

Antibiotic Resistance at the Intersection of Animal and Human Health

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UNIVERSITY OF MINNESOTA
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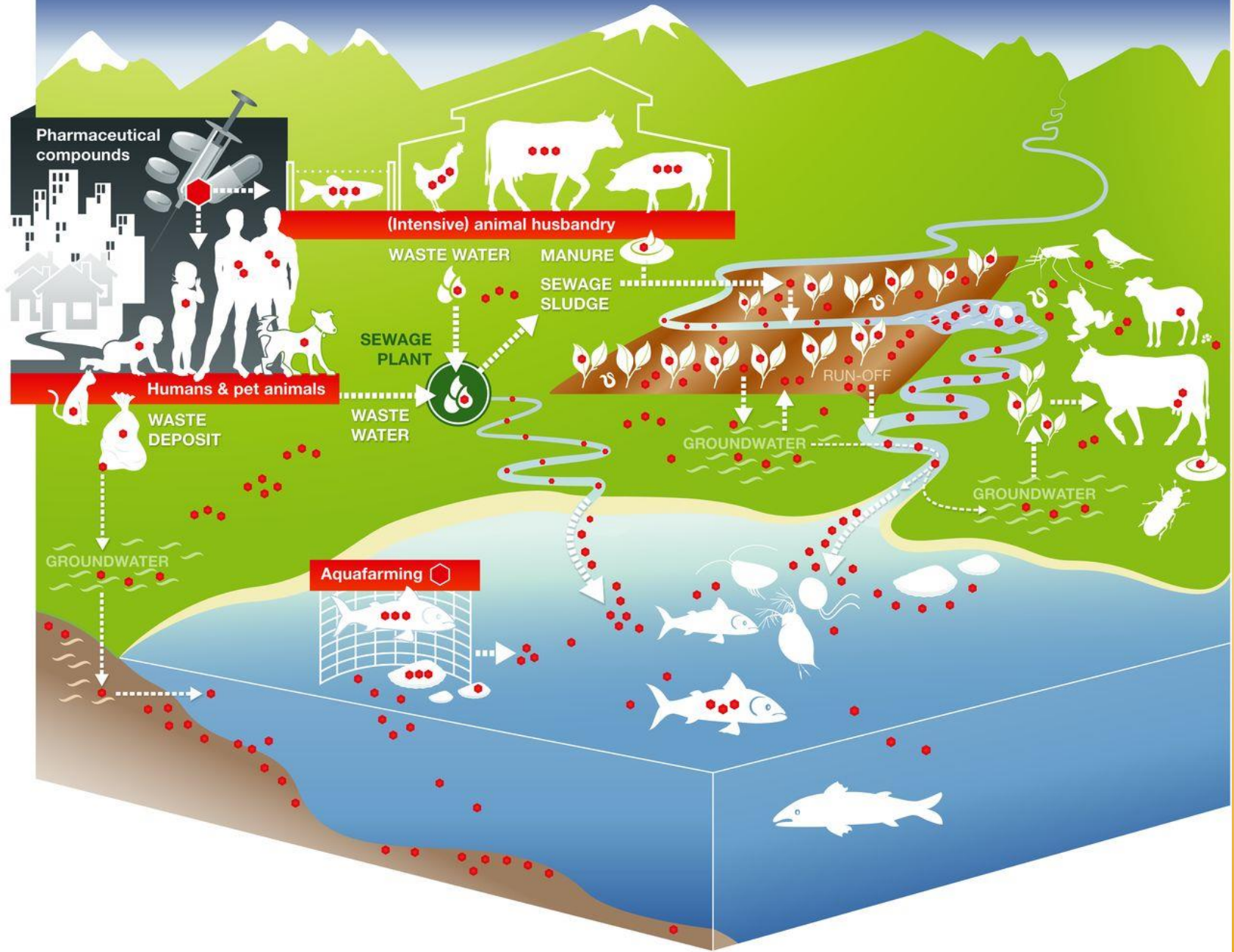
80

% OF ALL ANTIBIOTICS
ARE USED ON
**FACTORY FARM
ANIMALS**



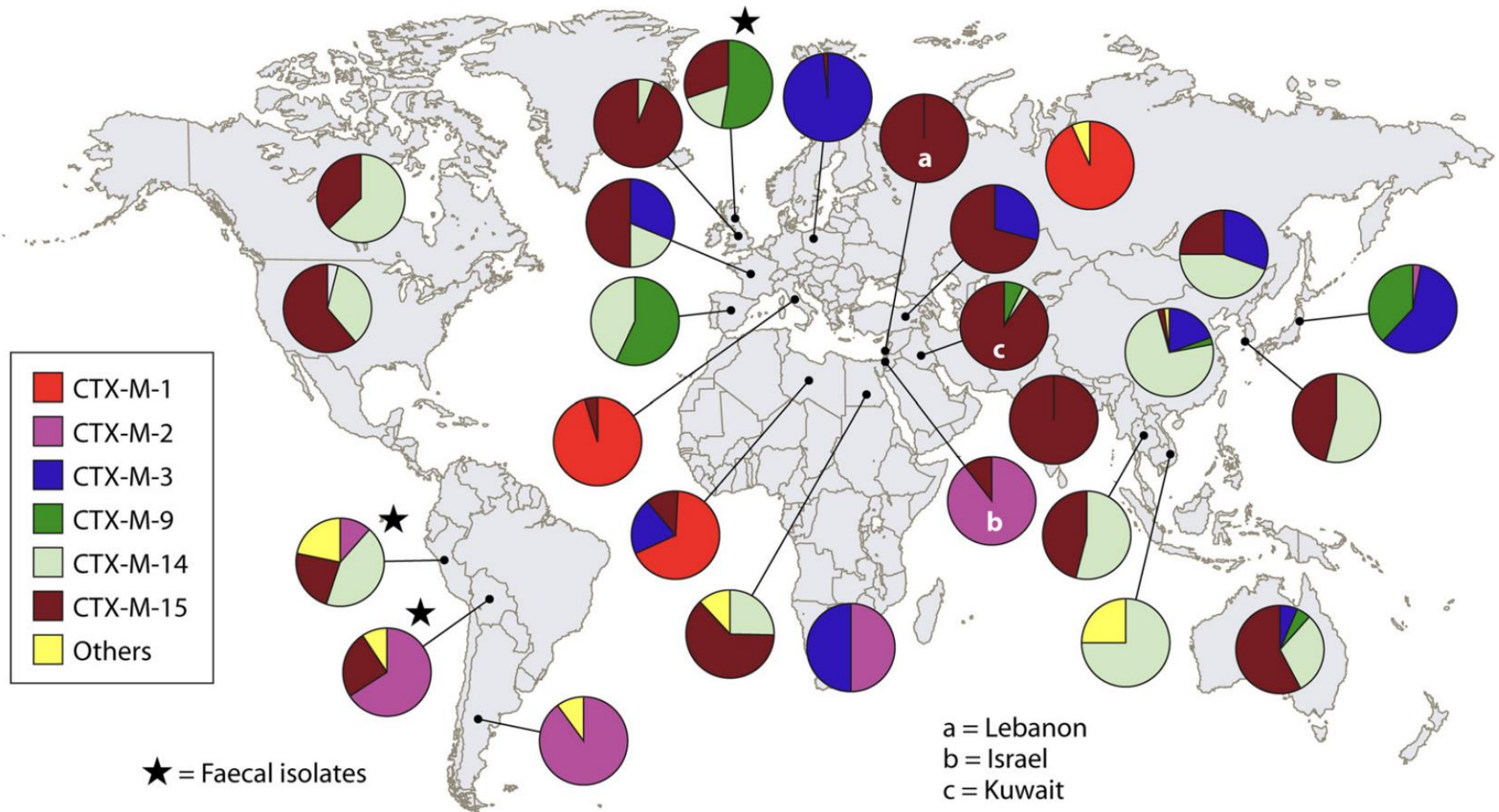
MEATWITHOUTDRUGS.ORG





This is a global problem

The Trade Routes of the CTX-M Enzymes



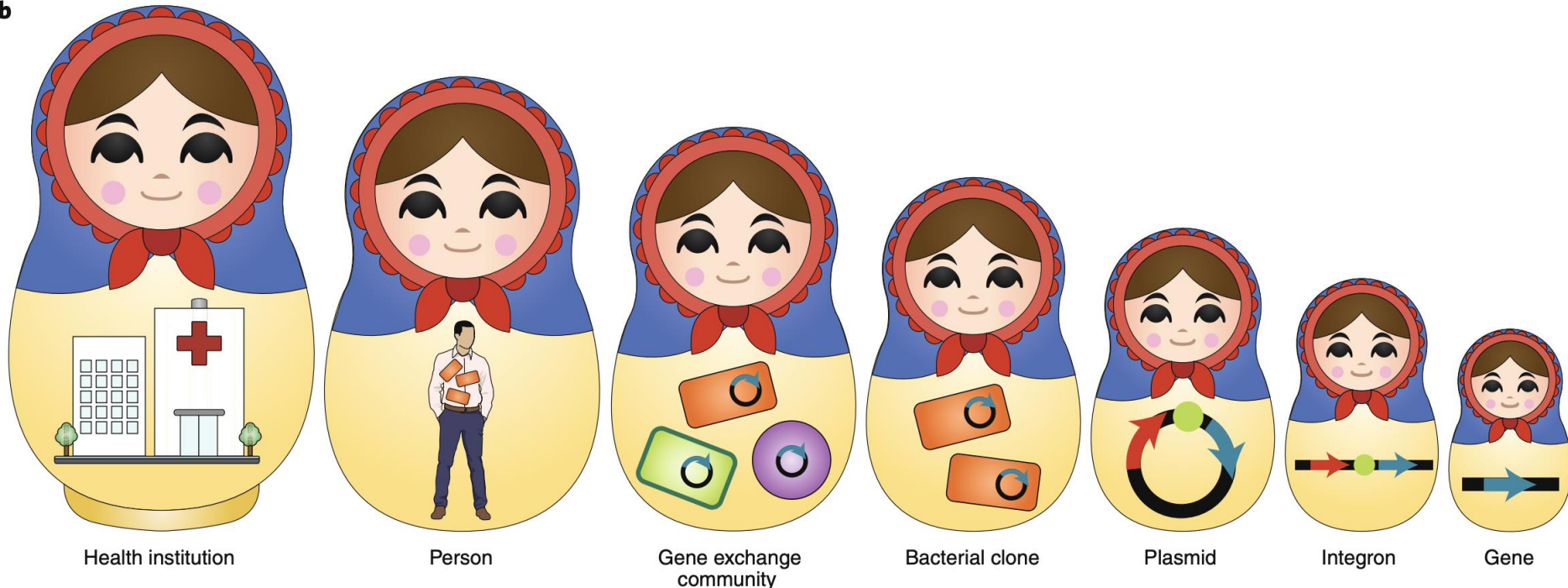
Origins and Evolution of Antibiotic Resistance

Julian Davies* and Dorothy Davies



This is a multi-layered problem

b



Defining and combating antibiotic resistance from One Health and Global Health perspectives

Sara Hernando-Amado¹, Teresa M. Coque², Fernando Baquero² and José L. Martínez^{1*}

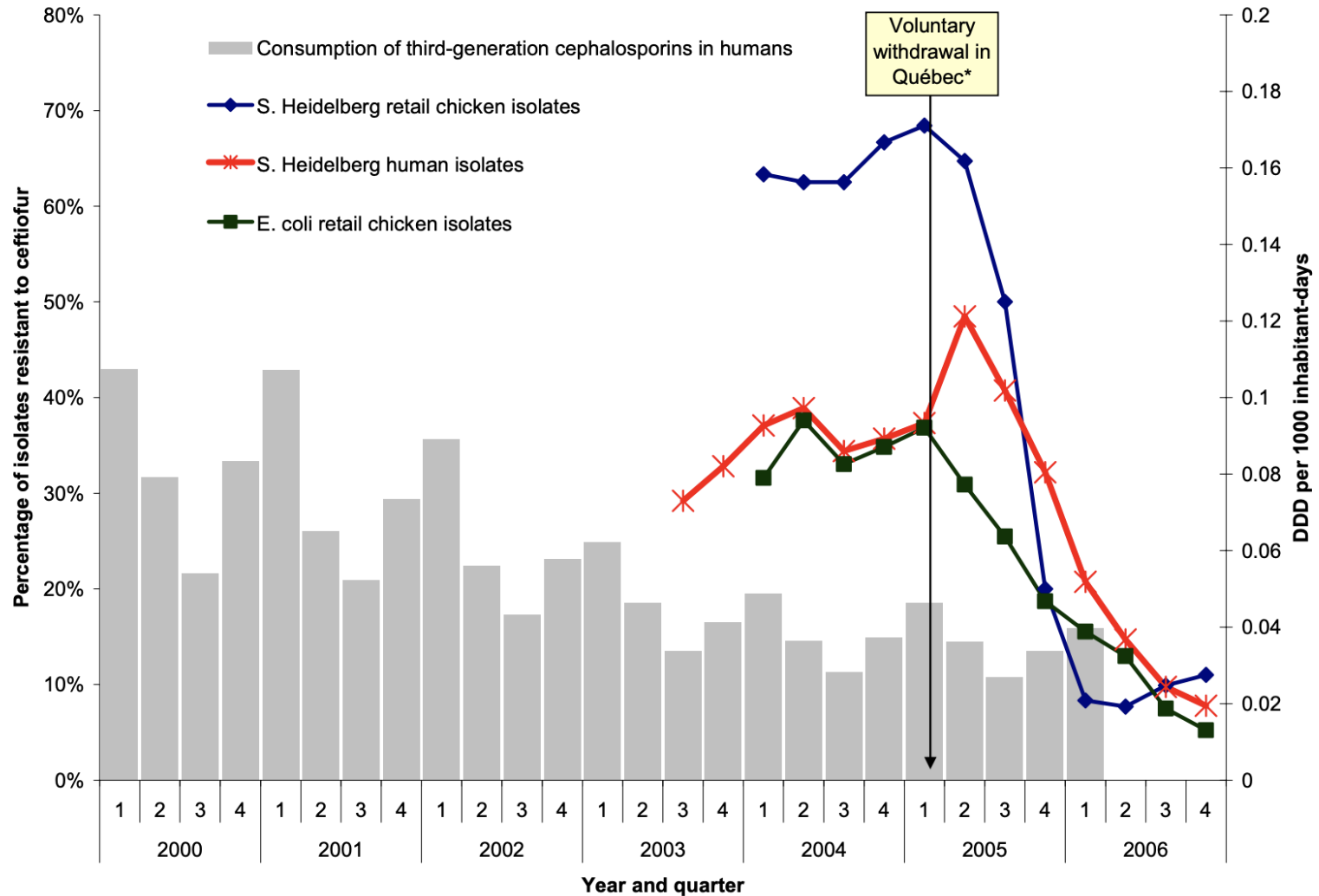


How to reduce the burden of AMR?

- Modify therapy
 - New Abx, policy, evidence-based cycling, modify existing approaches, better separation of animal vs human Abx
- Reduce selective pressure
 - More surveillance, less environmental impact, reduce use, more vaccinations
- Reduce transmission
 - Risk assessments, better hygiene, trade control, integrated One Health surveillance
- Restore populations
 - Probiotics, CRISPR-based systems, phage, microbial transplantation?



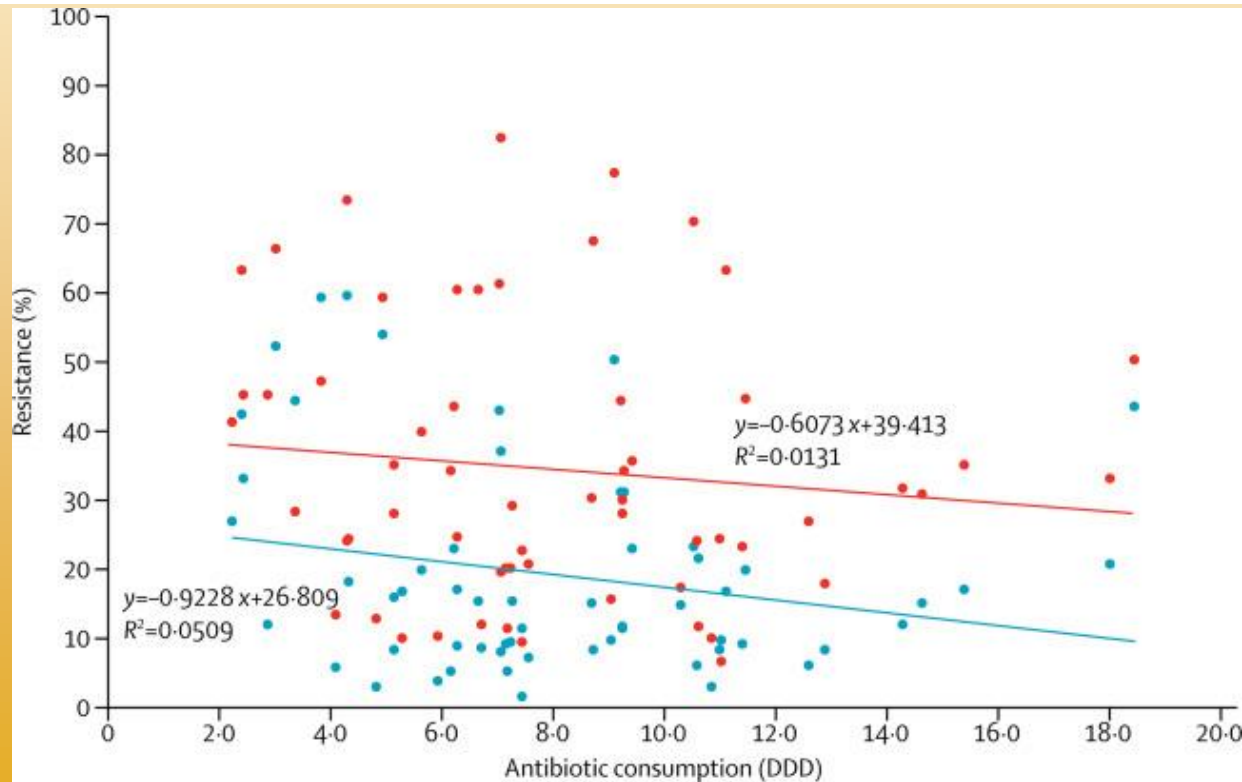
Some actions have rapid effect...

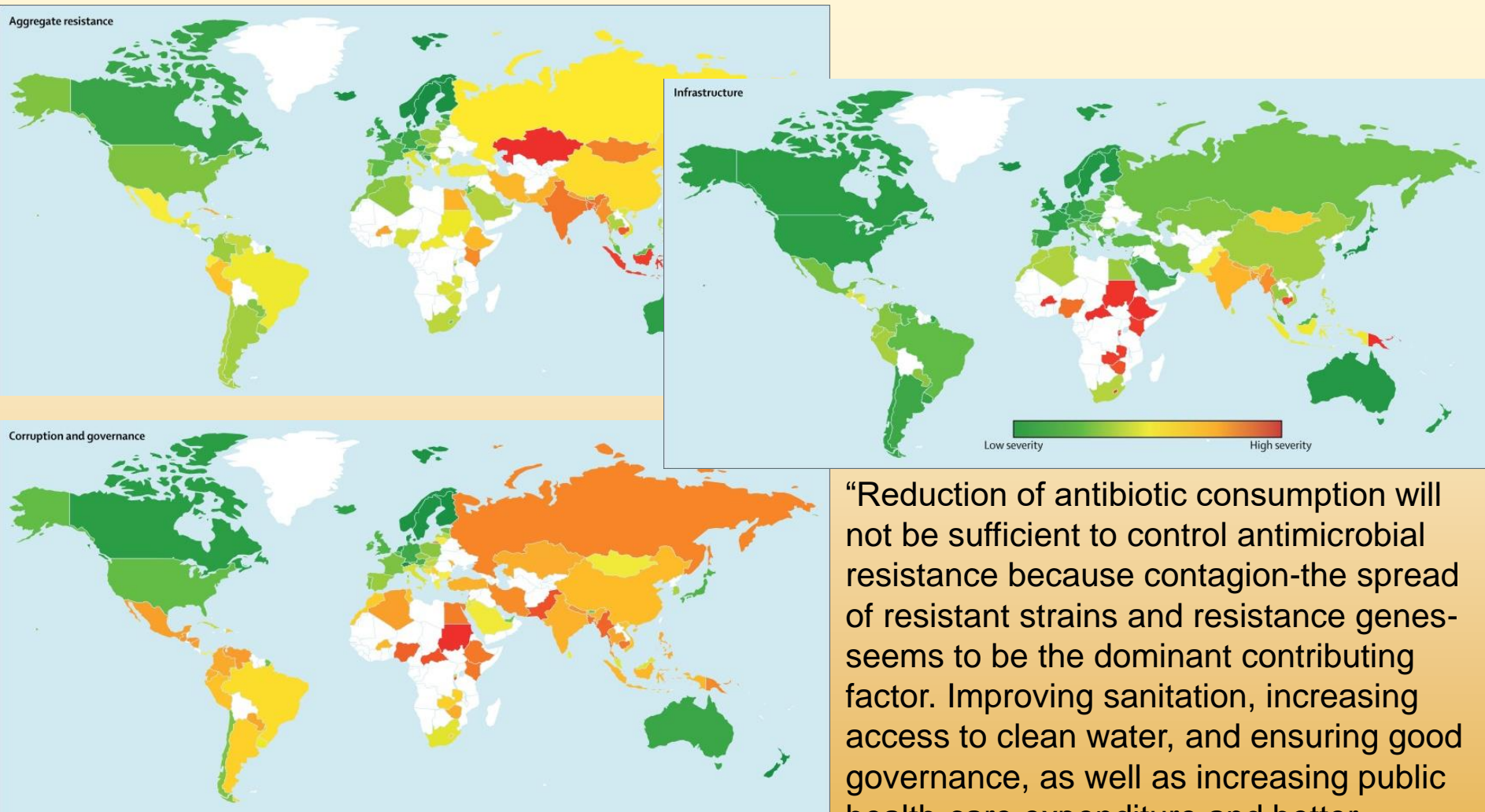


The global picture on AMR is less clear...

Anthropological and socioeconomic factors contributing to global antimicrobial resistance: a univariate and multivariable analysis

Peter Collignon, John J Beggs, Timothy R Walsh, Sumanth Gandra, Ramanan Laxminarayan





“Reduction of antibiotic consumption will not be sufficient to control antimicrobial resistance because contagion-the spread of resistant strains and resistance genes-seems to be the dominant contributing factor. Improving sanitation, increasing access to clean water, and ensuring good governance, as well as increasing public health-care expenditure and better regulating the private health sector are all necessary to reduce global antimicrobial resistance.”

Classification of antibiotics

- Non-Medically Important Antibiotics
 - Those antibiotic classes NOT used in human medicine
- Medically Important Antibiotics
 - Those antibiotic classes used in human medicine
 - Critically Important Antibiotics (WHO)
 - The antimicrobial class is the sole, or one of limited available therapies, to treat serious bacterial infections in people
 - The antimicrobial class is used to treat infections in people caused by either (1) bacteria that may be transmitted to humans from non-human sources or (2) bacteria that may acquire resistance genes from non-human sources

Antibiotic approvals in U.S.

- Growth promotion / feed efficiency
 - Use of antimicrobial substances to increase the rate of weight gain and/or the efficiency of feed utilization
- Disease prevention
 - Use of an antimicrobial(s) in healthy animals considered to be at risk of infection
- Disease control
 - Use of an antimicrobial(s) in animals exposed to an infectious disease or illness
- Disease treatment
 - Use of an antimicrobial(s) for the specific purpose of treating an animal(s) with a clinically diagnosed infectious disease or illness



Changes in USA, Jan. 1, 2017

Veterinary Feed Directive

- Elimination of the growth promotion label for medically important antibiotics
- Disease prevention still exists
- Prescriptions are required by veterinarian for all medically important antibiotic use
- This was a voluntary action by pharmaceutical companies and animal agriculture



Antibiotics used in U.S. broiler production

Medically important

Route of Administration	Drug Class	Classification	Active Ingredient
Injectable			
	Aminoglycosides	Highly Important	Gentamicin
Feed			
	Diaminopyrimidines	Critically Important	Ormetoprim
	Streptogramins	Highly Important	Virginiamycin
	Sulfonamides	Critically Important	Sulfadimethoxine
	Tetracyclines	Highly Important	Chlortetracycline Oxytetracycline
Water			
	Aminoglycosides	Highly Important	Neomycin Spectinomycin
	Lincosamides	Highly Important	Lincomycin
	Macrolides	Critically Important	Tylosin
	Natural penicillins	Highly Important	Penicillin G
	Sulfonamides	Critically Important	Sulfadimethoxine Sulfamerazine Sulfamethazine Sulfaquinoxaline
	Tetracyclines	Highly Important	Chlortetracycline Oxytetracycline Tetracycline

Non-medically important

Route of Administration	Drug Class	Active Ingredient
Feed		
	Glycolipids	Bambermycins
	Ionophores	Lasalocid Monensin Narasin Salinomycin
	Orthosomycins	Avilamycin
	Polypeptides	Bacitracin
Water		
	Polypeptides	Bacitracin

**Estimates of On-Farm Antimicrobial Usage
in Broiler Chicken and Turkey Production in
the United States, 2013 – 2017**

Randall S. Singer, DVM, MPVM, PhD
Mindwalk Consulting Group, LLC

Leah Porter
Mindwalk Consulting Group, LLC



Antibiotic use in U.S. broiler production

Antimicrobial Class	Antimicrobial Usage in Broilers (kg of antimicrobial)			% Change	
	2013	2016	2017	2013-2017	2016-2017
Aminoglycosides	1,651	837	508	-69%	-39%
Lincosamides	3,584	4,360	2,604	-27%	-40%
Macrolides	8,048	10,591	900	-89%	-92%
Penicillins	17,309	27,955	17,398	1%	-38%
Sulfonamides	5,221	1,915	1,892	-64%	-1%
Tetracyclines	107,633	22,103	15,366	-86%	-30%

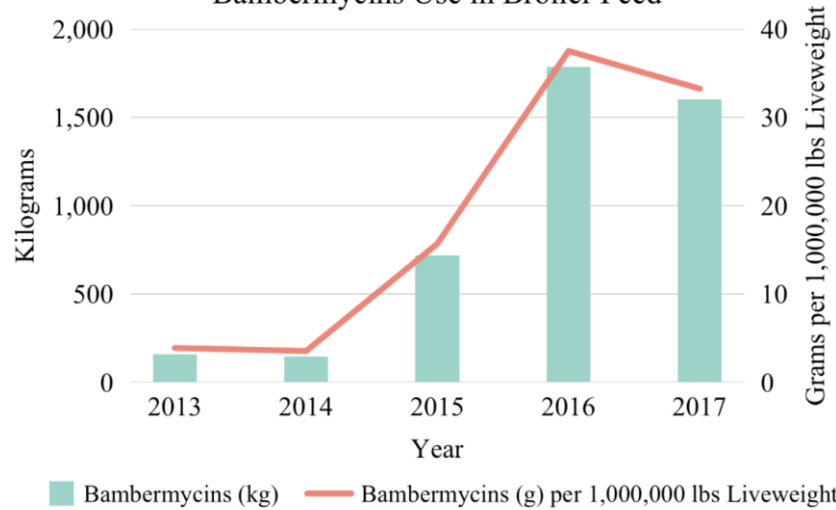
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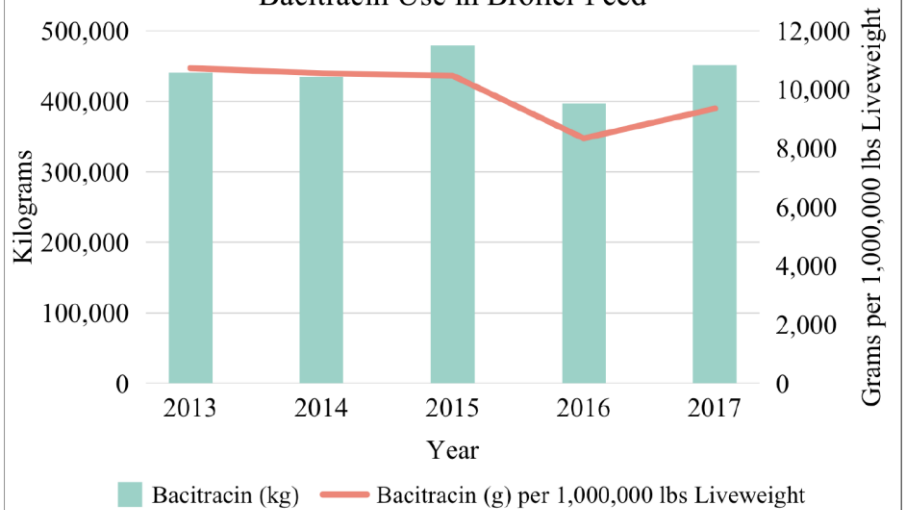
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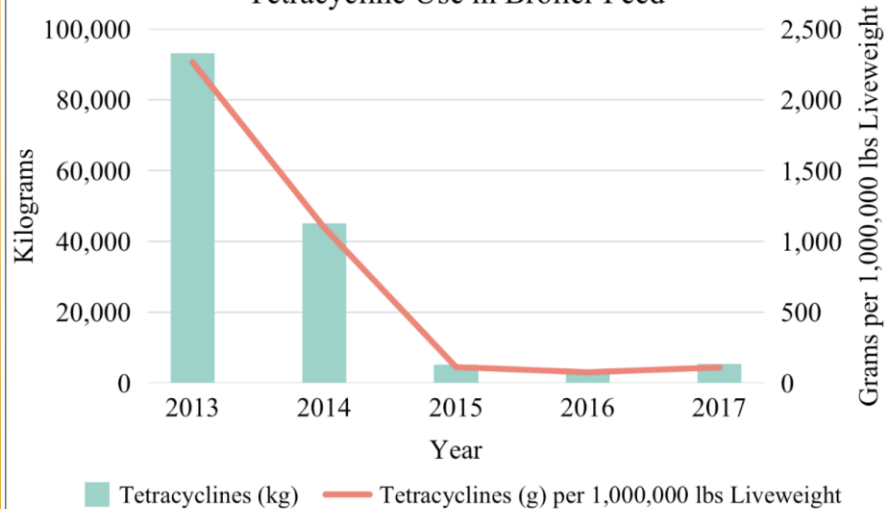
Bambermycins Use in Broiler Feed



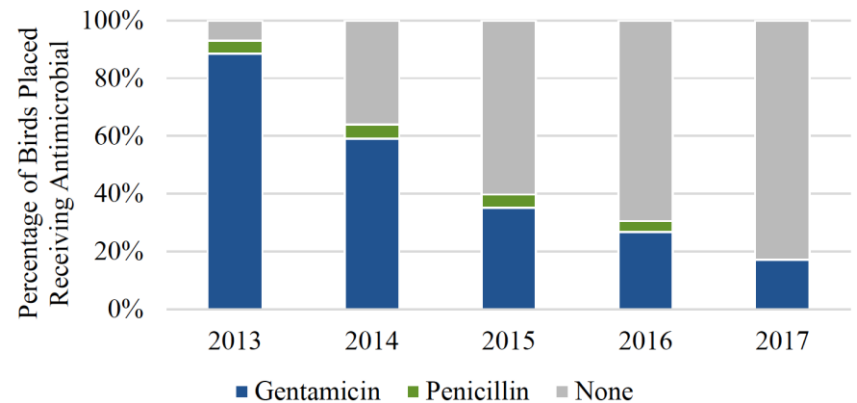
Bacitracin Use in Broiler Feed



Tetracycline Use in Broiler Feed



Broiler Hatchery Antimicrobial Use



Antibiotic use in U.S. turkey production

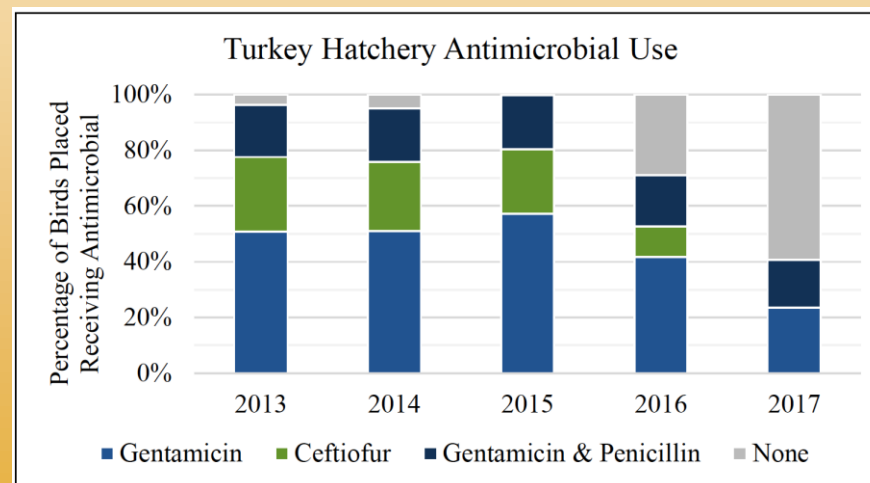
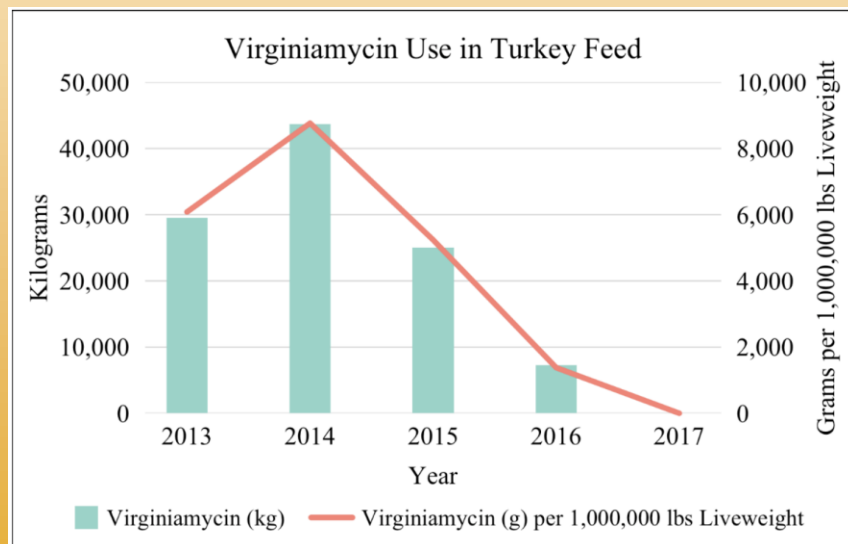
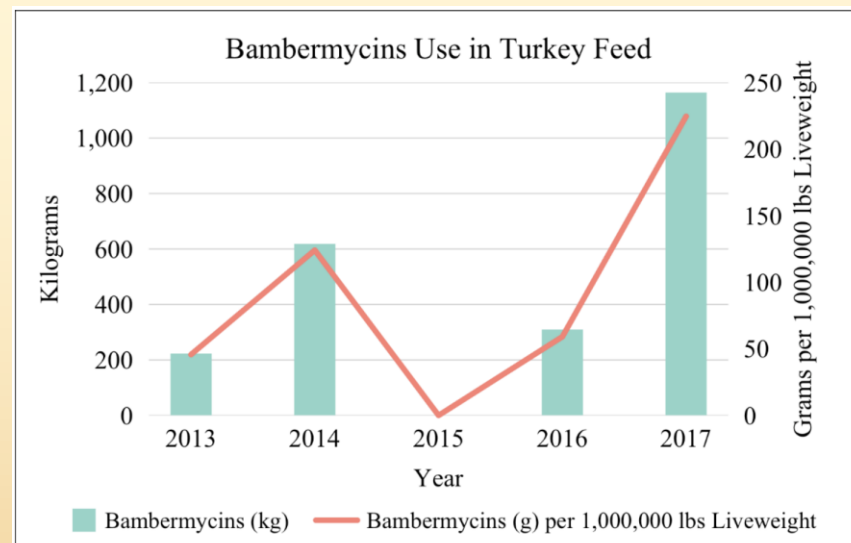
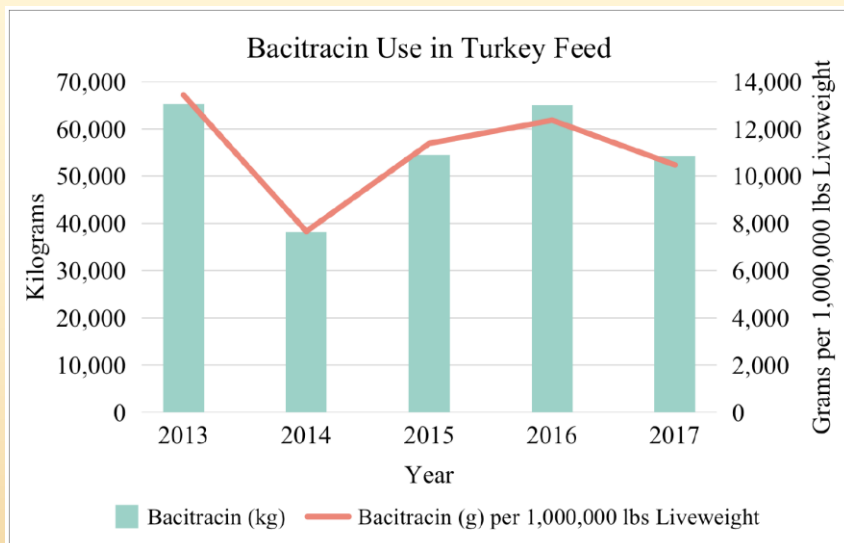
Antimicrobial Class	Antimicrobial Usage in Turkeys (kg of antimicrobial)			% Change	
	2013	2016	2017	2013-2017	2016-2017
Aminoglycosides	11,382	9,278	6,579	-42%	-29%
Amphenicols	27	87	153	461%	76%
Cephalosporins	19	8	0	-100%	-100%
Lincosamides	4,364	5,424	2,847	-35%	-48%
Macrolides	246	320	693	182%	117%
Penicillins	399,003	384,933	280,901	-30%	-27%
Sulfonamides	21,782	15,888	20,851	-4%	31%
Tetracyclines	186,624	164,662	111,836	-40%	-32%

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Why we don't want blanket reduction targets

Treatment of *E. coli* diseases in poultry

	Sulfadimethoxine	Tetracycline
Number of packs of drug	25 packs	31 packs
Active drug per pack	480 g / pack (gallon)	1,400 g / pack
Total active drug (g)	12,000 g	43,400 g
Active drug per bird	480 mg / bird	1,736 mg / bird
Active drug per kg body weight (BW)	150.9 mg / kg BW	545.9 mg / kg BW
Active drug per kg per day	30.2 mg / kg BW / day	109.2 mg / kg BW / day
Animal-Days of therapy	125,000	125,000
Therapeutic regimens	25,000	25,000



The Game Changer – avian *E. coli*

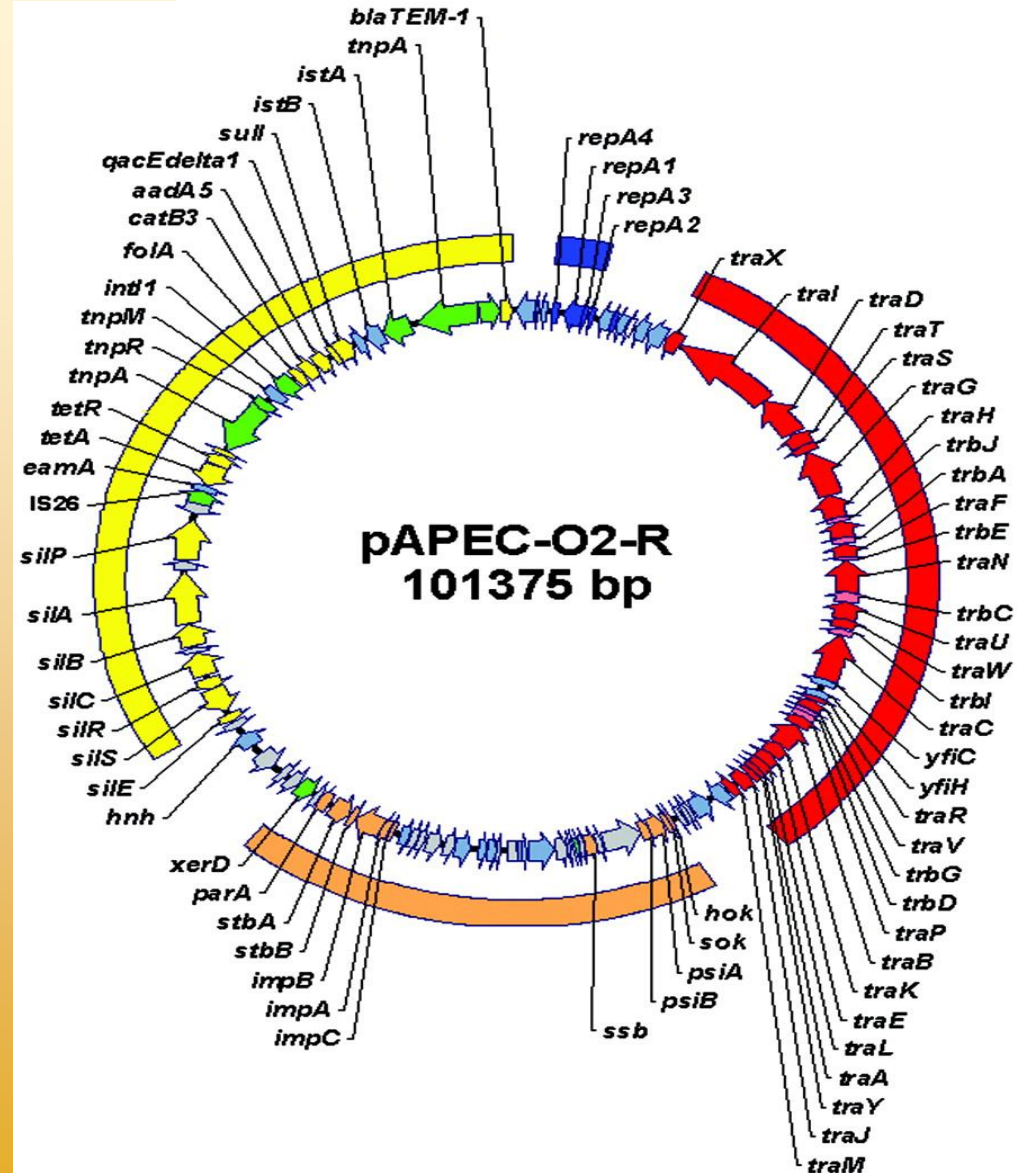


The game changer

- Laying hen clinical *E. coli* from Iowa
- Resistance to 6 classes of Abx
- Class 1 integron
- Heavy metal resistance
- Disinfectant resistance
- Ubiquitous

DNA Sequence and Comparative Genomics of pAPEC-O2-R, an Avian Pathogenic *Escherichia coli* Transmissible R Plasmid

Timothy J. Johnson, Kylie E. Siek, Sara J. Johnson, and Lisa K. Nolan*



What is avian colibacillosis?

- Range of localized and systemic infections
- Etiology (cause) is *E. coli*
- Death results from systemic infection
- Prior to death, many “entry points” exist for *E. coli*:
 - Airborne
 - Ascending (reproductive)
 - Skin breaks
 - In ovo or during hatch



APEC = avian pathogenic *E. coli*

Is the concept of avian pathogenic *Escherichia coli* as a single pathotype fundamentally flawed?

Charlotte Collingwood¹, Kirsty Kemmett¹, Nicola Williams² and Paul Wigley^{1*}

¹ Department of Infection Biology, Institute of Infection and Global Health, School of Veterinary Science, University of Liverpool, Neston, UK

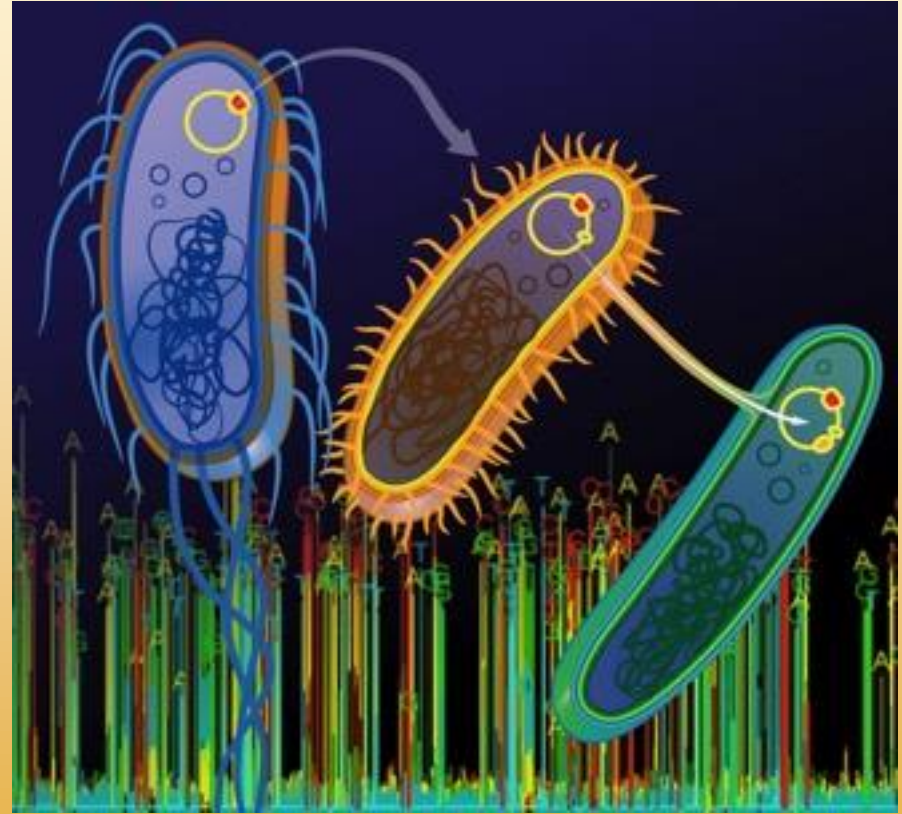
² Department Epidemiology and Population Health, Institute of Infection and Global Health, School of Veterinary Science, University of Liverpool, Neston, UK

In conclusion, we believe that *E. coli* disease in the chicken cannot be simply defined as being caused by a single pathotype of *E. coli*. In particular, colibacillosis is perhaps better defined as disease caused by *E. coli* rather than by Avian Pathogenic *E. coli*, and that the term APEC be reserved for the smaller number of well-defined “bona fide” pathogenic isolates with a range of defined virulence determinants that can reproduce disease in animal models. There are APEC, but not all disease-associated with *E. coli* in the chicken is caused by APEC.

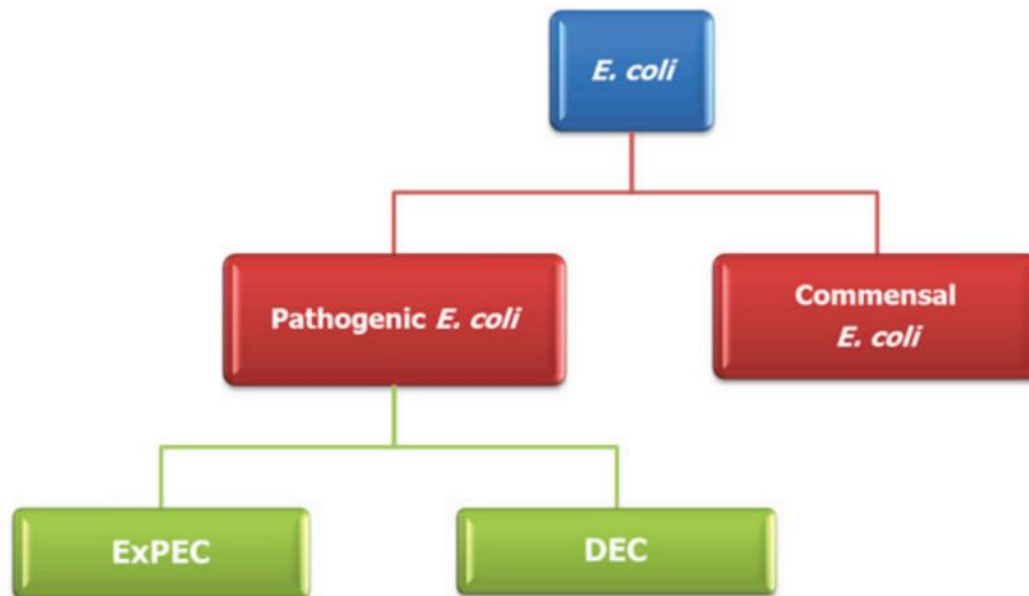


What is a plasmid?

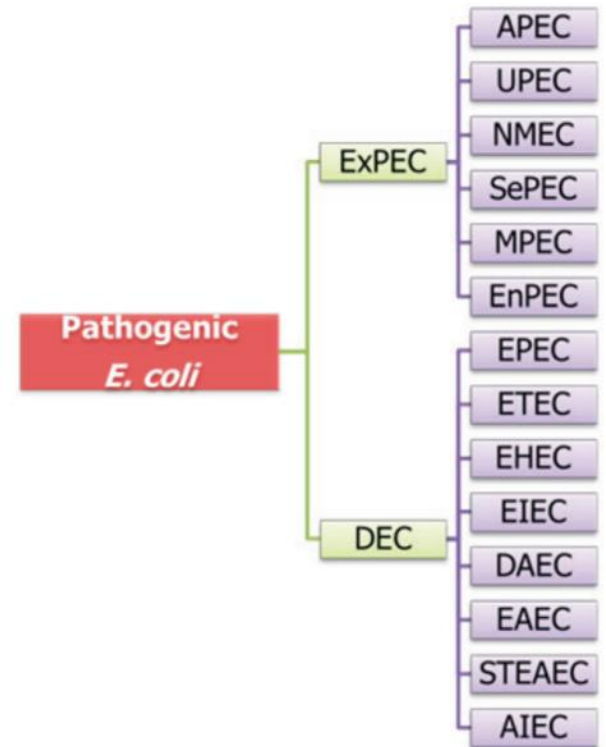
- “Extra” DNA
- Self-replicating
- Sometimes transmissible
- Circular
- Most *E. coli* pathotypes are defined by their plasmids
- APEC is defined by a single plasmid



E. coli pathotypes



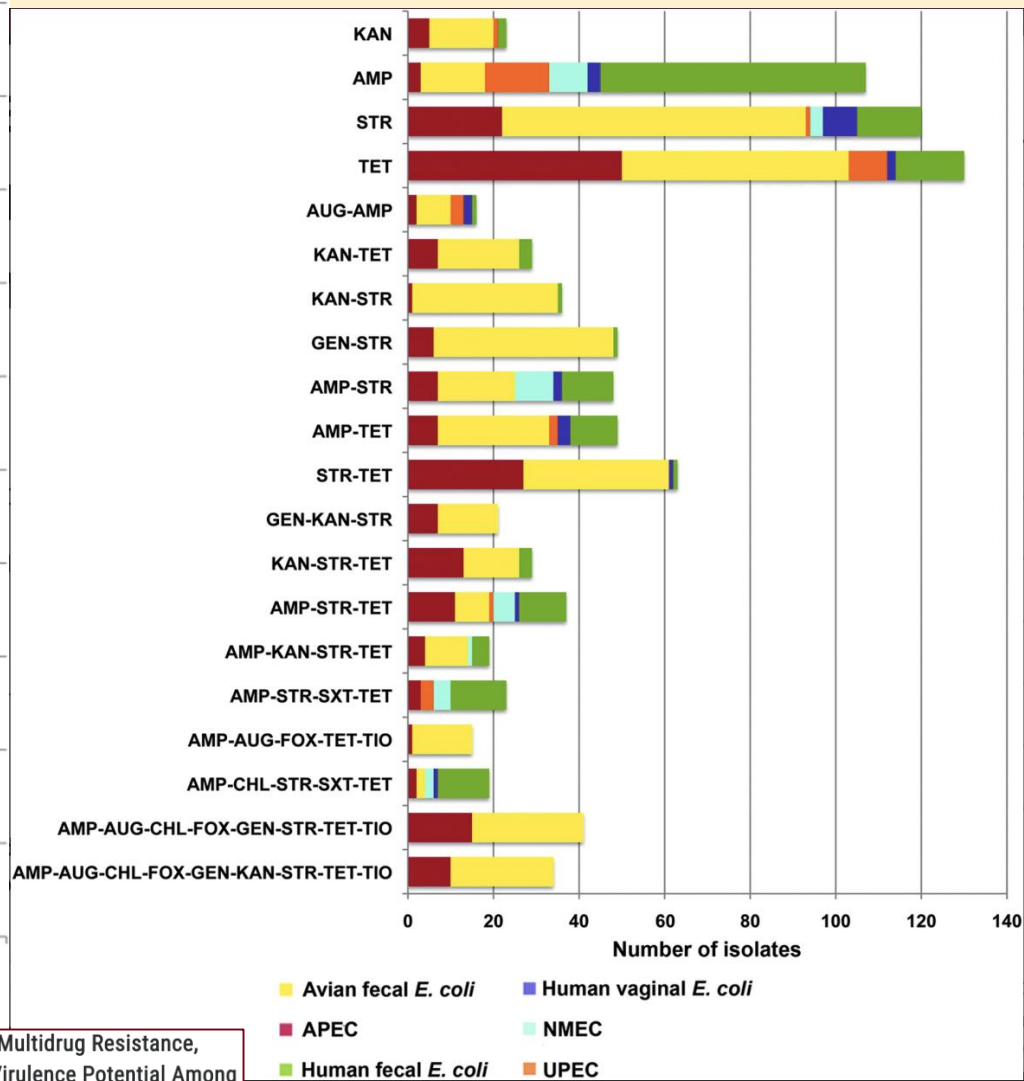
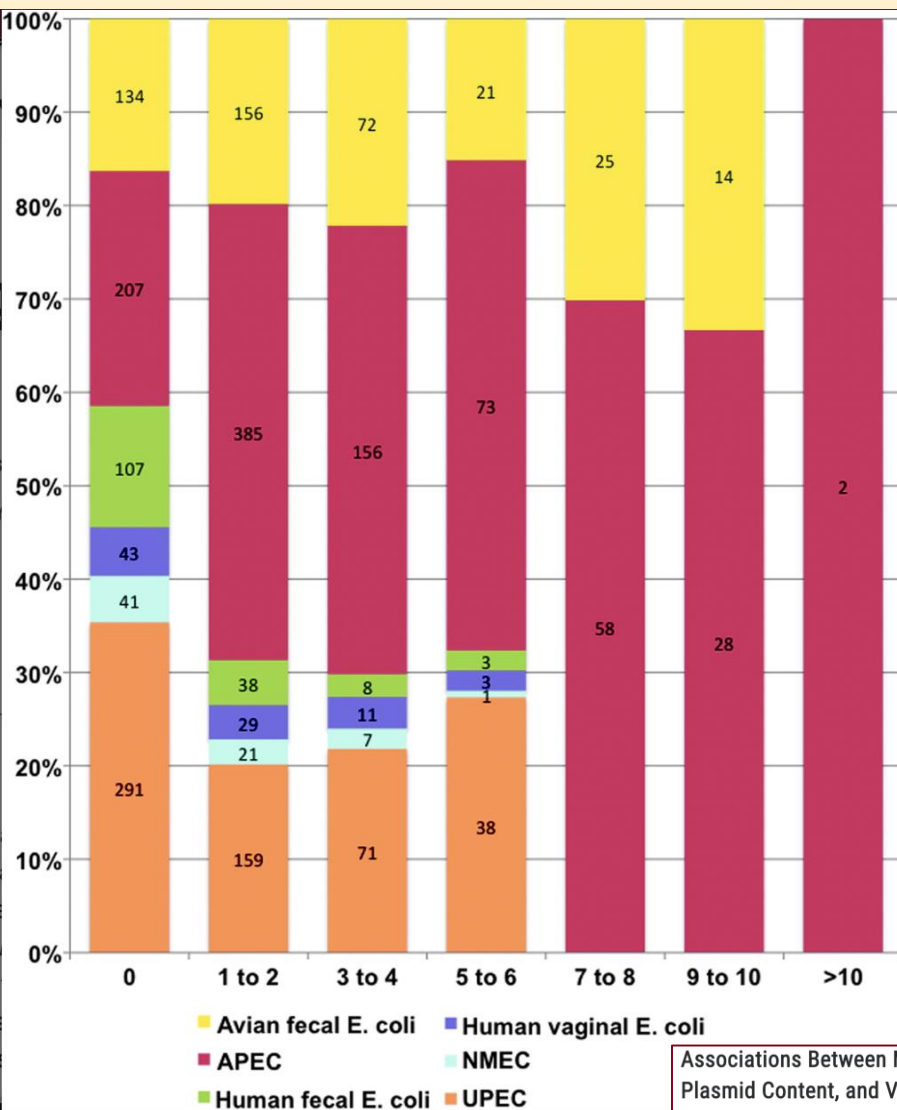
a)



b)



APEC are MDR



Associations Between Multidrug Resistance, Plasmid Content, and Virulence Potential Among Extraintestinal Pathogenic and Commensal *Escherichia coli* from Humans and Poultry

Timothy J. Johnson, Catherine M. Logue, James R. Johnson, Michael A. Kuskowski, Julie S. Sherwood, H. John Barnes, Chitra DeBroy, Yvonne M. Wannemuehler, Maria Obaia-Yasuda, Lodewijk Spanjaard, and Lisa K. Nolan



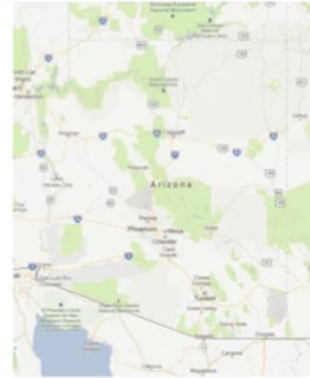
Foodborne urinary tract infections (FUTIs): Colonizing opportunistic pathogens (COPs)

- Eat undercooked chicken or touch contaminated surfaces
- Touch your mouth with your fingers
- Get colonized with drug resistant *E. coli* from the chicken
- Time goes on
- Get a UTI



Flagstaff, AZ

- Sampled *E. coli* for 1 year
- All brands chicken, turkey and pork
 - All stores
 - All brands
 - ~2500 retail meats
- All bladder and kidney infections
 - ~1500 infections

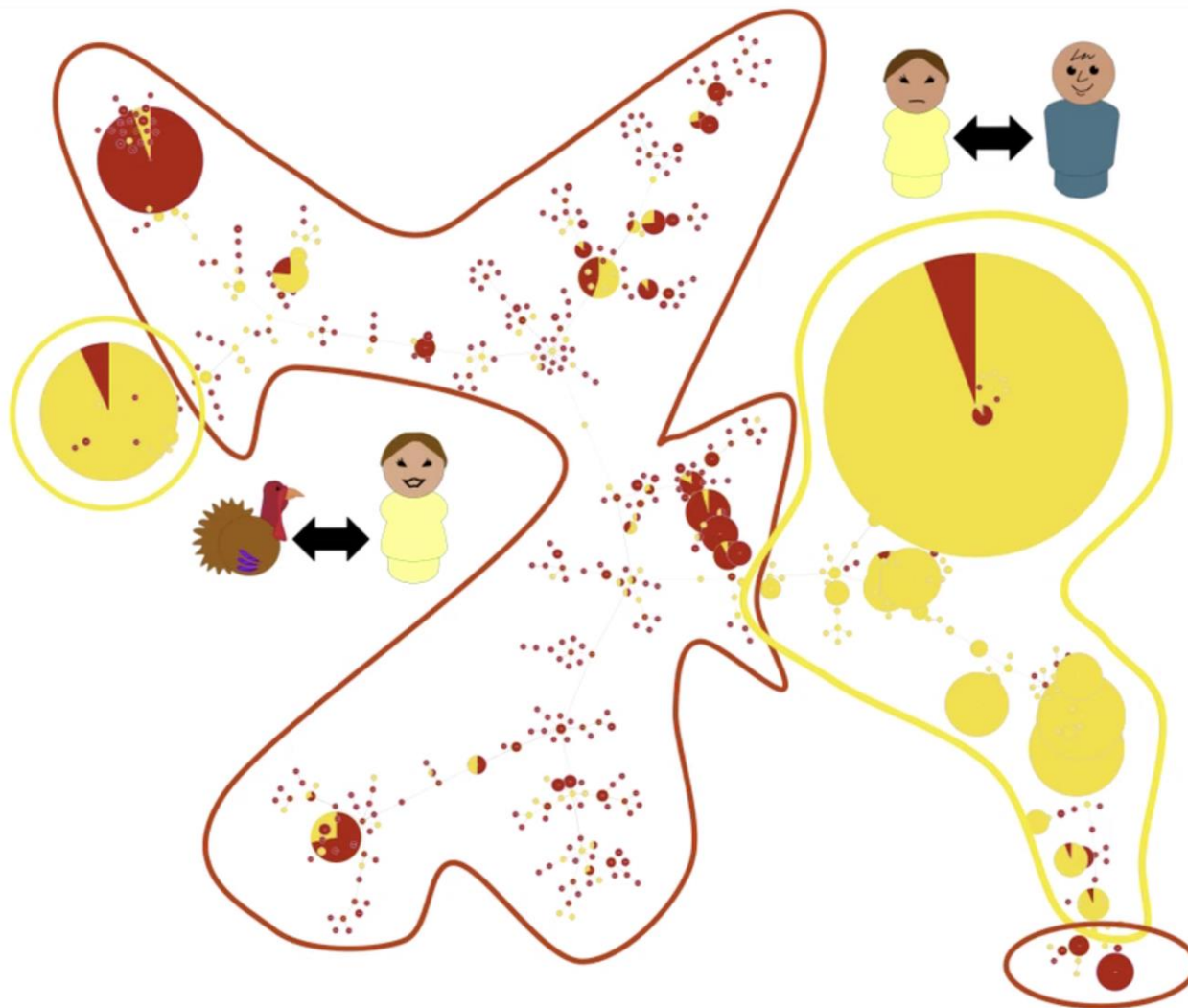


Lance B. Price, PhD

Professor,
George Washington University

Director,
Center for Food Microbiology
and Environmental Health,
Translational Genomics Research
Institute (TGen)





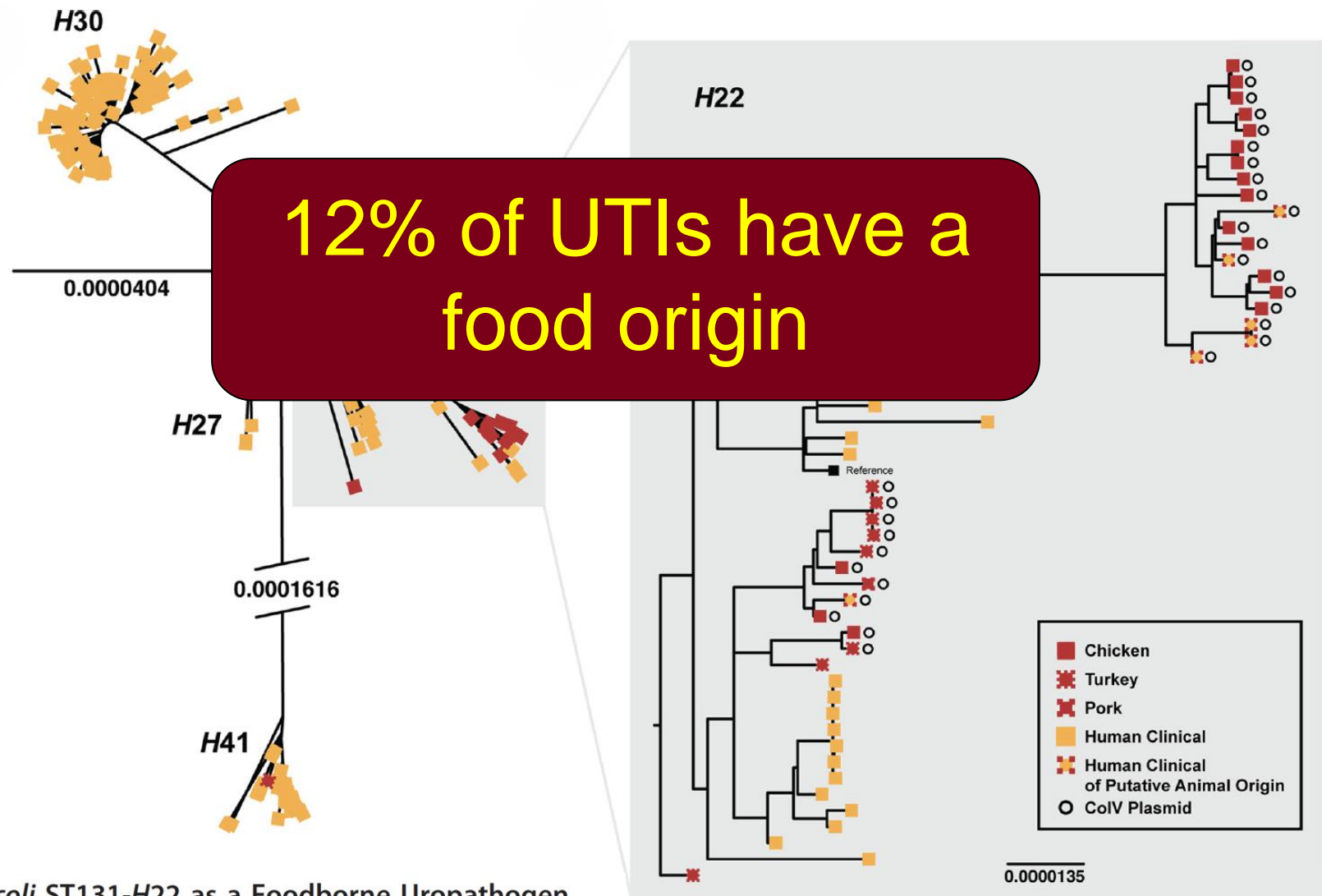
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Host-adaptive markers provide higher resolution

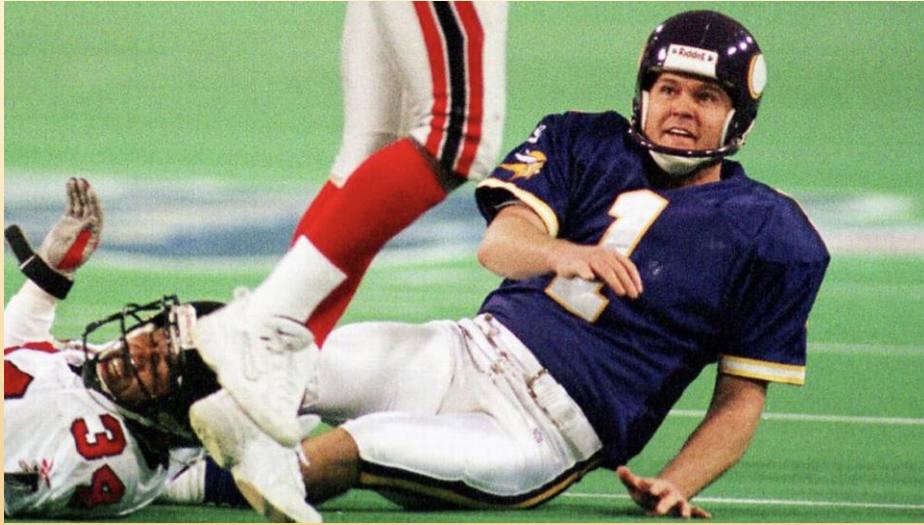


Escherichia coli ST131-H22 as a Foodborne Uropathogen

Cindy M. Liu,^{a,b,c} Marc Stegger,^{a,d} Maliha Aziz,^{a,c} Timothy J. Johnson,^e Kara Waits,^c Lora Nordstrom,^c Lori Gauld,^f Brett Weaver,^{c,f} Diana Rolland,^f Sally Statham,^c Joseph Horwinski,^c Sanjeev Sariya,^a Gregg S. Davis,^a Evgeni Sokurenko,^g Paul Keim,^b James R. Johnson,^{h,i} Lance B. Price^{a,c}

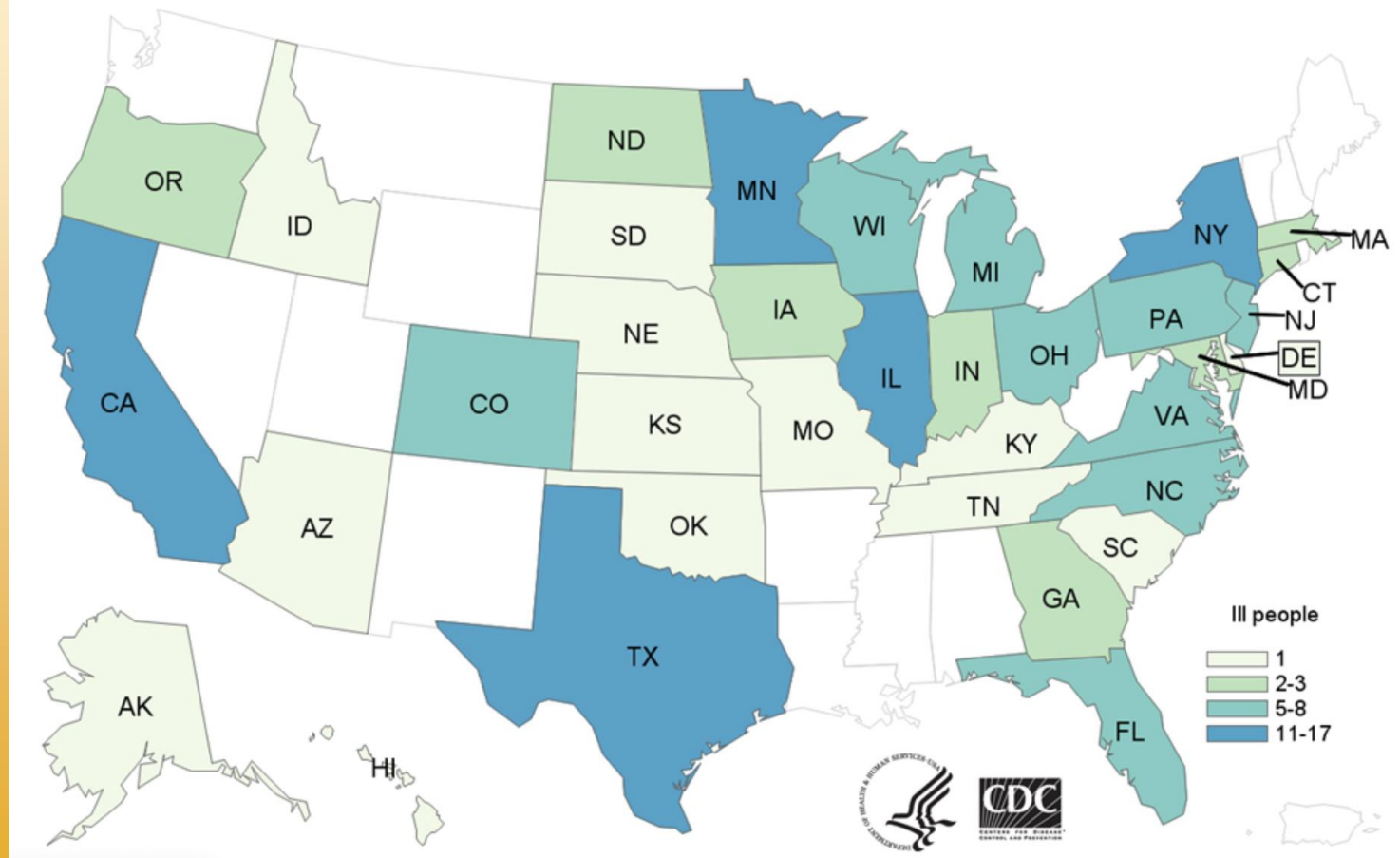


Game Changer #2 – *Salmonella* Reading



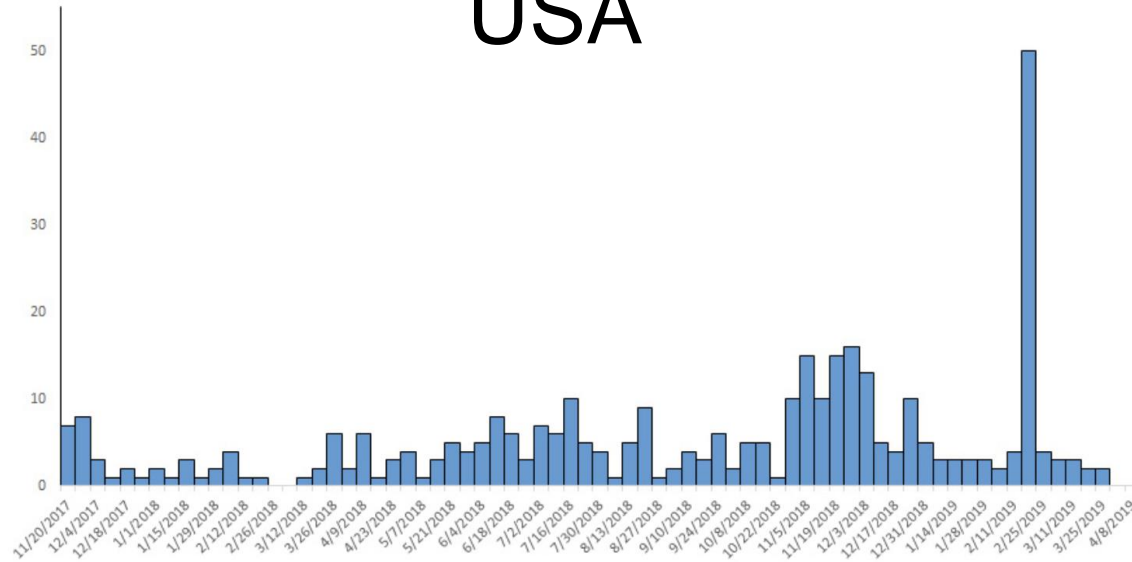
Salmonella Reading outbreak: raw turkey products, no single company, multi-state, multi-country

People infected with the outbreak strain of *Salmonella* Reading, by state of residence, as of November 5, 2018 (n=164)

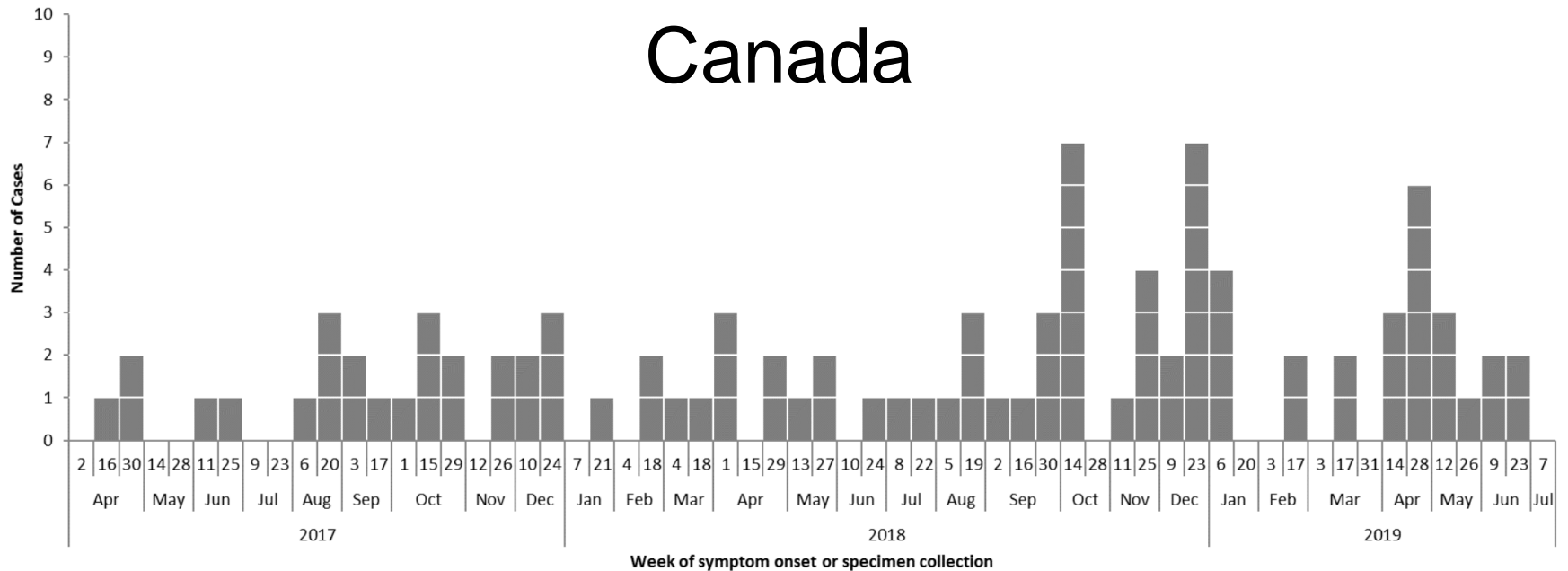


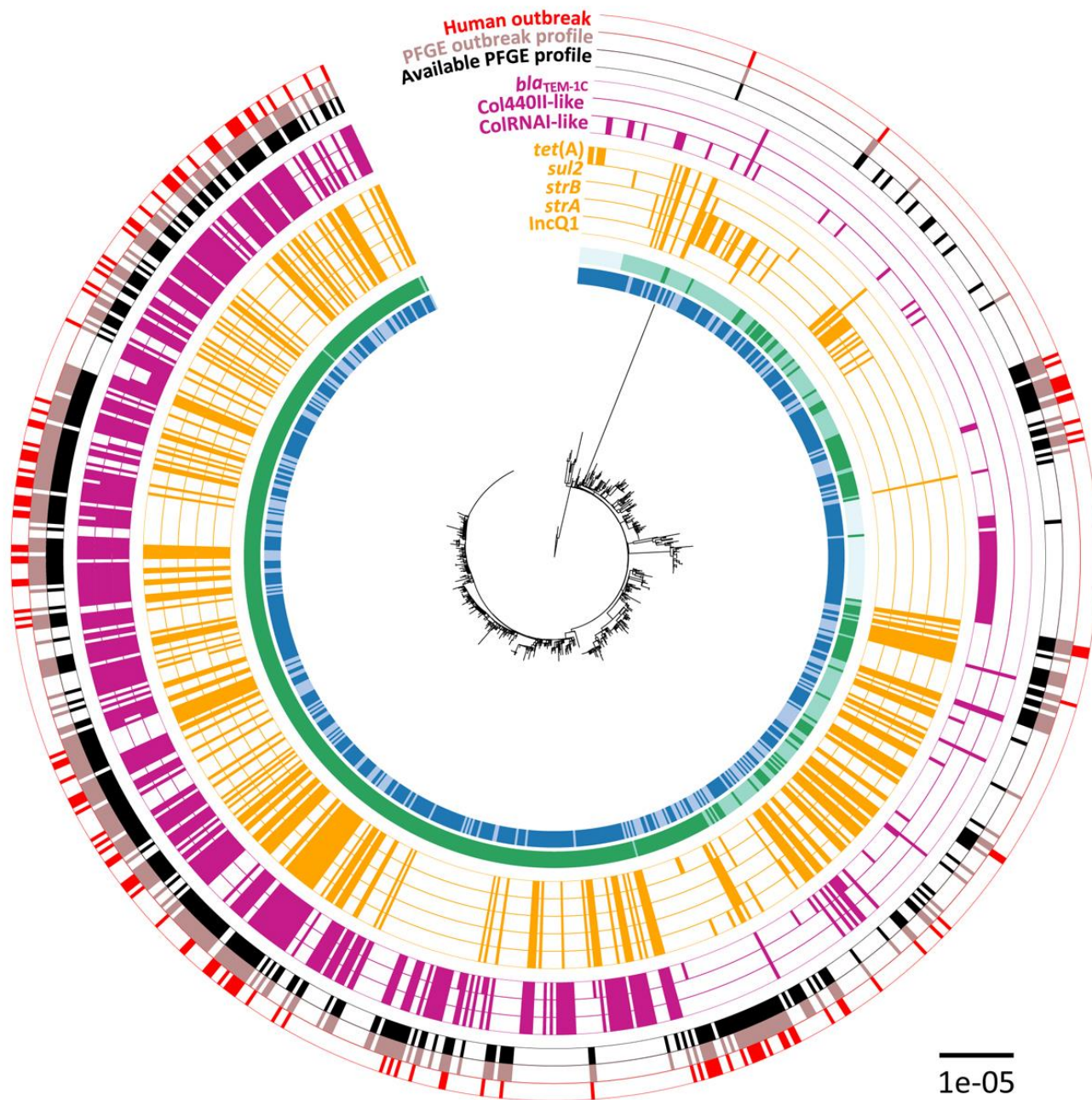
Number of People

USA



Canada





Source Host

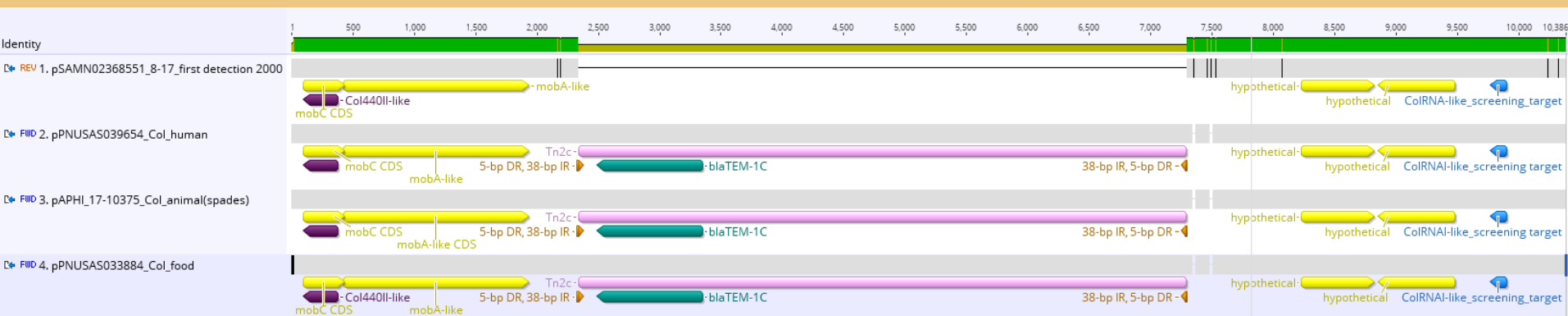
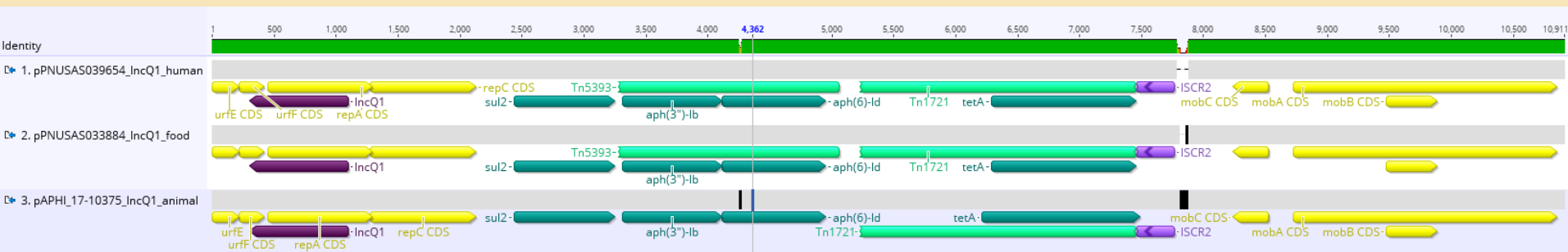
- Turkey
- Human

Collection Year

- 2002-2008
- 2009-2016
- 2017-2019



Resistance pattern	Resistance genes		Plasmids
ASSuT	<i>bla</i> _{TEM-1C}	<i>strAB sul2 tetA</i>	IncQ1 + Col440II
A	<i>bla</i> _{TEM-1C}		Col440II
SSuT		<i>strAB sul2 tetA</i>	IncQ1



Simple explanation? Resistance

- Biofilm formation
- Adherence/invasion in avian cells
- Adherence/invasion in human cells
- Environmental survival
- Fitness during enrichment
- Resistance to disinfectants
- Work in progress – pointing towards plasmids conferring some or all of these traits



Where do we go from here?

Alternative products to control pathogens and sustain health



How do you choose your probiotics?

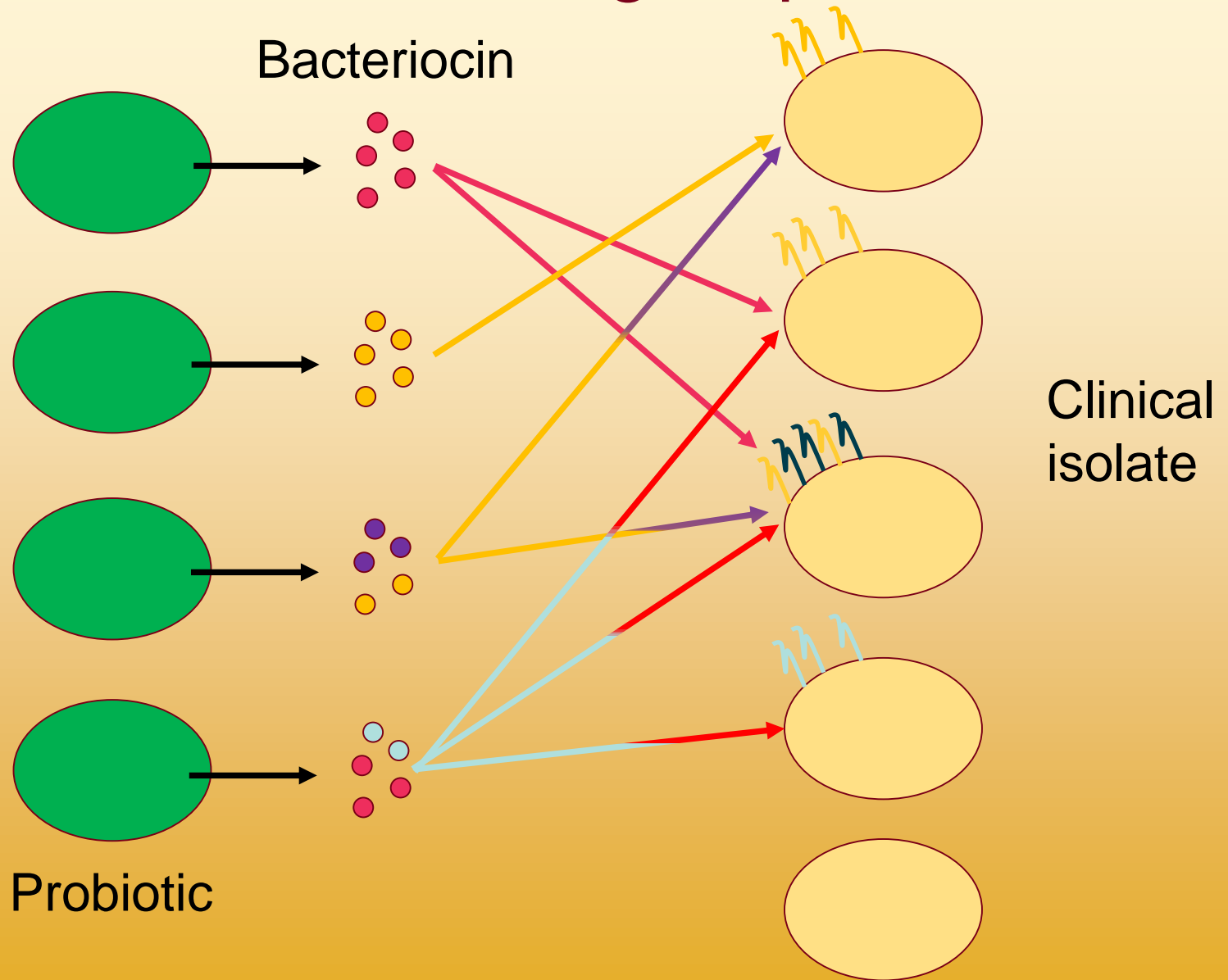


Probiotics: approaches

- Generally there are two concepts:
 - Continuously feed (most direct fed microbials)
 - Target at specific times (hatch, movement, disease challenge, vaccination)
- Generally there are two approaches:
 - Find a probiotic strain with the right properties, don't care if it colonizes
 - Find colonizing strains that will stick around



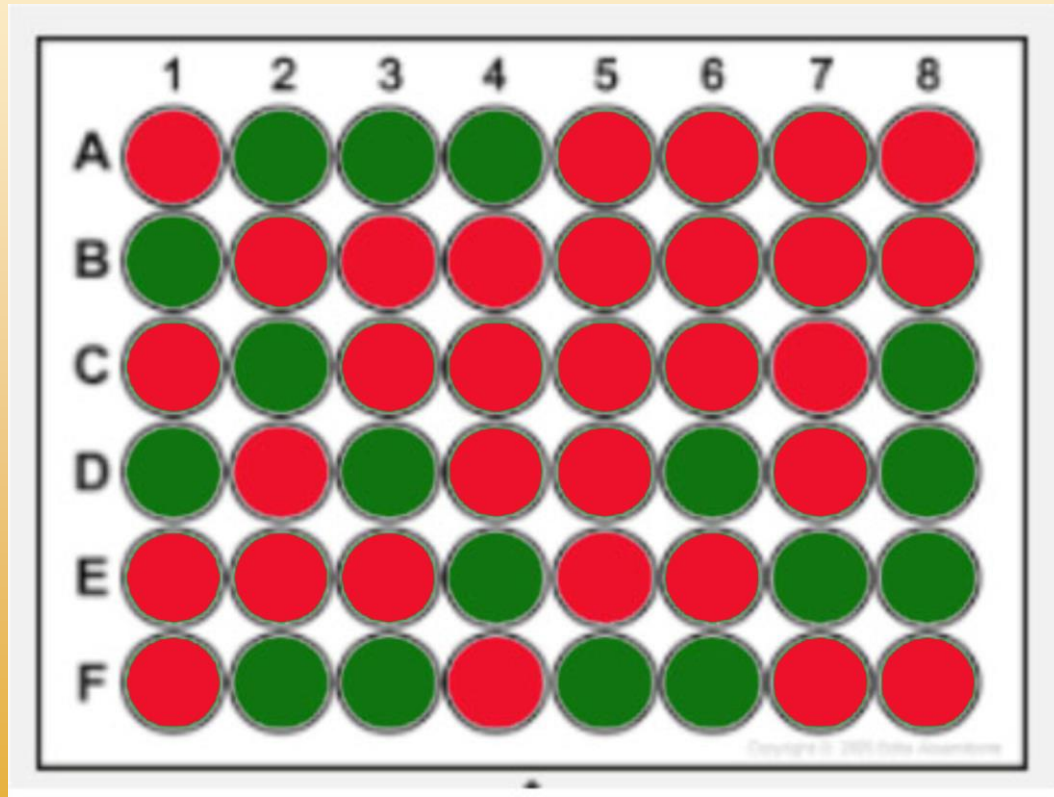
Probiotics tailored to target specific strains



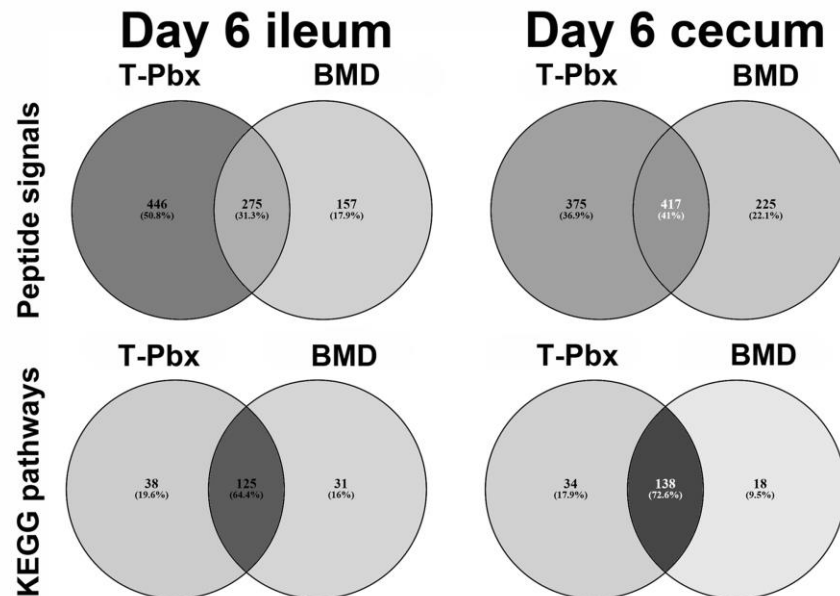
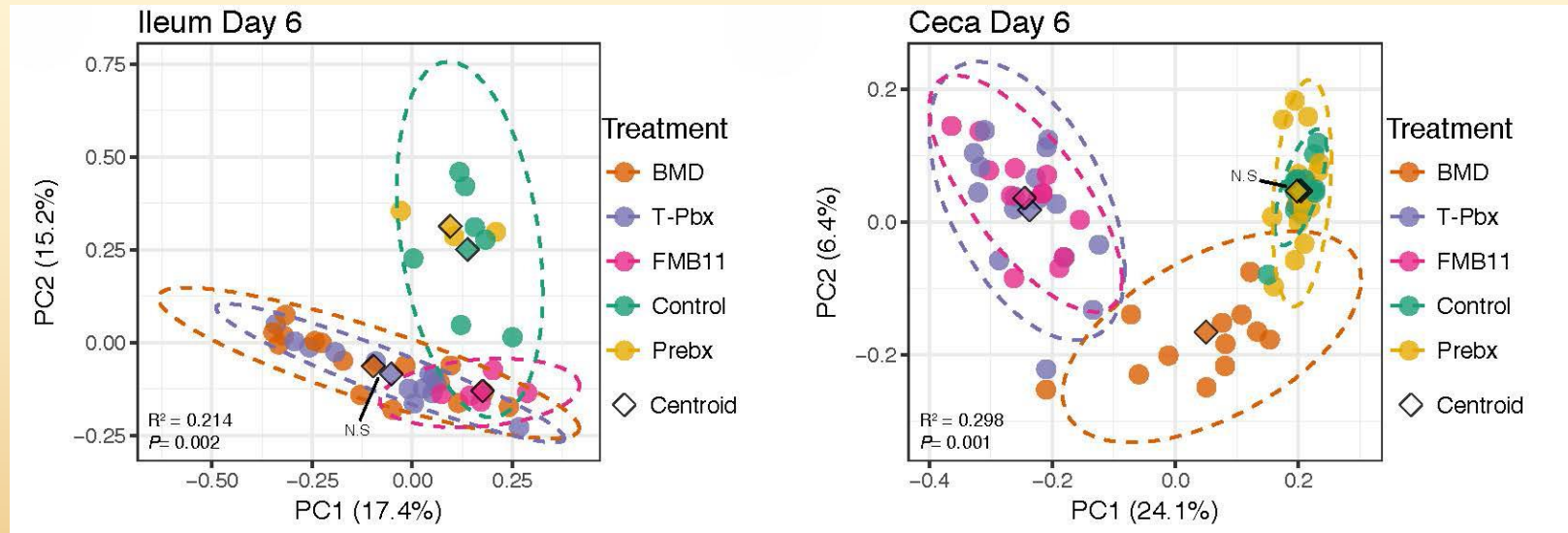
Resistance is not limited to antibiotics

Probiotic supernatant

APEC strain

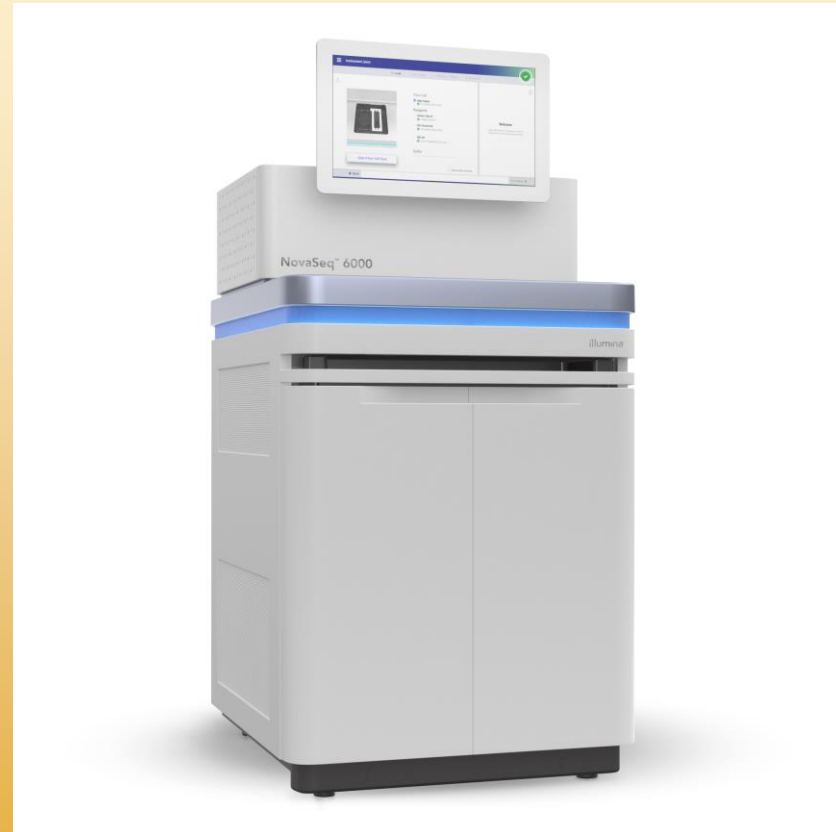


Host-tailored probiotics can mimic effects of antibiotic growth promoters



What is the future for feed additives or antibiotic alternatives?

- Better surveillance
 - Genome-based
 - Farm-specific
 - Proactive
 - Judicious
 - Multi-pronged
 - Uses math and modeling



“Next-gen” product workflow

1. Surveillance of the pathogens on farm through high resolution techniques (whole genome sequencing)
2. Identification of common problematic pathogen clones
3. Creation of a custom product targeting those clones
4. Continued surveillance of pathogen following implementation
5. Prediction of the next “shift”
6. Switching of product at least every 1-2 years

This only works if all 6 steps are followed!





WORKING TOGETHER TO
**PROTECT HEALTH &
PRESERVE ANTIBIOTICS**



GCC 3016 Antibiotic resistance: How can we avoid the apocalypse?



Bringing UTI Conversations to Boynton: An Antibiotic Stewardship



Johnson Lab:

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Elicia Grace
Jen Holmberg
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Bernadette Rivet
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Jessica Thorsness
Bonnie Weber
Katharine Llop

Industry/academic/govt collaborators:

GNP – Pilgrim's Pride
Willmar Poultry Company
Jennie-O-Turkey
OSU – Chang-Won Lee
GWU – Lance Price
CDC and Public Health Canada
USDA – Mike Kogut
UMN – Kent Reed, Sally Noll, Carol Cardona



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MEDICINE

