WGS OF *M. TUBERCULOSIS* REVEAL STRONG ASSOCIATIONS BETWEEN GENOTYPES AND ETHNICITY: ITS IMPLICATION IN TB CONTROL

PRASIT PALITTAPONGARNPIM, M.D.

DEPARTMENT OF MICROBIOLOGY, FACULTY OF SCIENCE, MAHIDOL, UNIVERSITY, BANGKOK, AND NATIONAL SCIENCE AND TECHNOLOGY DEVELOPMENT AGENCY, THAILAND AREEYA DISRATTHAKIT, DMSC, MOPH REIKO MIYAHARA, UNIVERSITY OF TOKYO ET AL.





https://static1.squarespace.com/static/539c2e22e4b09cb1828955f8/t/5 6f17f48b09f95435b328600/1458668045476/



SUPPORTED BY









SATREPS

Science and Technology Research Partnership for Sustainable Development Program



COLLABORATION OF







and







SETTINGS



Chiangrai background

- **Population:** mainly Thais
 - Ethnic minorities: Tibeto-Burman (Ahka and Lahu), Hmong-Mien, etc.
- History: Settlement since 7th century, becoming Lanna Kingdom and then occupied by various tribes: Myanmar, Lao, Thai.
- Current: Tourist destination and transportation hub
- Populations: 1.2 M
- TB Incidence 2011: 152.6/100,000

Study Methods

- 1170 pulmonary tuberculosis patients, 2003-2010
- Bacteria:
 - Phenotypic drug susceptibility
 - Experimental LSP and spoligotyping
 - WGS by Illumina Hi-Seq at Sanger Institute
- Patients:
 - Clinical profiles
 - High density genotyping (Illumina HumanOmniExpressExome-8 v1.2 BeadChip, 938764 SNPs)





A: LSP and global phylogeny for *MTB* define 6 main lineages. Countries where the predominant lineages are B. 2 and 4, C. 1 and 3, D. 5 and 6 Coscolla and Gagneux. Sem Immunol 2016.

THE POSSIBLE CAUSES OF PHYLOGEOGRAPHIC ASSOCIATIONS

• Founder Effects

Co-evolution



CORRELATION BETWEEN SNP GENOTYPES AND SPOLIGOTYPIC CLADES REVEALED THAT MANY CLADES AND TYPES ARE HOMOPLASTIC, THAT IS, GENOTYPIC MEANINGLESS

SCIENTIFIC REPORTS

Received: 16 February 2018

Accepted: 20 July 2018 Published online: 02 August 2018

OPEN Evidence for Host-Bacterial Coevolution via Genome Sequence Analysis of 480 Thai *Mycobacterium tuberculosis* Lineage 1 Isolates

> Prasit Palittapongarnpim^{1,2}, Pravech Ajawatanawong¹, Wasna Viratyosin², Nat Smittipat², Areeya Disratthakit³, Surakameth Mahasirimongkol³, Hideki Yanai^{4,5}, Norio Yamada⁶, Supalert Nedsuwan⁷, Worarat Imasanguan⁷, Pacharee Kantipong⁷, Boonchai Chaiyasirinroje⁴, Jiraporn Wongyai⁴, Licht Toyo-oka[®], Jody Phelan[®], Julian Parkhill^{®10}, Taane G. Clark^{®9}, Martin L. Hibberd⁹, Wuthiwat Ruengchai¹, Panawun Palittapongarnpim¹, Tada Juthayothin², Sissades Tongsima^{®2} & Katsushi Tokunaga⁸



0.0040

330 **Table 2**. The number of isolates with various experimental spoligotypes identified in each sublineage, listed by the ascending order of the octal codes. The

331 spoligotypes that are found in more than one sublineage are indicated in bold typeface. There was no unclassified spoligotypes that appeared in two

332 sublineages. The reporting country names were from SITVITWEB online searching tool (http://www.pasteur-guadeloupe.fr:8081/SITVIT_ONLINE/query) and

333 was given using ISO 3166-1 alpha-3 three letter country code. When published articles are available, the references are given. (SIT is Spoligotype

334 International Type)

Sublineages her Known spoligotypes (clade numbers reported in SITVITWEB, reported countries published Unclassi	
	fied
references) spoligoty	pes
1.1.1 1.1.1 14 1x67777777413771 342 EAI5: 13, IND(Shanmugam et al. 2011), GMB, GHA, GIN, NGA, MAR, 1x7177777	7003371
2x777737777413771 2x7777774413771 8x77777774413771618 139 236BEL, DEN, NLD, DEU, USA EAI5: 11, IDN(Sasmono et al. 2012), VNM, THA, FRA, NLD, USA, EAI4_VNM: 323, VNM(Buu et al. 2009a; Duong et al. 2009; Nguyen et al. 2012), KHM(Zhang et al. 2011), THA(Yorsangsukkamol et al. 2009), IRN(Merza et al. 2010) EAI5:130, SAU(AI-Hajoj et al. 2007), PAK(Tanveer et al. 2008), IND(Narayanan et al. 2008; Shanmugam et al. 2011; Thomas et al. 2011; Joseph et al. 2013; Devi et al. 2015; Sharma et al. 2017), BGD(Rahim et al. 2007; Banu et al. 2015; Sharma et al. 2017), BGD(Rahim et al. 2009; Nguyen et al. 2012), MMR(Phyu et al. 2009), THA(Yorsangsukkamol et al. 2009; Nguyen et al. 2011, JON(Sasmono et al. 2012; Chaidir et al. 2012), MOZ(Viegas et al. 2014), IDN(Sasmono et al. 2012; Chaidir et al. 2016), MOZ(Viegas et al. 2010), AUS, NZL, GNB, SEN, ZWE, BEL, DEN FRA, GBR, ITA, NDL, NOR,	
SWE, USA, 1112 26 1x737777777413771 204 EAI5 10 KHM/Zhang et al 2011; VNIM_THA/Versangeukkamel et al 1x73777777	0003771
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	7413771
1x777737777413771 618 48 EAI1: 18, BGD(Rahim et al. 2007; Banu et al. 2012), IND(Joseph et al. 2077), IND(Joseph et al. 2013), MYS(Ismail et al. 2014), MMR(Phyu et al. 2009), IDN(Chaidir et al. 2013), MYS(Ismail et al. 2014), GUF, TUN, GBR, USA 1x777777777777777777777777777777777777	′ 411771∗
11x777777774137711 236 al. 2009; Shanmugam et al. 2011; Joseph et al. 2013; Devi et al. 2015;	

FREQUENCY DISTRIBUTION OF L1 WAS DIFFERENT FROM GLOBAL SAMPLES



EAI1, EAI4 and EAI5 are homoplastic

CORRELATION OF NON-HOMO PLASTIC SPOLIGOTYPE PROFILE OF L1 BETWEEN COUNTRIES

- Excluding homoplastic spoligotypes and studies on special bact. pop. such as MDR or Epul TB.
- Correlations in the same countries were high
- No correlation between East Africa and SEA and within Mainland SEA
- Correlations between neighboring countries were intermediate but exceptionally high in
 - India-Pakistan
 - Bangladesh and Myanmar
 - ISEA (Indonesia, the Philippines), Singapore and Taiwan



DISTRIBUTION OF L1 SUBLINEAGES CORRELATES WITH LANGUAGE FAMILIES OF OFFICIAL LANGUAGES OF COUNTRIES IN SEA: AN EVIDENCE OF CO-EVOLUTION



Bangladesh: Indo-Arayan Myanmar: Tibeto-Burman Thailand: Tai-Kadai Vietnam: Austroasiatic (Vietic: Kinh) Malaysia: Austronesian Indonesia: Austronesian Philippines: Austronesian Southern Taiwan: Austronesian



https://thedailyop ium.files.wordpres s.com/2016/12/pr esentation1.jpg?w =610



https://www.researchgate.net/profile/Jueri_Parik/publication/47555877/figure/fig1/AS:339573449216000@1457972027148/A-Language-tree-of-the-major-subgroups-of-the-Austroasiatic-AA-language-family.jpg



NEWS AND VIEWS

Human host range of Mycobacterium tuberculosis

Ruth Hershberg

A new study demonstrates that the most widespread lineage of the causative agent of tuberculosis consists of both globally distributed and geographically restricted sublineages. The geographically restricted sublineages are likely able to infect only specific human populations, whereas the globally distributed ones likely have a broader

human host range.



eages are restricted to a specific geographical location, with each of these present only within a specific region of Africa or Asia. The remaining three sublineages show an intermediate degree of geographical spread.

The African geographically restricted sublineages have been shown to have existed for several centuries and perhaps even for several millennia⁷. This suggests that lack of time in which to spread cannot explain the geographical restriction of these sublineages. Rather, Stucki *et al.* suggest that the sublineages

Ruth Hershberg is in the Rachel and Menachem Mendelovitch Evolutionary Processes of Mutation and Natural Selection Research Laboratory, Department of Genetics and Developmental Biology, Ruth and Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel. e-mail: ruthersh@tx.technion.ac.il



Figure 1 Examples of the distributions of a globally distributed MTBC lineage 4 sublineage (L4.3/LAM) and a geographically restricted sublineage (L4.6.1/Uganda). Presence of each sublineage is indicated by red.







Chinese

Kayaw



IMPLICATIONS IN TB CONTROL PROGRAM

- MDR-associated sublineages: indicated an evolutionary adaptive clones that cause primary MDR-TB, necessitate university drug susceptibility testing or at least genotypic screening.
- High mortality lineages may explain failure to achieve WHO-targeted cure rates, even with apparently reasonable TB control programs.
- Interactions between human and MTB are poly-mechanistic. Co-evolutionary hypothesis implied differential importance for different strains and different genetic populations.

TB VACCINES IN NEW LIGHT

- The universal functioning TB vaccines needs to be polygenic and poly-antigenic
- Particular attention should be given to the testing and trials in targeted populations with very high-burden. At this moment it means
 - India and Pakistan: L1.1.1, L1.1.2 and L3
 - China: Modern Beijing (L2.2.1/modern)
 - Indonesia and Philippines: Modern Beijing and Manila (L1.2.1.1) strains
- Challenging strain for vaccines development should not be H37Rv strain anymore (L4.9).
- Not even a single mice challenge test with L1 has ever reported!



https://image.slidesharecdn.com/geneticdiversityofmycobacteriumtuberculosisinnepal-130715073737-phpapp01/95/genetic-diversity-of-mycobacterium-tuberculosis-in-nepal-8-638.jpg?cb=1373873997

http://www.cell.com/cms/attachment/537458/3733682/gr3.jpg



Beijing (200 cfu aerosol)

H37Rv (200 cfu aerosol)

Protection of BCG and VPM1002 (rBCG △UreC::hly) against H37Rv and a Beijing isolate in mice
(Grode L, et. al. Increased vaccine efficacy against tuberculosis of recombinant BCG mutants that secrete listeriolysin. J Clin Invest 2005)

Acknowledgement

Mahidol University: Prof. Prasit Palittapongarnpim Assoc.Prof. Angkana Chaiprasert Dr. Pravech Ajawatanawong NSTDA (National Science and Technology **Development Agency**): Mr. Tada Juthayothin Dr. Nat Smittipat Dr. Therdsak Prammananan Dr. Wasna Viratyosin University of Tokyo, Prof. Katsushi Tokunaga, Dr. Licht Toyo-oka Dr. Daisuke Omae RIKEN Dr. Taisei Mushiroda Japan Anti-tuberculosis Association (JATA) Dr. Takashi Yoshiyama Dr. Naoto Keicho Dr. Hideki Yanai

Department of Medial Sciences, MoPH Dr. Surakameth Mahasirimongkol Dr. Nuanjun Wichukchinda Dr. Archawin Rojanawiwat Dr. Panadda Dhepakson Dr. Nusara Satproedprai
Department of Disease Control, MoPH Dr. Petchawan Puengrassami Dr. Phalin Kramolwat Ms. Saijai Smithtikarn Dr. Niramon Pimnamyen Ms. Phikul Tipkrua

Central Chest Institute of Thailand, Department of Medical Services, MoPH Dr. Charoen Chuchottaworn Dr. Narumon Luekittinun Chiangrai Prachanukroh Hospital Dr. Worarat Imasanguan Dr. Supalert Nedsuwan All the collaborators and patients in this project

The researches are supported by SATREPs (AMED/JST)







OUR TEAM