

Applications for New Pathogen Detection and Limitations of Genomic Data

Charles Chiu, MD/PhD
Professor, Laboratory Medicine and Infectious Diseases
Director, UCSF Clinical Microbiology Laboratory

NAS Workshop: "Accelerating the Use of Pathogen Genomics and
Metagenomics in Public Health", July 23rd, 2024



Disclosures

- SURPI+ software, “Pathogen Detection using Next Generation Sequencing” (PCT/US/16/52912), filed by University of California, San Francisco
- Scientific Advisory Board for Mammoth Biosciences, BiomeSense, Poppy Health, Biomeme, Flightpath Biosciences, and Delve Bio and Co-Founder of Delve Bio

METAGENOMIC NEXT-GENERATION SEQUENCING (mNGS)

1. How it is being used for clinical diagnosis of infections
2. How to optimize mNGS assays and accelerate adoption in public health – *increased automation, increased throughput, decreased turnaround times, and lower cost, identification of clinical use cases*
3. How it is being used in public health for new pathogen detection and characterization
4. How host response can be used to complement mNGS and inform pathogenicity for new pathogens
5. Key limitations and challenges for mNGS in the near future

CLINICAL mNGS ASSAYS AT UCSF

- CSF mNGS*#
- Plasma mNGS* (re-validation in progress with launch in summer)
- Viral Respiratory mNGS*#
- Body fluids mNGS*

**all tests are LDTs and not FDA-approved IVDs; #granted breakthrough device designation by the FDA*

1. Miller, et al., *Genome Research*, 29(5): 831-842.
2. Wilson, et al., *NEJM*, 380(24):2327-2340.
3. Gu, et al., *Nature Medicine*, 27(1):115-124.

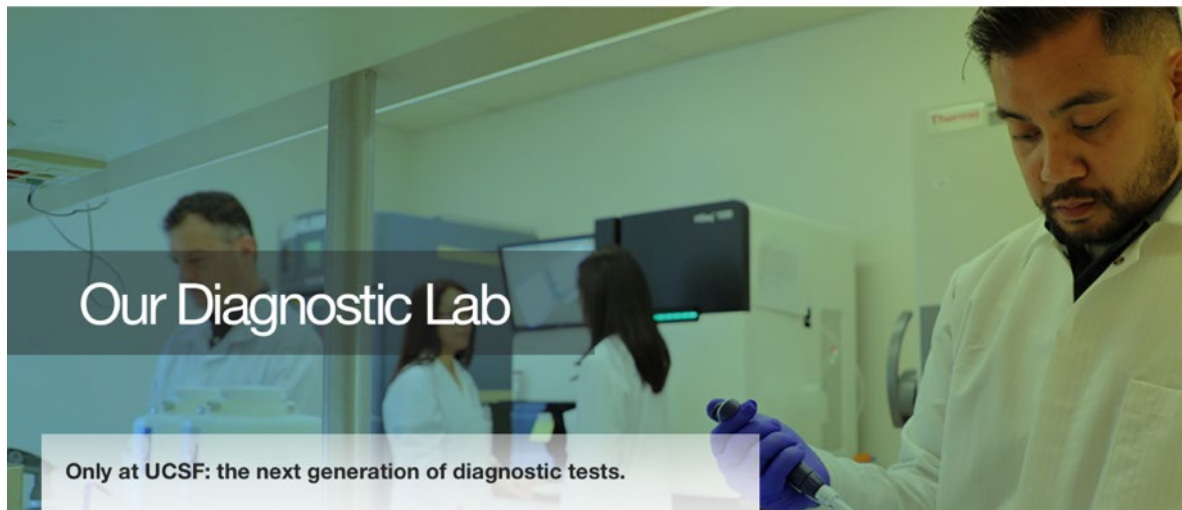
UCSF Center for Next-Gen
Precision Diagnostics

For Providers

For Patients

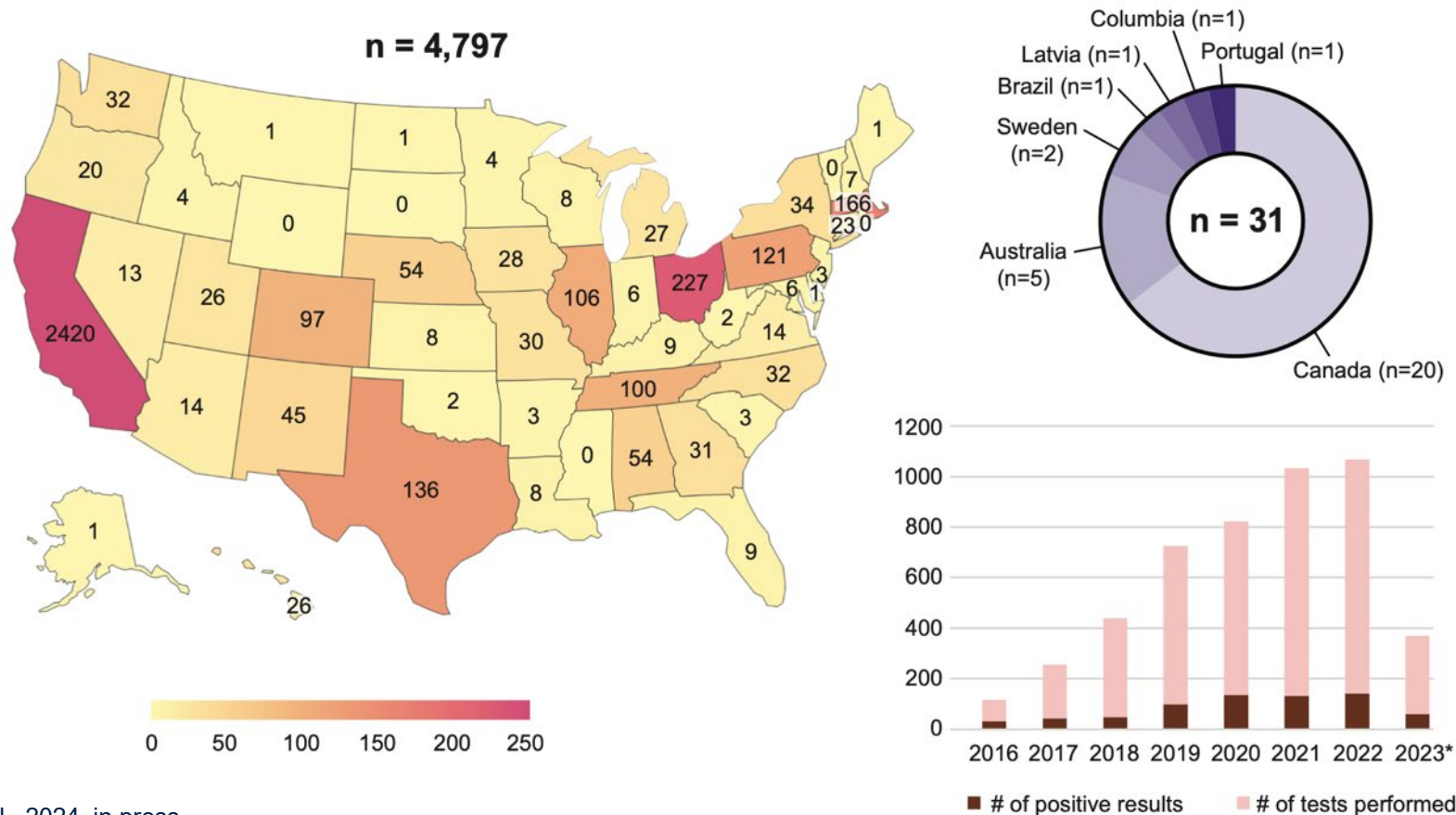
Technology

Our Vision



<http://nextgendiagnosics.ucsf.edu>

CSF mNGS TESTING – OUR LONGITUDINAL 7 YEAR EXPERIENCE



CSF mNGS PERFORMANCE

		Composite Dx			
		Pos	Neg		
mNGS	Pos	135	4	sensitivity	63.1%
	Neg	79*	949	specificity	99.6%
				accuracy	92.9%
				PPV	97.1%
				NPV	92.3%

*excluded 6 mNGS tests with failure to report subthreshold result

		Composite Dx			
		Pos	Neg		
CSF DD	Pos	101	53	sensitivity	45.9%
	Neg	119	862	specificity	94.2%
				accuracy	84.8%
				PPV	65.6%
				NPV	87.9%

Not done = 46

		Composite Dx			
		Pos	Neg		
non-CSF DD	Pos	33	16	sensitivity	15.0%
	Neg	187	919	specificity	98.3%
				accuracy	82.4%
				PPV	67.4%
				NPV	83.1%

Not done = 20

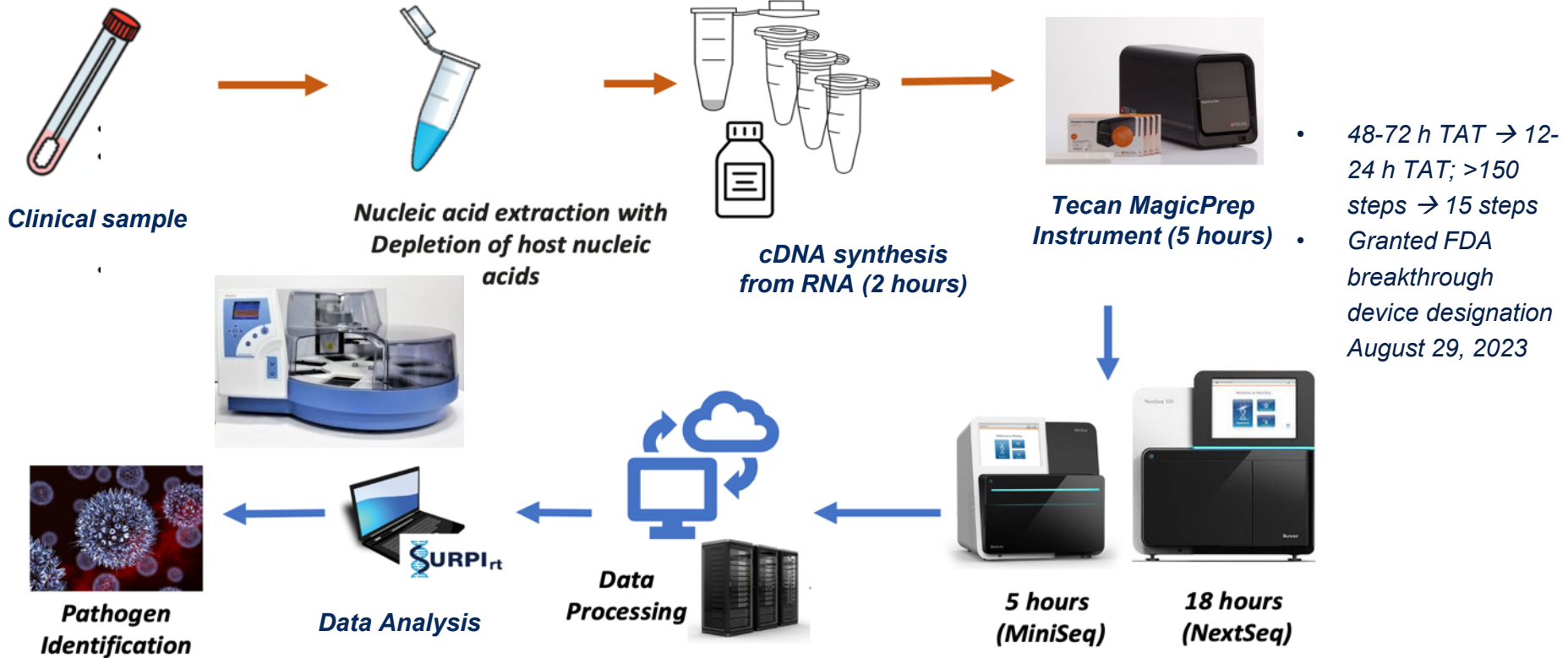
		Composite Dx			
		Pos	Neg		
Serology	Pos	55	0	sensitivity	28.8%
	Neg	136	800	specificity	100%
				accuracy	86.3%
				PPV	100%
				NPV	85.5%

Not done = 183

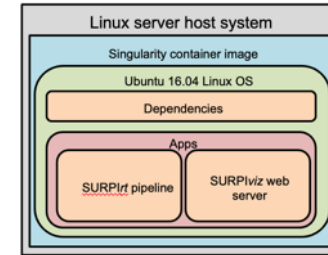
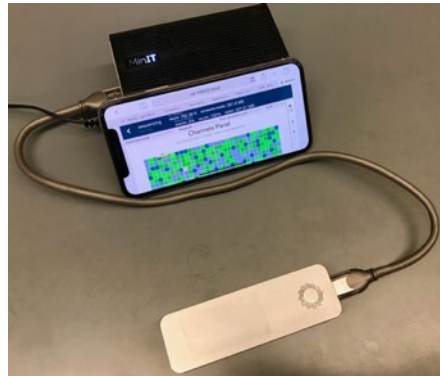
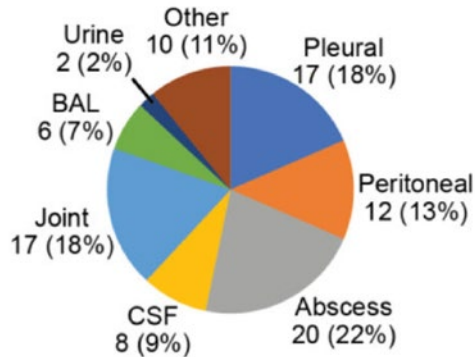
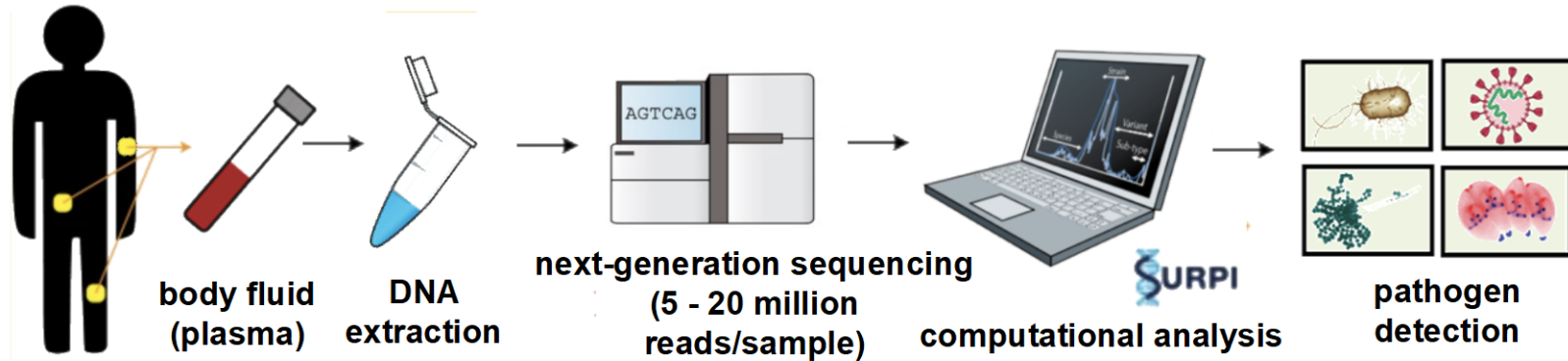
Benoit, et al., 2024, submitted

48 (21.8%) of 220 infections from 1,053 patients detected only by mNGS

VIRAL RESPIRATORY mNGS TESTING



POINT OF CARE NANOPORE METAGENOMIC SEQUENCING



Cloud-based classifiers:

- **SURPIrt**
- **BugSeq**
- **Kraken**
- **CZ-ID**

- Gu, et al., 2021, *Nature Medicine*, 25:115-124.
- Chandrakumar, et al., 2022, *Communications Biology*, 5(1):151
- Kalantar, et al., 2020, *Gigascience*, 9(10): g1aa111
- Lu, et al., 2022, *Nature Protocols*, 17(12):2815-2839

DETECTION OF NOVEL EMERGING VIRAL PATHOGENS BY mNGS



Aedes albopictus
mosquito



Amblyomma americanum
tick

Chiu, et al., 2024, unpublished

Potosi and Lone Star bunyaviruses
(immunocompromised patients with fatal encephalitis)

Fusarium solani
(fungal meningitis outbreak in Mexico associated with surgical procedures)

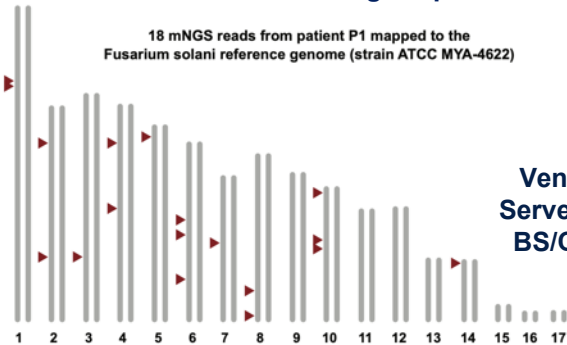
Species

Patient P1

[*Nectria*] *haematococca*
Rhodotorula sphaerocarpa
Fusarium fujikuroi
Malassezia restricta
Penicillium rubens
Aspergillus niger
*

Analytical, DNA prep count 13
RPM(pp) 1.4984
RPM(pp) ratio 0.1 14.984
RPM(pp) ratio 0.5 2.9968
RPM(pp) ratio 1.0 1.4984

18 mNGS reads from patient P1 mapped to the *Fusarium solani* reference genome (strain ATCC MYA-4622)

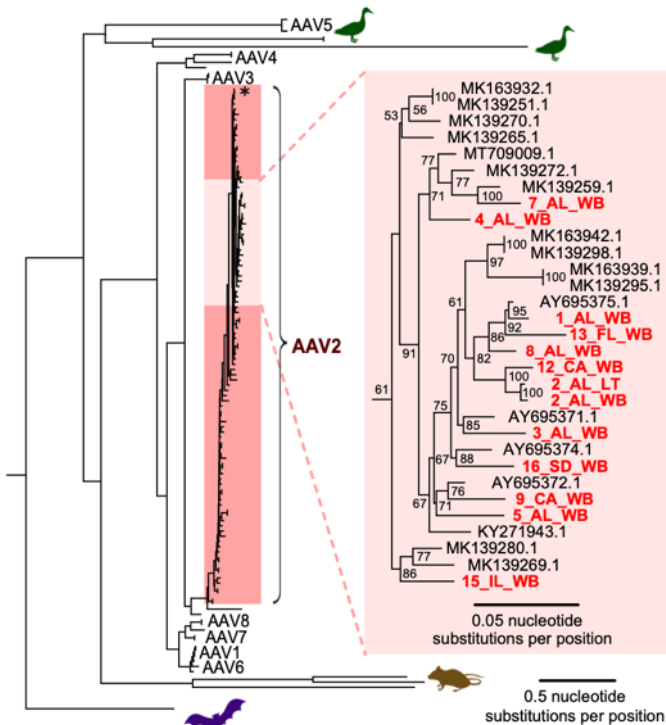


Venice
Servellita,
BS/CLS



Adeno-associated virus 2
(severe acute pediatric hepatitis)

Servellita, et al., 2024, *Nature* 617:574-580

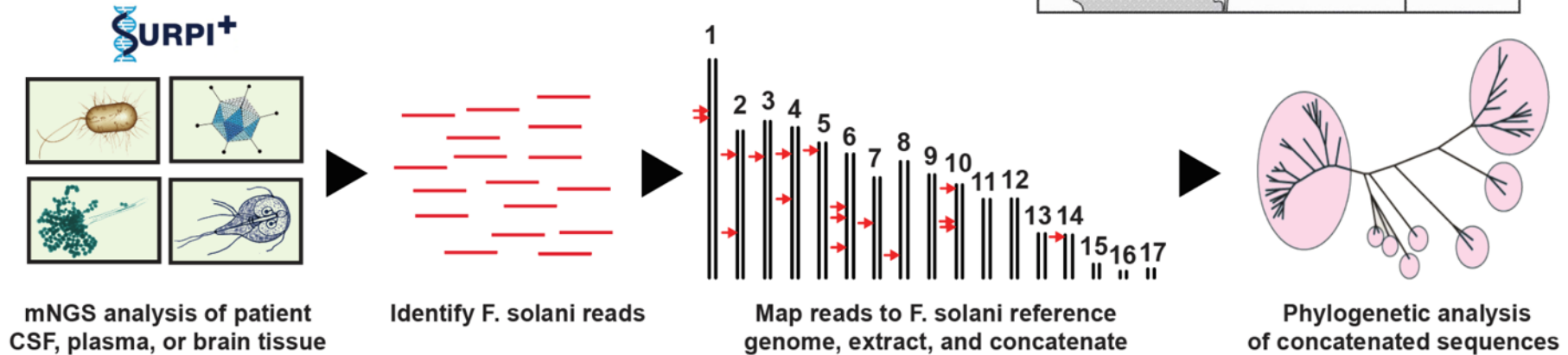
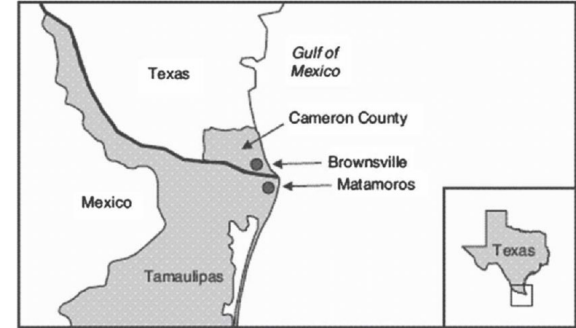


METAMELT (METAGENOMIC MULTIPLE EXTENDED LOCUS TYPING) ANALYSIS

Fungal Meningitis Outbreak Associated with Procedures Performed under Epidural Anesthesia in Matamoros, Mexico

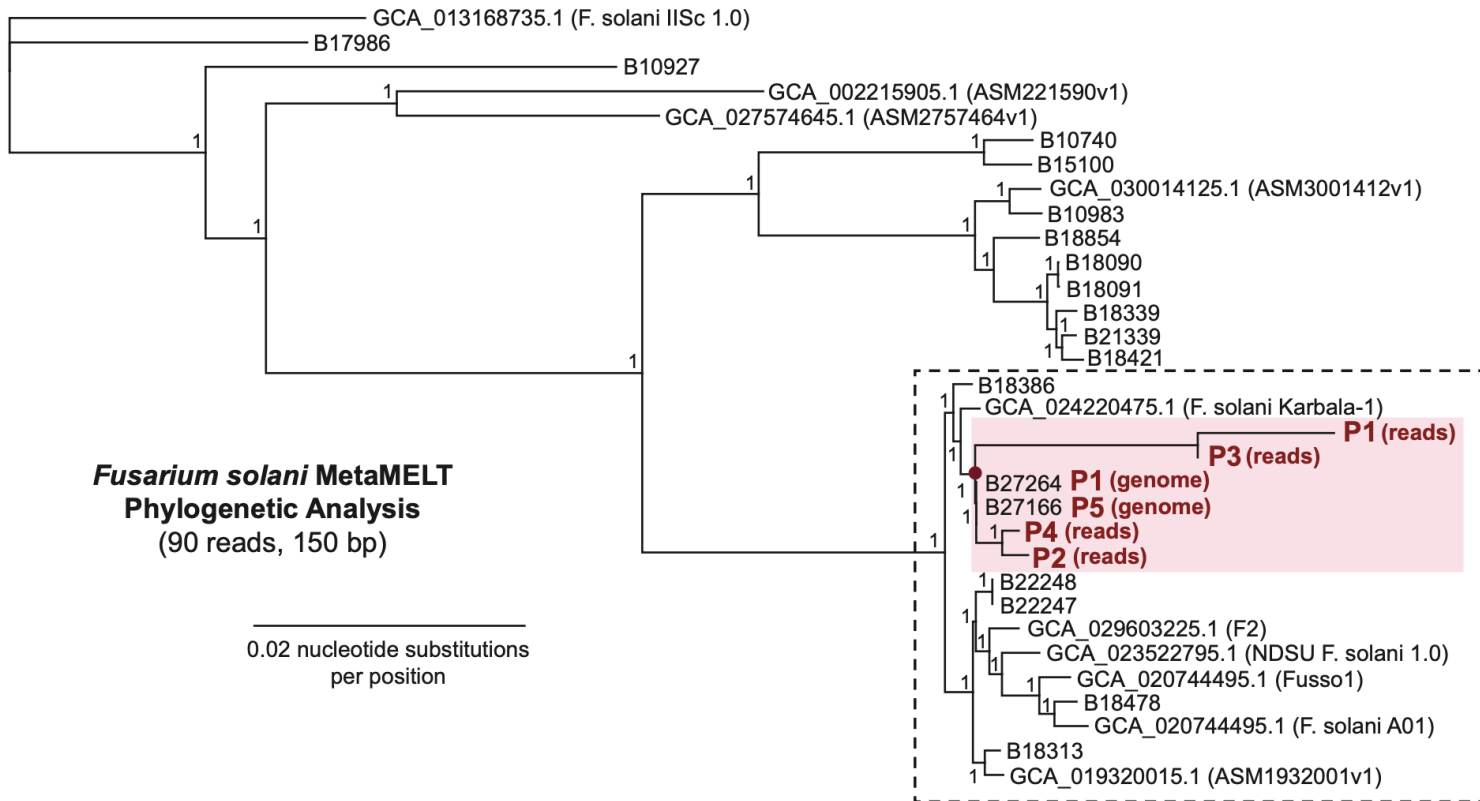
Smith, et al., *CID*, 2023

Ramos, et al., *AJTMH*, 78(3):364-369



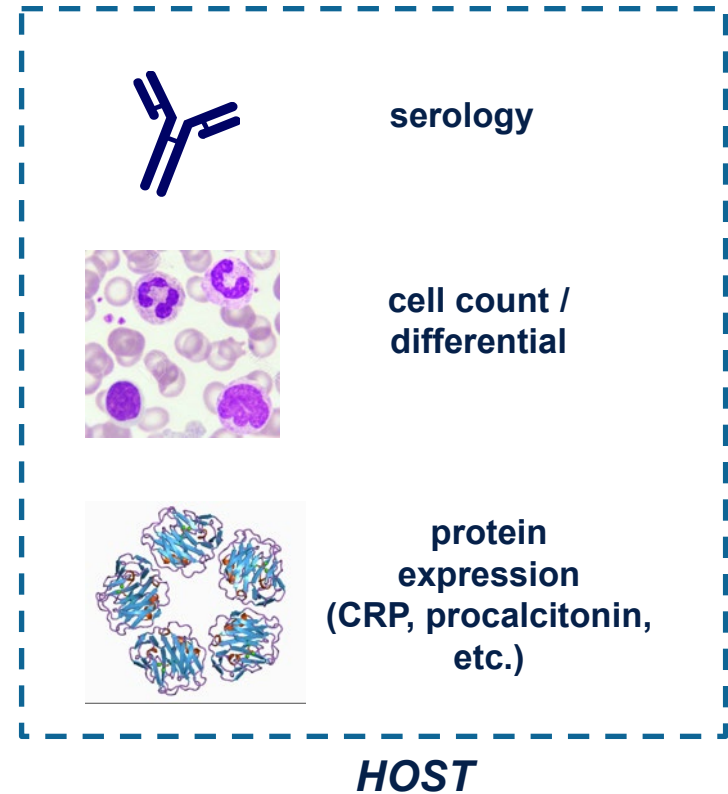
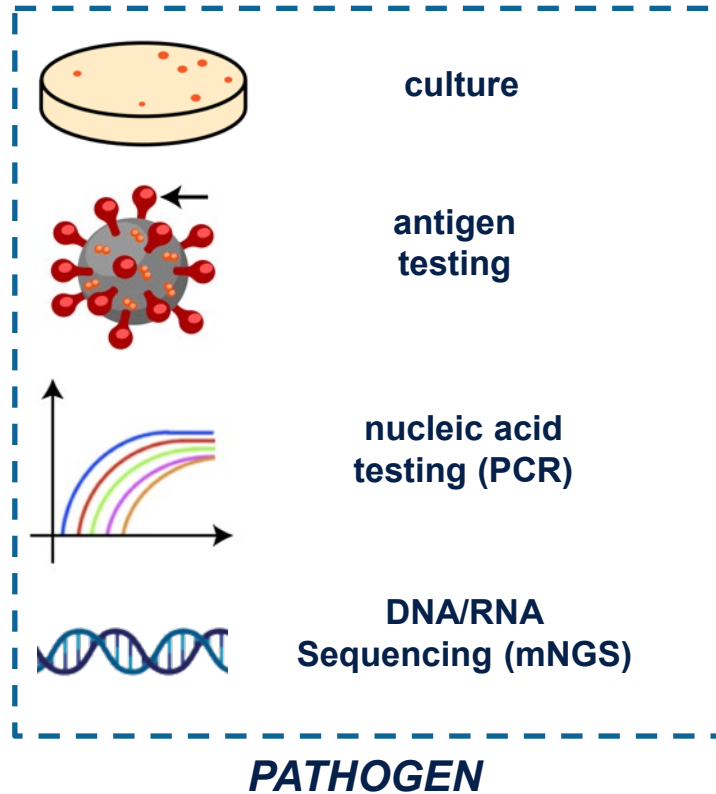
Chiu, et al., 2024, submitted

METAMELT IDENTIFIES A LIKELY POINT SOURCE FOR THE OUTBREAK



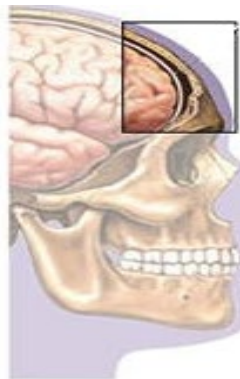
Chiu, et al., 2024, submitted

DIRECT VS. INDIRECT DIAGNOSIS OF INFECTION

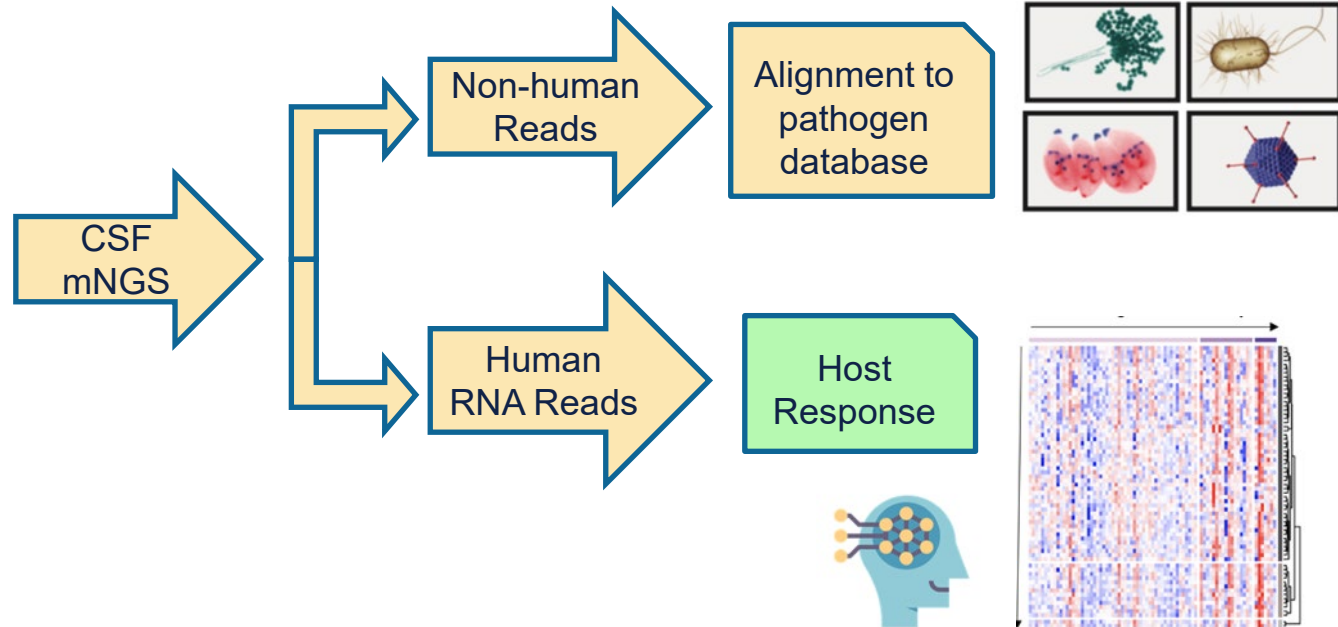


MACHINE LEARNING CLASSIFIER FOR CNS INFECTIONS

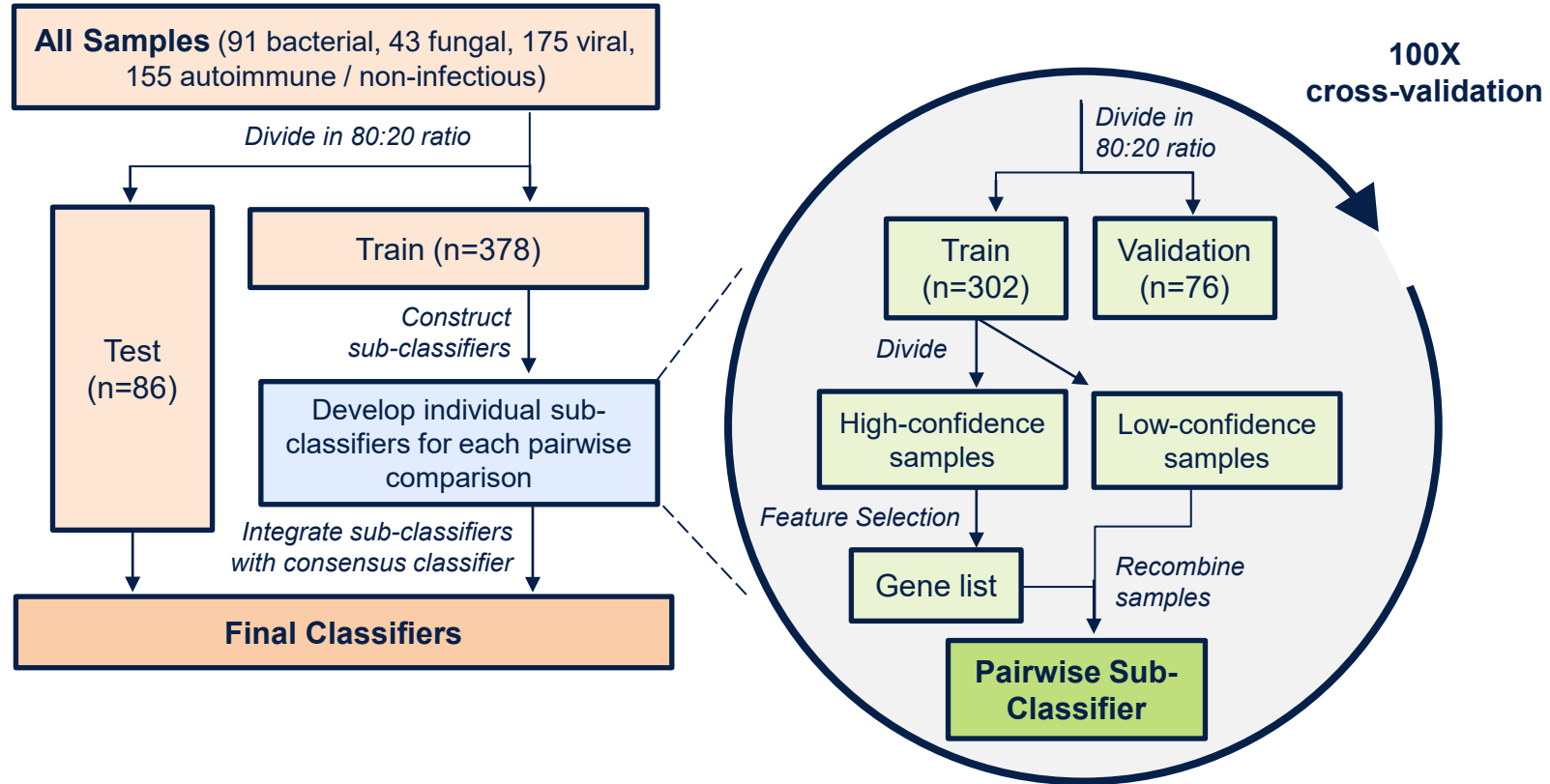
**Patient with Meningitis
and/or Encephalitis**



Omura and Chiu, in preparation

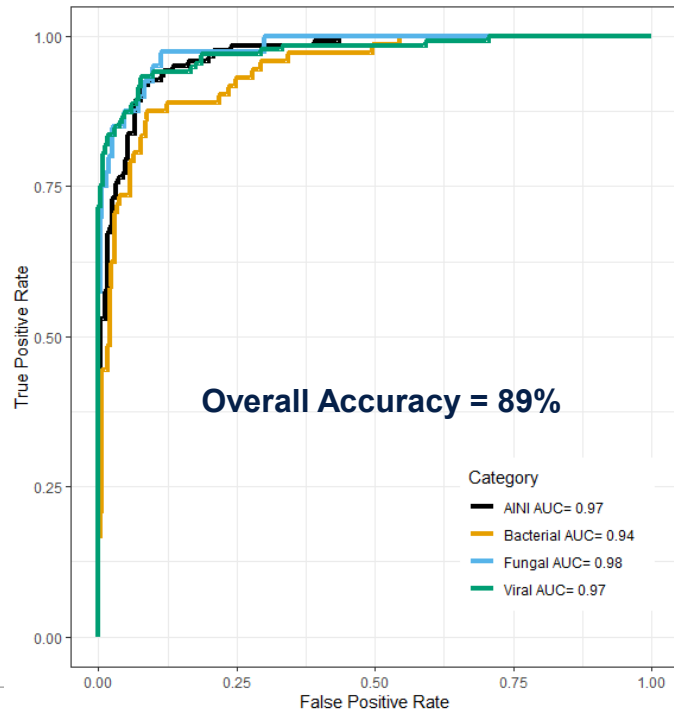


MACHINE LEARNING CLASSIFIER FOR CNS INFECTIONS

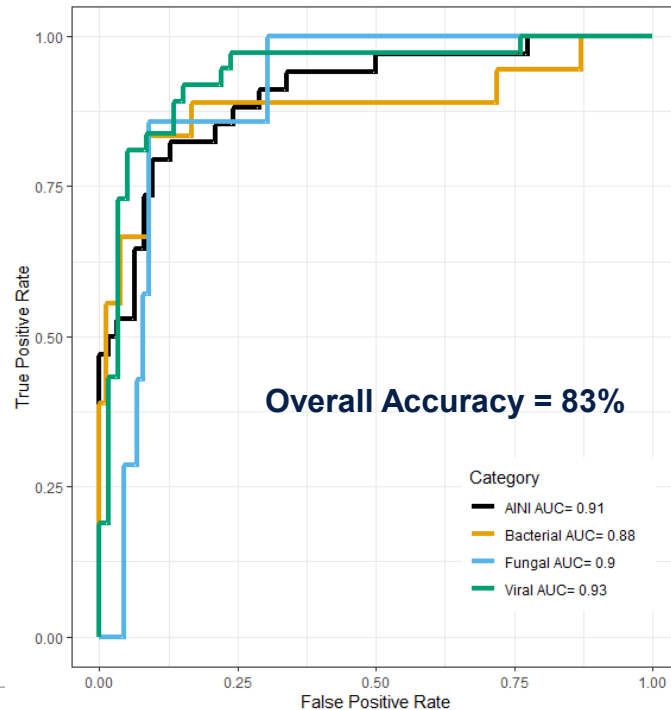


CLASSIFIER PERFORMANCE

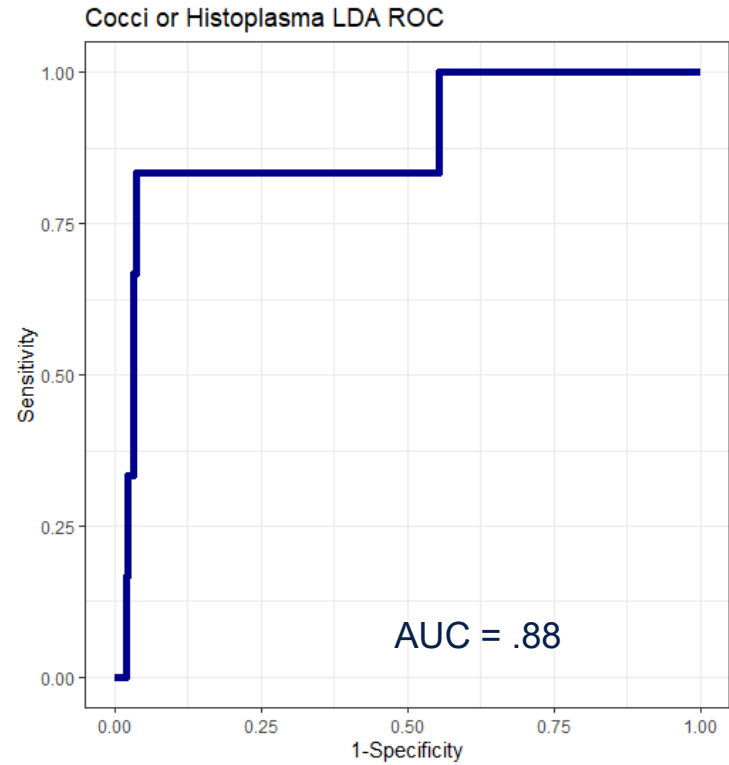
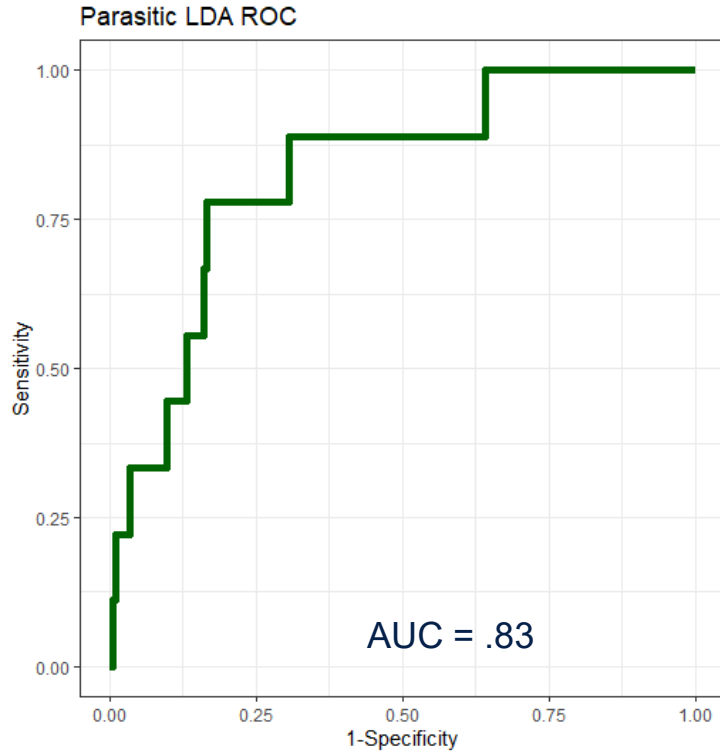
Training Set



Test Set



SUBCATEGORY CLASSIFICATION FOR SPECIFIC INFECTIONS



CLASSIFIER RESULTS (EXAMPLES)

MNC_6532	Score	Signature
Non-infectious	1%	None
Bacterial (typical)	29%	Moderate
Bacterial (atypical)	29%	Moderate
Mycobacterial	21%	Weak
Fungal	25%	Moderate
Dimorphic fungi-related	71%	Strong
Mold-related	3%	None
Viral	1%	None
EV-associated AFM-related	0%	None
Other		
Parasitic	4%	None
Worm-related	0%	None

Coccidioides immitis

(subthreshold mNGS result, RPM ratio=0.1)

Omura and Chiu, 2024, et al, manuscript in preparation

CLASSIFIER RESULTS (EXAMPLES)

MNC_6232	Score		Signature
Autoimmune/Noninfectious	0		No Signature
Bacterial (typical)	0		No Signature
Bacterial (atypical)	10		Strong
Fungal	6		Moderate
Viral	0		No Signature
Parasitic	29%		Possible
Worm	4%		Possible
Flavivirus	13%		Possible
Mycobacterium	24%		Possible
Dimorphic Fungi	9%		Possible
Mold vs rest	2%		Possible
Enterovirus- AFM	0%		Unlikely

Mycobacterium tuberculosis
(culture-negative; subthreshold mNGS result,
with RPM ratio=3.1)

CLASSIFIER RESULTS (EXAMPLES)

MNC_5932	Score		Signature
Autoimmune/Noninfectious	10		Strong
Bacterial (typical)	1		Very Weak
Bacterial (atypical)	1		Very Weak
Fungal	0		No Signature
Viral	1		Very Weak
Parasitic	1%		Unlikely
Worm	0%		Unlikely
Flavivirus	2%		Possible
Mycobacterium	0%		Unlikely
Dimorphic Fungi	1%		Unlikely
Mold vs rest	2%		Possible
Enterovirus- AFM	3%		Possible
Amyloid	21%		Possible
Lupus	0%		Unlikely
Solid Organ Cancer	0%		Unlikely

CNS amyloidosis

Hospitalized with altered mental status, encephalopathy, fatigue, and neutrophilic pleocytosis; brain biopsy performed after discharge consistent with cerebral amyloid angiopathy

LIMITATIONS OF GENOMIC DATA

1. Provides only indirect insights into pathogenicity – serology, animal models
2. Does not yield functional information – for example, prediction of antimicrobial resistance from genomic data alone is consistent
3. Not useful without annotated metadata
4. Limited by information available in incomplete and biased reference databases
5. Much consider privacy and confidentiality considerations (HIPAA-protected data)
6. Lack of standardization in how the data is generated and analyzed
7. Still too expensive, too slow, too complex, and has an unclear role in clinical microbiology or public health
8. Role of the stakeholders in generating, analyzing, and maintaining data is unclear, as is how these efforts will be funded across public health, academia, and industry
9. Microbial genomics is focused on the pathogen and not on the patient (host) response

TAKE-HOME MESSAGES

1. mNGS is an agnostic approach that does not rely on targeted primers or probes so is particularly well-suited for emerging pathogen surveillance
2. Host response profiling is complementary to mNGS and may yield insights into pathogenicity and be useful in enhancing diagnostic yield of mNGS and differential diagnosis of non-infectious syndromes
3. Most genomic studies for non-viral pathogens requires culturing the organism, which is slow and laborious; other approaches such as deeper sequencing or capture probe enrichment are needed
4. Useful information can be extracted from mNGS data despite poor recovery of the genome
5. Public health applications of mNGS include clinical pathology, wastewater analysis, sterility testing of biologics, veterinary, forensic applications
6. Host response (or omics profiling in general) can expand the utility of mNGS by characterization of the host response to an infection to better understand the pathogenicity of an emerging microorganism
7. mNGS testing is beginning to make an impact on patient care – potential for expansion from clinical to public health applications

ACKNOWLEDGEMENTS

UCSF Chiu Lab

Alicia Sotomayor-Gonzalez, PhD
Doug Stryke, MS
Venice Servellita, BS/CLS
Charles Omura, BS/MS
Jess Tan, BS/CLS
Miriam Oseguera, BS
Nanami Sumimoto, BS
Kafaya Foresythe, BS
Patrick Benoit, MD
Emily Kelly, MD
Mikael de Lorenzi-Tognon, MD

CDC

Dallas Smith, PhD
Ana Litvintseva, PhD

California DPH

Debra Wadford, PhD
Sharon Messenger, PhD
Kristina Hsieh, PhD

UCSF

Michael Wilson, MD
Mary Karalius, MD

UCSF Clinical

Microbiology Lab

Danielle Ingebrigsten, BS/CLS
Shaun Arevalo, BS/CLS
Allan Gopez, BS/CLS
Jessica Streithorst, BS/CLS
Jessica Neely, BS
Michelle Geriyk, BS/CLS
Walter Lorizio, BS/CLS
Michael Kwok, BS/CLS

Cleveland Clinic

Carlos Isada, MD

Delve Bio

Steve Miller, MD/PhD
Amy Wong, PhD
Brad Murray, PhD
Tim Blicharz, PhD

Billings Hospital

Camilla Reese, MD

Stanford University

Wei Gu, MD/PhD

Funding

- US Centers for Disease Control and Prevention
- BARDA
- Delve Bio
- NIH
- CZ Biohub San Francisco
- Abbott Laboratories
- Sandler PBBR New Frontiers Research Award
- California Initiative to Advance Precision Medicine

CHIU LAB

<https://chiulab.ucsf.edu>

