

ASSOCIATION OF CLASSICAL MICROBIOLOGY AND TARGETED METAGENOMIC ANALYSIS TO EVALUATE THE PRESENCE OF *CLOSTRIDIUM DIFFICILE* IN A BELGIAN NURSING HOME



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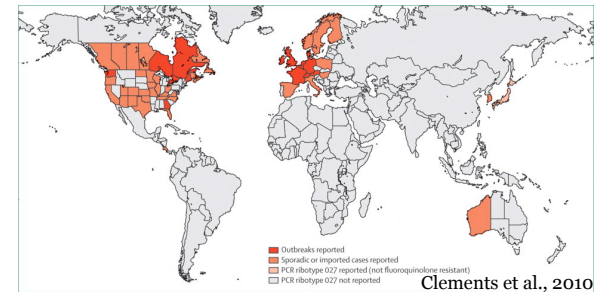
Palm Cove, Tropical North Queensland, Australia



Background

- Since toxigenic *C. difficile* was recognized as the major cause of antibiotic-associated diarrhea and pseudomembranous colitis in 1978, many outbreaks have been documented
- In the last years, an enhanced virulence and increased antibiotic resistance of *C. difficile* strains (PCR-ribotype 078/NAP-1/B1) has been observed
- There are emerging data on the occurrence of *C. difficile* infection in the community: non-hospitalized and younger patients with absence of other traditional risk factors

Hypothesis about a potential risk of foodborne infections linked to *C. difficile*

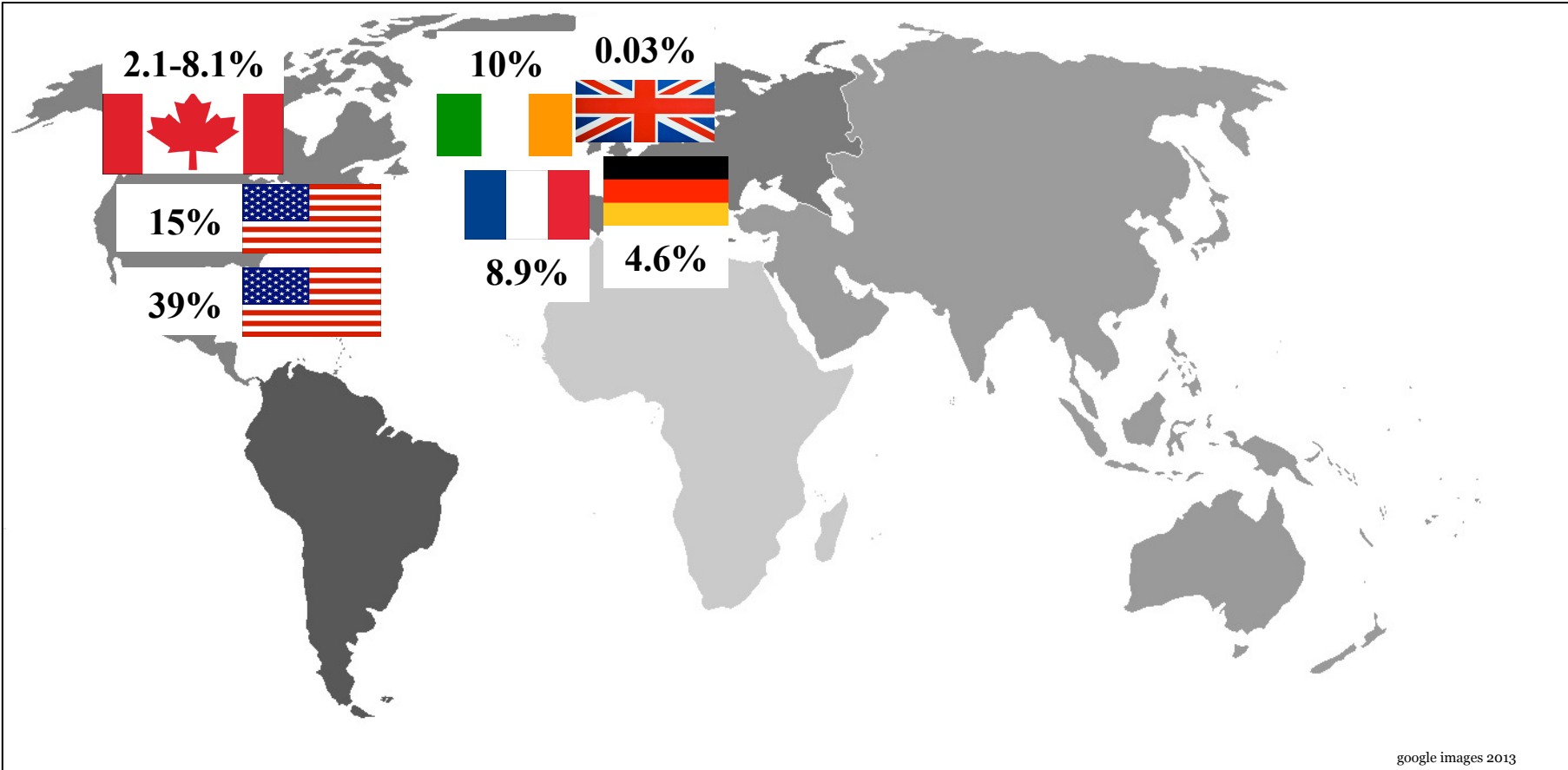


Background

- Patients with serious illnesses and prolonged hospitalizations are at particular risk, as people above 65 years of age
- The increased risk of acquiring *C. difficile* in the elderly may be due to age-related changes in intestinal flora, immune senescence or the presence of underlying diseases
- There is not much data describing the prevalence and molecular epidemiology of *C. difficile* in nursing homes in absence of an epidemic situation



Clostridium difficile Infection in Nursing homes



google images 2013

Arvand, M., et al., 2012. High prevalence of *Clostridium difficile* colonization among nursing home residents in Hesse, Germany. Plosone, 7, e30183.

Birgand, G., et al., 2010. Investigation of a large outbreak of *Clostridium difficile* PCR-ribotypes 027 infections in northern France, 2006-2007 and associated clusters in 2008-2009. Eurosur, 24, 1-6.

Marwick, C.A., et al 2013. Community-associated *Clostridium difficile* infection among older people in Tayside, Scotland, is associated with antibiotic exposure and care home residence: cohort study with nested case-control. J Antimicrob Chemoth, 3.

Mylotte, J.M., et al., 2012. Surveillance for *Clostridium difficile* infection in nursing homes. J Am Geriatr Soc, 61, 122-5.

Pa Patient Saf Advis., 2010. *Clostridium difficile* infections in nursing homes. Pennsylvania Patient Safety Advisory, 18, 10-5.

Simor, A.E., et al., 1993. Infection due to *Clostridium difficile* among elderly residents of a long-term-care facility. Clin Infect Dis, 17, 672-8.

Ryan, J., et alF., 2010. Asymptomatic carriage of *Clostridium difficile* in an Irish continuing care institution for the elderly: prevalence and characteristics. Ir J Med Sci, 179, 245-50.

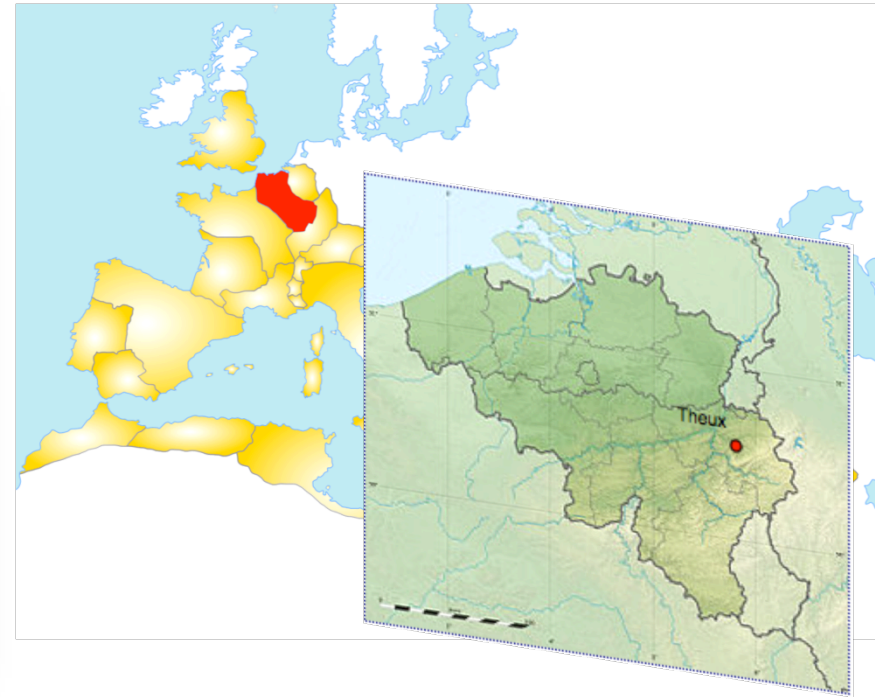


Objectives

- To evaluate and follow the prevalence of *C. difficile* in a Belgian nursing home
- To establish a relationship between other intestinal bacterial populations and *C. difficile* colonization
- To evaluate the global evolutions of the total microflora and the relation with the *C. difficile* presence



Study design



Capacity: 110 beds

- 34 nursing home
- 61 nursing home and long-term care
- 15 day centers

Employees

- 73

Study design

STOOL SAMPLES *From March to June 2013*



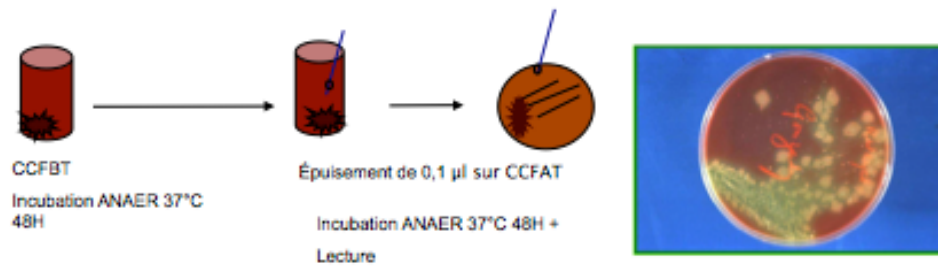
- During a 4-month period, stool samples from a group of 23 elderly care home residents were collected weekly
- Two samples per person were collected: the first sample was cultivated and examined for *C. difficile* by classical microbiological methods and the second one was used to study the microbial biodiversity of the faeces content by amplicon sequencing coupled to microbial metagenomic analysis .

Methodology

- **Direct and enrichment culture**

Home-made cycloserine cefoxitin fructose taurocholate

(Delmée et al., 1987. Epidemiology and prevention of *Clostridium difficile* in a leukaemia unit. E J Clin Microbiol, 6, 623-27)



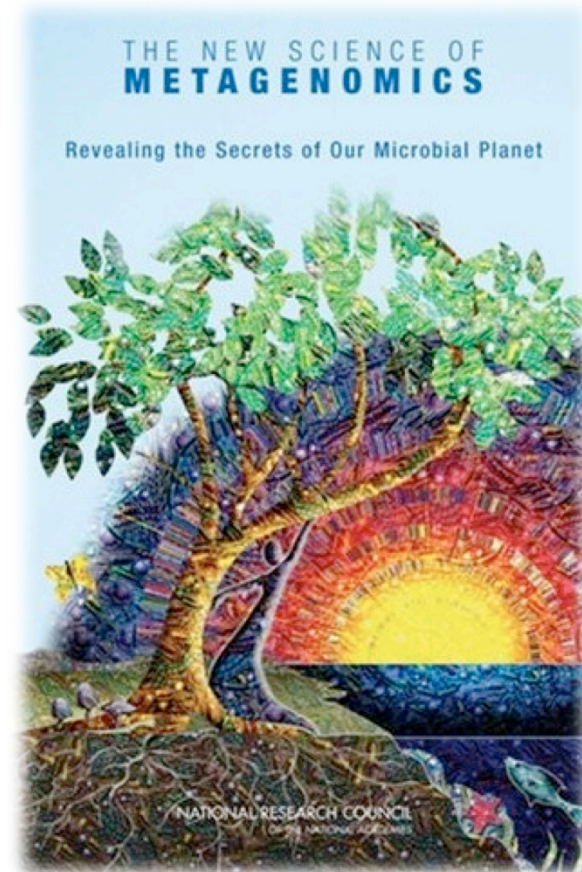
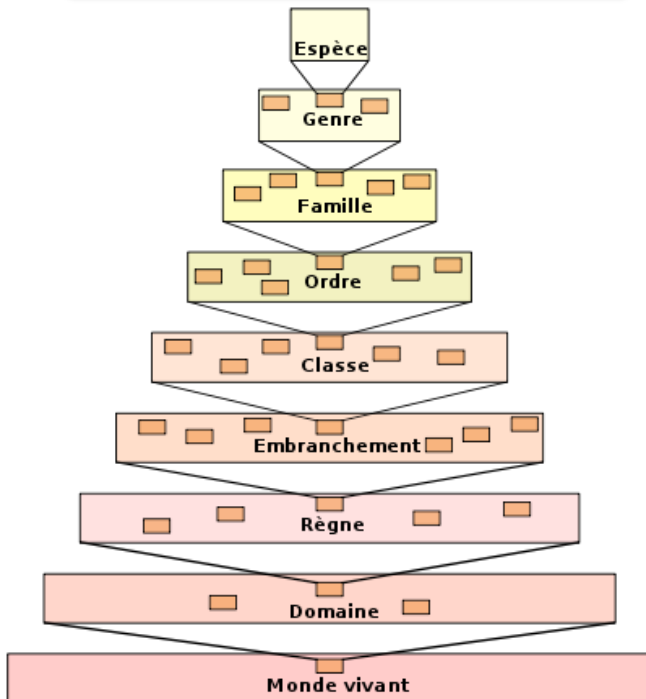
- ***C. difficile* latex agglutination rapid test Kit DR 1107A Oxoid**
- **Detection of a species-specific internal fragment of *tpi*, detection of genes for toxin B, toxin A and binary toxin (*cdtA*) by PCR et Genotype Cdiff test system**
(Lemée et al., 2004. Multiplex PCR targeting *tpi* (triose phosphate isomerase), *tcdA* (toxin A), and *tcdB* (toxin B) genes for toxigenic culture of *Clostridium difficile*. J Clin Microbiol, 42, 5710-14)
(Antikainen et al., 2009. Detection of virulence genes of *Clostridium difficile* by multiplex PCR. Acta Phat, Microbiol Immuno Scand, 117, 607-13)
- **Cytotoxicity assay using confluent monolayer MRC-5 cells**
Cytotoxic activity was confirmed using a specific *C. difficile* antitoxin kit (T500, TechLab, USA)
(Rodriguez et al., 2012. *Clostridium difficile* in young farm animals and slaughter animals in Belgium. Anaerobe, 18, 621-625)
- **PCR-ribotyping**
(Bidet et al., 1999. Development of a new PCR-ribotyping method based on ribosomal RNA gene sequencing. FEMS Microbiol Letters, 175, 261-66)
- **Targeted Metagenomic analysis**

Metagenomics

Targeted
Metagenomics

- Who is in there

16S rDNA as the target



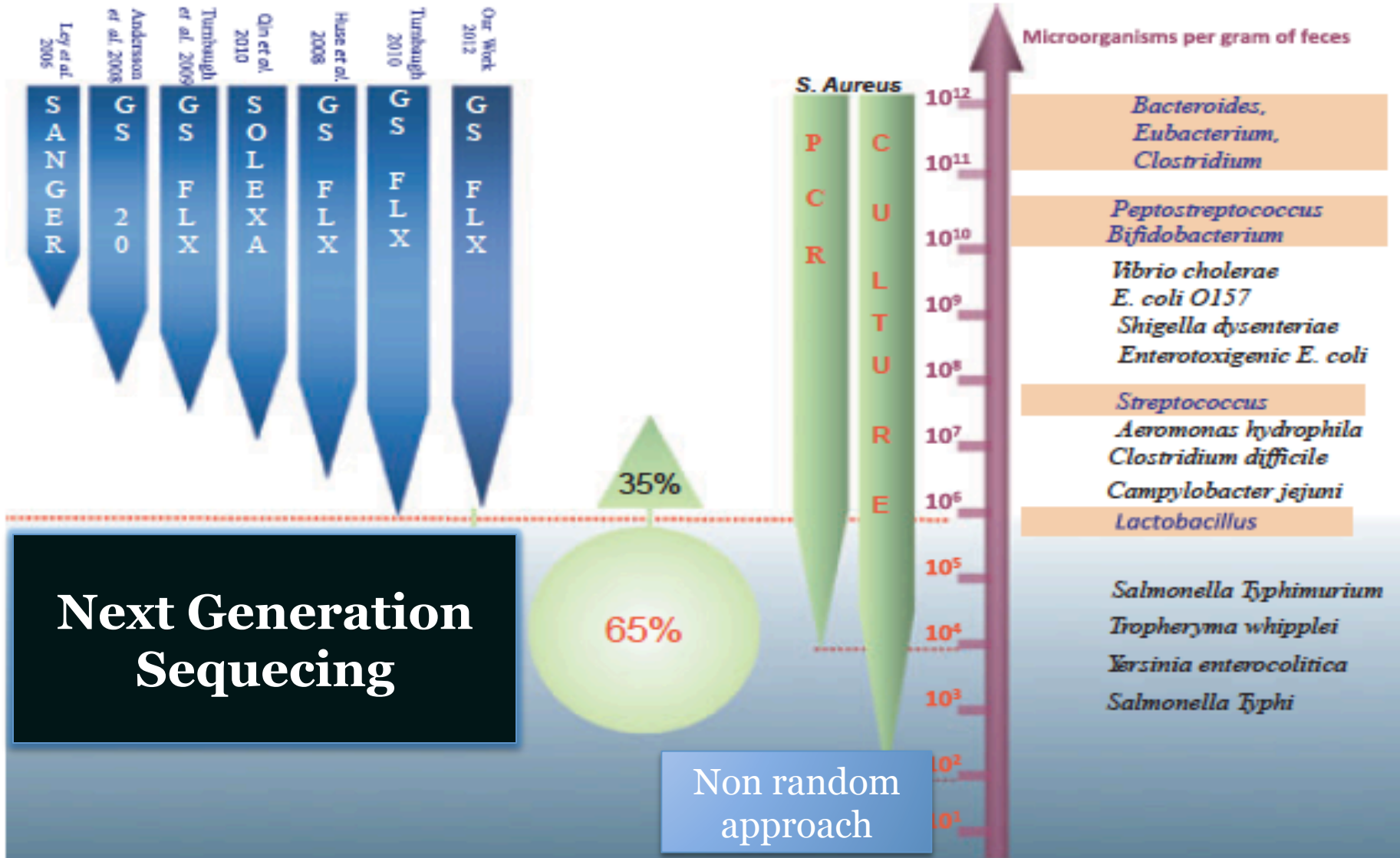
Metagenomics

High throughput sequencing

Bioinformatics

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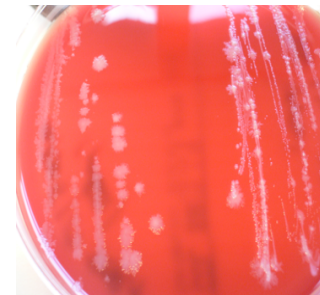
Metagenomics



Results: Prevalence of *C. difficile* in nursing home residents

C. difficile recovery:

- 7/23 (30.4%) residents were (at least one week) positive for *C. difficile*
- *C. difficile* was detected in 13/30 (43.3%) episodes of diarrhea
- 4/13 (30.7%) residents positives for *C. difficile* had previously received an antibiotic therapy



Resident	Week																	
	N°	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
1		D											D/AB		AB			
2																		
3																		
4				D	D													
5	AB/P												D					
6					AB													
7	AB					AB												
8				H	H	H	H					P						
9																		
10																		
11																		
12	D		D					D	D		D	D						
13																		
14																		
15	D	D	D	D		D	D	D		D	D/P	D/P	P	P				
16		D/AB	AB	AB				X	X	X	X	X	X	X	X	X	X	X
17	D/AB	AB	AB		AB													
18								D										
19		D	D															
20																		
21				D	D	D					D					P		
22											X	X	X	X	X	X	X	X
23																		
24			AB/P		AB													

Sample not available

Negative

Positive after direct culture

Positive results after 3 days of enrichment

D diarrhea

AB antibiotic

P probiotic

H hospitalization

X death or resident outside of the study

Resident	Week																
	N°	01	02	03	05	06	07	08	09	10	11	12	13	14	15	16	17
1	020	020								020	020	020		020		020	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13	UCL36	UCL36															
14																	
15	027	027	027		027	027	027	027	027	027	027	027	027	027			027
16																	
17																	
18				027			027		027			027			027		027
19	UCL46	UCL46	027				027				027		UCL36				
20																	
21																	
22																	
23											UCL36						
24			UCL36	UCL36				UCL36									

Sample not available

Negative

Positive after direct culture

Positive results after 3 days of enrichment

Analyzed in metagenomics

Patient	Week																	
	N°	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
1		D											D/AB/P		AB			
2																		
3																		
4				D	D													
5	AB/P												D					
6					AB													
7	AB					AB												
8				H	H	H	H					P						
9																		
10																		
11																		
12	« D »		« D »				« D »	« D »			« D »	« D »						
13																		
14																		
15	D	D	D	D		D	D	D		D	D/P	D/P	P	P				
16		D/AB	AB	AB			X	X	X	X	X	X	X	X	X	X	X	X
17	D/AB	AB	AB		AB													
18							D											
19		D	D															
20																		
21				D	D	D					D					P		
22											X	X	X	X	X	X	X	X
23																		
24			AB/P		AB													

Sample not available

Negative

Positive after direct culture

Positive results after 3 days of enrichment

D diarrhea

AB antibiotic

P probiotic

H hospitalization

X death or resident outside of the study

The results so far:

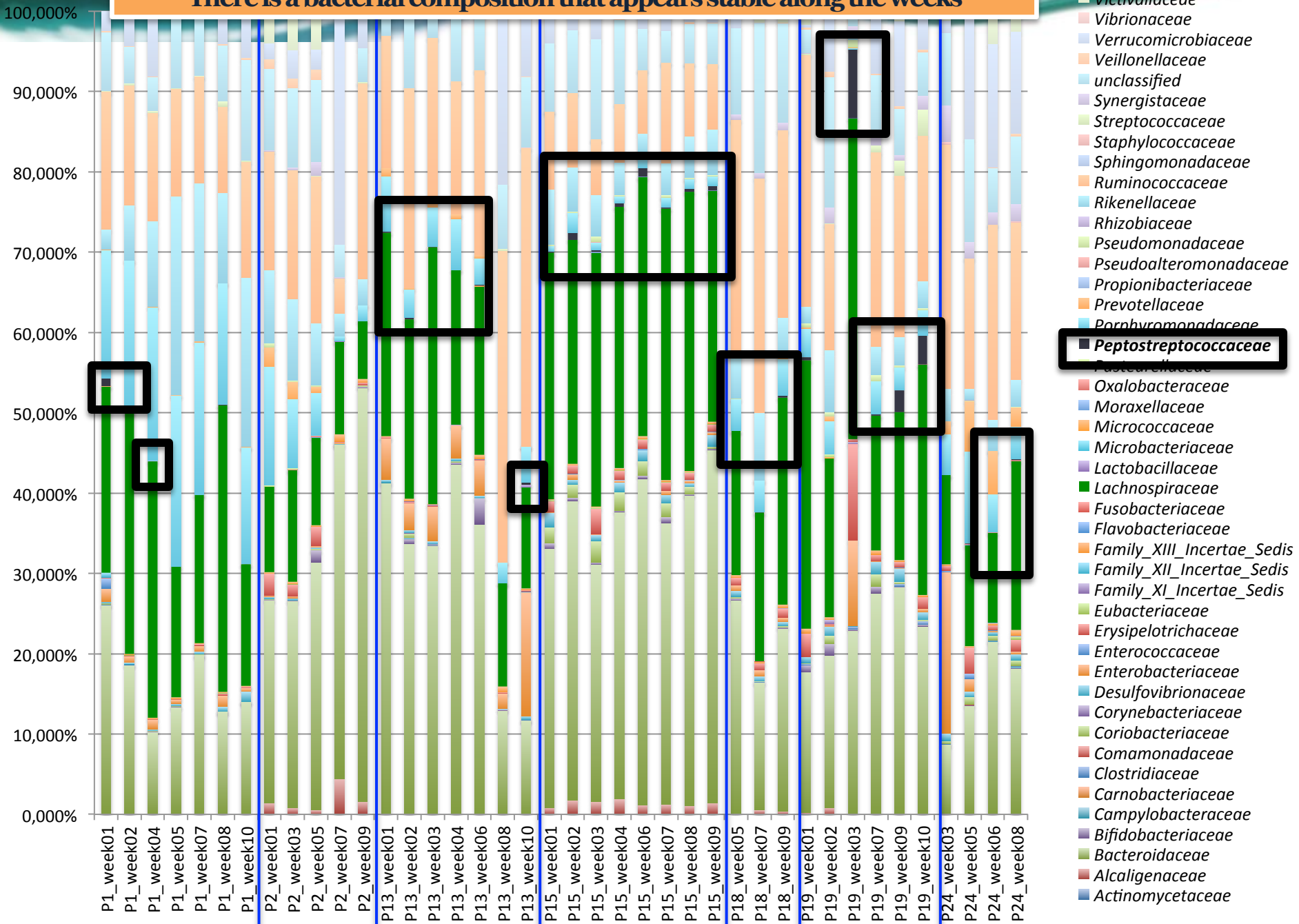
80 samples sequenced and analyzed: 6300 OTUs

Positive detection of *Clostridium difficile* :

<i>C. difficile</i> detection		
n	Microbiology	Amplicon sequencing
20	+	+
36	-	-
19	+	-
5	-	+

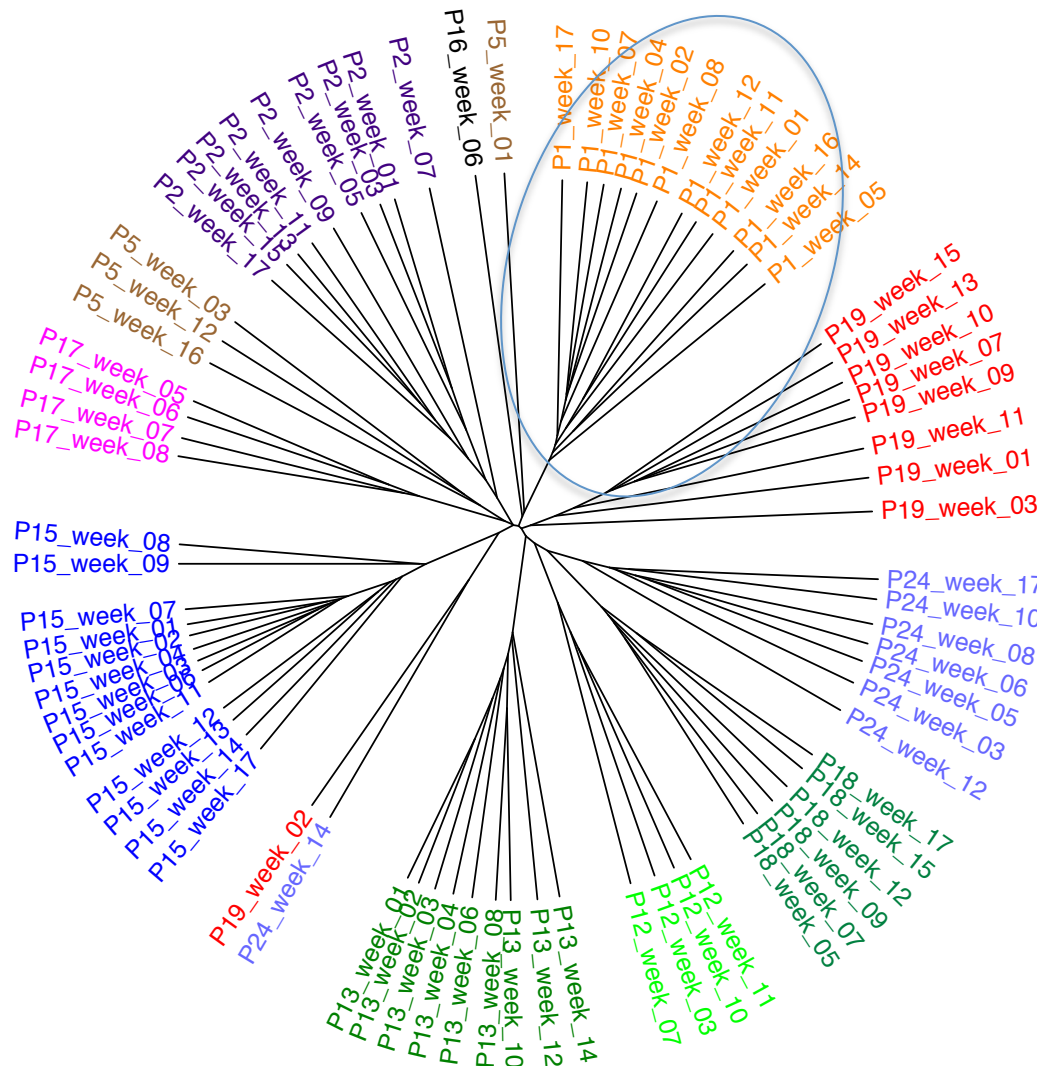
Relative proportions of the different bacterial families

There is a bacterial composition that appears stable along the weeks



- Victivallaceae
- Vibrionaceae
- Verrucomicrobiaceae
- Veillonellaceae
- unclassified
- Synergistaceae
- Streptococcaceae
- Staphylococcaceae
- Sphingomonadaceae
- Ruminococcaceae
- Rikenellaceae
- Rhizobiaceae
- Pseudomonadaceae
- Pseudoalteromonadaceae
- Propionibacteriaceae
- Prevotellaceae
- Porphyromonadaceae
- Peptostreptococcaceae
- Pasteurellaceae
- Oxalobacteriaceae
- Moraxellaceae
- Micrococcaceae
- Microbacteriaceae
- Lactobacillaceae
- Lachnospiraceae
- Fusobacteriaceae
- Flavobacteriaceae
- Family_XIII_Incertae_Sedis
- Family_XII_Incertae_Sedis
- Family_XI_Incertae_Sedis
- Eubacteriaceae
- Erysipelotrichaceae
- Enterococcaceae
- Enterobacteriaceae
- Desulfovibrionaceae
- Corynebacteriaceae
- Coriobacteriaceae
- Comamonadaceae
- Clostridiaceae
- Carnobacteriaceae
- Campylobacteraceae
- Bifidobacteriaceae
- Bacteroidaceae
- Alcaligenaceae
- Actinomycetaceae

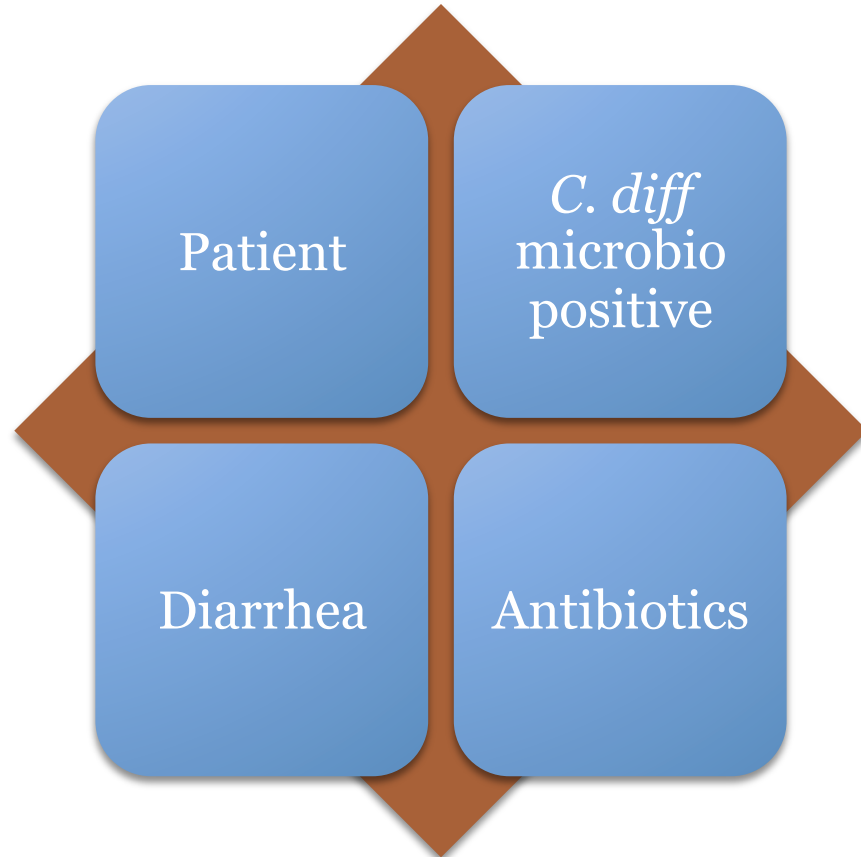
Phylotype tree based on population distribution – Braycurtis dissimilarity index



- Study the phylotype composition of the samples
- This tree reflects how many samples have the same bacterial content or not
- Almost all the samples are clustered in a subtree corresponding to a single resident
- Each resident has his own bacterial imprint which is stable during the entire study

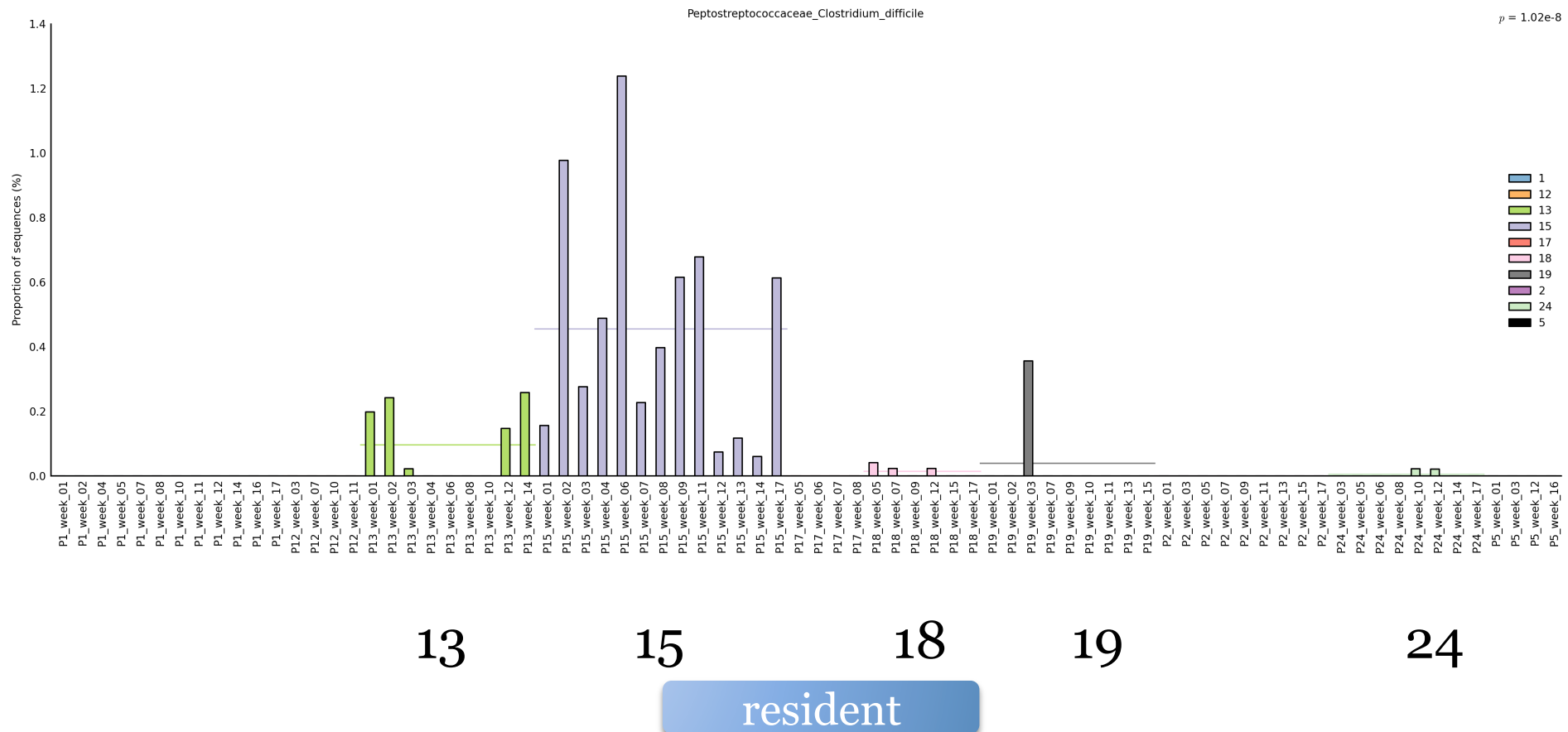
Abundance and Correlation Analysis

- ANOVA
(AMOVA)
- Principal
component
analysis
- METASTATS
- UNIFRAC
- PARSIMONY



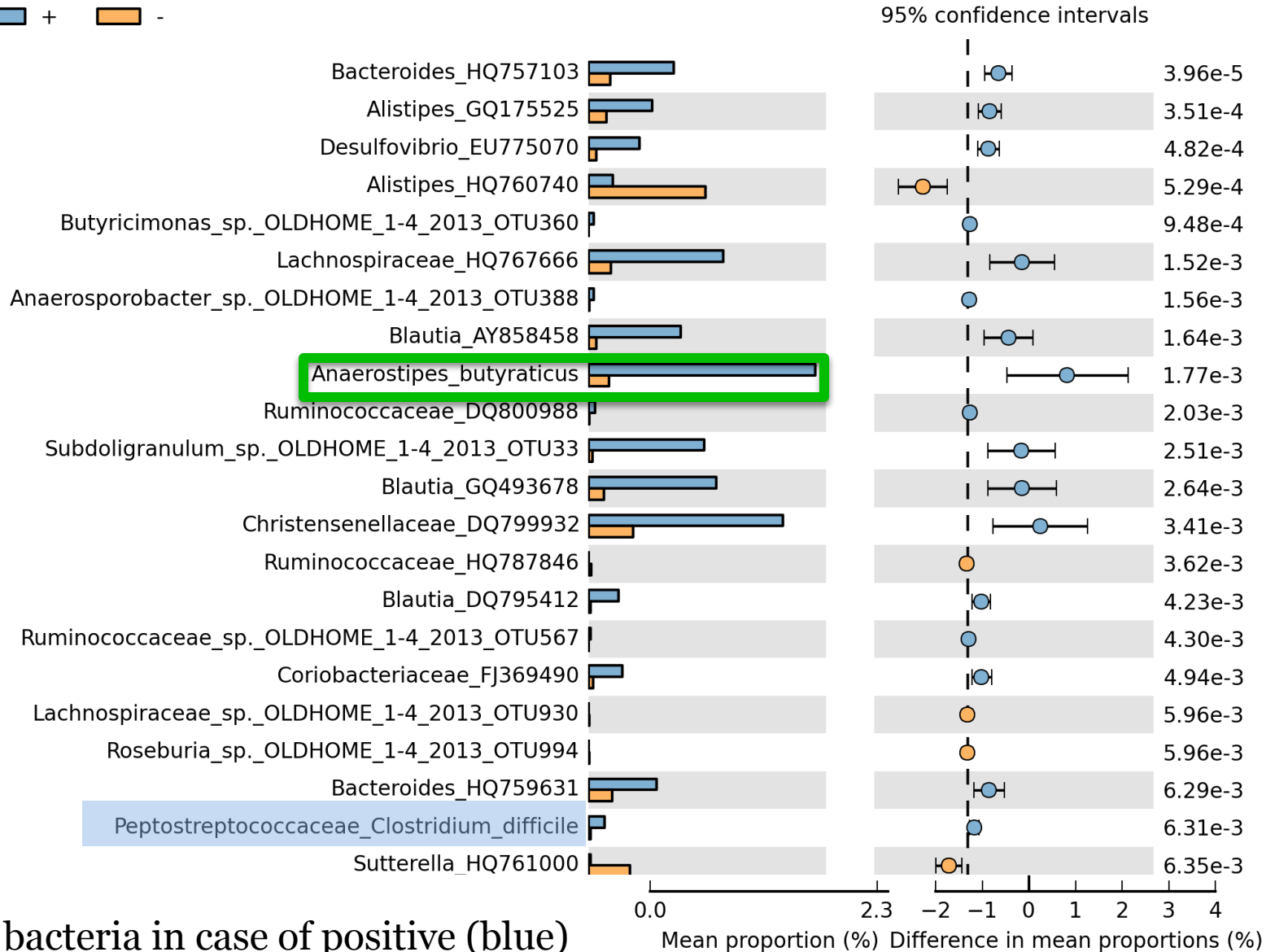
We can analyze the results using or combining different criteria and using different test

C. difficile abundance



- Proportion of sequences of *C. difficile* detected for each resident each week
- Residents positive for *C. difficile* by classical microbiology showed an important proportion of *C. difficile* sequences

■ + ■ -



Different bacteria in case of positive (blue) and negative (orange) residents in relation with *C. difficile*

The story so far

- *C. difficile* prevalence of 30.4% in a Belgian nursing home
- The most common PCR-ribotype identified was 027
- Residents have all their microbiota print
- Metagenomics analysis can't substitute targeted protocols
- But It offers a global picture of the microbiota context:
 - With correlations
 - Identifications
 - Follow up

ACKNOWLEDGEMENTS



Nursing Home Sainte-Joséphine
(Theux-Belgium)



Prof. Georges Daube

Dr. Bernard Taminiau

Dr. Nicolas Korsak



Prof. Michel Delmée

Véronique Avesani

Johan Van Broeck

Eléonore Lyeza





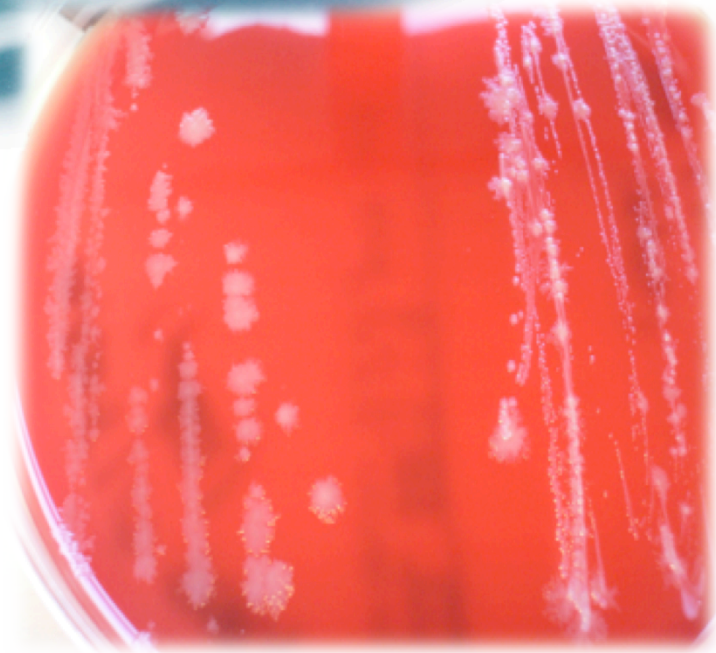
METAGENOMIC ANALYSIS

Dr. Bernard Taminiau

bernard.taminiau@ulg.ac.be



*Next generation sequencing
technique*



Classical microbiology

THANK YOU VERY MUCH