



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

The implementation of ISO accredited bioinformatic pipelines for AMR detection and how to report?

An interactive discussion

Maaïke van den Beld, Maren Lanzl

RIVM



Interactive presentation

- › Examples from the Netherlands
- › Questions for discussion
- › Colored cards

No answer is wrong or right!



Question 1

Does your lab have to adhere to a quality system?

YES

NO



Question 2

Does the quality system also apply to the bioinformatic pipelines- if used?

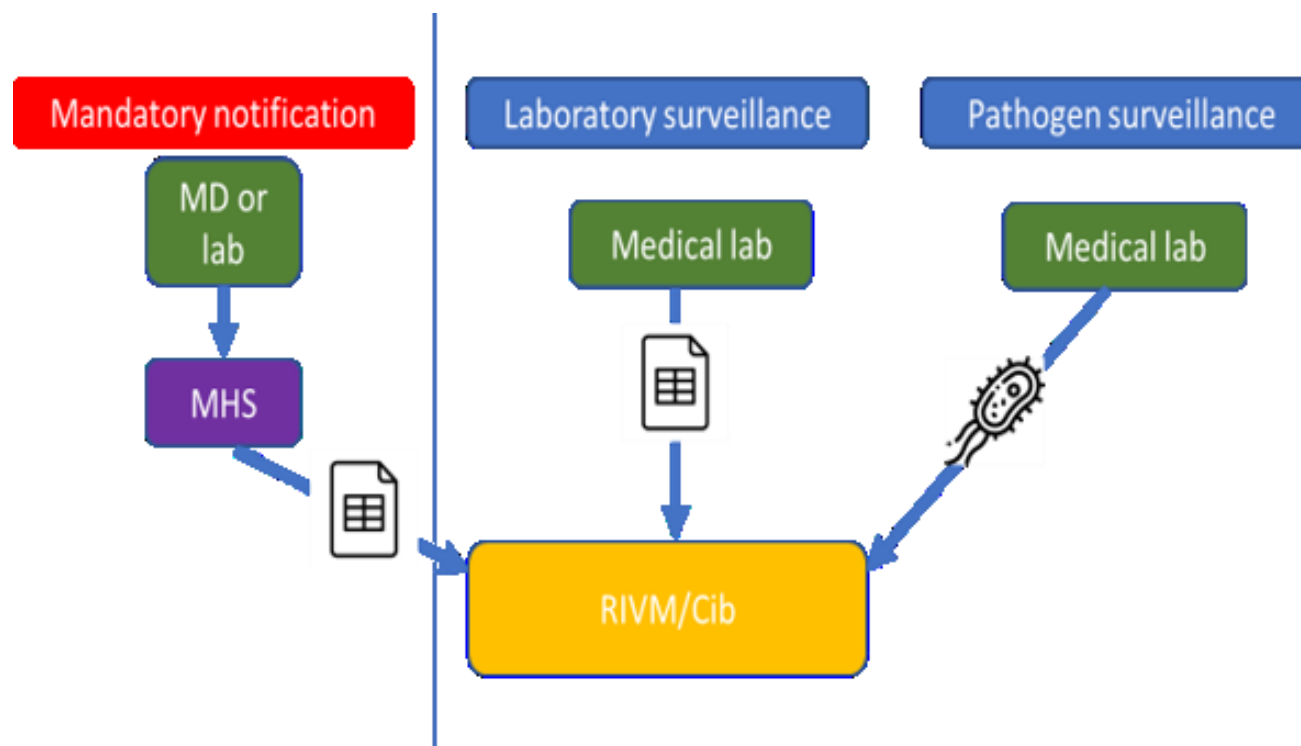
YES

NO



Situation Netherlands

- › One National Centre for Infectious Disease control, Cib





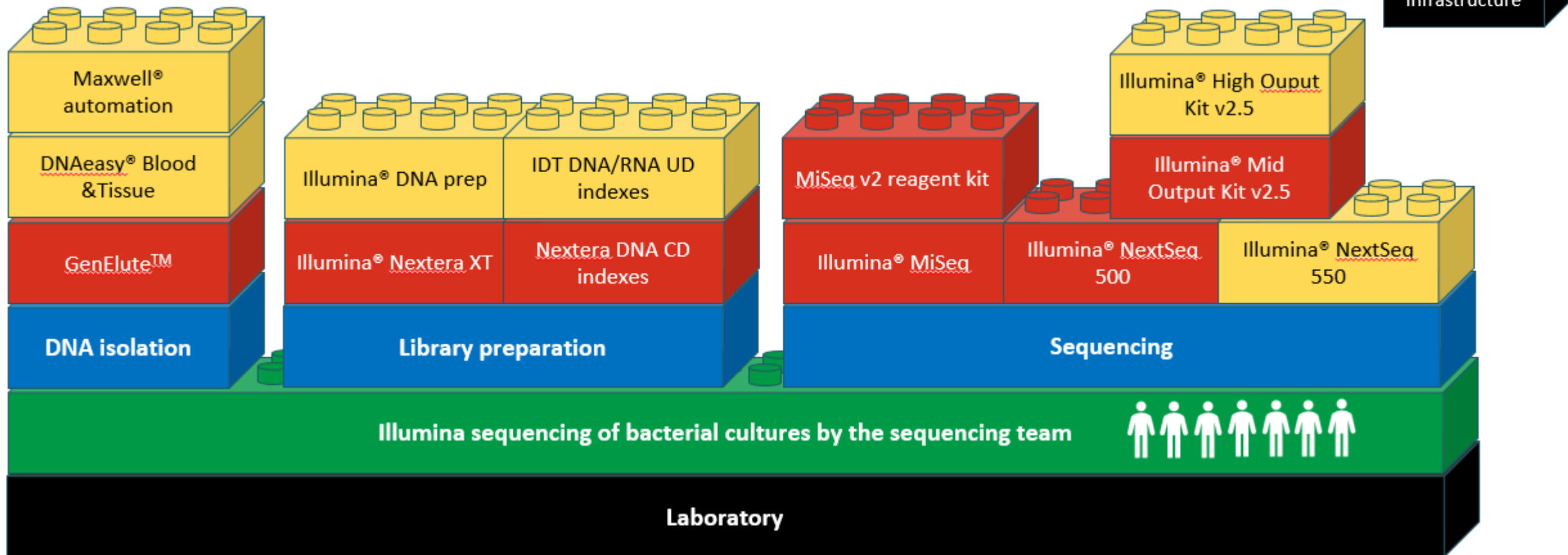
Pathogen surveillance Netherlands

Pathogen	Notifications	Pathogen surveillance	Number per year (approx.)
STEC	X	X	900
<i>Listeria monocytogenes</i>	X	Only invasive isolates	100
<i>Shigella spp</i>	X	X	300
<i>Yersinia spp</i>		X	200
<i>Salmonella</i>		X	2500
<i>Campylobacter</i>		Sentinel	1200



Illumina sequencing at RIVM

> ~15,000 bacterial genomes/year





Question 3

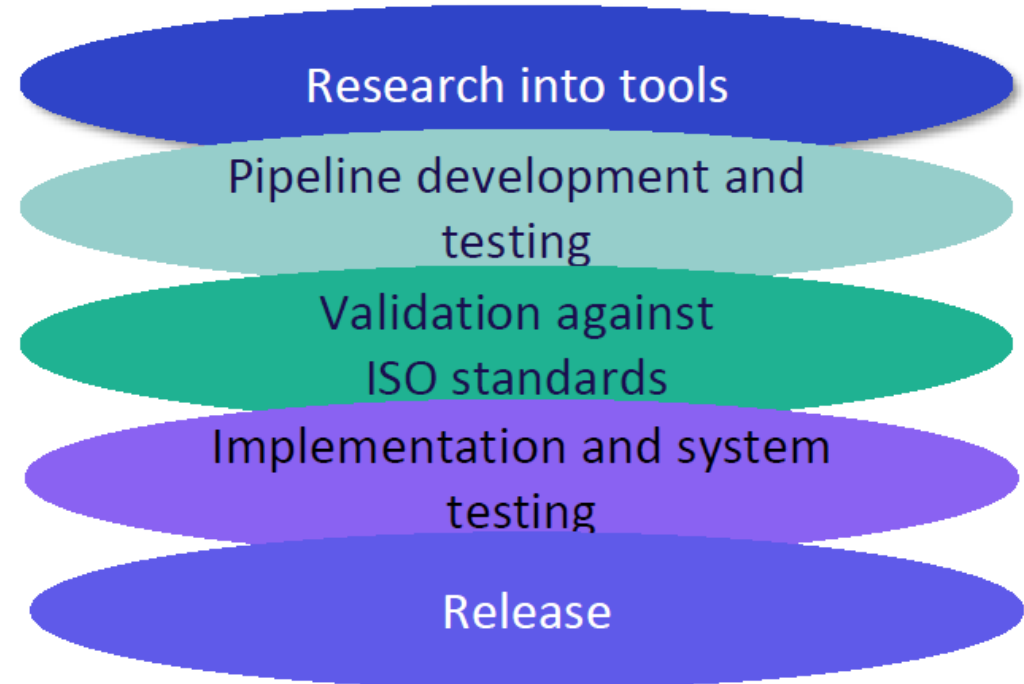
How to validate the bioinformatic processes?

Each step separately

The whole pipeline as one

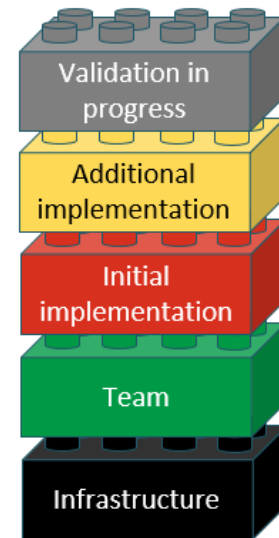
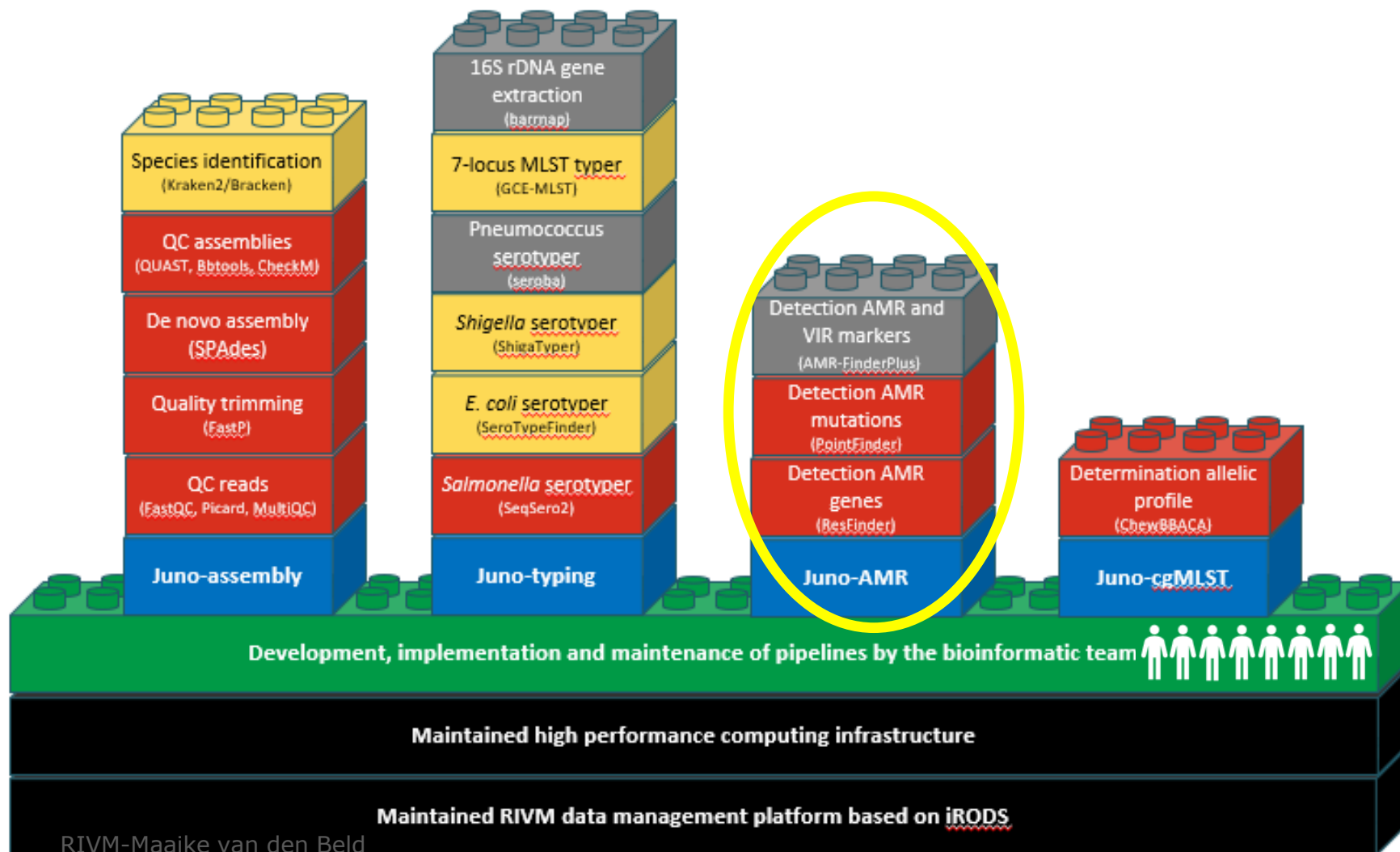


- > Juno-assembly
- > Juno-typing
- > Juno-cgMLST
- > Juno-AMR





Pipeline validation at RIVM



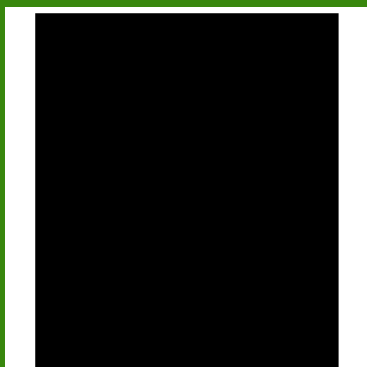


Juno-AMR

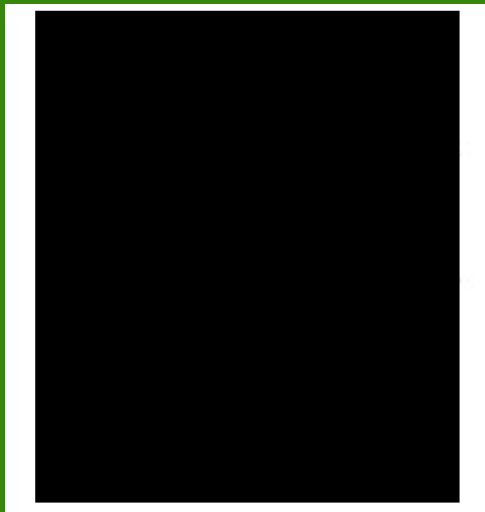
- › Technical validation of pipeline: bioinformatics
- › ISO validated part: ResFinder, PointFinder
- › To be validated part: AMRFinderPlus
- › Problem with validation: before use of WGS, only phenotypic resistance was determined. What to compare pipelines with??



Validation of bioinformatic pipelines



- Made for laboratory tests
- Used by RIVM for validation of bioinformatic pipelines



- Publication: June 2022





RIVM ISO 15189 validation Juno-AMR

Recovery

Added sequences of ARG to WGS of pathogens

Trueness

Sequences with known genetic resistance from literature

Reproducibility

Multiple generations of same sequences, compare SHA1 hashes

Accuracy

Comparison with "gold standard"

Trueness

Sequences of ATCC strains with known phenotypic resistance



- > Sensitivity = $\frac{TP}{TP+FN}$
- > Specificity = $\frac{TN}{TN+FP}$
- > Positive predictive value = $\frac{TP}{TP+FP}$
- > Negative predictive value = $\frac{TN}{TN+FN}$



Question 4

Any ideas about additional parameters to validate?

YES

NO



Question 4

Any ideas about additional parameters to validate?

Recovery

Added sequences of ARG to WGS of pathogens

Trueness

Sequences with known genetic resistance from literature

Reproducibility

Multiple generations of same sequences, compare SHA1 hashes

Accuracy

Comparison with "gold standard"

Trueness

Sequences of ATCC strains with known phenotypic resistance

YES

NO



Results ISO 15189 validation Juno-AMR

Recovery
Added sequences of ARG to WGS of pathogens

PASS

Trueness
Sequences with known genetic resistance from literature

PASS

Trueness
Sequences of ATCC strains with known phenotypic resistance

PASS

Reproducibility
Multiple generations of same sequences, compare SHA1 hashes

PASS

Accuracy
Comparison with "gold standard"



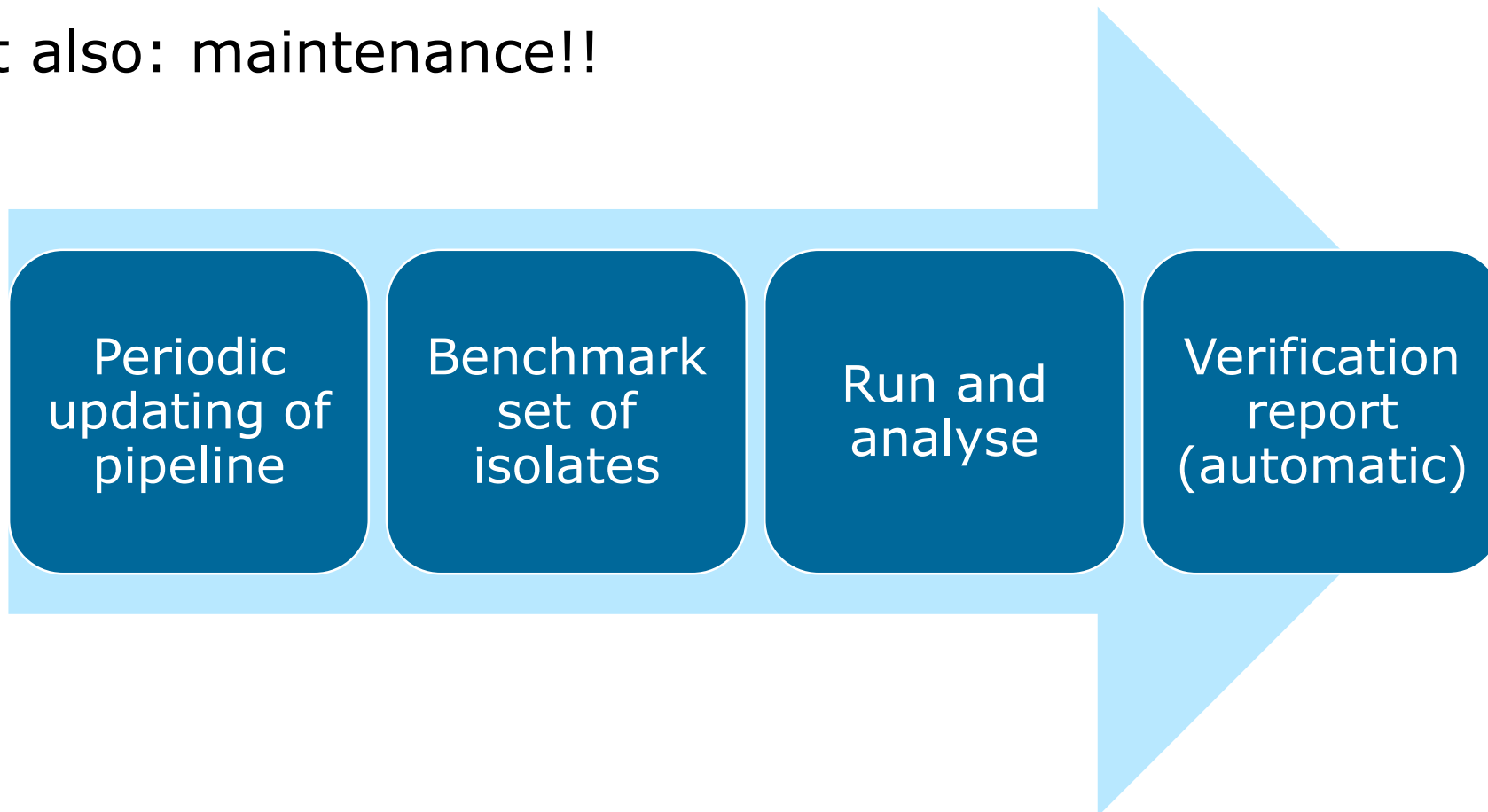
Results accuracy (compared to phenotypic)

SalmShigEcol	n R/S	Accuracy	Sensitivity	Specificity	NPV	PPV
Ampicillin	139/260	98.7	97.8	99.2	98.9	98.6
Ciprofloxacin	45/294	99.7	100	99.7	100	97.8
Cefotaxim	14/385	100	100	100	100	100
Meropenem	15/397	100	100	100	100	100
Gentamicin	18/283	94.7	11.1	100	94.6	100
Sulfamethoxazol	167/173	99.4	100	99.3	100	96.3
Trimethoprim	26/135	99.1	100	98.3	100	98.2
Campy						
Ciprofloxacin	182/223	98.5	97.8	99.1	98.2	98.9
Erythromycin	10/395	100	100	100	100	100
Tetracyclin	99/306	97.5	99.0	97.1	99.7	91.6
Gentamicin	2/403	100	100	100	100	100



Validation and maintenance

- › Juno-AMR ISO validated using the parameters as shown
- › But also: maintenance!!





Question 5

Any other important parts for the quality of pipelines, next to validation and maintenance?

YES

NO



Question 6

Do/would you report results of detection of genetic AMR markers?

YES

NO



Reporting RIVM

Testnaam	Resultaat
(Sub)Species	Salmonella enterica subsp. enterica
Serotype salmonella	I 4,[5],12:i:-
MLST type	34
MLST profiel	10-19-12-9-5-9-2
Ampicilline	blaTEM-1B (blaTEM-1B_AY458016)
Cefotaxim	geen resistentiemarkers gedetecteerd
Ciprofloxacin	geen resistentiemarkers gedetecteerd
Gentamicine	geen resistentiemarkers gedetecteerd
Meropenem	geen resistentiemarkers gedetecteerd
Trimethoprim	geen resistentiemarkers gedetecteerd
Sulfamethoxazol	sul2 (sul2_HQ840942)

Testnaam	Resultaat
Conclusie Species	Campylobacter jejuni
MLST type	934
MLST profiel	1-1-59-2-10-5-7
Ciprofloxacin	geen resistentiemarkers gedetecteerd
Erythromycine	geen resistentiemarkers gedetecteerd
Gentamicine	geen resistentiemarkers gedetecteerd
Tetracycline	geen resistentiemarkers gedetecteerd

Testnaam	Resultaat
(Sub)Species	Salmonella enterica subsp. enterica
Serotype salmonella	Paratyphi A
MLST type	85
MLST profiel	45-4-8-44-27-9-8
Ampicilline	geen resistentiemarkers gedetecteerd
Cefotaxim	geen resistentiemarkers gedetecteerd
Ciprofloxacin	gyrA p.S83F parC p.T57S
Gentamicine	geen resistentiemarkers gedetecteerd
Meropenem	geen resistentiemarkers gedetecteerd
Trimethoprim	geen resistentiemarkers gedetecteerd
Sulfamethoxazol	geen resistentiemarkers gedetecteerd

Testnaam	Resultaat
Conclusie Species	Campylobacter jejuni
MLST type	353
MLST profiel	7-17-5-2-10-3-6
Ciprofloxacin	gyrA p.T86I
Erythromycine	geen resistentiemarkers gedetecteerd
Gentamicine	geen resistentiemarkers gedetecteerd
Tetracycline	tet(O) (tet(O)_M18896)



Reporting RIVM

Testnaam	Resultaat
(Sub)Species	Salmonella enterica subsp. enterica
Serotype salmonella	Enteritidis
MLST type	11
MLST profiel	5-2-3-7-6-6-11
Ampicilline	geen resistentiemarkers gedetecteerd
Cefotaxim	geen resistentiemarkers gedetecteerd
Ciprofloxacin	parC p.T57S
Gentamicine	geen resistentiemarkers gedetecteerd
Meropenem	geen resistentiemarkers gedetecteerd
Trimethoprim	geen resistentiemarkers gedetecteerd
Sulfamethoxazol	geen resistentiemarkers gedetecteerd



Question 7

Other ideas about how to report results of detection of genetic AMR markers?

YES

NO



Thank you for the great discussion!

Team bacterial foodborne infections

Kim van der Zwaluw
Anjo Verbruggen
Ilse Zutt
Tsira Dzebisasvili
Thijs Bosch

Epidemiology

Eelco Franz
Roan Pijnacker
Ingrid Friesema
Oda van den Berg

Team genomics

Rob Mariman
Sjoerd Kuiling
James Groot
Elske van Logchem
Sietze Brandes
Janieke van Veldhuizen
Linda van de Nes

Bioinformatics RIVM

Jeroen Laros
Robert Verhagen

Team bioinformatics

Boas van der Putten
Alejandra Hernandez Segura
Roxanne Wolthuis
Karim Hajji
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