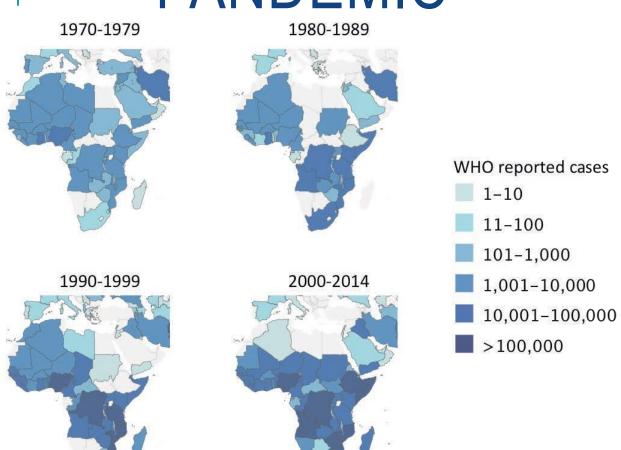


GENOMIC HISTORY OF THE SEVENTH PANDEMIC OF CHOLERA

IN AFRICA AND IMPLICATIONS ON CONTROL MEASURES

Marie-Laure Quilici

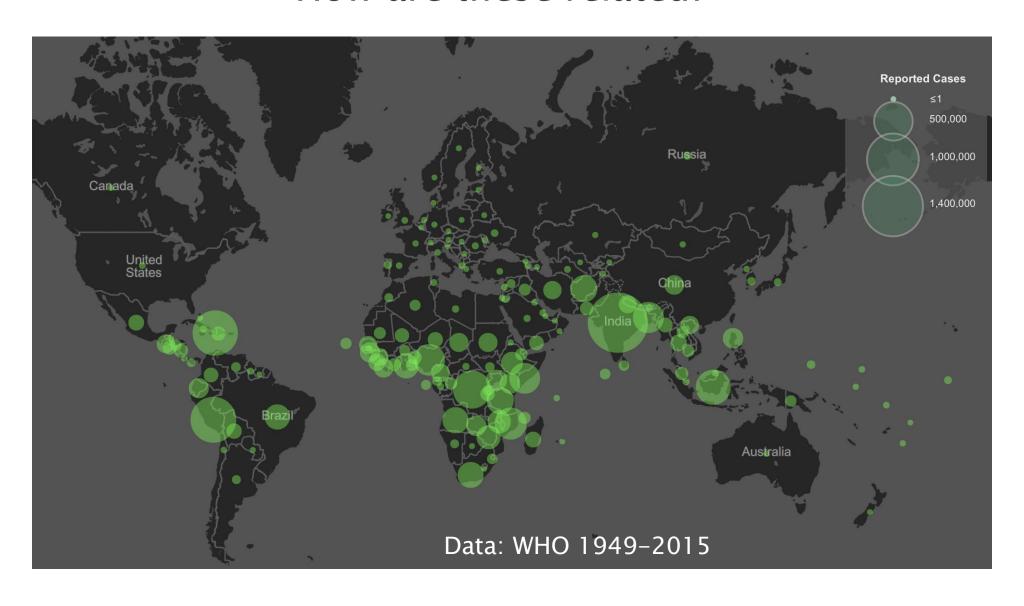
CHOLERA IN AFRICA – 7TH PANDEMIC



Africa is the continent reporting most of the cholera cases and deaths since the biginning of the seventh pandemic in 1970 (except 1991–1991, Latin America, and 2010–2011,

Haïti)

How are these related?



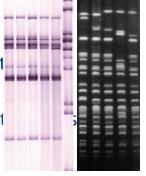
COMPREHENSIVE CHOLERA PREVENTION AND CONTROL

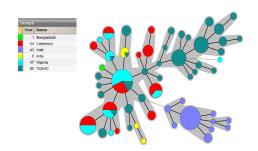
Include rapid confirmation and the understanding of the dynamics of the epidemics

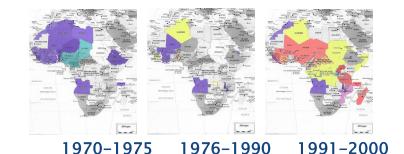
- Visualization of worldwide circulation and evolution of strains
- Identification of the source of infections
- Dynamics of transmission: origin and expansion mapping, geographical spread of strains in a given country or between countries
- Monitoring of the geographic expansion of strains during and between outbreaks
- Establishing a relationship between the current and previous outbreaks

EFFECTIVE SURVEILLANCE AND LABORATORY ANALYSIS

- Early detection, rapid diagnosis of suspected cases
- Strain tracking
 - Detection of evolution of strains and emergence of news variant
 - Monitoring of antibioresistance
 - Molecular epidemiology and understanding of the dynamics of t
 - Serogrouping (O antigens, O1, O139)
 - Biotyping (Classical, El Tor)
 - O1 serotyping (Inaba, Ogawa, Hikojima)
 - Phage typing
 - Multilocus Enzyme Electrophoresis
 - Ribotyping
 - Pulse-field gel electrophoresis
 - Multiple loci VNTR analysis (MLVA)
 - Sequencing of virulence genes
 - ctxB, tcpA,





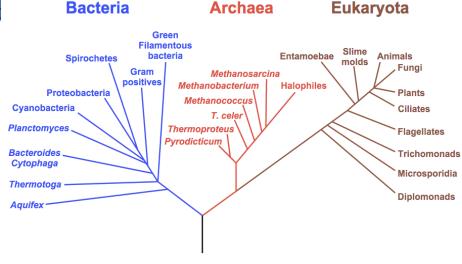


- > Evidence of variations between strains and circulation of different strains simultaneously
- > No history of the evolutionary relationships between strains

PHYLOGENY

- We have used phylogeny to unify all typing approaches used previously to track and understand cholera (Ribotyping, MLEE, PFGE, MLVA, CTX-typing etc.)
- A phylogenetic tree based on whole genome single-nucleotide variation profile was built, showing the inferred evolutionary relationships among 7th pandemic strains

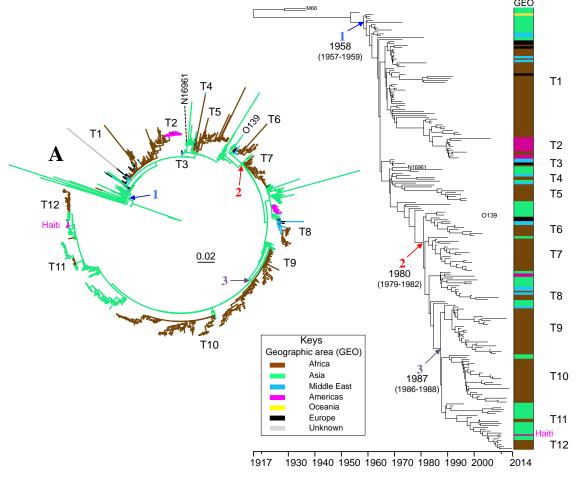
 Phylogenetic Tree of Life
- WGS provides the highest resolution possil



SPATIO TEMPORAL ANALYSIS BASED ON BACTERIAL GENOME SEQUENCING

 Collection of historical and contemporary isolates from Africa 1970–2014 (1070 genomes, 655 samples from 45 countries across Africa since 1970)

 Selected to represent the widest possible temporal and geographic distribution of cases reported to the World Health Organization





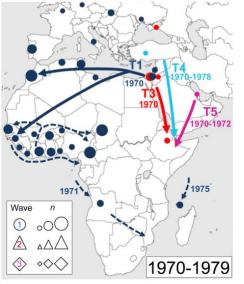


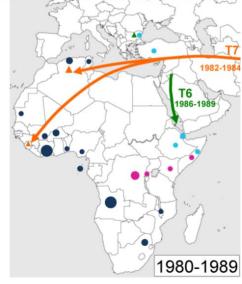
UNDERSTANDING THE INTRODUCTION AND PROPAGATION

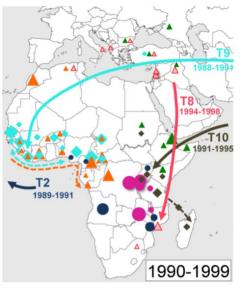
ROUTES OF CHOLERA IN AFRICA

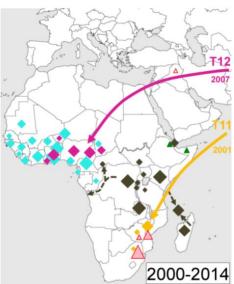
A minimum of 11 repeated introductions into West and East/Southern Africa.

Recurrent patterns of transmis—sion for cholera epidemics: predictable patterns of spread Increased and imported resistance to antibiotic.

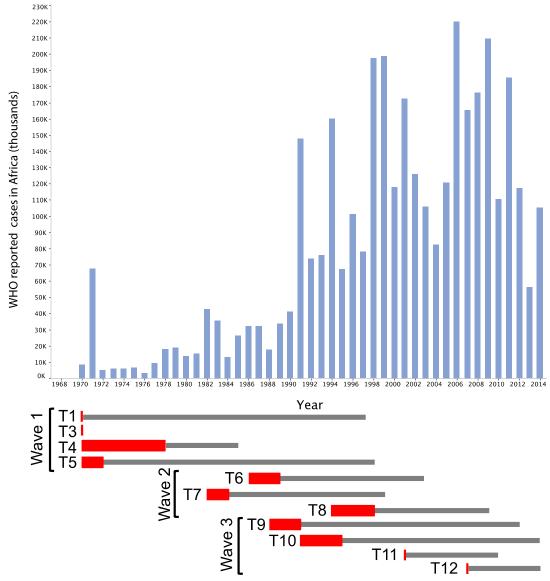








- Dates of the various introductions and duration of each lineage
- Strains disappear after variable periods of persistance (up to 28 years)
- These introductions in different regions of Africa correlate with variations and increase in WHO cholera reported cases.



MAIN FINDINGS

- The seventh pandemic originated from a single ancestral clone
- Cholera in Africa is associated with the recurent introduction of new strains that had evolved in Asia.
- Aquatic environmental reservoirs are not the primary source of epidemic cholera in Africa
- Human-related factors play a much more important role in cholera dynamics in Africa than climatic and environmental factors

OUTSTANDING ISSUES

- What are the mechanisms driving cholera introductions into Africa,
- Which factors contribute to outbreak amplification, persistence, and resolution,
- Where are the strains between two epidemics,
- How to explain the limited spatiotemporal spread of strains,
- What are the factors that determine the persistence and then the disappearance of the lineages? What are the respective roles of host and strains?

WHAT IS THE WAY FORWARD

Strengthening of integrated early warning surveillance systems to limit human-to-human transmission

- Evidence based, integrated approach to Cholera control:
 - Longitudinal and real-time genomic and epidemiological surveillance.
 - Use new approaches to validate interventions.
- Use genomic data to inform current and future control efforts.
 - Develop sentinel sites based on patterns of spread and transmission routes, not necessarily high incidence.
 - Enhance the surveillance in cholera hotspots and in areas where introductions are predictable.
 - Improve outbreak prevention and response through enhance cross-border regional surveillance
 - •Understanding why new strains evolve and spread across the world from Asia where V. cholerge established in the environment.