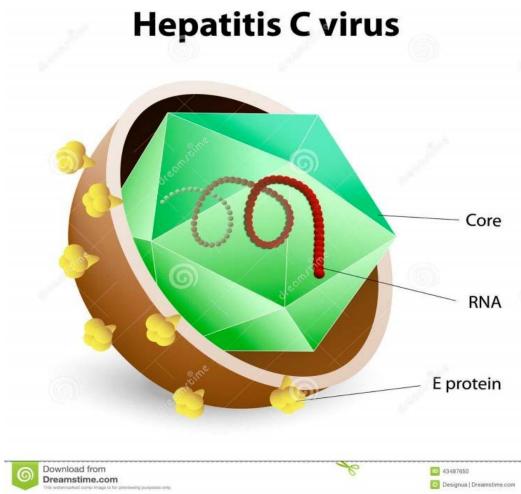


Application of Next Generation Sequencing for HCV

Kevin M. Rodeman MDHHS Bureau of Laboratories







HCV infects nearly 3% of the world's population.

 In the U.S. HCV is the most common chronic blood-borne infection and the leading cause of liver transplants.

Since 2007 in U.S., HCV caused greater annual deaths than HIV infection.



Estimated 3.9 Million Live with a Past or Current HCV Infection

 Estimated 101,200 People in Michigan Live with a Past or Current HCV Infection



Approximately, out of every 100 persons infected with HCV:

- ▶ 15-25 will clear the virus from their bodies
- 75-85 will go on to develop chronic infection
- 60-70 will go on to develop chronic liver disease
- 5-20 will go on to develop cirrhosis over a period of 20-30 years
- 1-5 will die from the consequences of chronic infection (liver cancer or cirrhosis)



HCV Outbreaks Associated with the Following:

- Unsafe Injection Practices
- Drug Diversion
- Exposure to Blood and Blood Products
- MSM

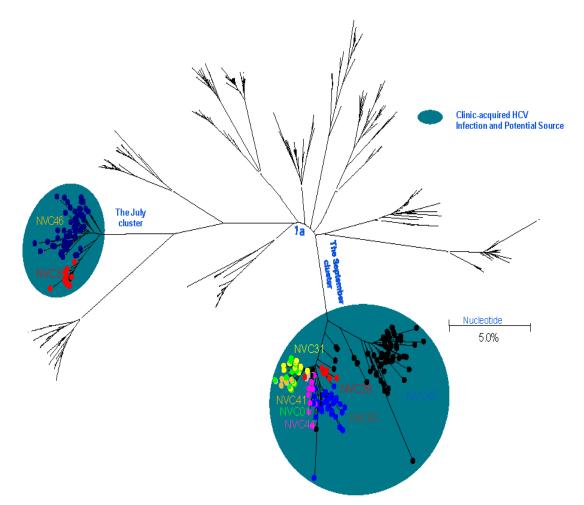


How to Track Outbreaks?

- Sanger Sequencing of Each Infected Case to Yield a Consensus Sequence
- Consensus Sequences are not Satisfactory for accurate ID of viral strains-Quasispecies
- End-Point Limiting Dilution Technique
- Next Generation Sequencing
- Create a Phylogenetic Tree of Cases



Traditional Phylogenetic Analysis



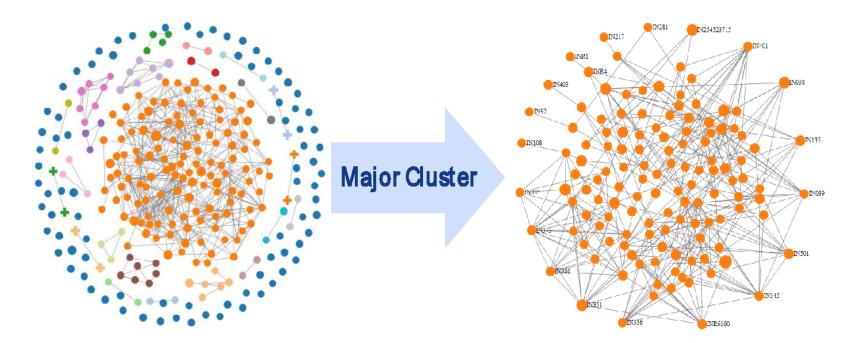


What is GHOST

Global Health Outbreak and Surveillance Technology (GHOST) is a new web-based system that harnesses the power of novel bioinformatics technology and automatically performs a comprehensive analysis at the click of a button. Once a user inputs an HCV sample's unique fingerprint, GHOST does a quality control check, identifies transmission links between other virus samples, and automatically creates a simple graph that shows plainly which cases are linked by transmission.



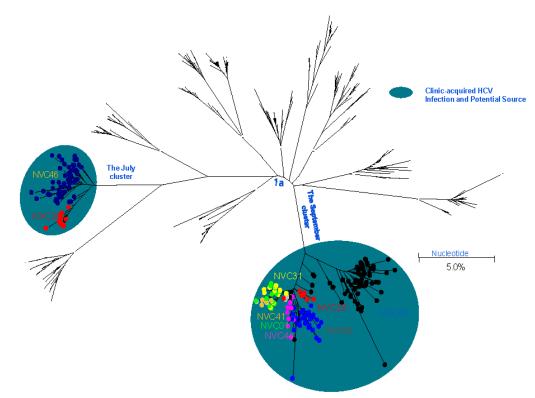
GHOST Analysis



GHOST was an essential part of the "The Indiana Injection Drug Use-Associated HIV/HCV Outbreak Response Team", which was selected as the winner of the 2015 CDC/ATSDR Honor Award for Excellence in Emergency Response – Domestic.

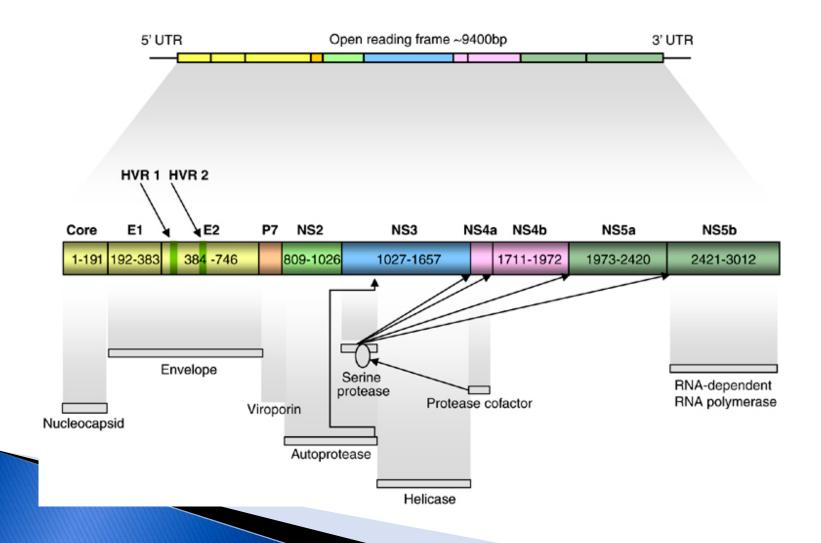


Traditional Phylogenetic Analysis

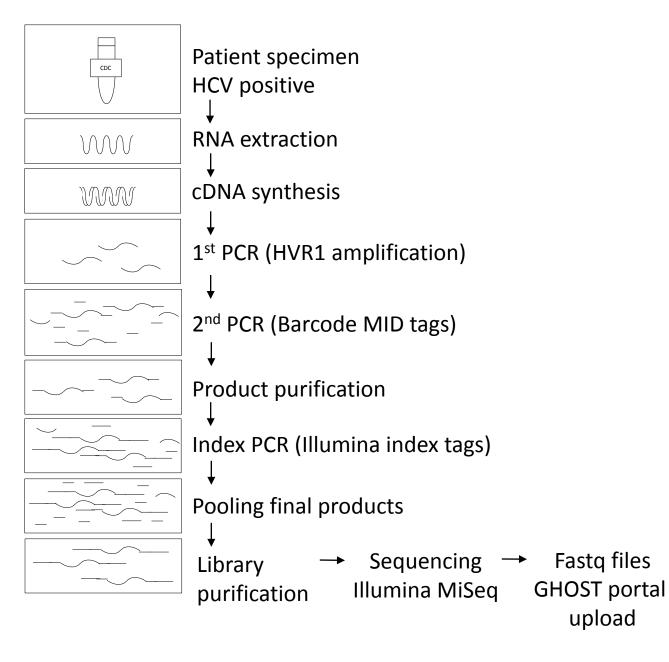


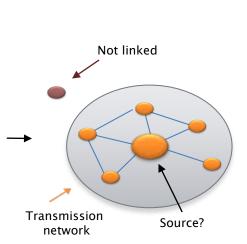


HCV Viral Genome



GHOST Lab Methodology Workflow

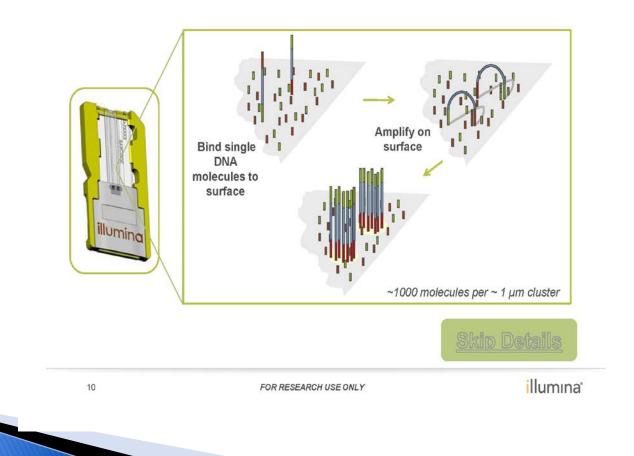






MISeq Flow Cell

Cluster Generation Overview









Data from MISEQ is a FastQ File

--->gzip -cd L2I_S1_L001_R1_001.fastq.gz | head @M00805:5:000000000-A0VLL:1:1101:16473:1320 1:N:0:1 NTTGTCATCAGCTGAAGATGAAATAGGATGTAATCAGACGACACAGGAAGCAGATTTTGCTAAT TTGGAACTAGGTCAGCTGAAGATCCTGTGAGCGAAGTTCCGGCAGTGTCACAGCAC

+



Converting FastQ to FastA File

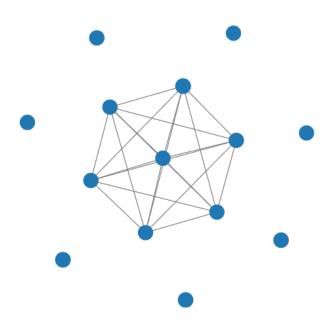


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HCV Specimens Analyzed by GHOST-Genotype



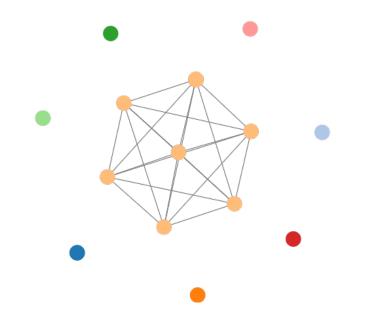


HCV Specimens Analyzed by GHOST-Cluster



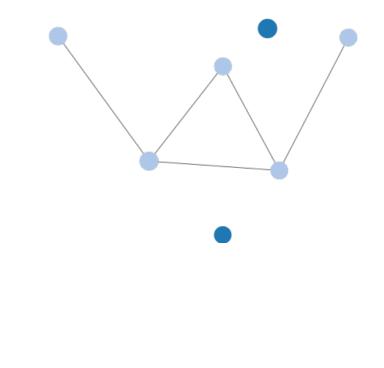


HCV Specimens Analyzed by GHOST-Strain



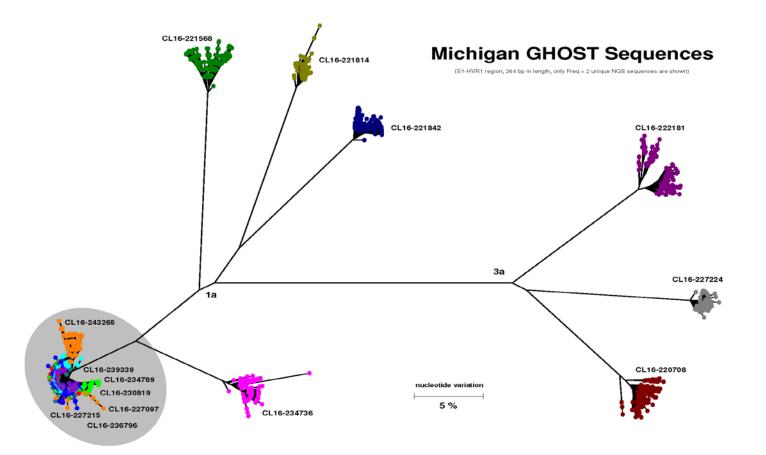


Unable to Determine Direction of Infection





Phylogenetic Tree MI GHOST Sequences





It's Modular

- We are currently testing new HCV modules that
 - Detect Persons Who Inject Drugs
 - Estimate duration of infection
 - Monitor for drug resistance
- Modules to investigate Hepatitis A and B are in the works
- Discussions with Malaria and HIV Divisions to integrate these other pathogens are in progress