



From GWAS to Genomic Surveillance

Supporting malaria elimination with intelligence on drug resistance

Joint International Tropical Medicine Meeting

Bangkok, 6 December 2017

Olivo Miotto





1632 **1910**

QUININE RESISTANCE



1945 **1957**

CHLOROQUINE RESISTANCE



1967 **1967**

**SULFADOXINE
PYRIMETHAMINE
RESISTANCE**



1977 **1982**

MEFLOQUINE RESISTANCE



CHLOROQUINE (CQ) RESISTANCE



SULFADOXINE-PYRIMETHAMINE (SP) RESISTANCE



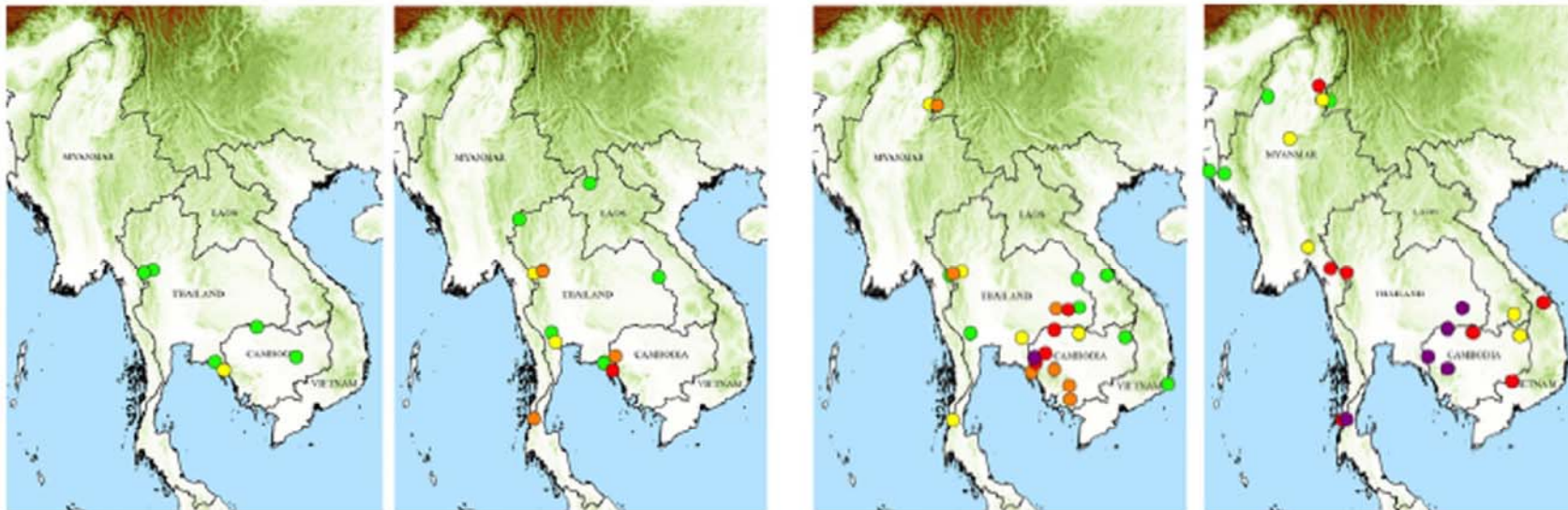
Today: artemisinin resistance

Up to 2002

2003 to 2006

2007 to 2010

2011 till present



Key:

Day 3 positivity rate

- >5%
- 20–50%
- 10–20%
- 5–10%
- <5%

Proportion still parasitaemic at day 3 (72 h) after start ACT

The image is a screenshot of the World Health Organization (WHO) website. At the top, there is a navigation bar with the WHO logo and the text 'World Health Organization'. Below this, there are language options: 'عربي', '中文', 'English', and 'Français'. There are also social media icons for RSS, YouTube, and Twitter. A blue navigation bar contains the following menu items: 'Home', 'Publications', 'Countries', 'Programmes', 'Governance', and 'About WHO'. The main content area features the title 'Malaria' in orange, followed by the article title 'Eliminating malaria from the Greater Mekong subregion' in bold black text. The date '24 February 2015' is displayed below the title. The article text begins with 'WHO is working on developing a regional malaria elimination strategy for the Greater Mekong subregion (GMS). The strategy is being drafted under the aegis of the Regional Hub for the Emergency Response to Artemisinin Resistance in an inclusive and transparent manner.' A blue oval highlights the following paragraph: 'The process follows the conclusion by the Malaria Policy Advisory Committee (MPAC) in September 2014 that *P. falciparum* elimination in the GMS is *technically feasible* and should be the recommended public health response to address the challenge of growing parasite resistance to artemisinin and partner drugs.' Below this, the text continues: 'In parallel, the 9th East Asia Summit in Myanmar (November 2014) agreed to the goal of an Asia-Pacific free of malaria by 2030.' On the right side of the page, there is a 'Share' button and a 'Related links' section with two links: 'More information hub for the Greater Mekong subregion' and 'ERAR regional meeting 11-12 February'. The background of the page shows a map of the Greater Mekong subregion, with a red circle highlighting the area around the article title and the highlighted paragraph. The word 'ANTI' is partially visible in red at the bottom left of the image.

Malaria

Eliminating malaria from the Greater Mekong subregion

24 February 2015

WHO is working on developing a regional malaria elimination strategy for the Greater Mekong subregion (GMS). The strategy is being drafted under the aegis of the Regional Hub for the Emergency Response to Artemisinin Resistance in an inclusive and transparent manner.

The process follows the conclusion by the Malaria Policy Advisory Committee (MPAC) in September 2014 that *P. falciparum* elimination in the GMS is *technically feasible* and should be the recommended public health response to address the challenge of growing parasite resistance to artemisinin and partner drugs.

In parallel, the 9th East Asia Summit in Myanmar (November 2014) agreed to the goal of an Asia-Pacific free of malaria by 2030.

Share

Related links

[More information hub for the Greater Mekong subregion](#)

[ERAR regional meeting 11-12 February](#)

ANTI

Genomic Epidemiology

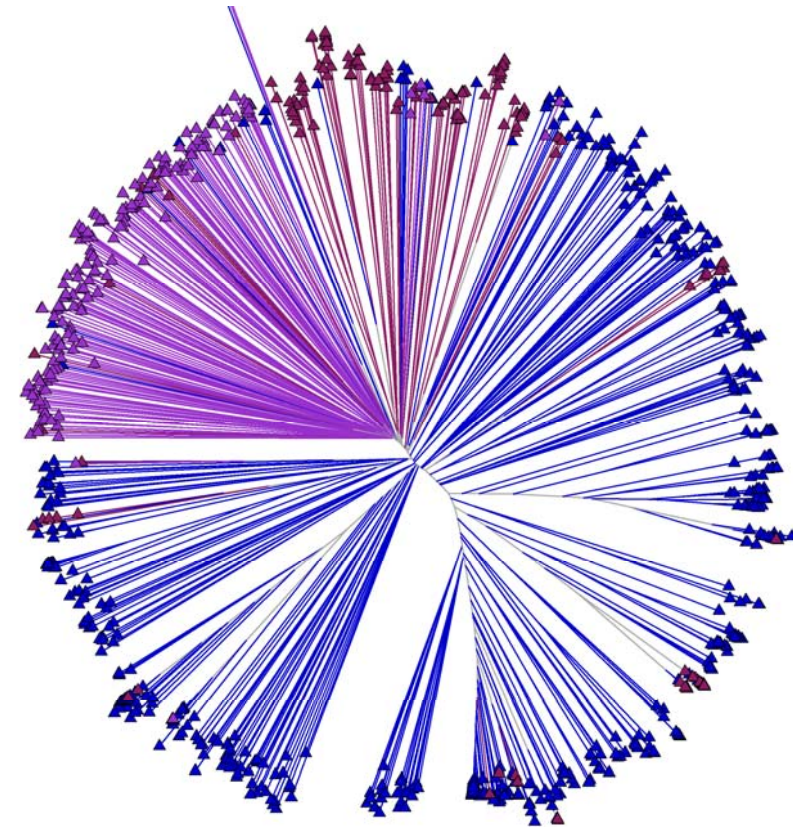
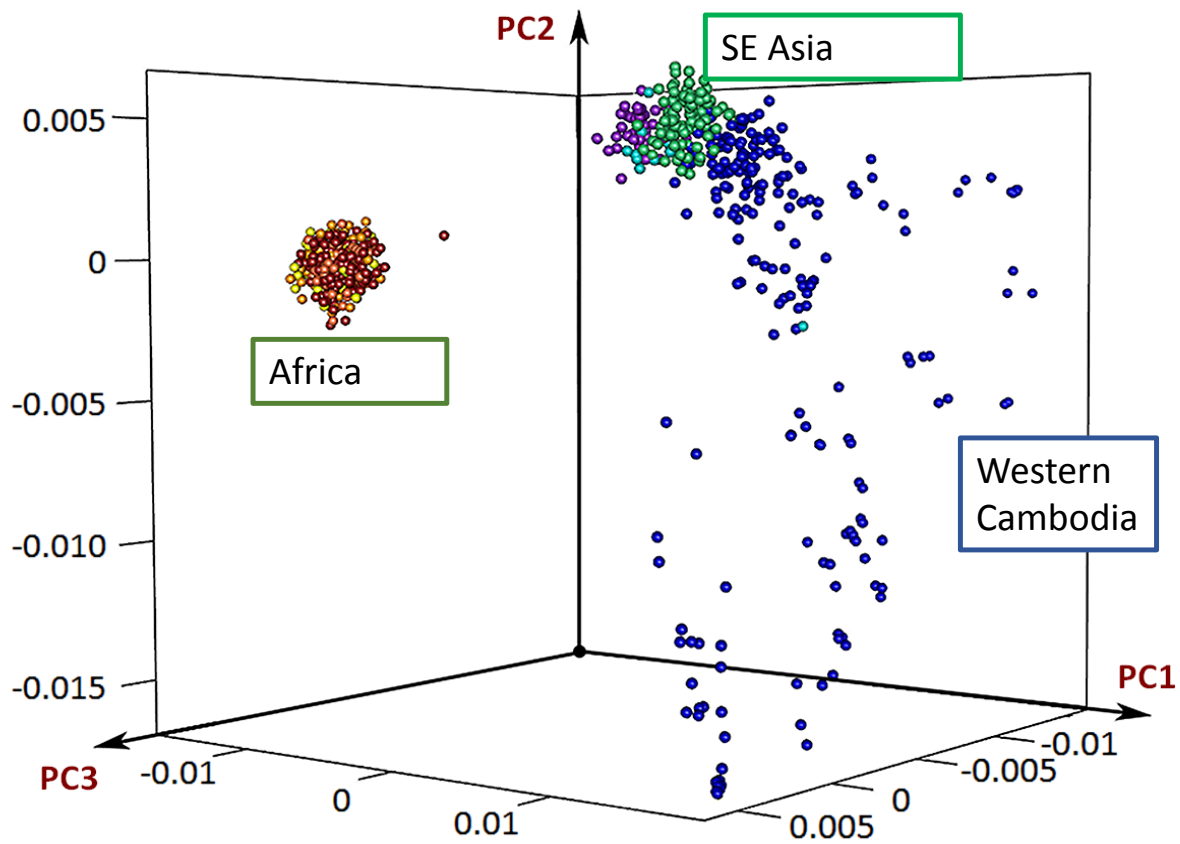


- Work from patient blood samples, clinically relevant
- Obtain high-resolution genome-wide data
 - high-throughput whole-genome sequencing technology
 - ~1M high-quality variations across the genome
 - Single-nucleotide polymorphisms (SNPs), insertions/deletions, gene copy numbers
- Large numbers of cases: study populations, not individuals

- Multidimensional Analyses
 - Genomic, geographical, temporal, clinical
- Analyze allele frequencies, diversity, similarities between parasites
 - Relate observations to epidemiological models
- MalariaGEN:
>130 Terabytes of genomic data



Patterns of Drug Resistance in Western Cambodia



Tackling Drug Resistance - GWAS

TTATTTAAGTGTATGTGTAATGAATAAAA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAAAA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAAAA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAAAA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAAAA TTTTGCTAAAAGA

Drug-
sensitive
Parasites

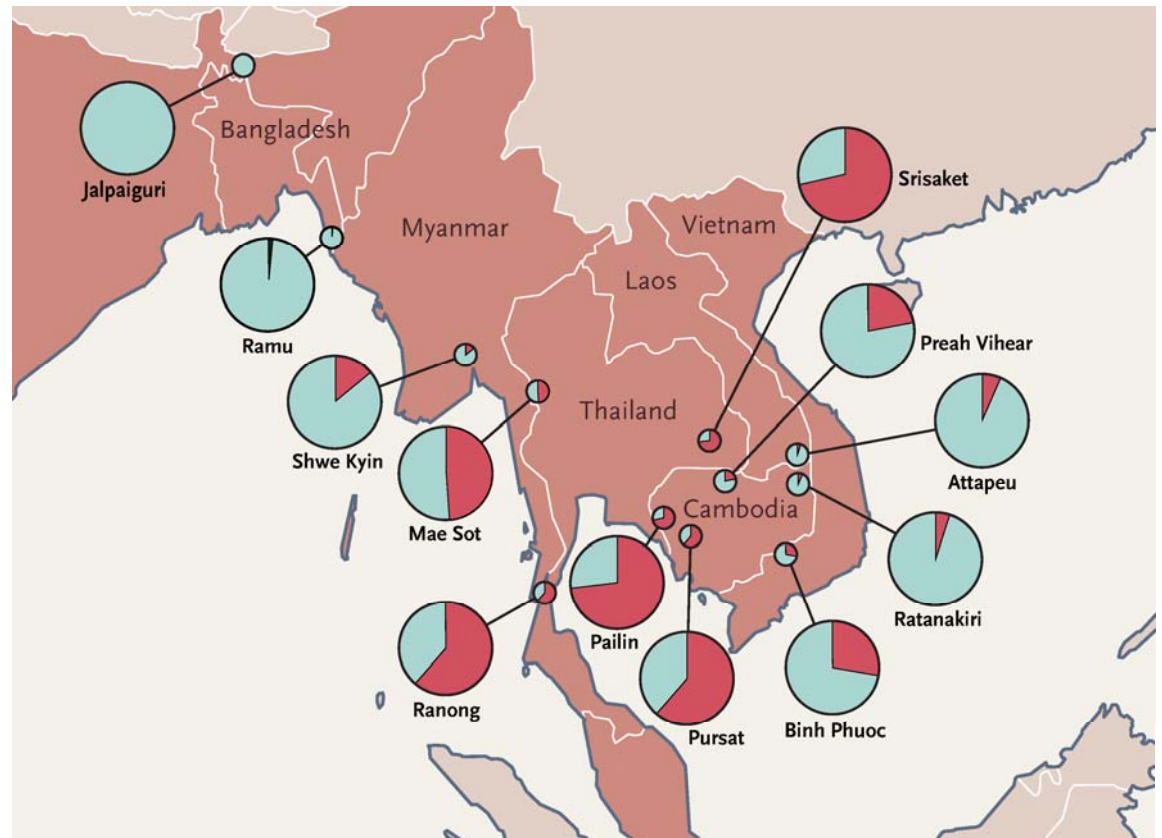
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA
TTATTTAAGTGTATGTGTAATGAATAACA TTTTGCTAAAAGA

Drug-
resistant
Parasites

TRAC study

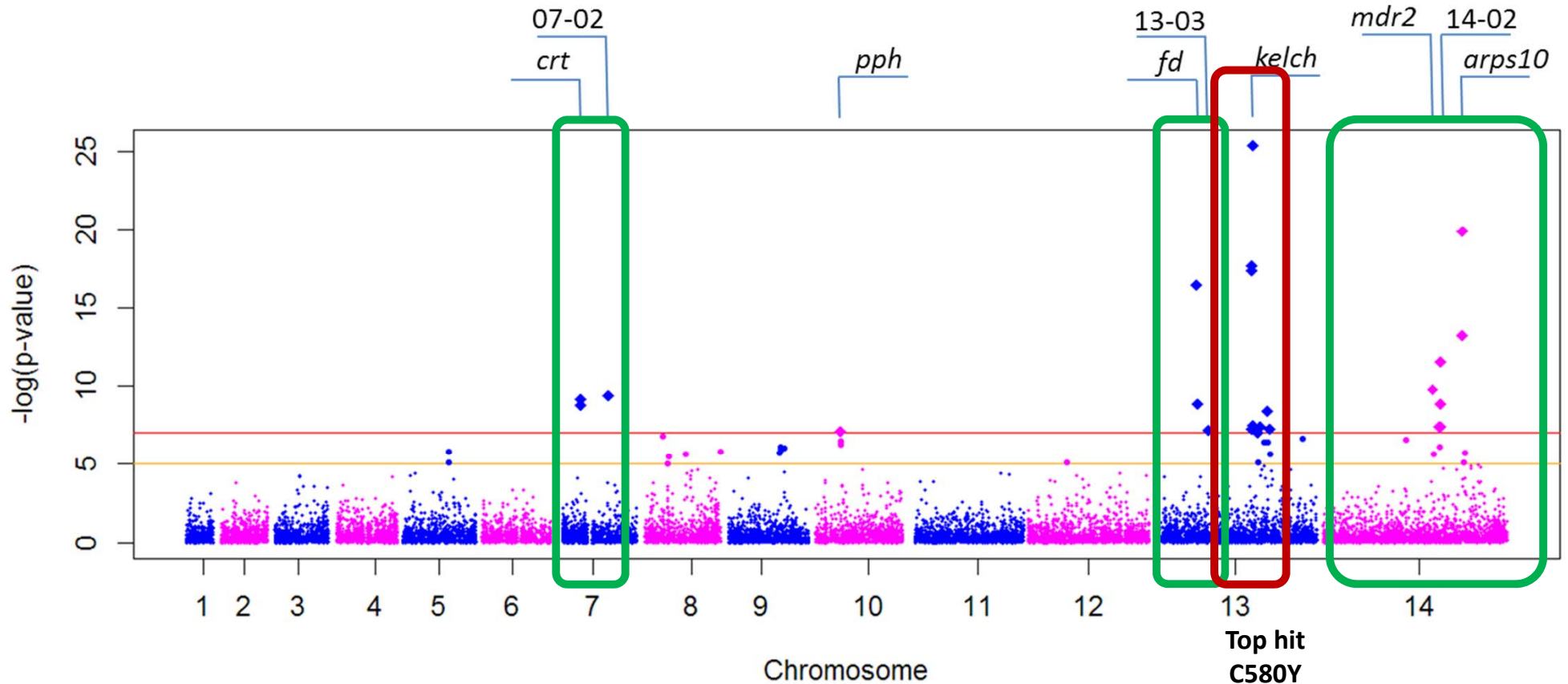
- **1,612 clinical samples**
 - Full genome sequence
 - 1,063 with high-quality clinical phenotypes
- **15 locations in SEA**
(+2 in Africa)
 - Cambodia, Vietnam, Laos, Thailand, Myanmar and Bangladesh

High genetic and geographical resolution



Ashley EA et al. (2014) N Engl J Med. 2014 Jul 31;371(5):411-423.

Genome-wide Association Study (GWAS)

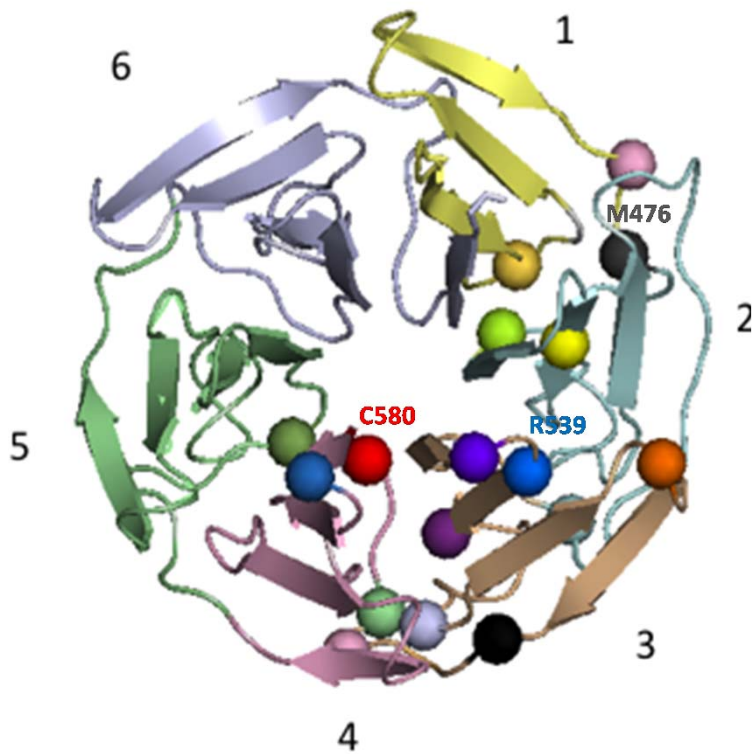


Miotto O, Amato R et al. (2015) Genetic architecture of artemisinin-resistant *Plasmodium falciparum*.



Top hit
C580Y
 $p=10^{-26}$

Multiple ART-R kelch13 mutations



Each artemisinin-resistant founder populations is strongly associated with a specific *kelch13* mutation

Population	WT	Y493H	R539T	I543T	P553L	C580Y	Het	Total
VN-C	69	1			2		4	76
KH-C	122						2	124
VN-F01				20			1	21
VN-F04	1				4		3	8
WKH-F01	2					49	3	54
WKH-F02	1		15					16
WKH-F03						32	2	34
WKH-F04		15						15
NKH-F02						8	1	9
Total	195	16	15	20	6	89	16	357

Multiple independent emergence events

It takes 2 to Tango...

ACT

Artemisinin

+

Partner Drug

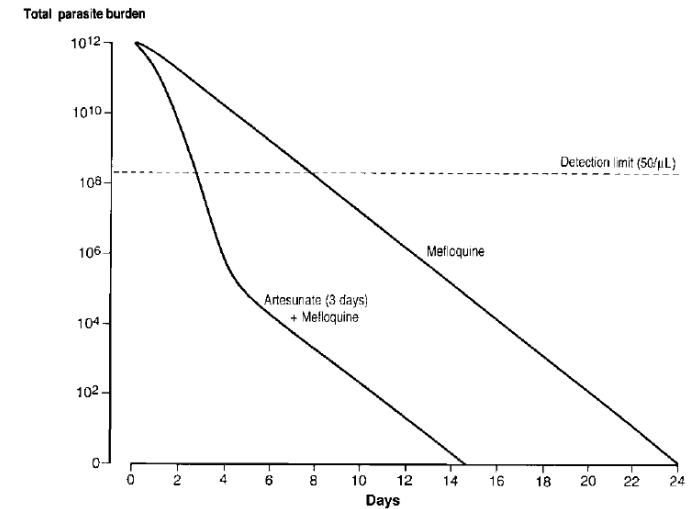


Fast parasite killer



Kills surviving parasites

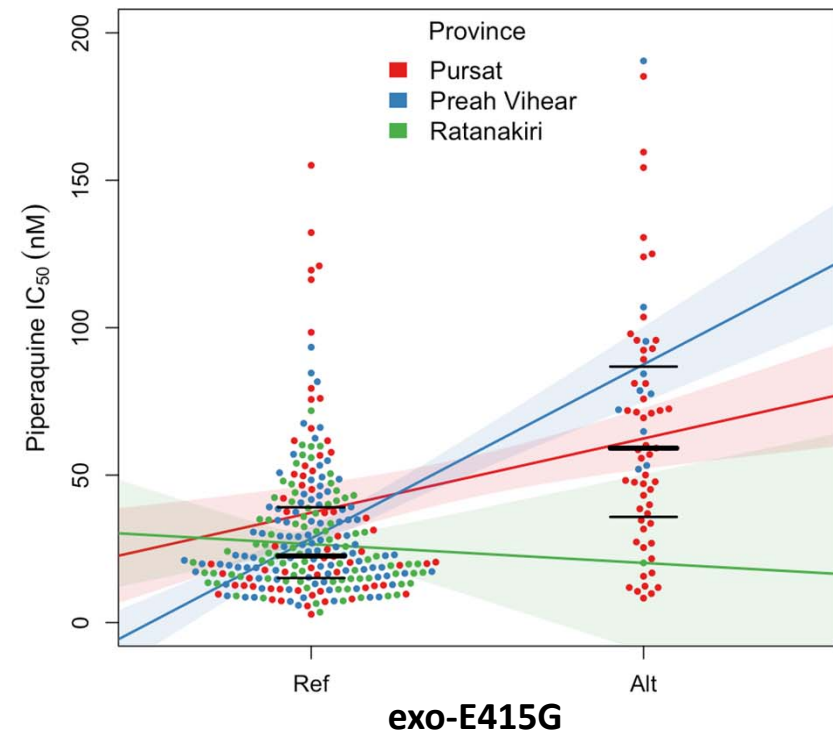
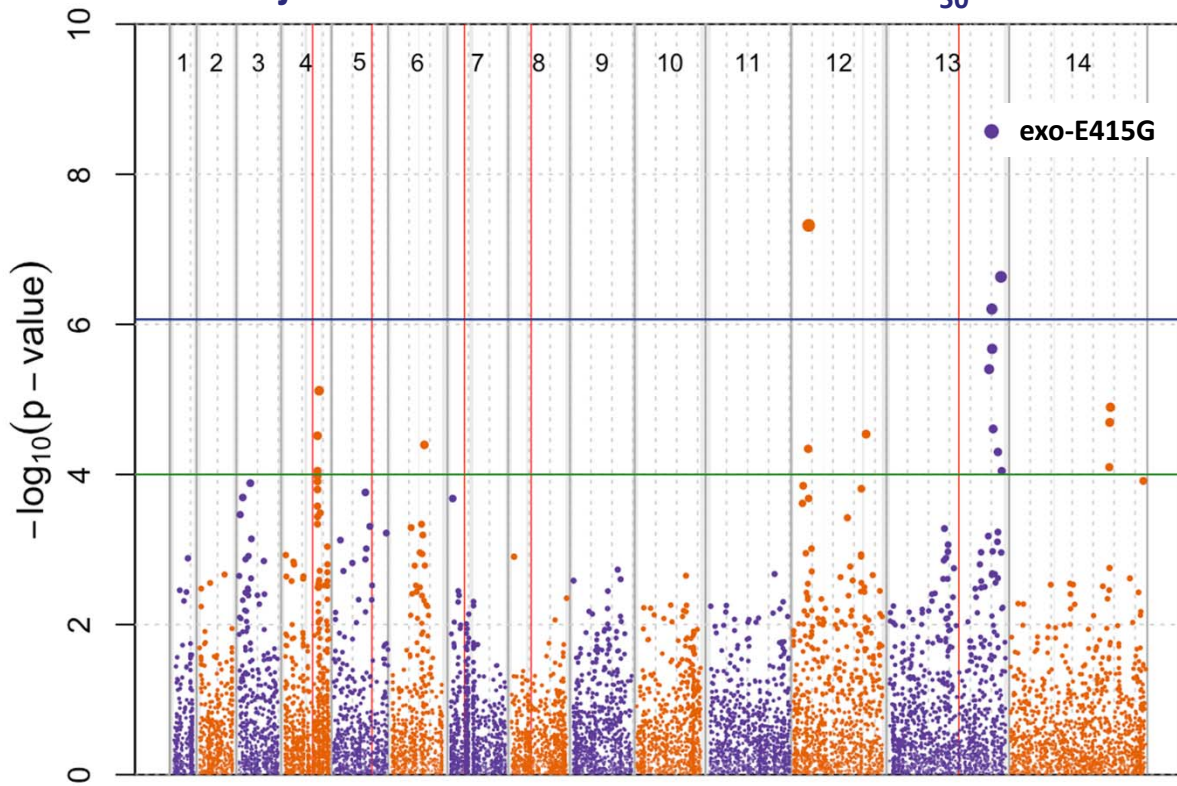
Piperaquine
Mefloquine
Lumefantrine



White NJ (1997) Antimicrob Agents Chemother. 41(7):1413-22.

Identifying the molecular markers: SNP GWAS

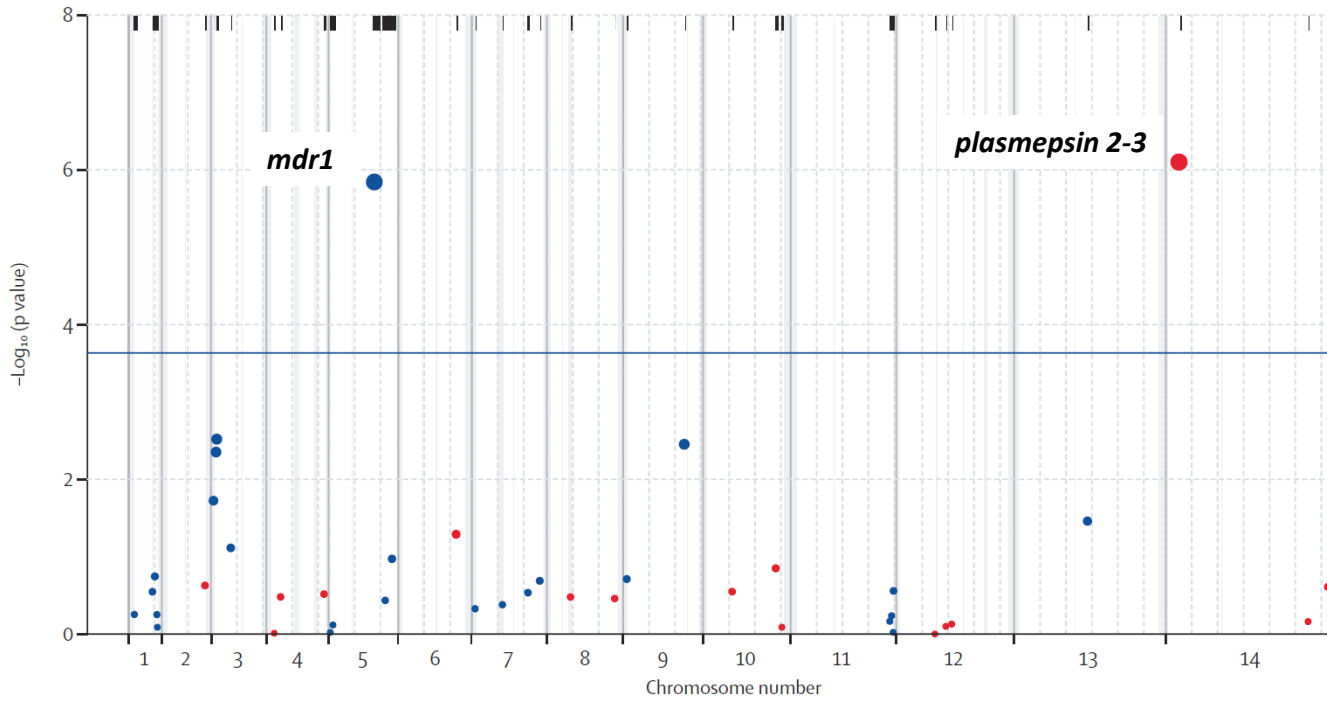
One major locus associated with elevated IC₅₀s



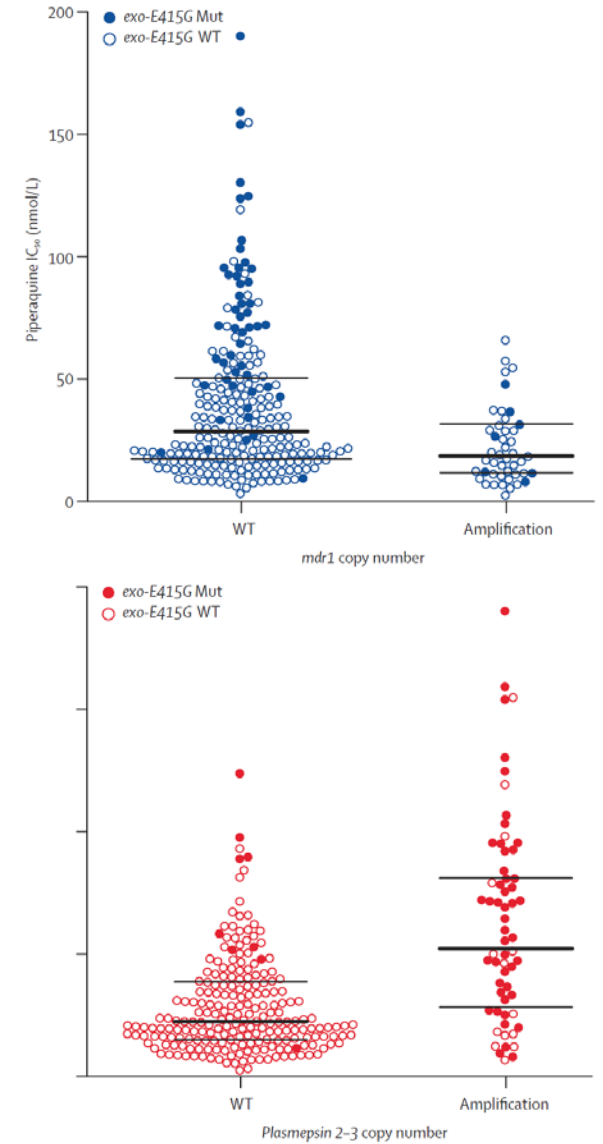
Amato et al. (2016) Lancet ID

Identifying the molecular markers: copy-number GWAS

Two CNVs associated with elevated IC_{50} s

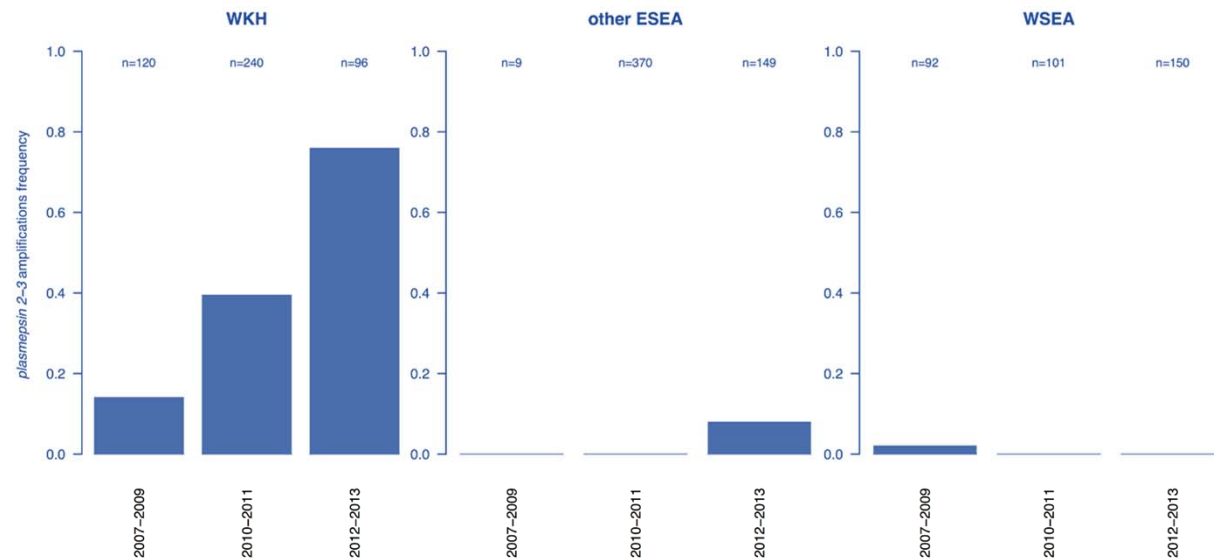


Amato et al. (2016) Lancet ID

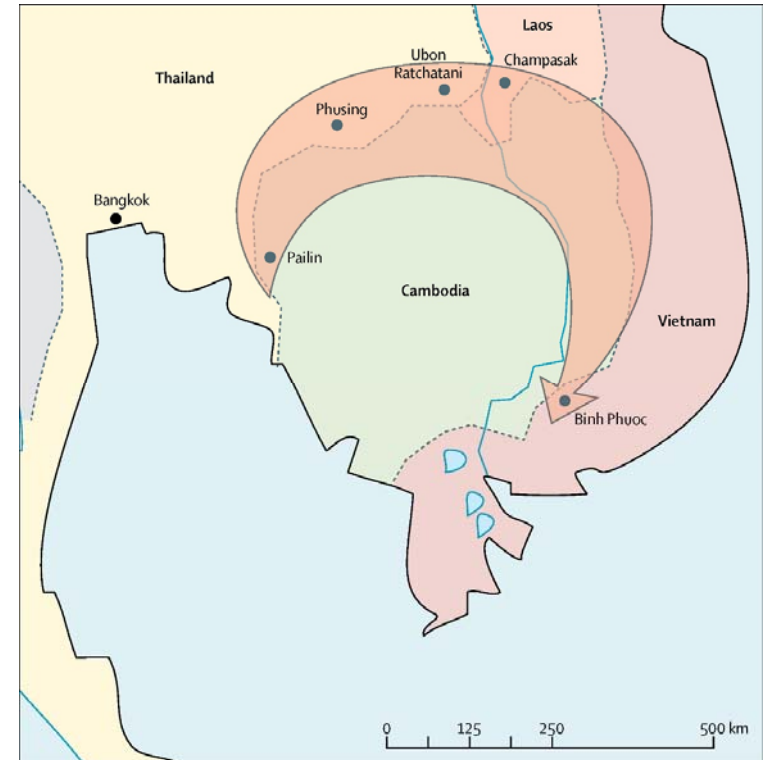


DHA-PPQ resistance has spread dangerously

Single major origin of *plasmepsin 2-3* amplifications (PLA1)



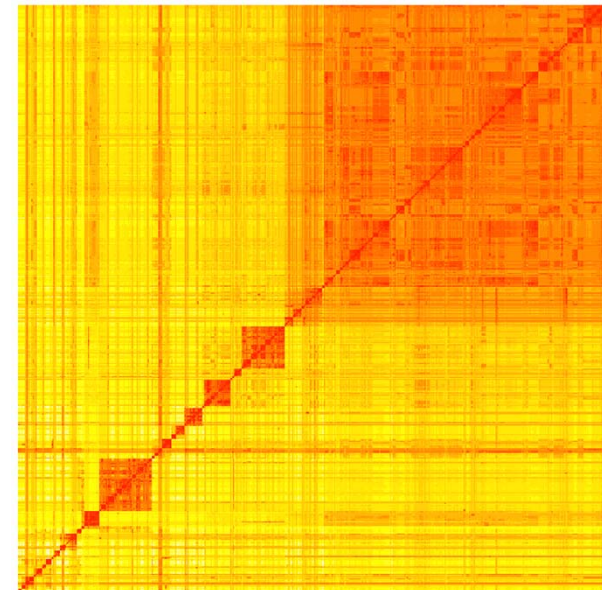
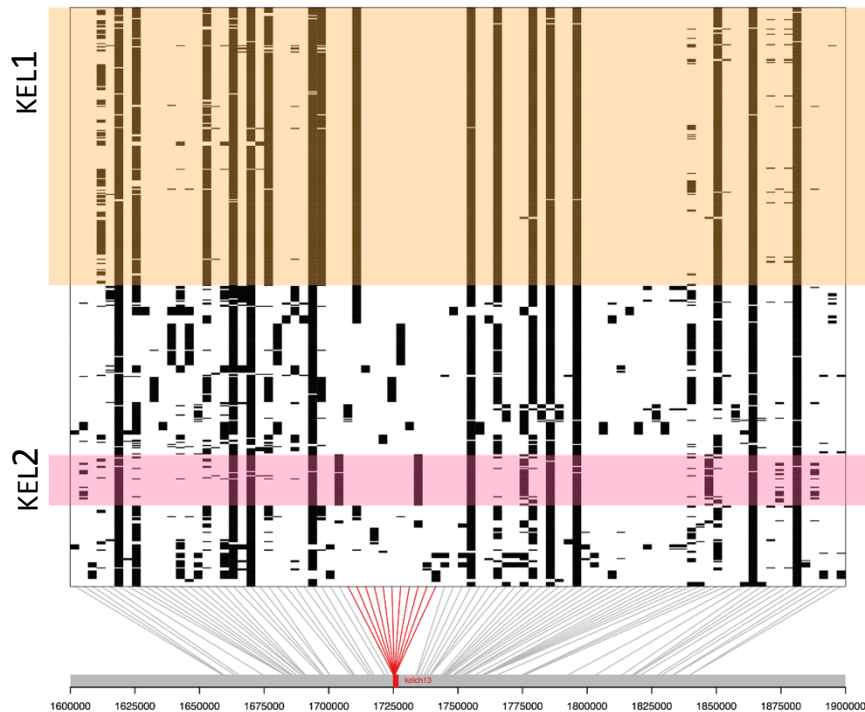
Amato R. *et al.* (2017) Lancet ID (in press)



Imwong et al. (2017) Lancet ID

Multiple origins of *kelch13* resistance alleles

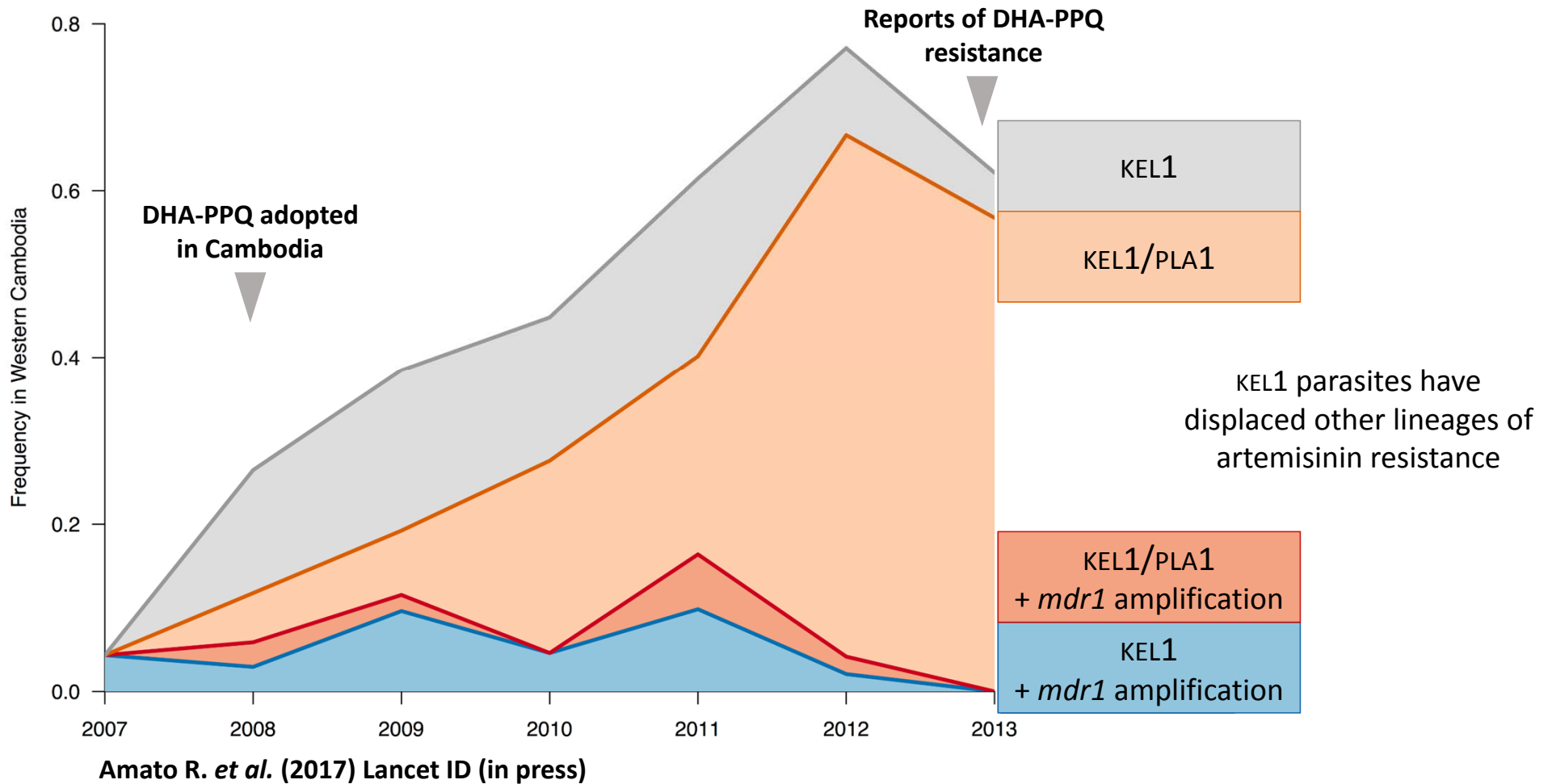
- We identified 38 *kelch13* haplogroups
- The 580Y resistance allele was found in six different *kelch13* haplogroups
- **The most common was denoted the KEL1 lineage.**



Statistical chromosome painting to estimate the level of shared ancestry between samples

Amato R. *et al.* (2017) Lancet ID (in press)

KEL1 + PLA1 → Winning Combination



Impact of Genomic Epidemiology

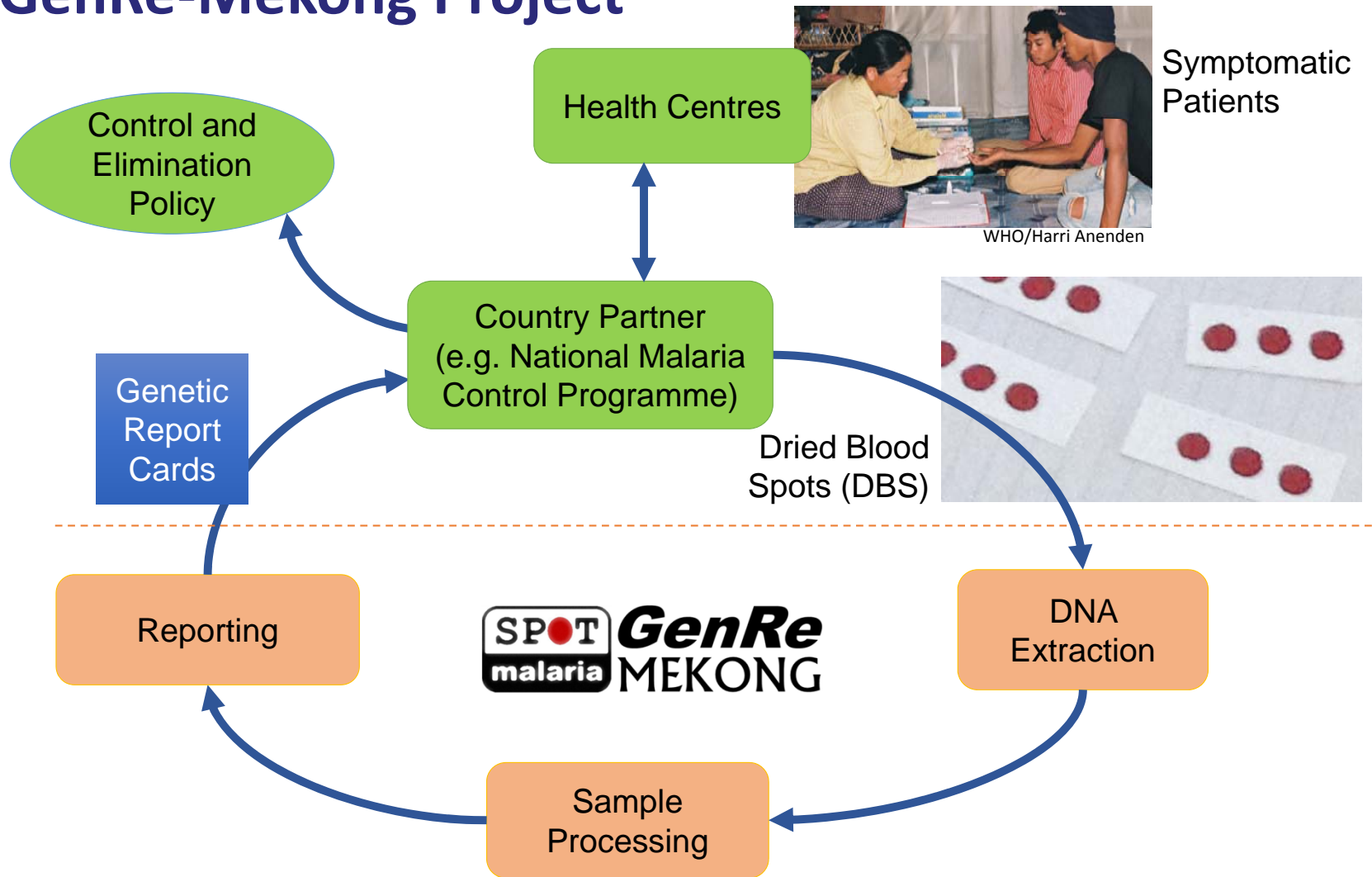
- Patterns of Population Structure reveal drug resistance dynamics
- GWAS allows identification of genetic markers of resistance
- Ancestry analysis allows identification of lineages and co-lineages

What do these mean for control and elimination?

- Markers for monitoring and mapping drug resistance
- Markers to monitor specific “strains”
- Epidemiological patterns associated with emergence of resistance

Can this be implemented into routine surveillance?

The GenRe-Mekong Project



Standardized Collection Kits



SPOT malaria Plasmodium DBS sample information sheet

When complete, please email to: recon_samples@well.ox.ac.uk

Study ID	RECON	Name of Study Lead	DR
Name of person responsible for this sample submission	MR. SAMBO	Submitter's Email	SA

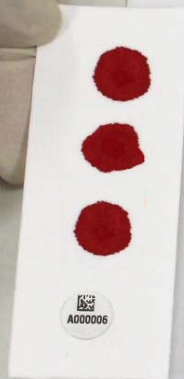
Please note that samples cannot be accepted without a Study ID

Study ID is allocated upon completion of a collaboration agreement. If you do yet have a Study ID please contact us

SAMPLE METADATA

Ideally please specify both GPS and LOCATION. At a minimum we require either GPS or LOCATION using the form below. Please complete a row for each sample

Sample ID	Date of sample collection	GPS	LOCATION	
			Region/ Province / State	District
<insert barcode sticker provided, or sample ID that you use to identify your samples>	01-Jan-2015	16.593733, 98.599503	Tak	Bangmoong
A000006	29/04/15			PAI LIN



Genetic Report Cards

- Fast turnaround product for malaria control programs
- Simple to understand and analyze, with documentation and training
 - Can be summarized, mapped, aggregated, reported
- Integrates via barcodes
 - With NMCP patient data
 - With travel surveys
- Per-sample drug resistance markers
- Per-site, per-drug summaries

ID	COI	Species	K13	DHFR	MDR1	CRT	DHPS	EXO	K13 PGB
PM0023-C	1	Pf	wt	NCSI	NFD	-	SAKAA	D	NIDTV
PM0026-C	2	Pf	wt	IRNL	YFD	CVIET	AAKAA	D	NIDTV
PM0103-C	2	Pf	wt	IRNL	YFD	CVMNK	AAKAA	D	NIDV
PM0113-C	1	Pf	I416M	NCSI	YFD	CVIET	AAKAA	D	NIDTV
PM0114-C	2	Pf	589V	IRNL	NFD	CVIET	AGKAA	D	NIDTV
PM0115-C	1	Pf	wt	IRNL	NYD	CVIET	AGKAA	D	NIDTV
PM0117-C	1	Pf	wt	NCSI	NYD	CVIET	AGKAA	D	NTDTV
PM0123-C	2	Pf	wt	NCSI	YFD	CVIET	AGKAA	D	NTDTV
PM0124-C	1	Pf	wt	IRNL	NYD	CVIET	AGKAA	D	SIDTV
PM0127-C	1	Pf	wt	IRNL	NYD	CVMNK	AGKAA	D	NIDTV
PM0129-C	1	Pf	wt	NCSI	NFD	CVMNK	SGKAA	D	NIDTV
PM0132-C	1	Pf	645N	NCSI	NFD	CVMNK	SGKAA	D	NIDTV
PM0133-C	1	Pf	wt	NCSI	NFD	CVIET	AGKAA	D	NIDTV
PM0134-C	2	Pf	wt	IRNL	YFD	CVIET	AAKAA	D	NTDTV
PM0136-C	2	Pf	548G	NCSI	YFD	CVIET	AGKAA	D	NIDTV
PM0138-C	3	Pf	N537I	IRNL	YFD	CVIET	AGKAA	D	NTDTV
PM0139-C	4	Pf	wt	IRNL	YFD	CVIET	AAKAA	D	NTDTV
PM0142-C	1	Pf	wt	IRNL	NYD	CVIET	AGKAA	D	NIDTV
PM0144-C	2	Pf	wt	IRNL	YFD	CVIET	AAKAA	D	NIDTV
PM0145-C	1	Pf	wt	NCSI	YFD	CVIET	AGKAA	D	NTDTV
PM0146-C	1	Pf	wt	NCSI	YYY	CVIET	AGKAA	D	NIDTV
PM0147-C	2	Pf	wt	NCSI	NFD	CVIET	AGKAA	D	NIDTV

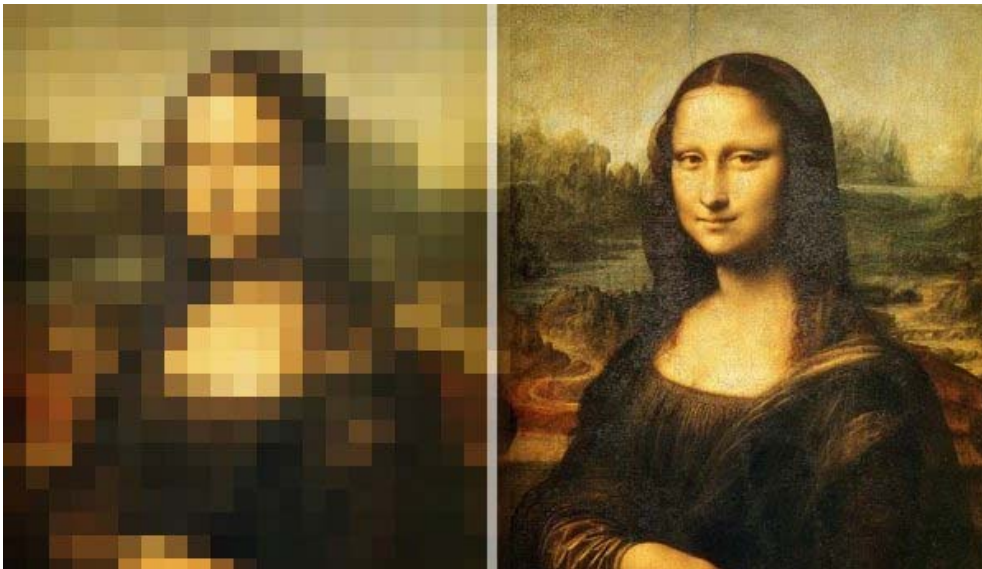
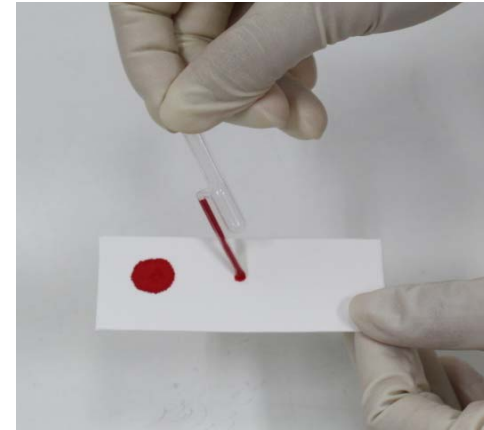
Genetic Report Cards

- Parasite Drug Resistance profiles
 - Artemisinin: K13 allele, predisposing background
 - ACT partner drugs:
 - Piperaquine, Mefloquine, Amodiaquine, Lumefantrine
 - Key antimalarials: Chloroquine
 - Key antimalarials: Sulfadoxine, Pyrimethamine
- Co-infecting Species Detection
 - *P. vivax*
 - *P. knowlesi*
- Complexity of Infection Estimates

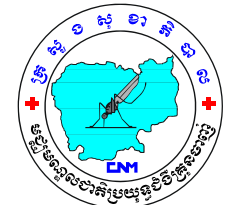


High-Resolution Data from DBS

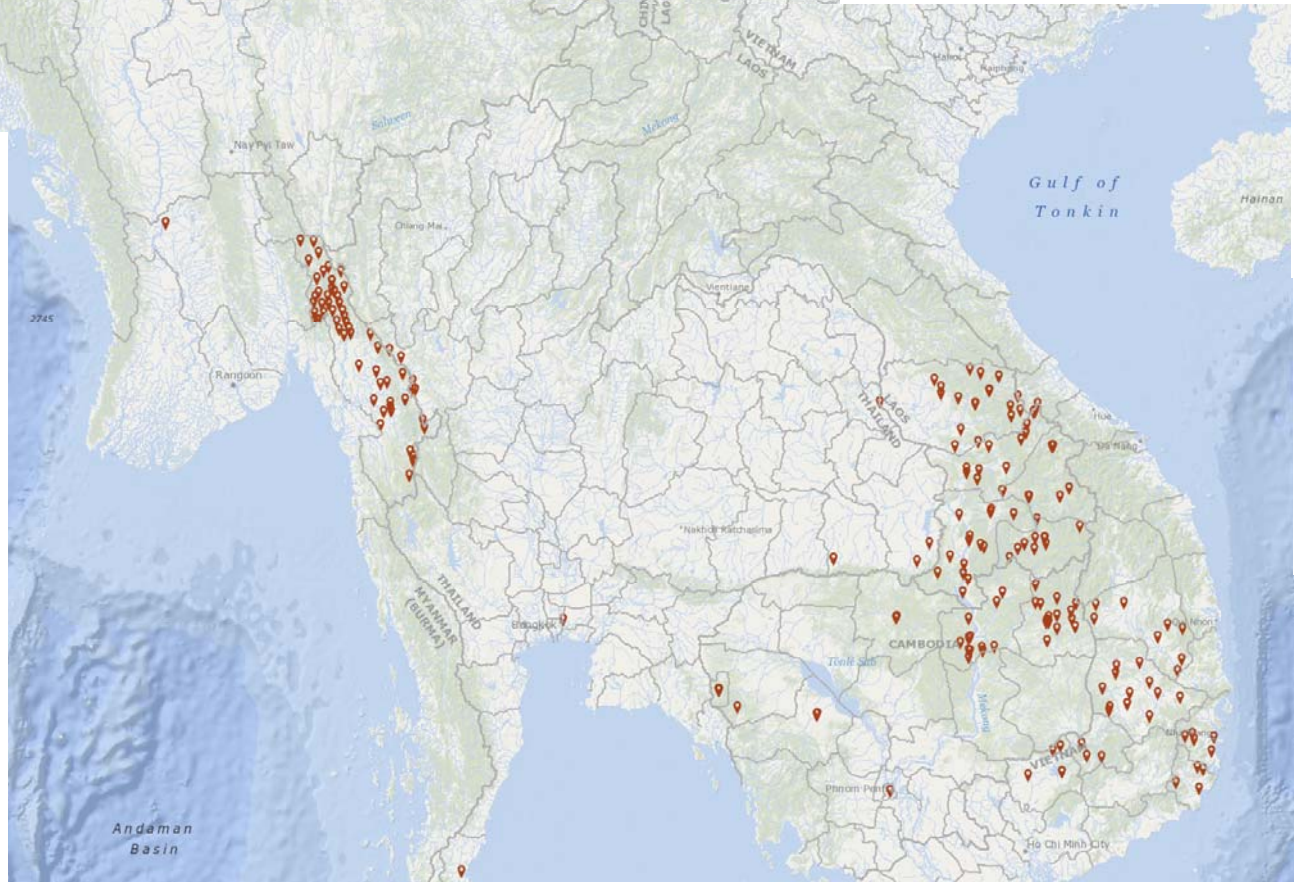
- Selective Whole-Genome Amplification
 - Allows enrichment of parasite DNA vs. human DNA
 - Reliably enables whole-genome sequencing (WGS) from DBSs



- Enable high-resolution epidemiology analyses
 - Reliable identification of imported cases
 - Modelling routes of gene flow
 - GWAS of parasites with phenotypic data
 - Study of haplotypes at candidate sites
 - Study of emerging markers or regions under selection



Pilot Projects



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- Rick Fairhurst
- Chanaki Amaratunga
- Seila Suon
- Sokunthea Sreng

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- Cambodia: **CNM**
- Lao PDR: **CMPE**
- Myanmar: **DSMRC**
- Thailand: **Ubon Provincial Health**
- Vietnam: **IMPE-QN**
- Vietnam: **NIMPE**

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