



Public Health  
England

# Genomics and its Impact on Diagnostic Microbiology

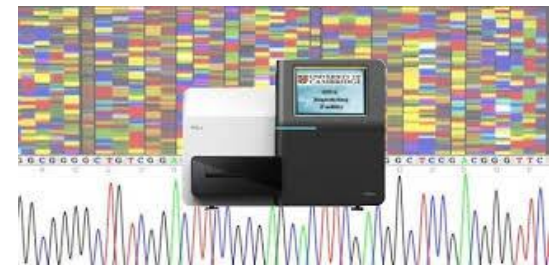
**Rick Holliman**

**Lead Public Health Microbiologist  
for London**



# Outline

- **Where are we now?**
- **What is coming our way?**
- **How will things change?**
- **Where will we be?**





# Current Clinical & Public Health Microbiology Practice

- **reactive**
- **extended TAT**
- **restricted profile**
- **most microbial tests  
have little direct impact  
on patient care**



# Application of Genomics

- **identification of pathogens**
- **predicting susceptibility**
- **determining epidemiology**





# First Wave Application

Pathogen	Identification	Susceptibility	Epidemiology
<b>Mycobacteria</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>HIV</b>		<b>X</b>	
<b>HCV</b>		<b>X</b>	
<b>Clostridium difficile</b>			<b>X</b>



# Second Wave Application ?

Pathogen	Identification	Susceptibility	Epidemiology
Legionella		X	X
Staph aureus (MSSA & MRSA)			X
Salmonella	X		X
Antimicrobial resistance		X	X



# Impact of Genomics on Diagnostic Practice



- **reduced TAT**
- **increased profile**
- **decreased costs**
- **enhanced safety**
- **nearer patient testing**



# Applying Genomics in Clinical Practice

- **select appropriate pathogens**
- **prioritise**
- **systematic deployment plan**
- **determine genomic diversity**
- **apply due diligence**
- **initial parallel testing**  
(phenotypic & genotypic)





# Tools for Understanding the Genomic Stability of a Pathogen

- **re-sequencing a single sample (technical reproducibility)**
- **multiple samples from one individual at one time**
- **multiple samples from one individual over a period of time**
- **multiple samples from a point source outbreak**
- **multiple samples from the community**

*Oxford Genomics Group*



# Genomic Stability Measures

Organism	SNP Rate (per year)
TB	<2
Clostridium difficile	<5
Pseudomonas aeruginosa	<10
Staph aureus	<20



# Genomic Sequencing

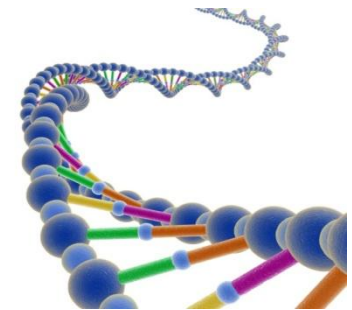
- **core genome**
- **parasitic elements - plasmids; phages**
- **accessory genome - gene variation/mutations**
- **gene pool – library of available mutations**





# Hierarchal Genomic Sequencing

- **1 locus = 16s rRNA**
- **53 loci = rMLST**
- **>500 loci = whole genome sequencing MLST**
  - **core genome**
  - **core + accessory genome**





# Question Driven Sequence Analysis

- **sequence only down to the level required**
- **Goldilocks principle applies**
  - **not too much**
  - **not too little**
  - **just right**



# Applying WGS in Clinical Practice

- **equipment**
- **IT links**
- **bioinformatics**
- **staff training**
- **assay validation – generic and specific**
- **local verification**
- **UKAS accreditation (addition to scope)**
- **IQA and EQA**
- **lead-in time with parallel testing (6-12 months?)**

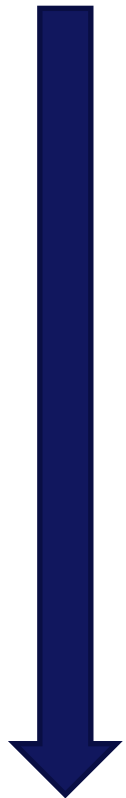


# Re-inventing the Wheel ?

- **collaboration with established local clinical services (clinical genetics, haem-onc etc)**
- **share staff, equipment, SOPs, validation, QA & accreditation**



# Continuous Deployment



**research lab**

**reference Lab**

**regional lab**

**diagnostic lab**

**NPT**







# Impact on Routine & Specialist Diagnostic Microbiology

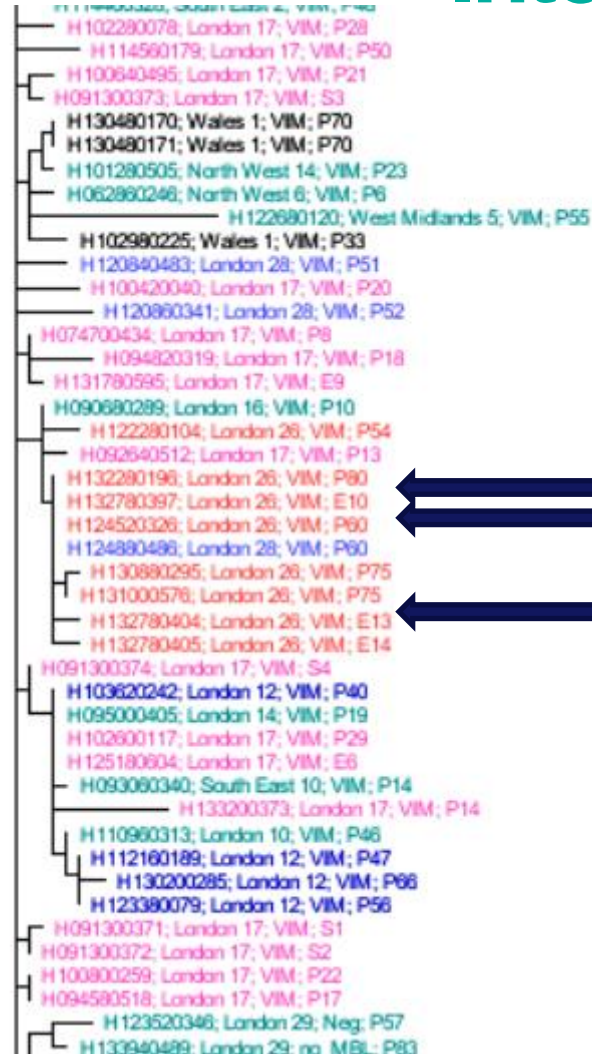
- **decreased TAT**
- **enhanced clinical impact**



- **altered staff skill mix**
- **altered working practice**



# Informing Infection Control Interventions



**site specific  
persistence**

**outbreak & transfer**

**sporadic**

**integrons & phages  
coding resistance to  
heavy metals  
disinfectants &  
detergents**



# But What About my Job?

- **altered working practices**
- **new skills & competencies**
- **data generation plus information synthesis**
- **heightened clinical profile**
- **enhanced employment opportunities through transferable skills**



# Carpe Diem

- **due diligence**
- **risk aware - not risk adverse**





# Required Development

- **direct genomic investigation of clinical specimens (metagenomics)**
- **establish real time diagnosis**
- **inform effective antimicrobial stewardship**
- **guide immediate infection control interventions**

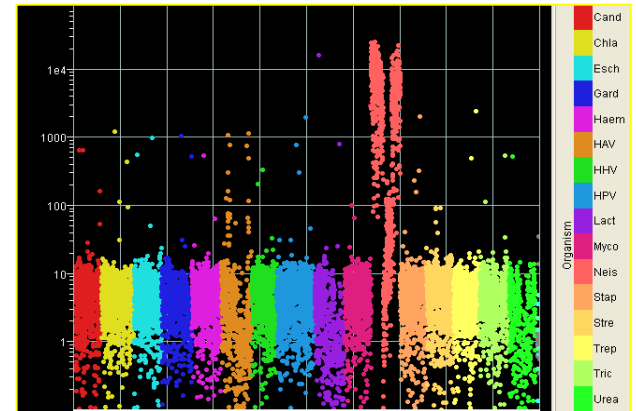


# Not Only But Also – Other Technology



## 2<sup>nd</sup> generation proteomics

- amino acid sequencing
- meta-proteomics



## syndromic micro-arrays & multiplex PCR



# Summary

- **Current microbiology methods are slow, restricted and have limited direct clinical impact**
- **First wave genomics will be deployed within 6 months**
- **Genomics will have a profound impact on diagnostic, specialist and reference labs – but we will change rather than disappear**