

Rapid pathogen detection in ambiguous infections using real-time nanopore sequencing technology



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Infectious diseases

- ❑ Infectious diseases are among the main causes of mortality and morbidity worldwide
- ❑ **Timely diagnosis** and **targeted antimicrobial treatment** are essential for successful treatment of infections



Current pathogen detection methodology

- ❑ Current diagnosis of clinically significant infections relies on a variety of laboratory-based tests including
 - ❑ Microscopy, culturing, immunoassays, nucleic-acid amplifications, etc.



Current pathogen detection methodology

- ❑ However, the conventional microbiological methods are not always confirmatory for the accurate diagnosis in some clinical scenarios
 - ❑ Pneumonia (15-25% unknown cause)
 - ❑ Sepsis (20% unknown cause)
 - ❑ Meningitis / Encephalitis (60-80% unknown cause)
- ❑ It might take days/weeks to characterize the infectious agents



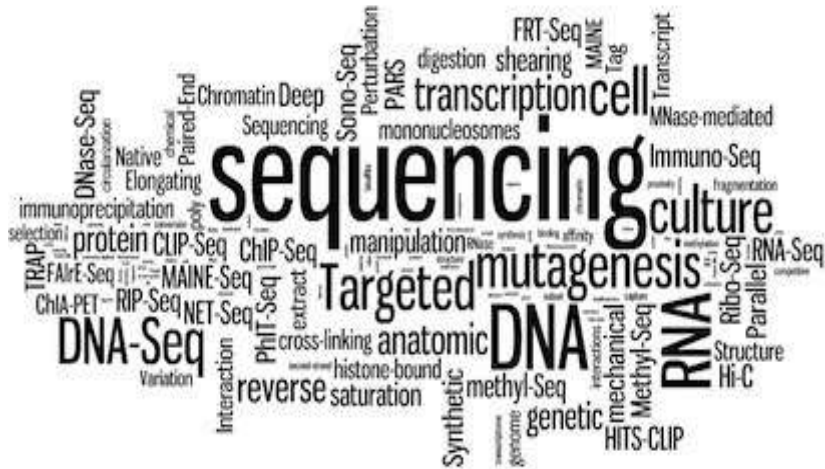
Current pathogen detection methodology

Lack of timely pathogen detection or no detection at all negatively affects the mortality rates!



Next Generation Sequencing?

- ❑ NGS could be a novel diagnostic tool for the detection of pathogens
- ❑ However;
 - ❑ High-throughput is not feasible for single samples
 - ❑ Sequencing duration is typically long
 - ❑ Not plausible for the out-of-lab application (in field)



Next Generation Sequencing- MinION

- ❑ MinION (Oxford Nanopore) is a real-time-whole-genome sequencer
 - ❑ Which enables custom use
- ❑ Is a portable 'USB stick'
 - ❑ Which enables out-of lab use



Objectives of the study

- ❑ This study aimed **real-time nanopore sequencing based rapid detection of infection agents** for clinically significant yet laboratory-confirmation-negative cases
- ❑ **This study was designed as a proof-of-concept**

Methods

- ❑ Two hospitalized patients were included
- ❑ **The first patient**
 - ❑ had several weeks of abdominal pain, fever, weight loss
 - ❑ positive peritoneal thickening
 - ❑ peritoneal biopsy was negative for the carcinoma
 - ❑ cultures (peritoneal & bronchoalveolar lavage fluid) were negative (ENZ stain-negative, PCR-negative, Bactec-negative)
 - ❑ Purified protein derivative (PPD) score was 18
- ❑ This patient was clinically diagnosed with **peritoneal tuberculosis**

Methods

- ❑ **For the second patient** who had been diagnosed with *Brucellosis* 9 months ago, clinical findings were indicating relapse of ***Brucellosis***
 - ❑ Blood cultures were negative
 - ❑ Serological determinants for brucellosis were under the threshold (1/20 and 1/40)
- ❑ Peritoneal fluid (patient 1) and the blood samples from these patients were collected
- ❑ **Modified producers were optimised** for the Microbial DNA isolation (Qiagen) and depletion of host DNA (MoYsis)
- ❑ Fragmentation were done using Covaris-G-Tubes

Methods

- ❑ Sequence-ready libraries were generated using the MinION-low input expansion kit and MinION-genomic DNA sequencing kit
- ❑ A 72-h sequencing protocol were initiated using the MinION control software
- ❑ Read event data were base-called by the software Metrichor using workflow v2.39.3
- ❑ Generated sequences were searched in the microbial databases using **developed software pipeline** with a time-period of 10 minutes as the sequencing continues

Results

- ❑ On average, ~9 Mbp DNA was read in 10 minutes intervals
- ❑ In 20 minutes, the first *Mycobacterium tuberculosis* classification was done
- ❑ In 30 minutes, the first *Brucella melitensis* was detected
- ❑ Confident detection thresholds were satisfied for both species in 50 minutes time-point
- ❑ Altogether, **the total detection time was calculated to be 6 hours**

Discussion

- ❑ Cultures might fail to reveal a pathogen in patients with signs and symptoms consistent with an infectious disease
- ❑ We employed the novel real-time nanopore sequencing in detection of infectious agents in two cases
 - ❑ where traditional microbiological methods failed to reveal the pathogens!



Discussion

- ❑ This approach can not only detect conventionally unrevealed pathogens, but it can achieve this in a tight time-frame
- ❑ In addition to this pathogen detection at “point-of-care” can be available
 - ❑ if the wet-lab procedure is optimized to be used in field



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