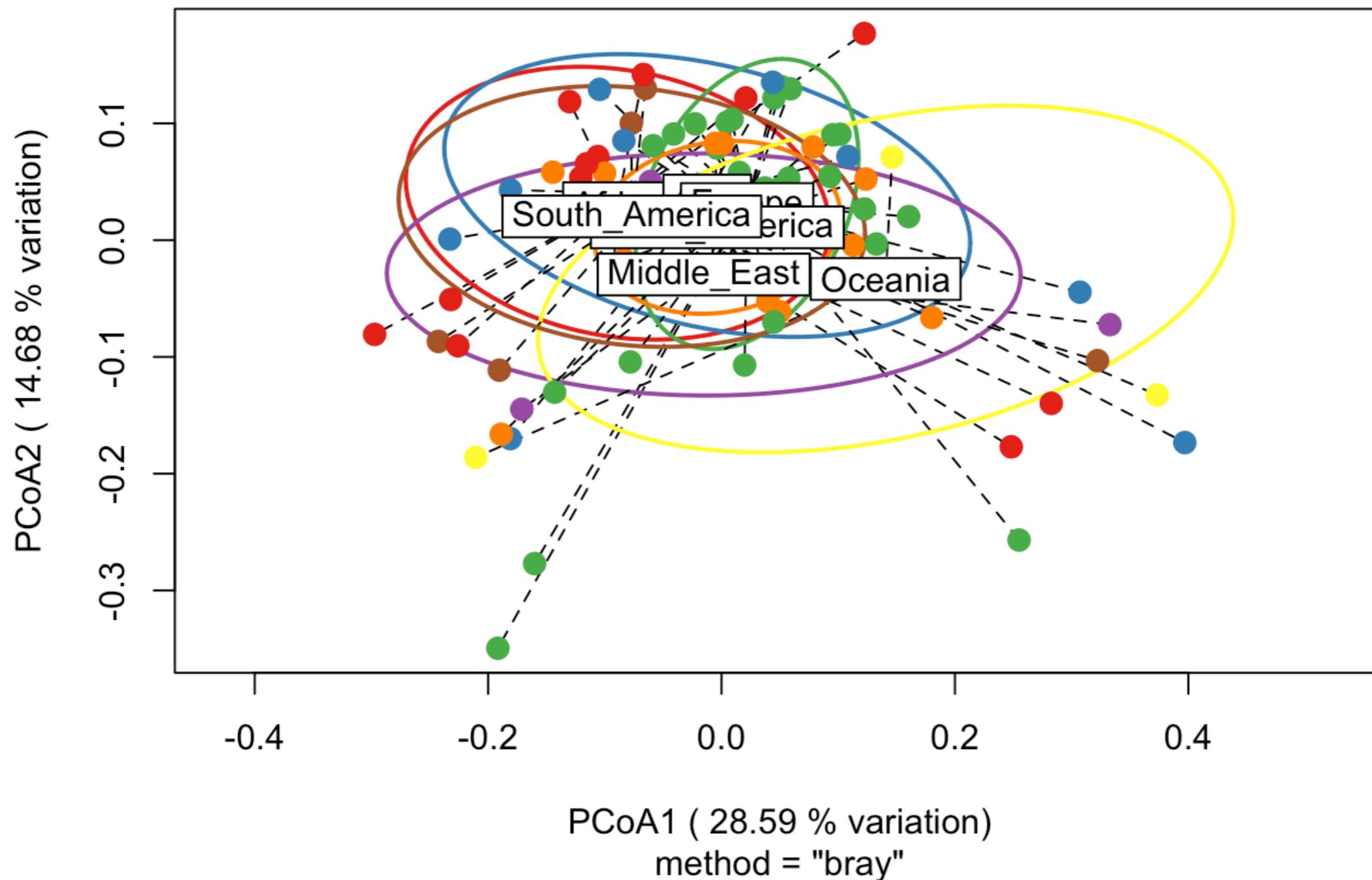
PCoA Plastid



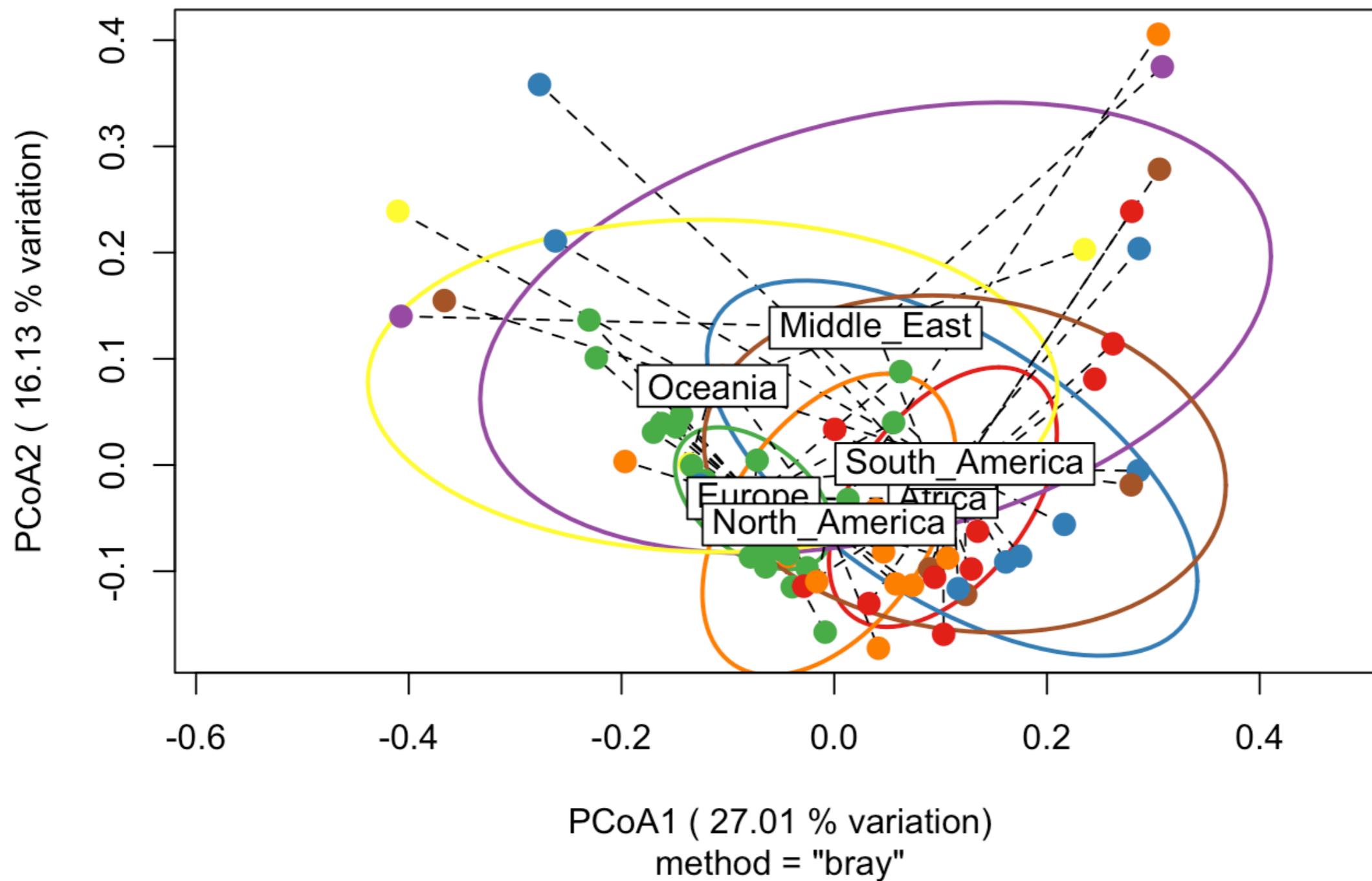
PCoA Plant



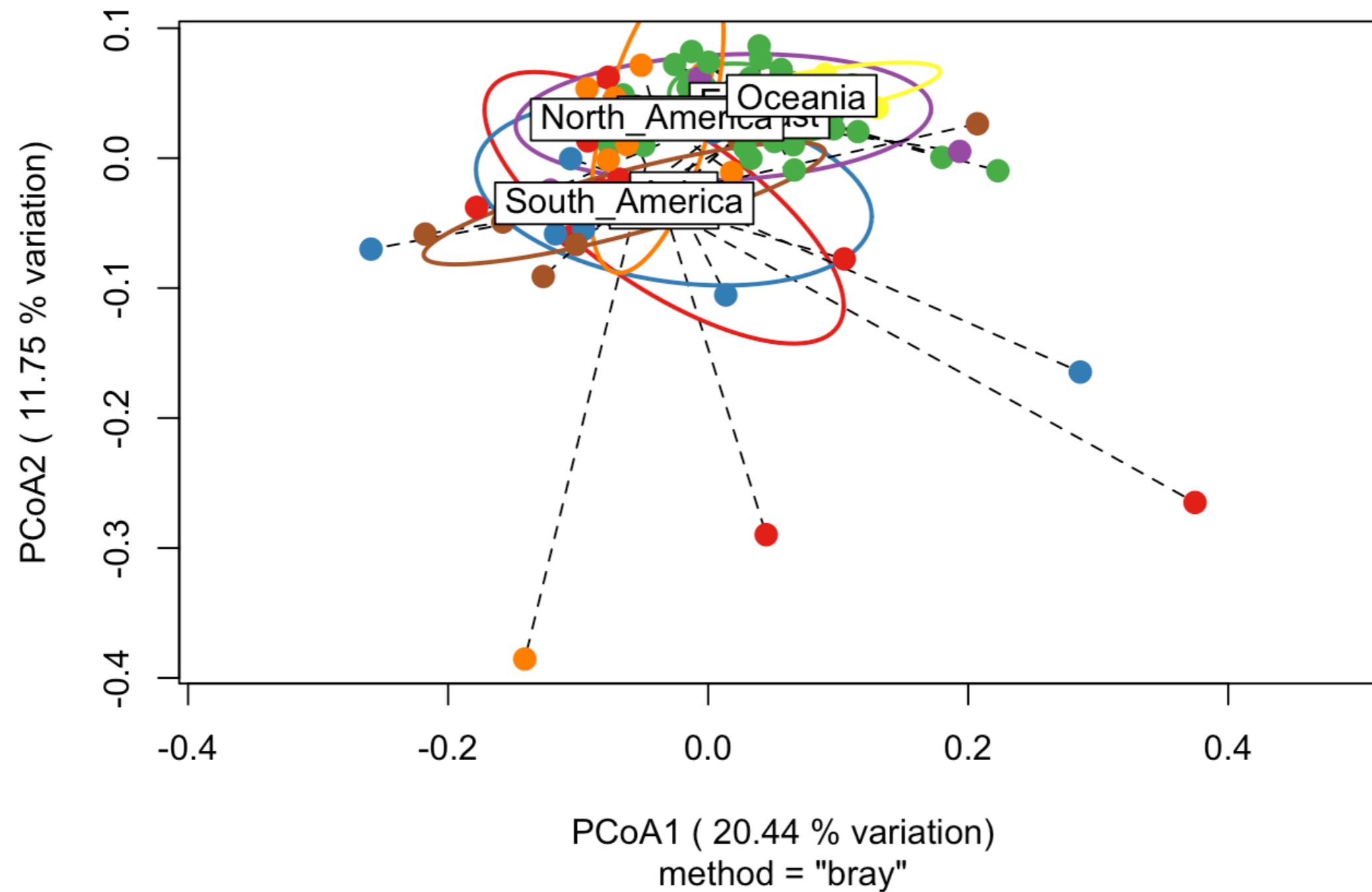
PCoA Vertebrate_mammals



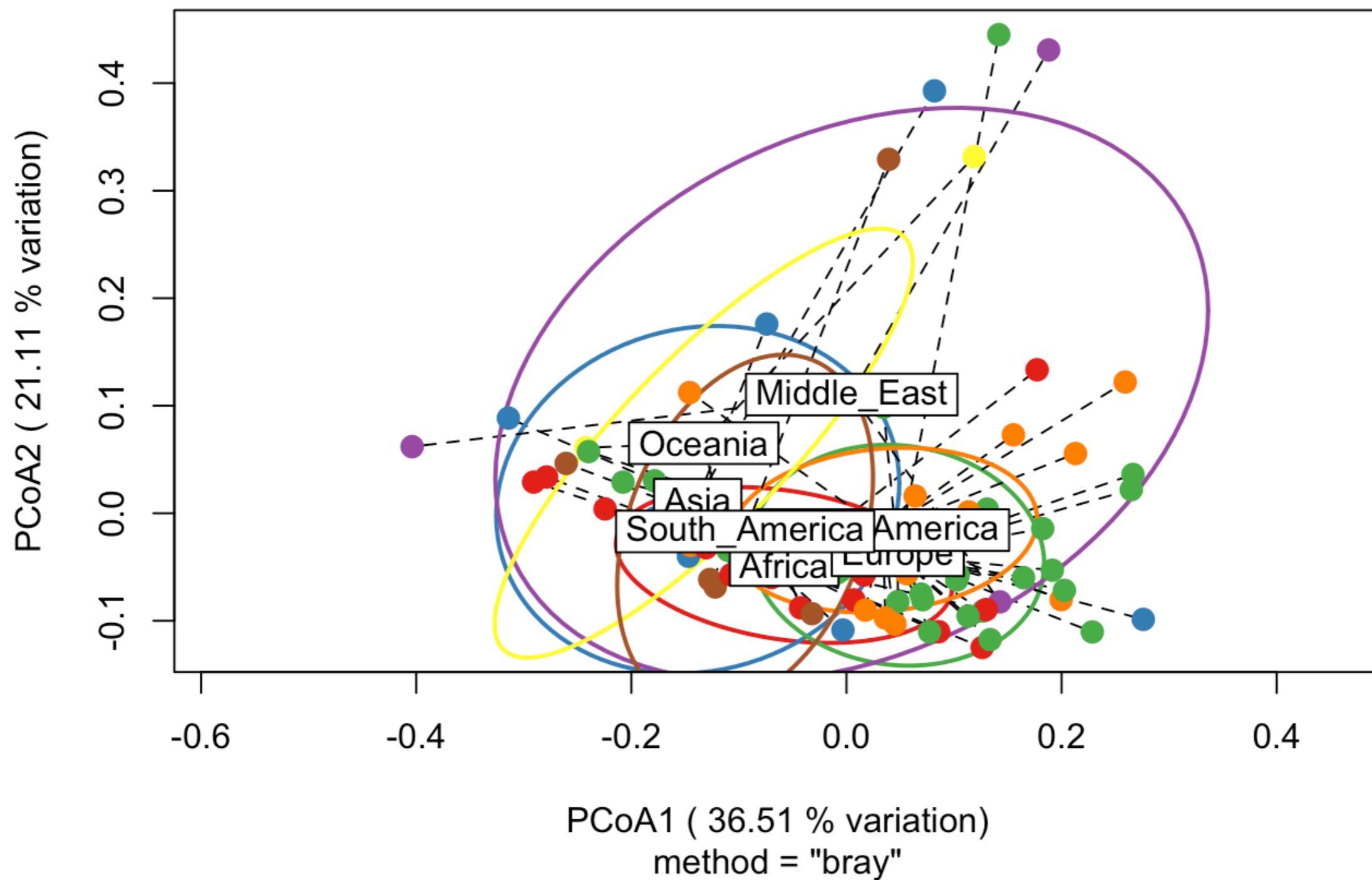
PCoA Vertebrates_other



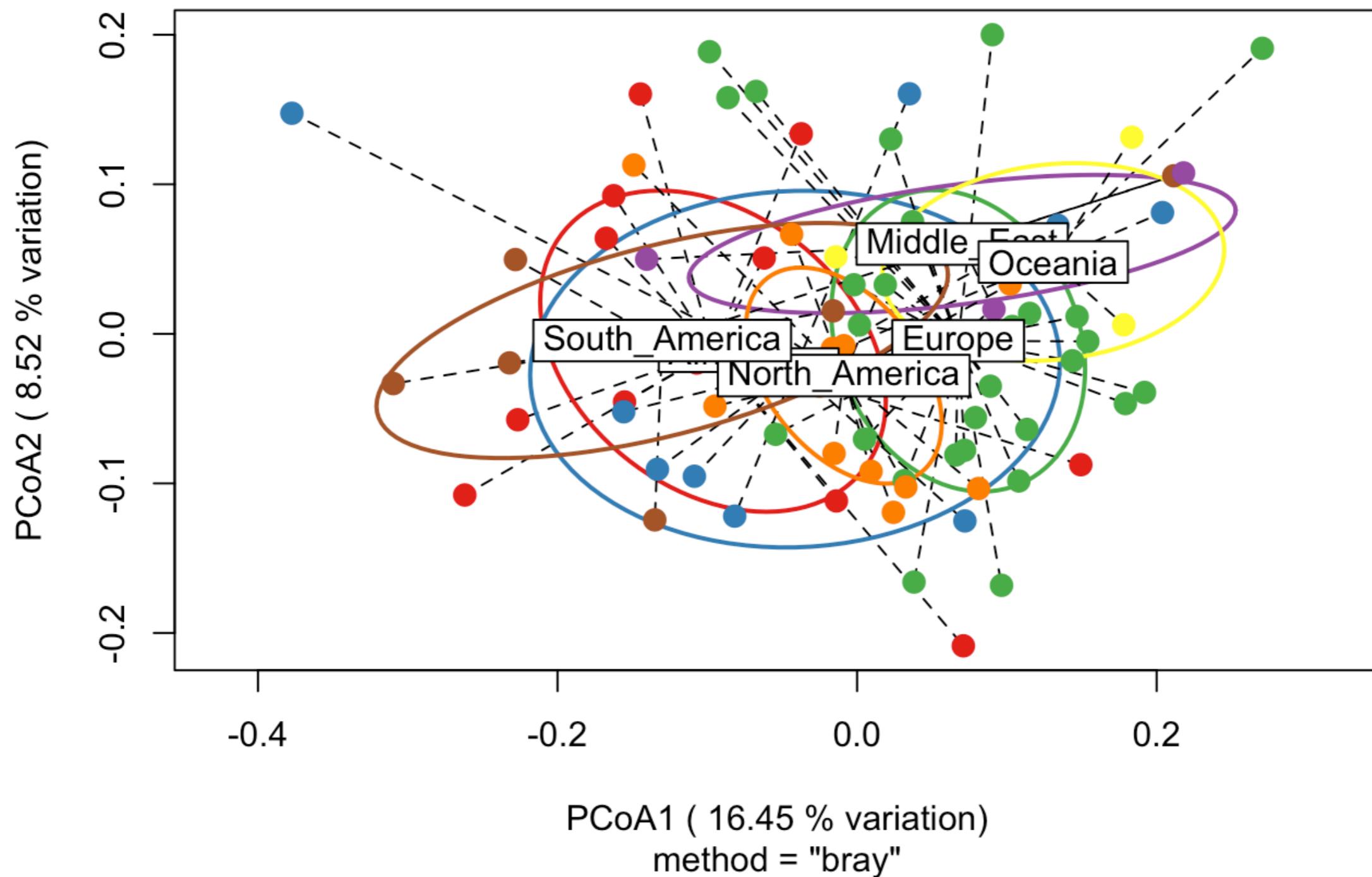
PCoA Invertebrates



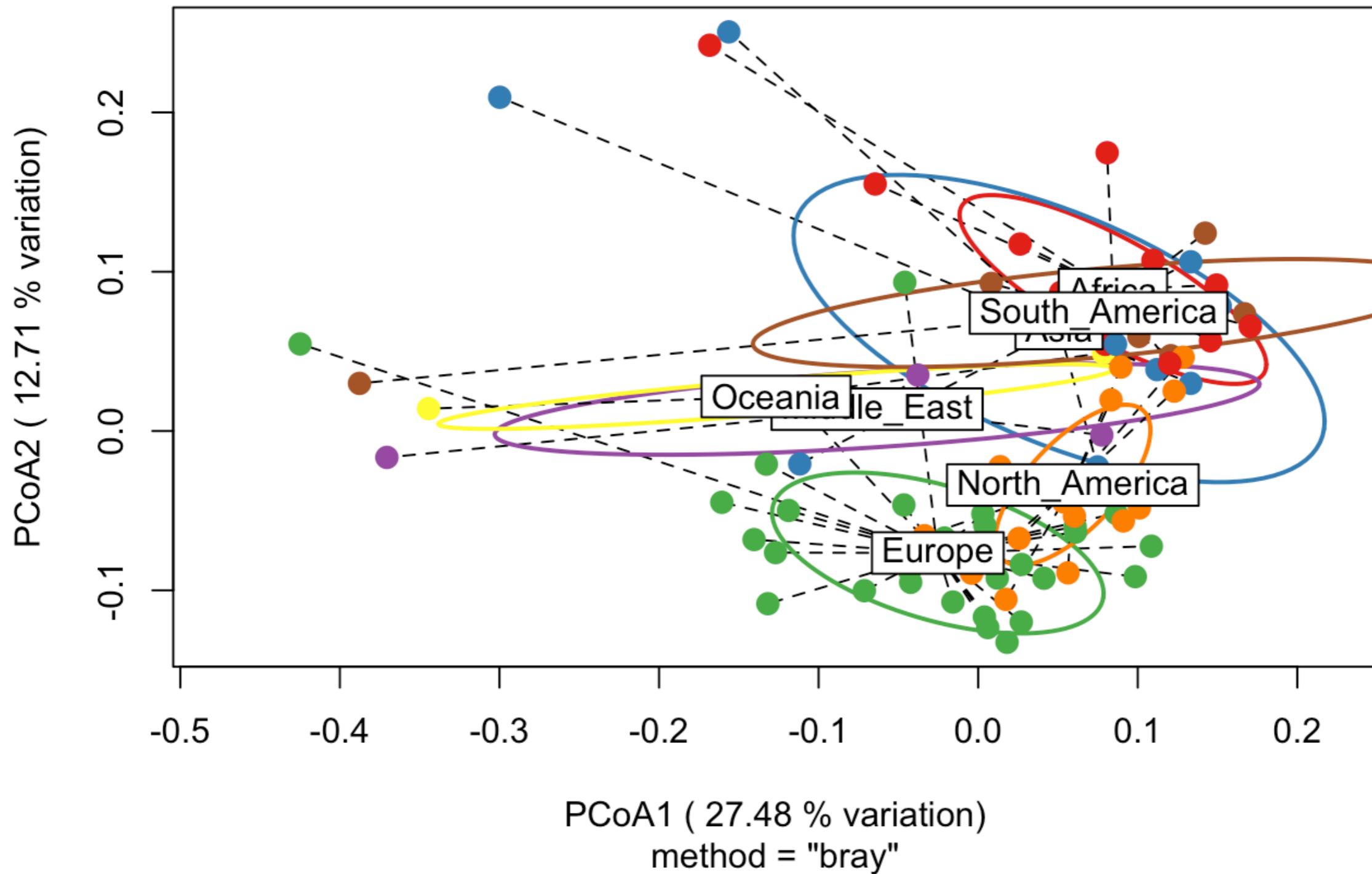
PCoA Protozoa



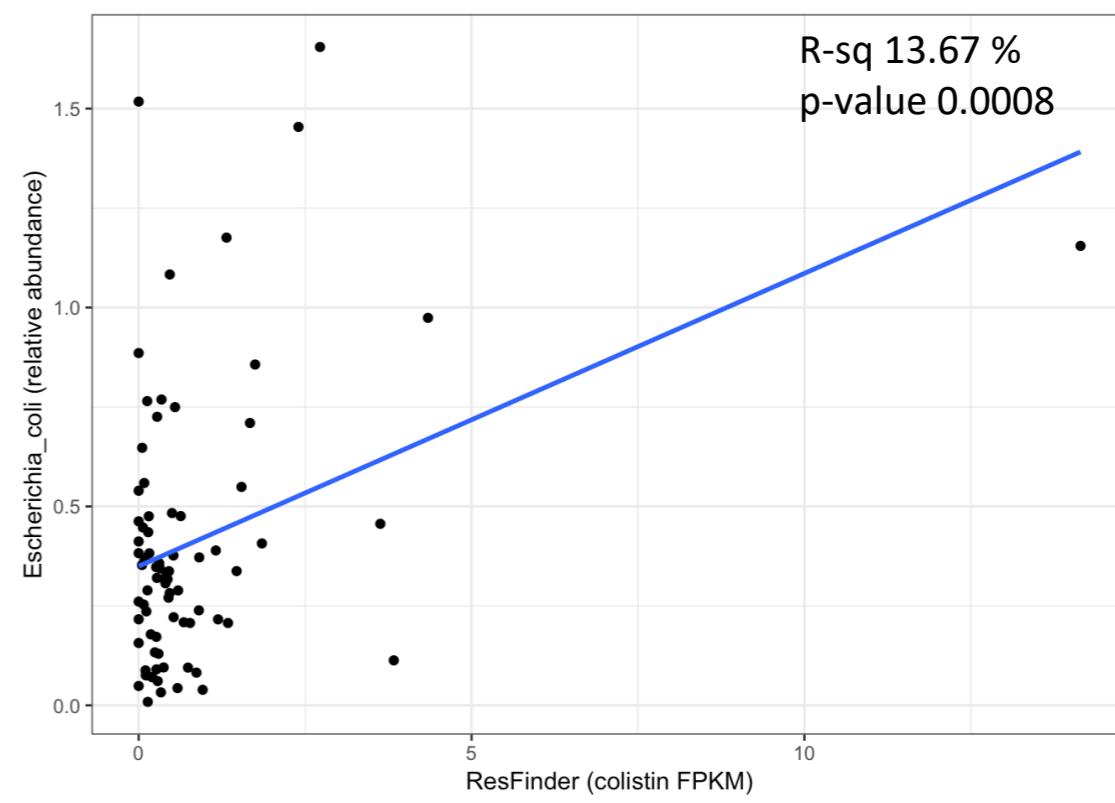
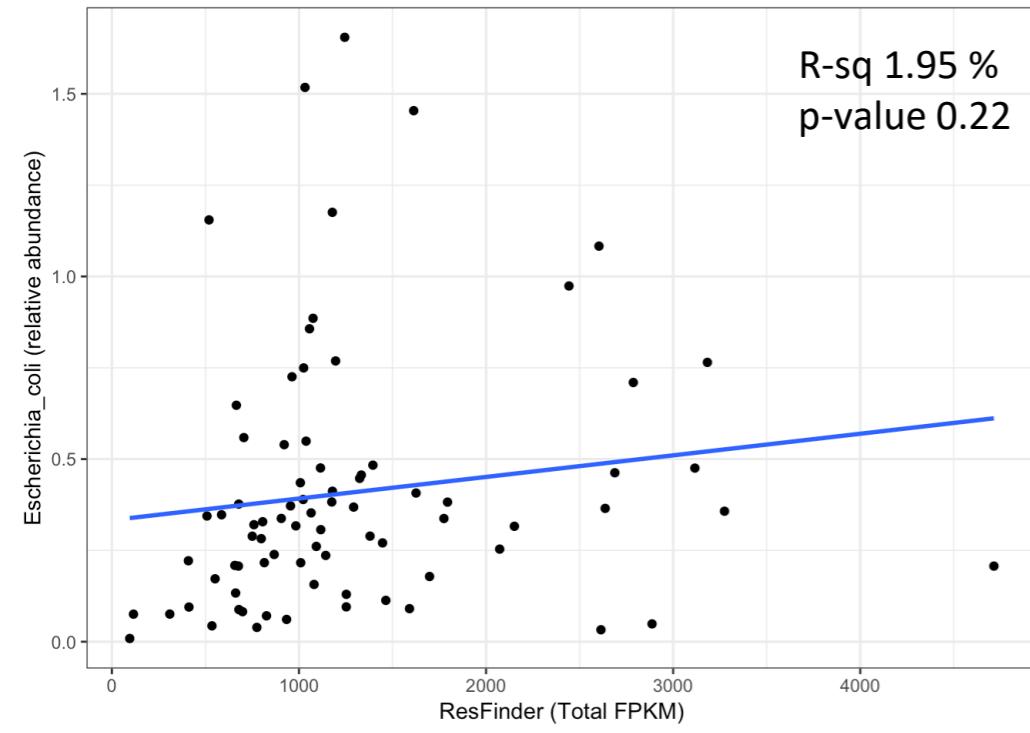
PCoA Fungi



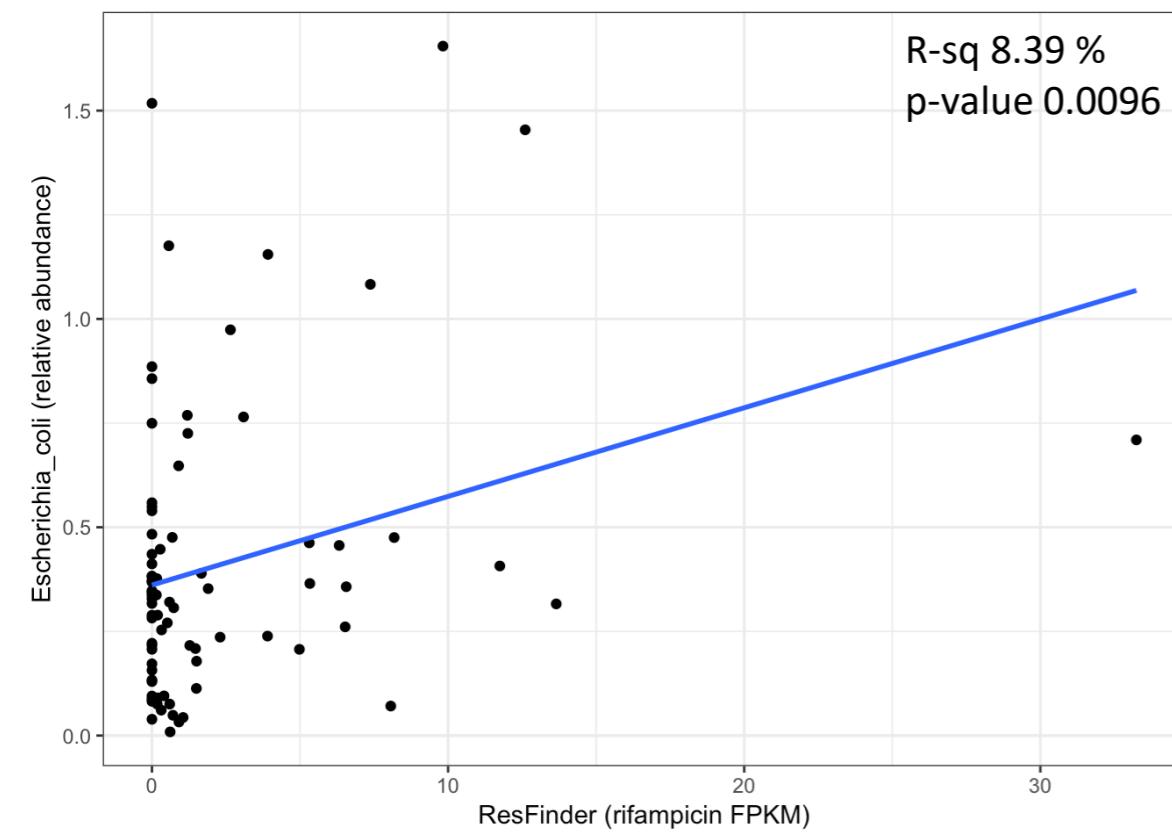
PCoA Bacteria



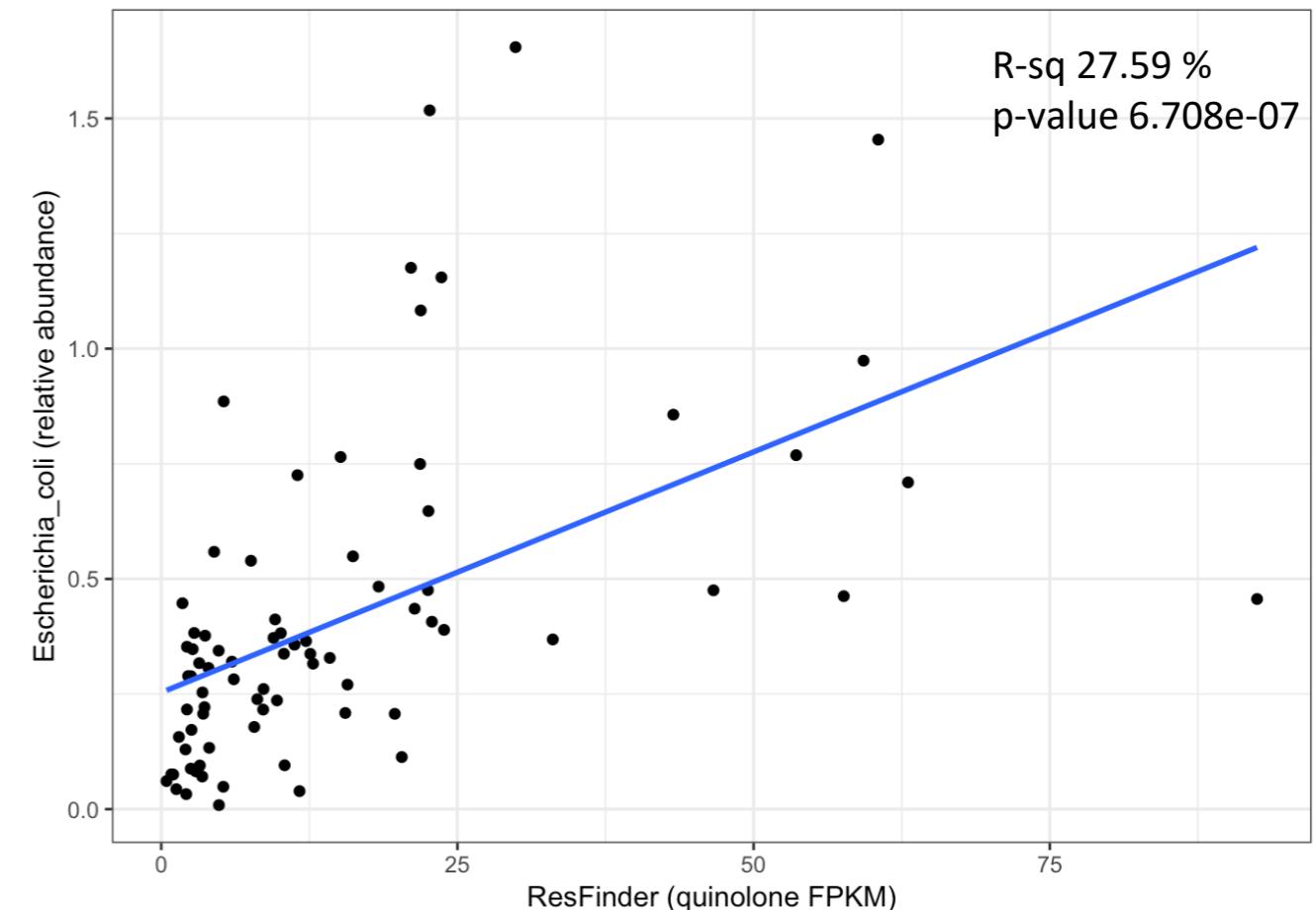
AMR genes and E.coli association



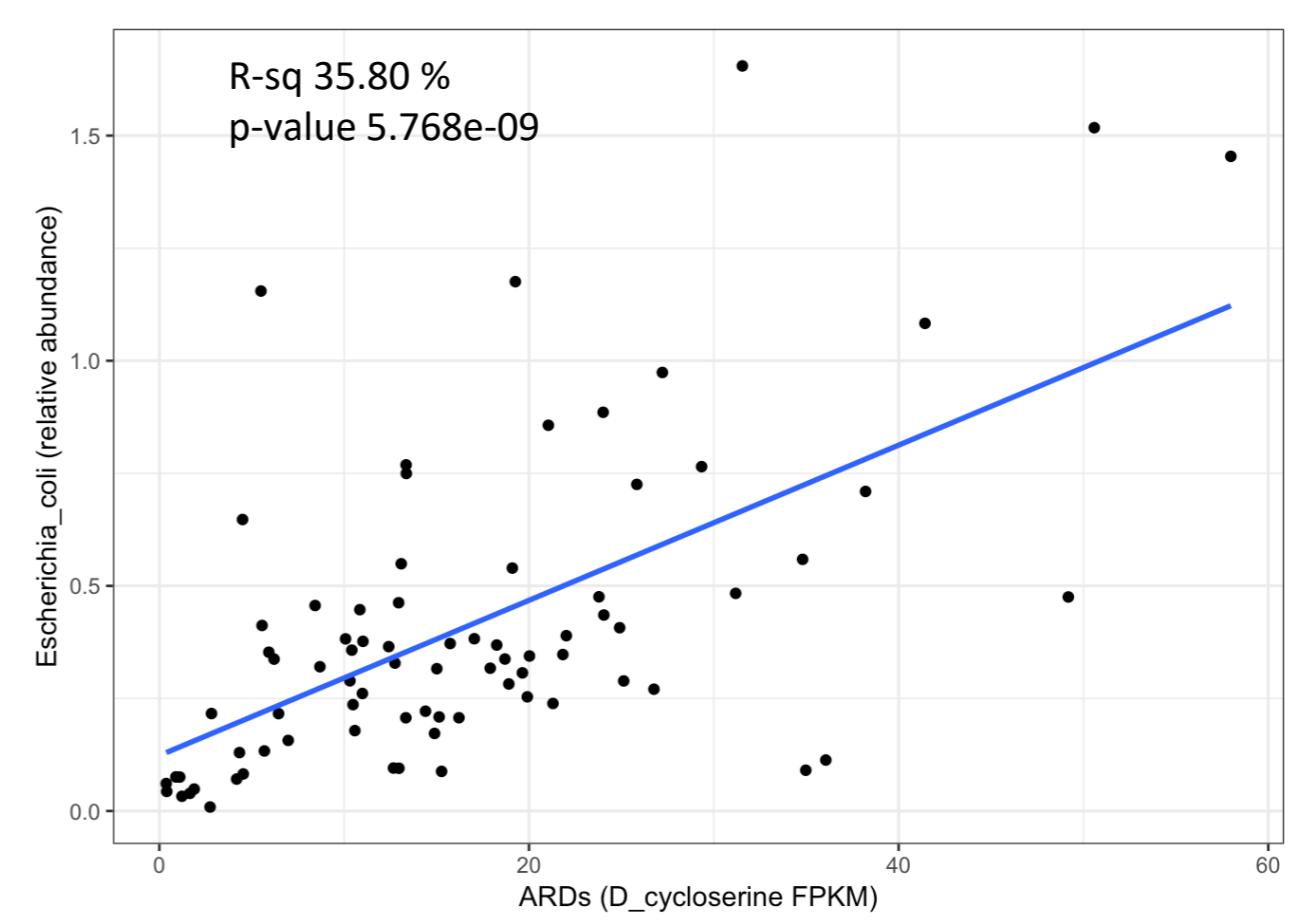
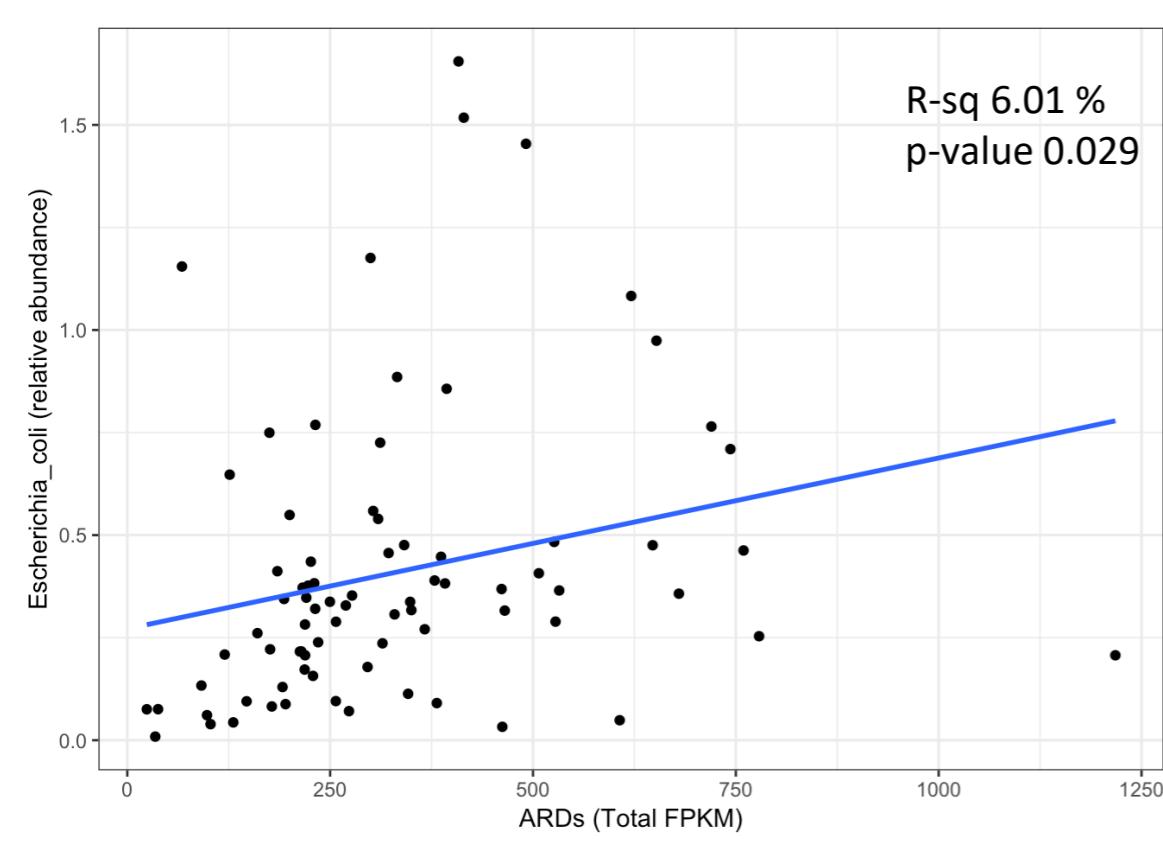
ResFinder (total FPKM)



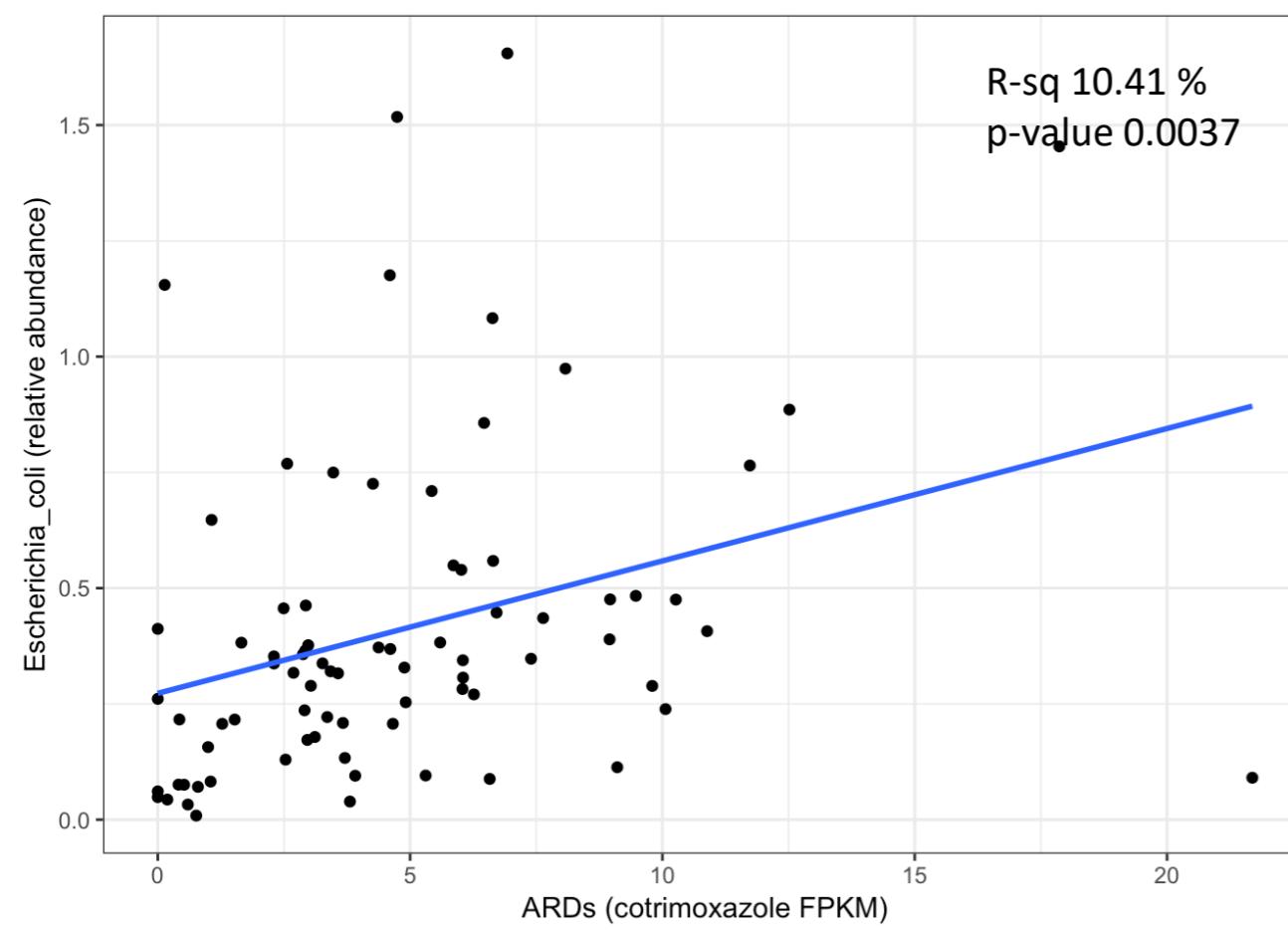
rifampicin



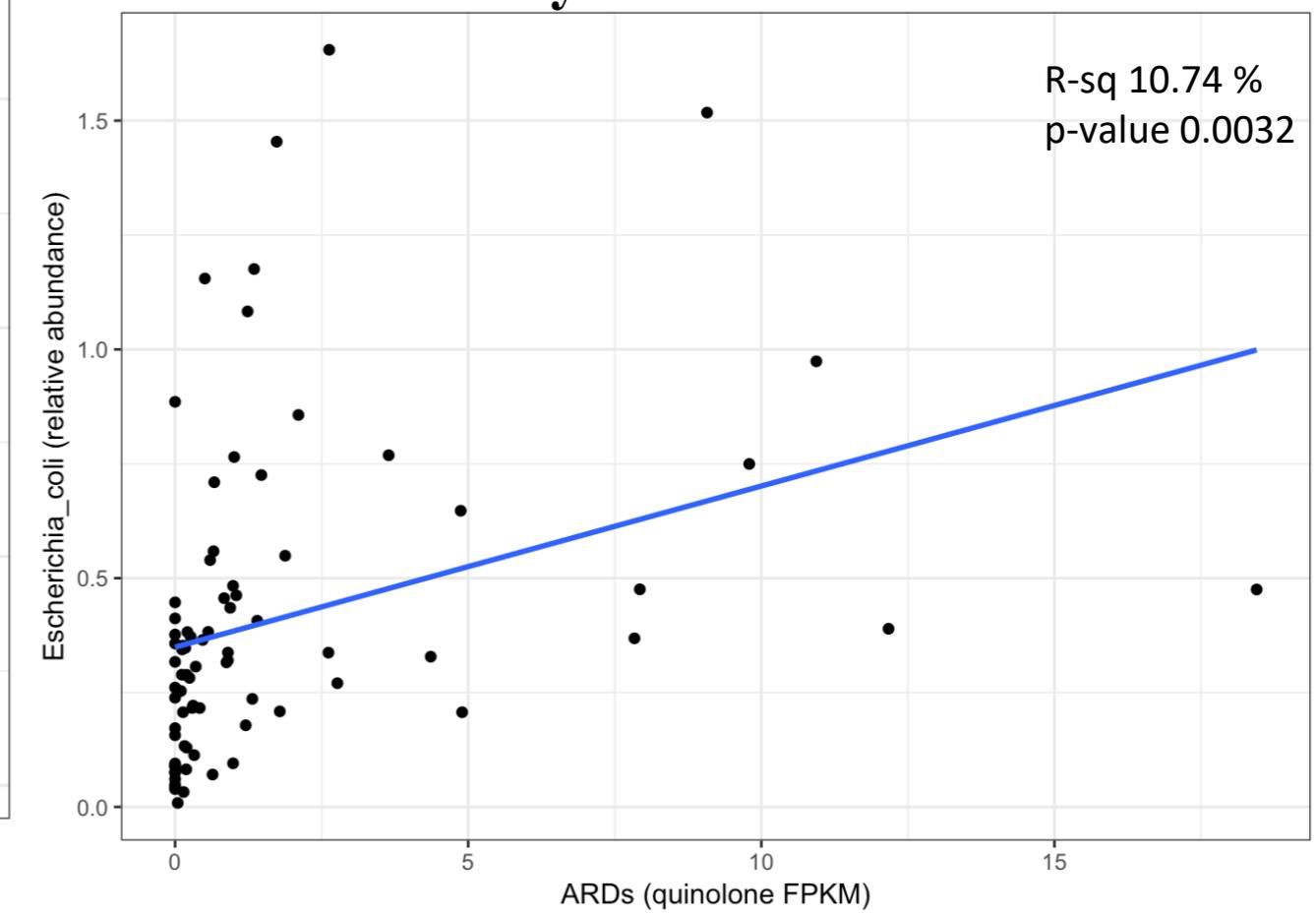
quinolone



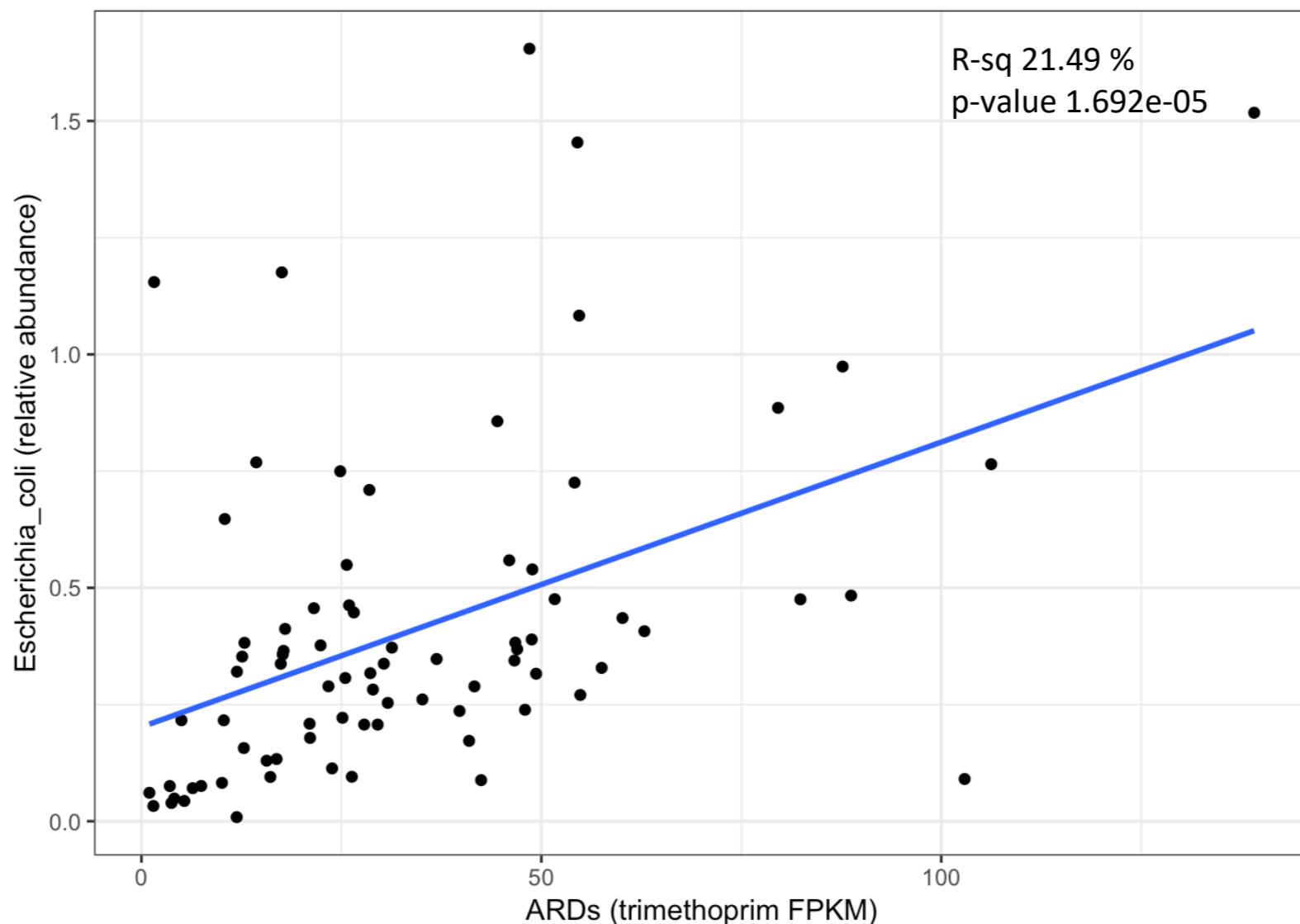
Functional resistance (total FPKM)



D-cycloserine



cotrimoxazole



trimethoprim

PCoA Virus

