

The Role of the Built Environment as a Reservoir for Human Infection

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Disclosures

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- AHRQ R01 HS027621
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- ICTS CTRFP1717

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- **Salary/Consultant Fees**

- None

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- None

- **Board/Committee/Advisory Board Membership**

- Centers for Disease Control and Prevention
- US Department of Health & Human Services
- National Academy of Medicine

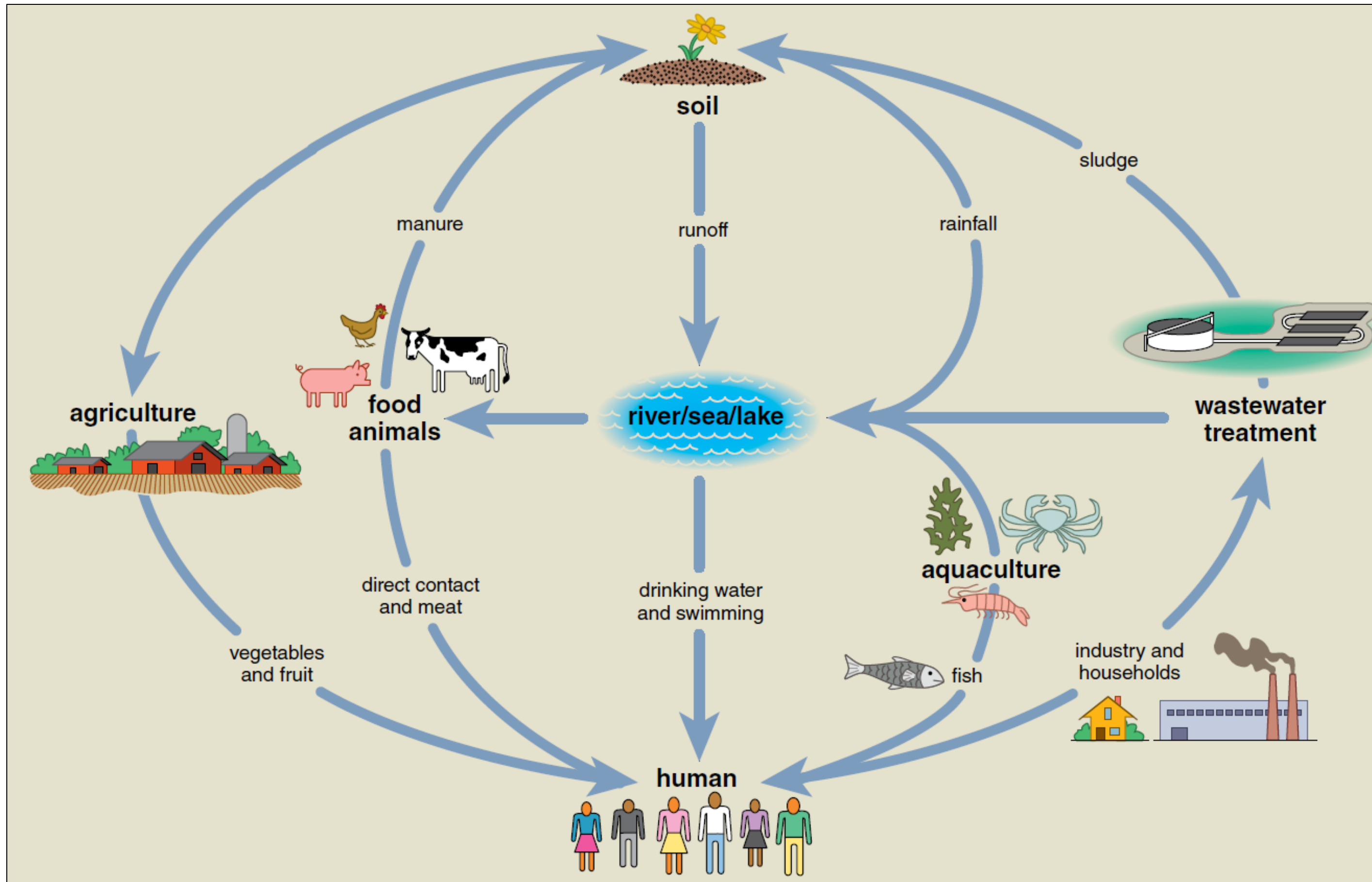
- **Intellectual Property/Royalty Income**

- None

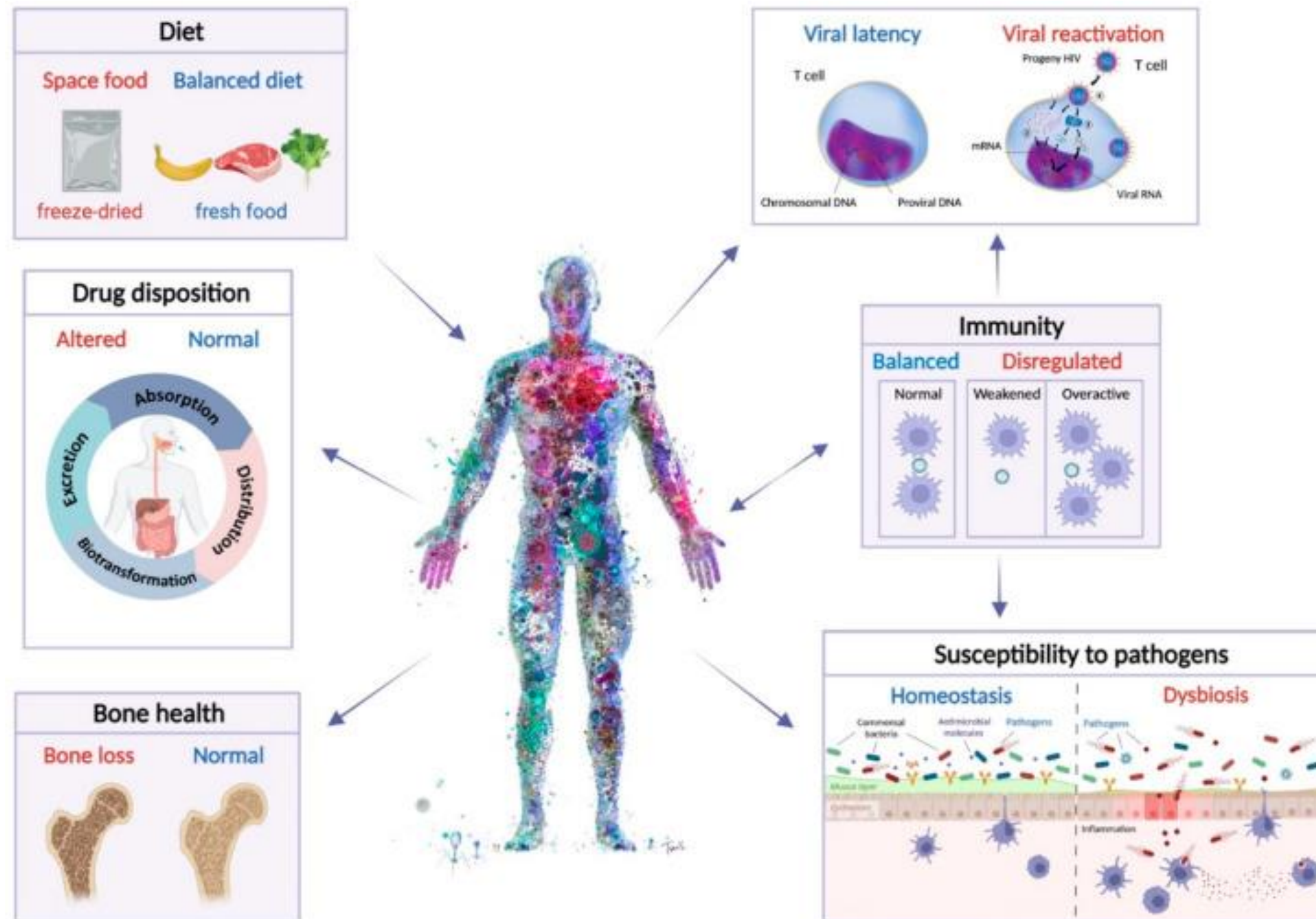
Objectives

- Discuss role of the human gut microbiome as a reservoir for potentially pathogenic microbes
- Discuss the link between the environment and human infections
- Discuss future directions to detect and prevent infections

People, animals, and the environment are interconnected



Spaceflight can impact host susceptibility to pathogens



Article

Acute and persistent effects of commonly used antibiotics on the gut microbiome and resistome in healthy adults

Winston E. Anthony,¹ Bin Wang,^{1,2} Kimberley V. Sukhum,^{1,2} Alaric W. D'Souza,¹ Tiffany Hink,⁴ Candice Cass,⁴ Sondra Seiler,⁴ Kimberly A. Reske,⁴ Christopher Coon,⁴ Erik R. Dubberke,⁴ Carey-Ann D. Burnham,^{2,3,4,*} Gautam Dantas,^{1,2,3,5,*} and Jennie H. Kwon^{4,6,*}



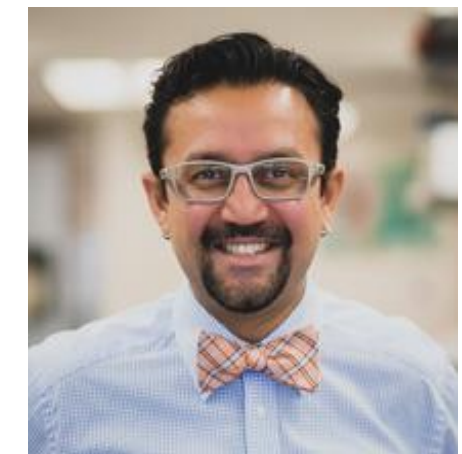
Carey-Ann Burnham



Erik Dubberke



Winston Anthony



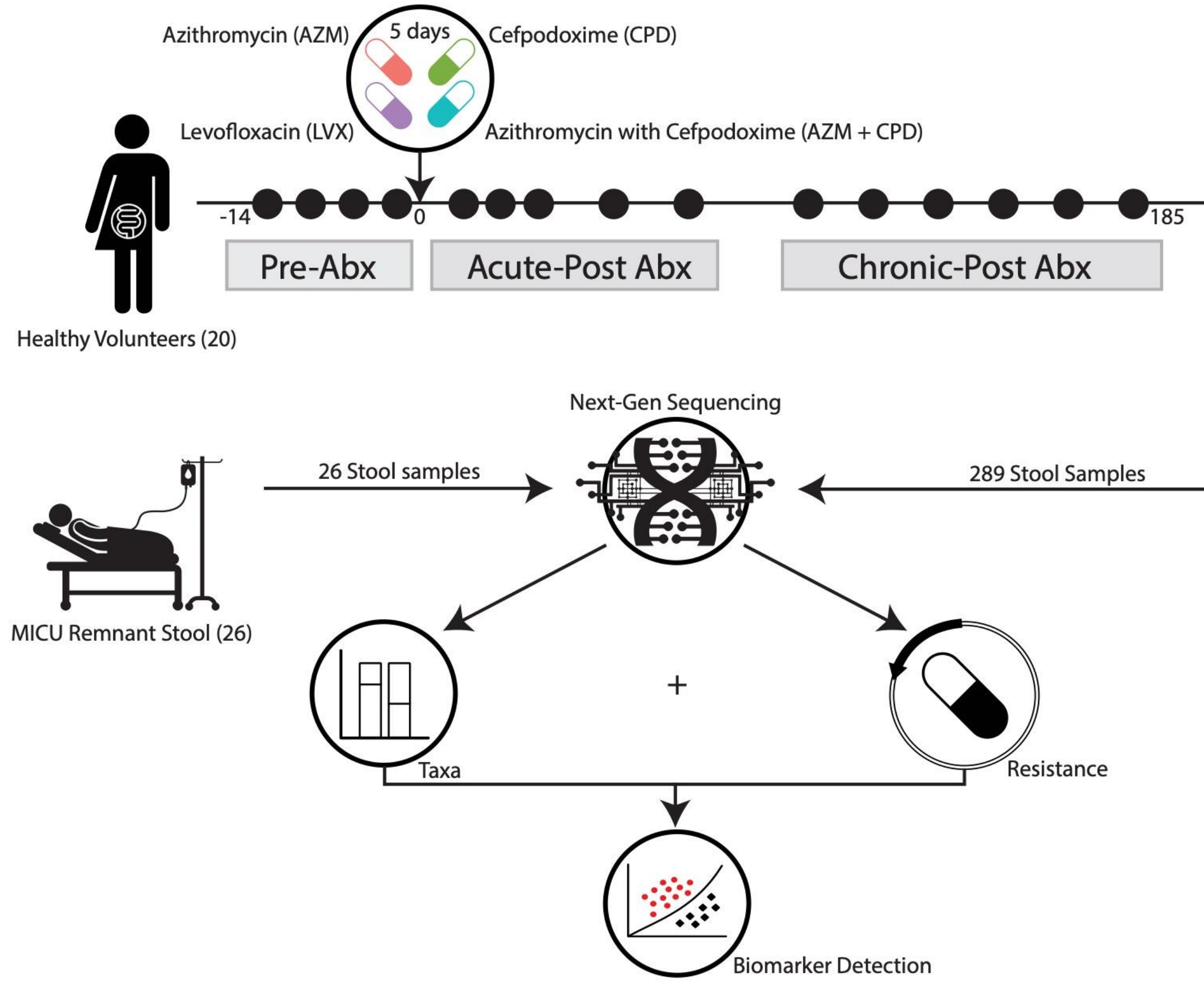
Gautam Dantas

Study Objective

- What is the impact of a short course of oral antimicrobials on the human gut microbiome and resistome?
- Resistome
 - Compendium of antibiotic resistance genes (ARG) within the microbiota
- Disruption
 - A statistically significant change from the pre-antibiotic state

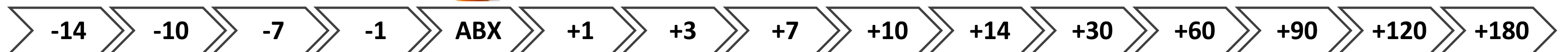


Study Overview



Study Protocol

- Written, informed consent
- In-person enrollment interview, clinical evaluation, physical exam
- Antibiotics (5 per group)
 - Azithromycin 500 mg on day 1, then 250 daily for 4 days
 - Cefpodoxime 200 mg PO BID x 5 days
 - Levofloxacin 750 mg PO QD x 5 days
 - Azithromycin + Cefpodoxime
- Subject remuneration
- Investigators blinded to study group assignments



Stool and Data Analysis

Microbiologic Culture

- Selective culture for antibiotic resistant organisms

Whole metagenome shotgun sequencing

- DNA extracted using PowerLyzer PowerSoil DNA Isolation Kit
- DNA sequencing library preparation using Nextera-Xt tagmentation protocol (Illumina)

Metagenomic data analysis

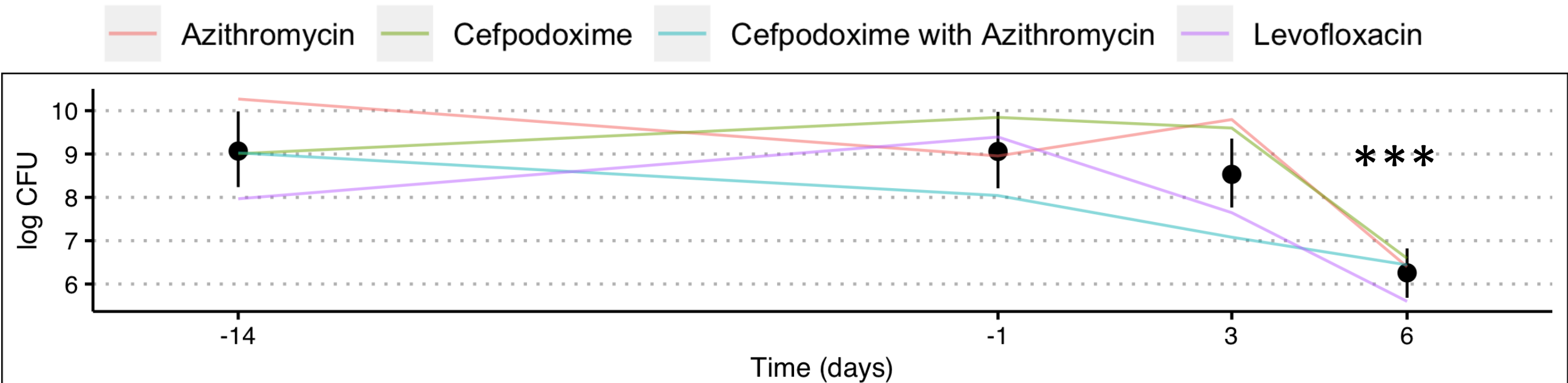
- MetaPhlAn: estimate relative abundance of bacterial taxa

Resistome characterization

- Comprehensive Antibiotic Resistance Database (CARD): reference database of resistance genes
- ShortBRED: estimate ARG composition

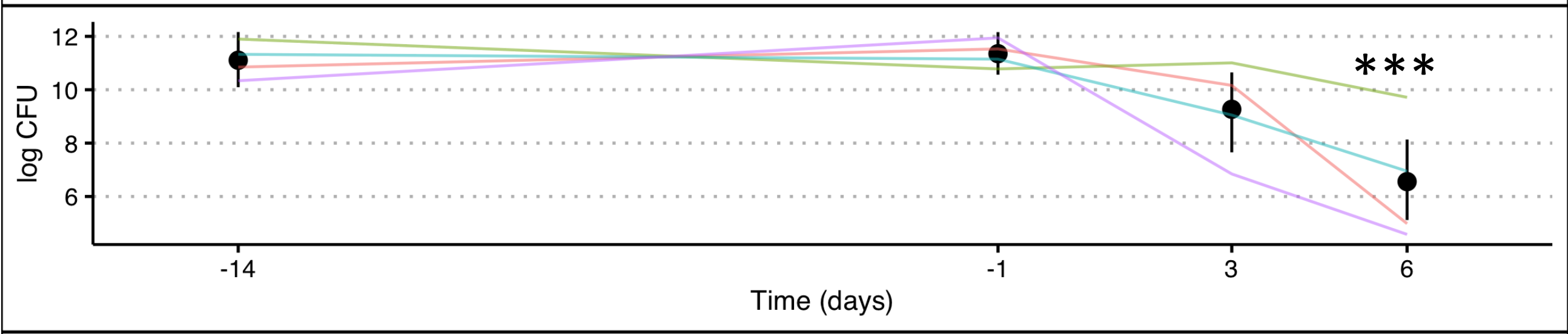
Short courses of antibiotics can perturb the gut microbiome acutely

Aerobic culture



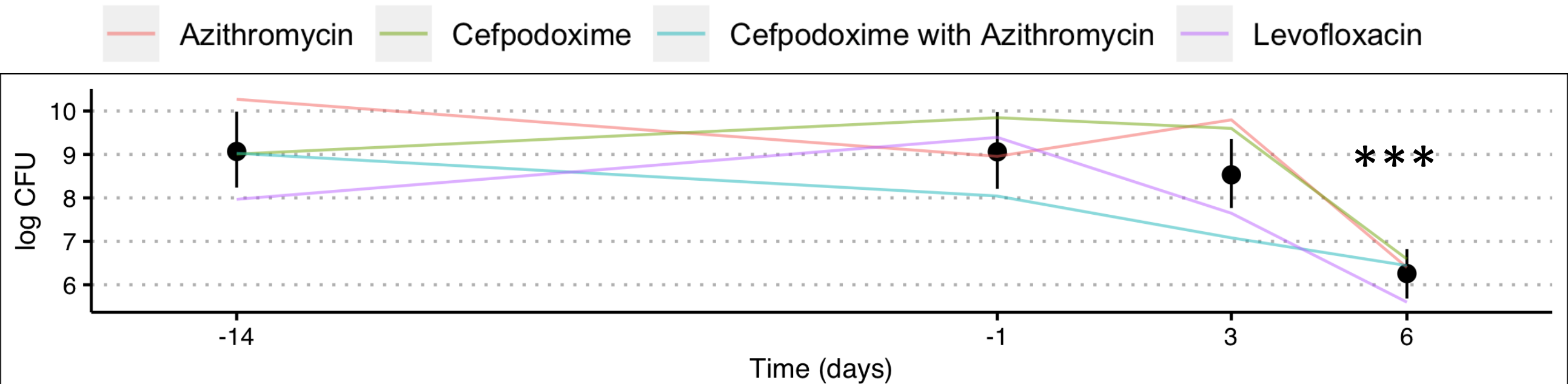
*** p < 0.001

Anaerobic culture



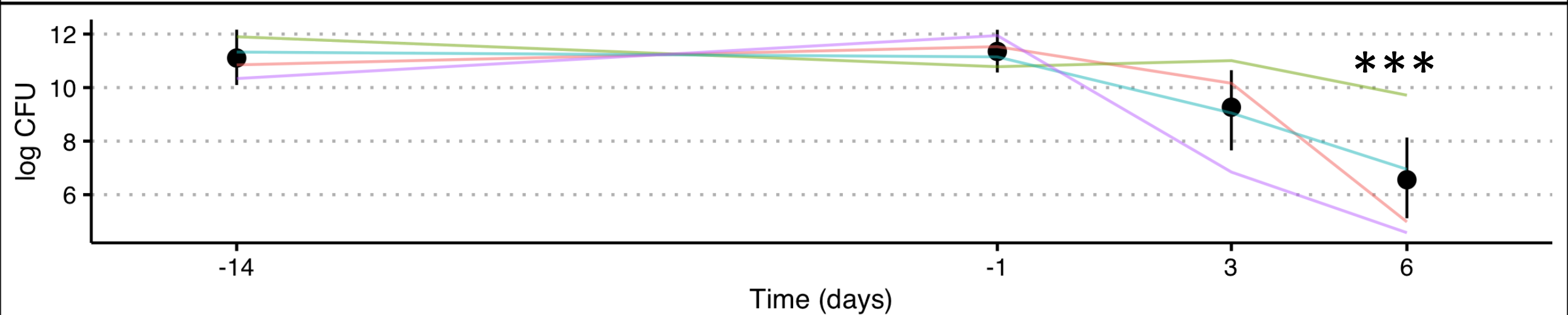
Short courses of antibiotics can perturb the gut microbiome acutely

Aerobic culture

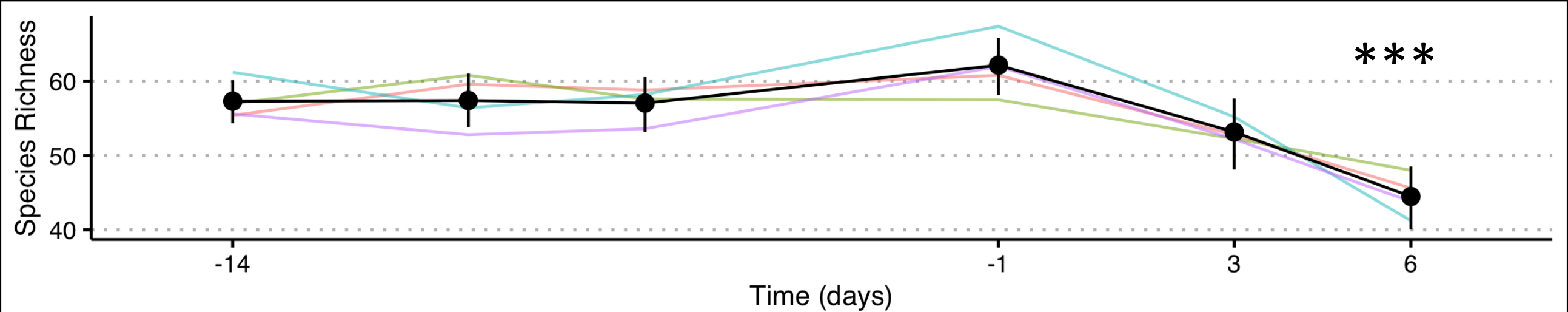


*** p < 0.001

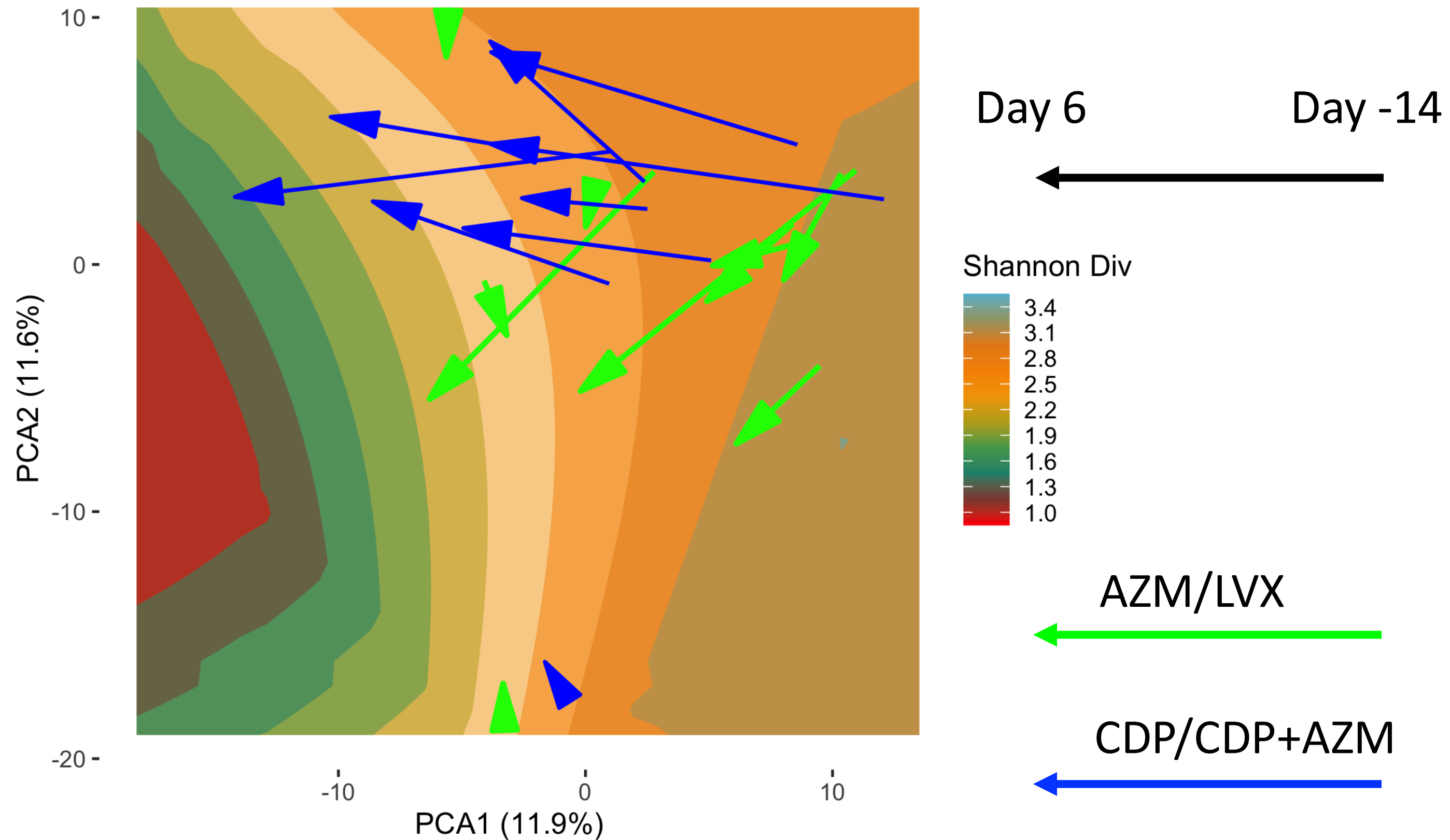
Anaerobic culture



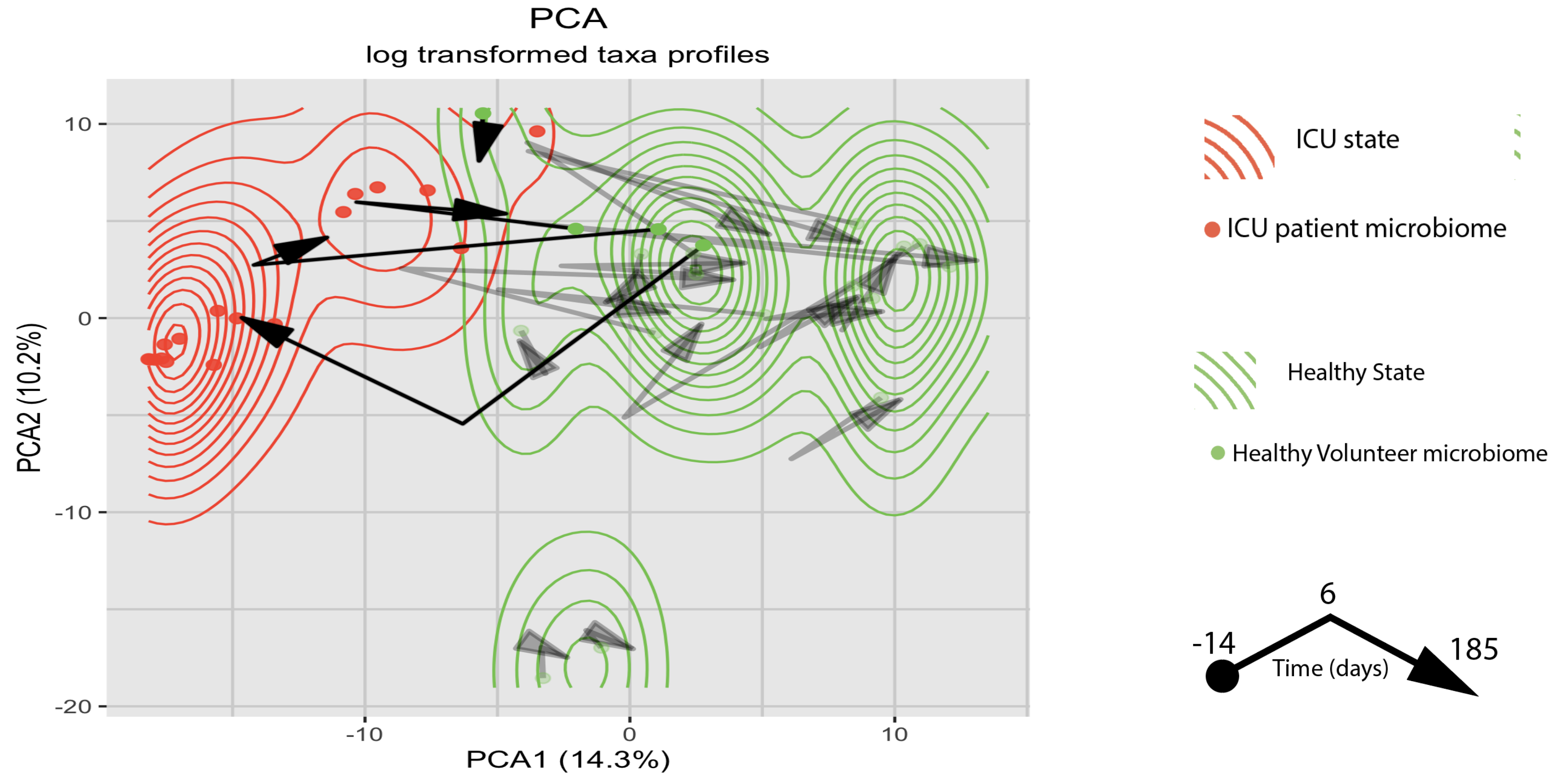
Stool metagenome



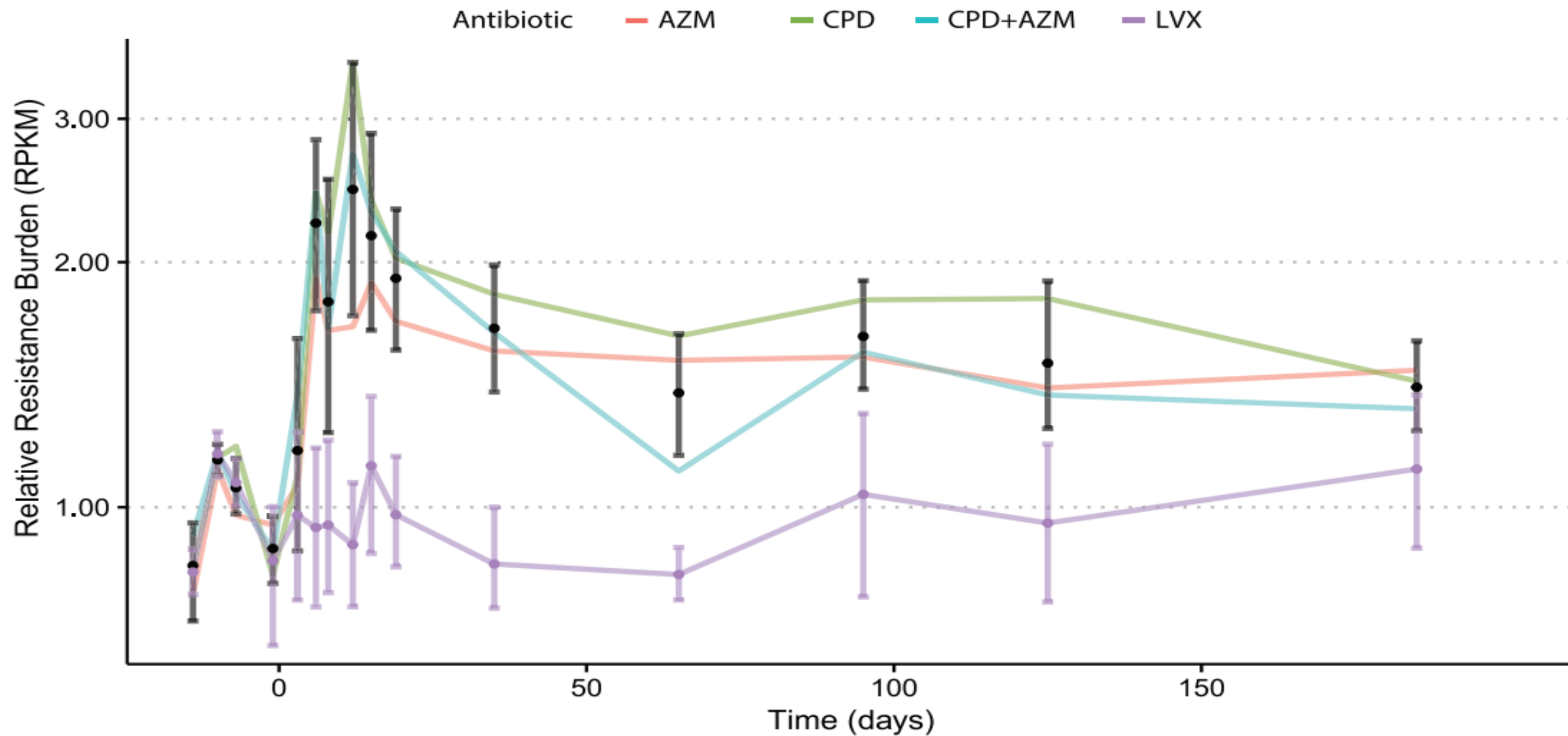
The gut microbiome shifts acutely after antibiotics



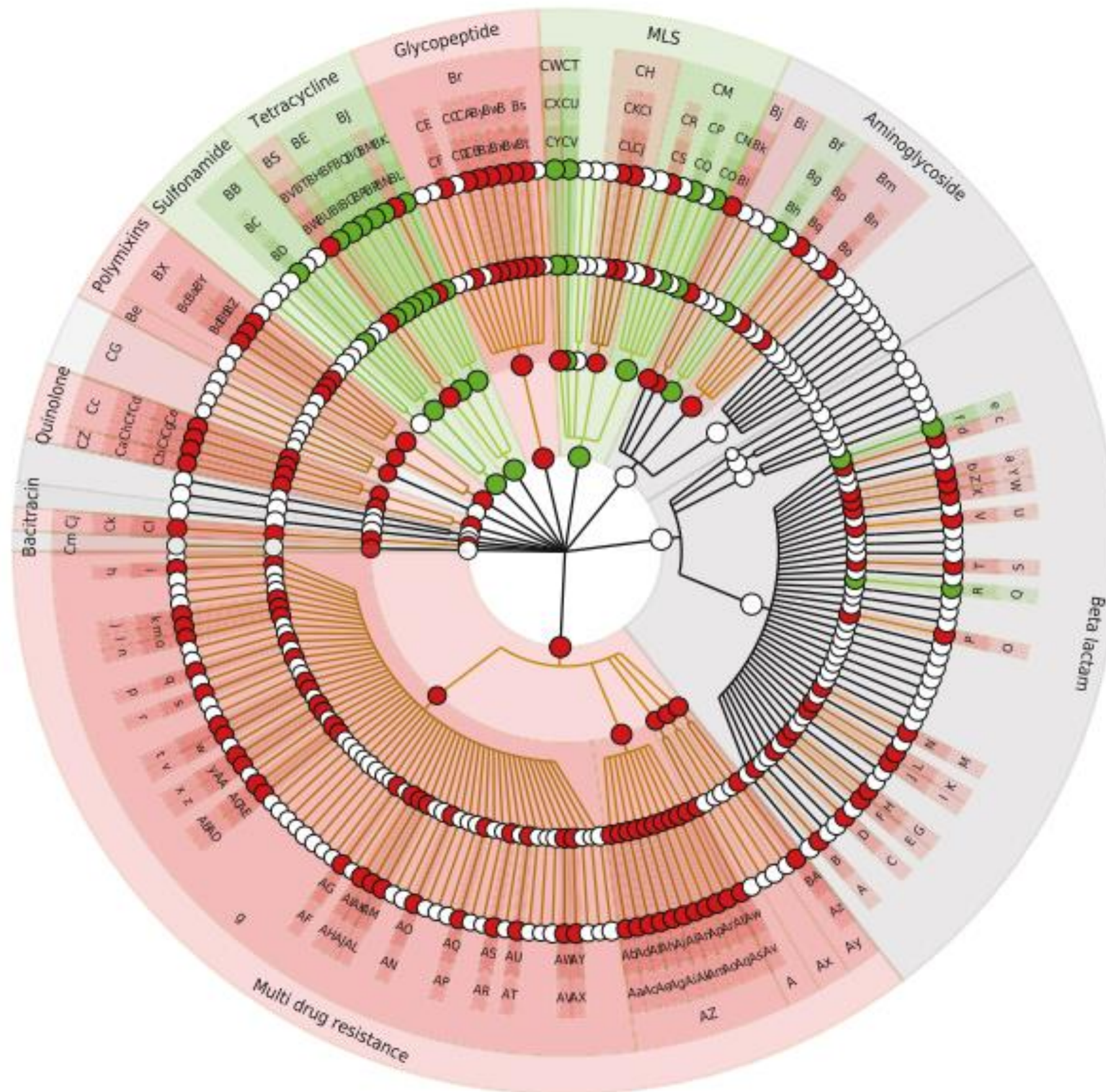
HVs experience varying degrees of microbiome disruption



ARGs can be increased up to 60 days after antibiotics



The HV resistome is distinct from the ICU patient resistome



● Healthy Volunteer
● ICU

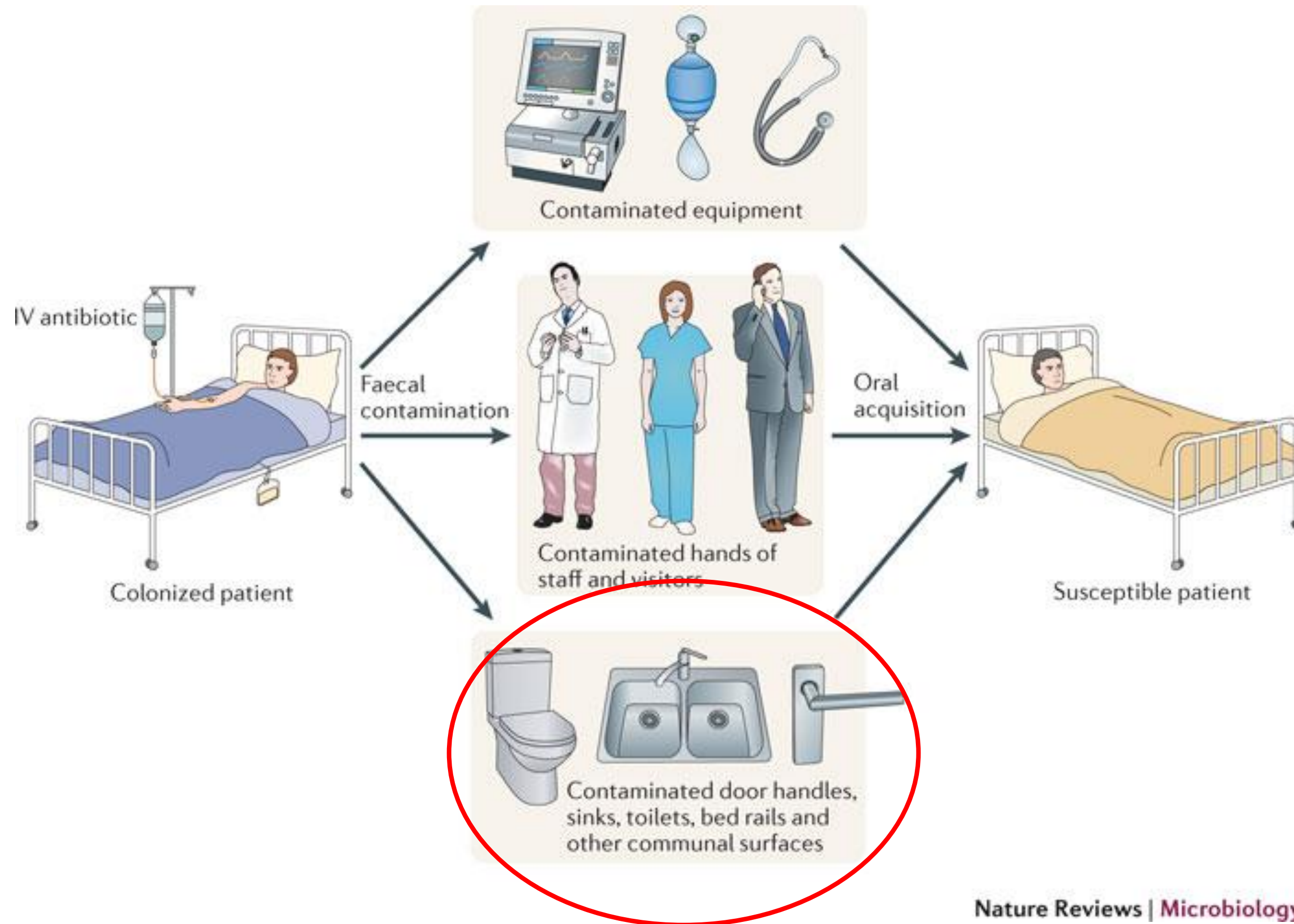
A: Other EffluComplex Subunit
B: MFS Antibiotic Efflux Pump
C: ABC Antibiotic Efflux Pump
D: SMR Antibiotic Efflux
E: 23S ribosomal RNA methyltransferase
F: ABC Antibiotic Efflux Pump
G: MFS Antibiotic Efflux Pump
H: Chloramphenicol
I: Chloramphenicol AcetyltransferaseCAT
J: Trimethoprim Resistant Dihydrofolate Reductase dfr
K: Tetracycline Inactivation Enzyme
L: MFS Antibiotic Efflux Pump
M: ABC Antibiotic Efflux Pump
N: Tetracycline Resistant Ribosomal Protection Protein
O: Othe polymixins
P: Gene Altering Cell Wall Charge

Q: Other EffluComplex Subunit
R: Aminoglycoside NucleotidyltransferaseANT
S: Other EffluComplex Subunit
T: RND Antibiotic Efflux
U: Aminoglycoside AcetyltransferaseAAC
V: Other EffluComplex Subunit
W: Quinolone
X: Quinolone Resistance Proteinqr
Y: Other EffluComplex Subunit
Z: Othe bacitracin
a: Gene Conferring Resistance via Molecular Bypass
b: ABC Antibiotic Efflux Pump

Key findings

- Short courses of antibiotics can cause acute and chronic microbiome disruptions in healthy volunteers
 - Decreased microbiome diversity
 - Acute decreases in the taxonomic composition
 - ARGs enriched post-antimicrobials
 - This impact can vary by antimicrobial type and by individual
- Thoughtful utilization of antibiotics, even PO and short courses
- Gut microbiome is a reservoir for antimicrobial resistance

Is the ICU environment a reservoir for antimicrobial resistance?





ARTICLE

<https://doi.org/10.1038/s41467-019-12563-1>

OPEN

Spatiotemporal dynamics of multidrug resistant bacteria on intensive care unit surfaces

Alaric W. D'Souza ^{1,8}, Robert F. Potter^{1,8}, Meghan Wallace², Angela Shupe², Sanket Patel^{1,2}, Xiaoqing Sun^{1,2}, Danish Gul³, Jennie H. Kwon⁴, Saadia Andleeb^{3*}, Carey-Ann D. Burnham^{2,4,5,6*} & Gautam Dantas ^{1,2,5,7*}



Gautam Dantas



Alaric D'Souza



Carey-Ann Burnham



Robert Potter



Saadia Andleeb

Study Objectives

- Evaluate the natural history of ARO contamination of surfaces in intensive care units (ICU)
 - US hospital and a Pakistani hospital over the course of one year
 - Characterization of the microbes and resistance determinants



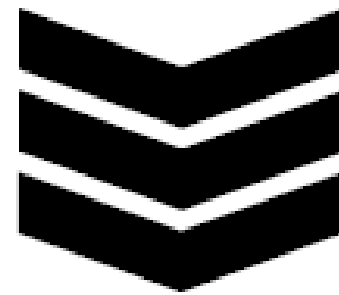
Longitudinal study design

Longitudinal sampling of ICU surfaces
in the United States  and Pakistan 

Every other week for 3 mo

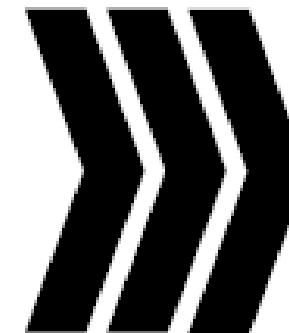
6 mo

1 yr



x4

Per country
Per collection



Tertiary care hospital
Pakistan



1,200 beds



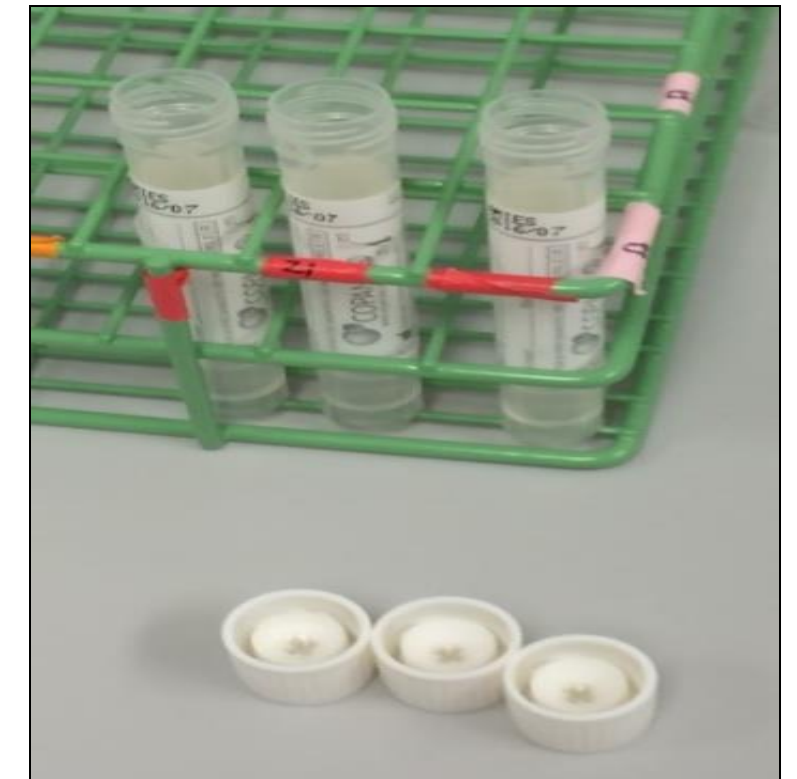
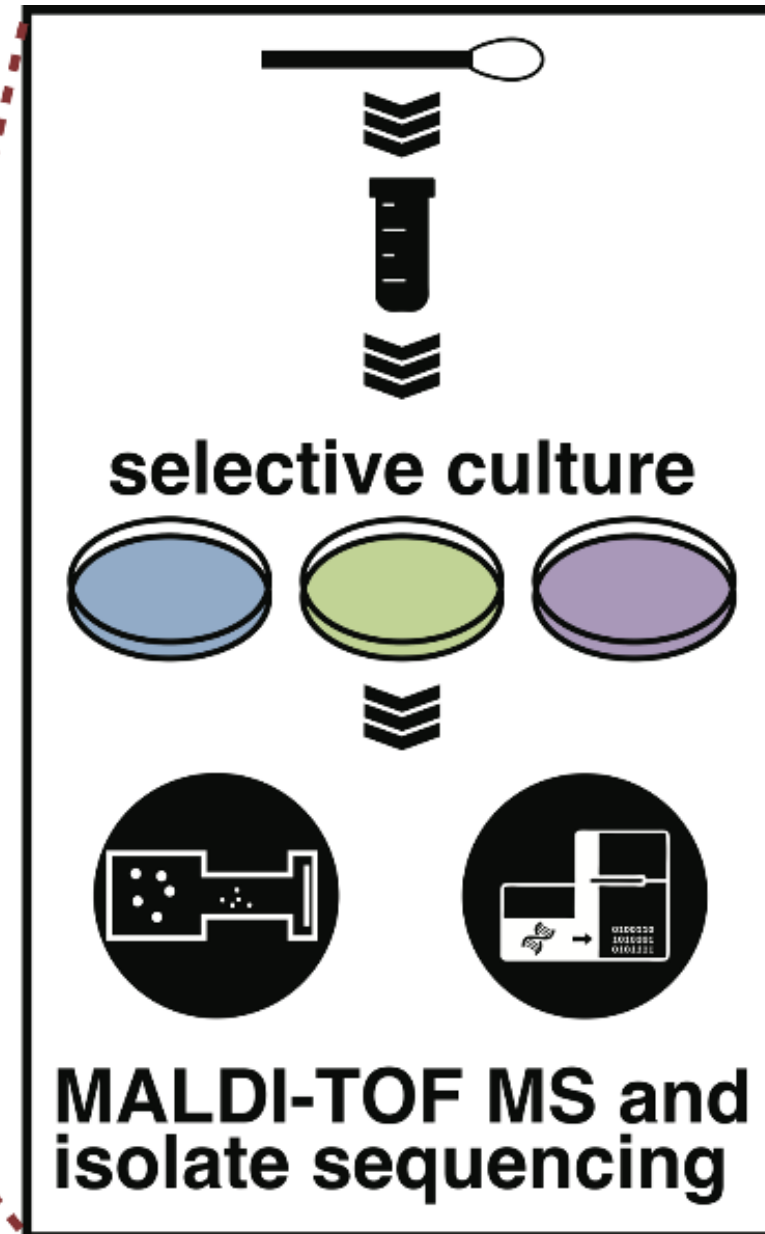
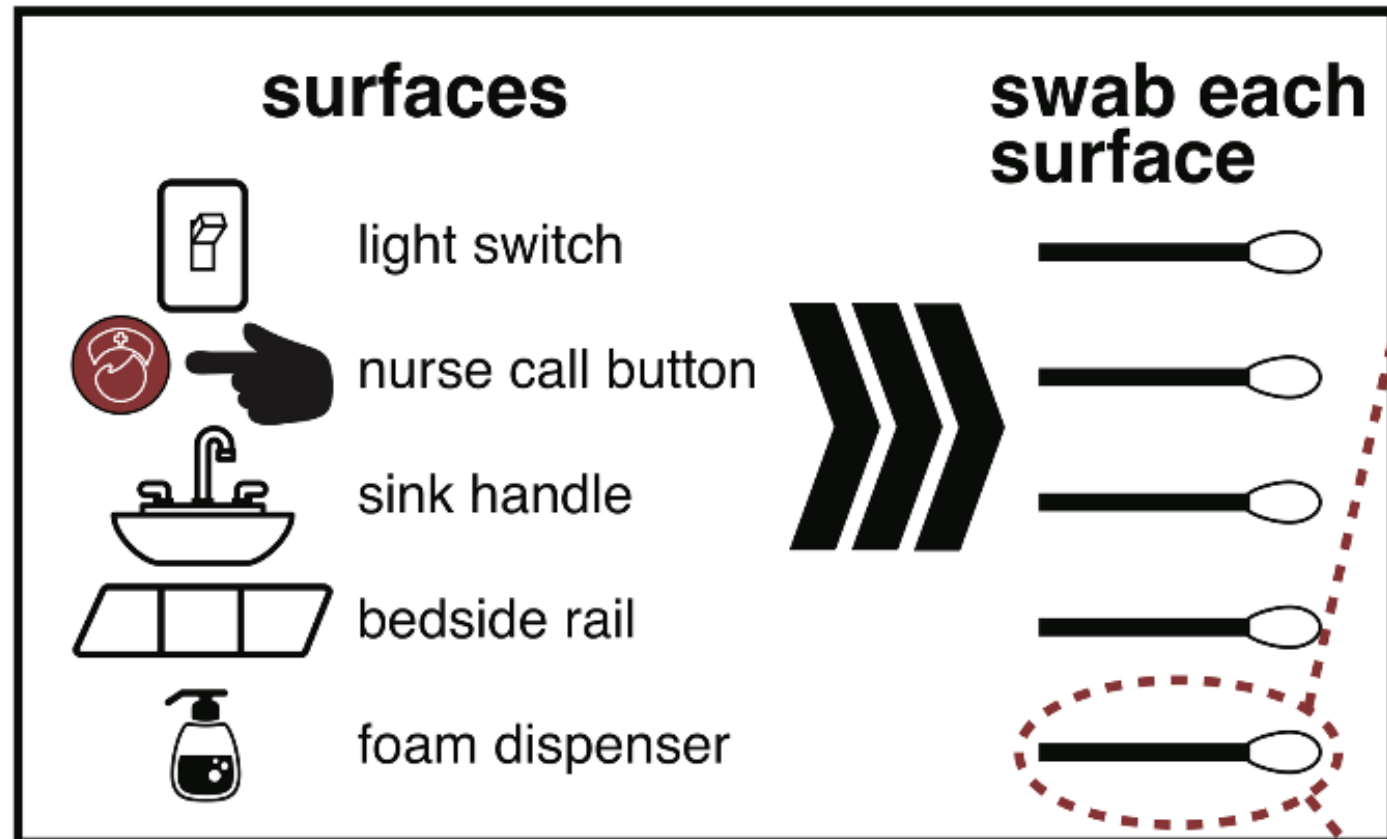
Barnes Jewish Hospital
St. Louis, United States



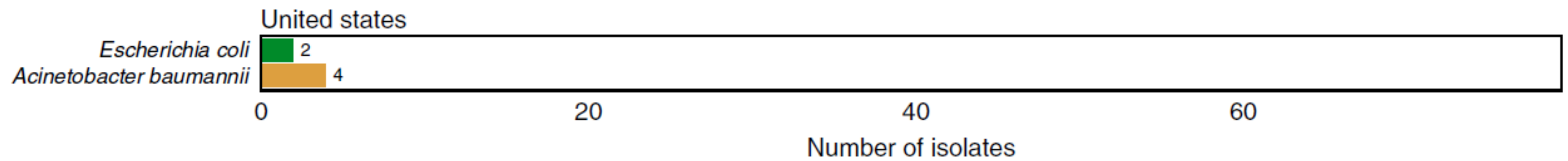
1,252 beds

Samples underwent selective microbiologic culture and isolate sequencing

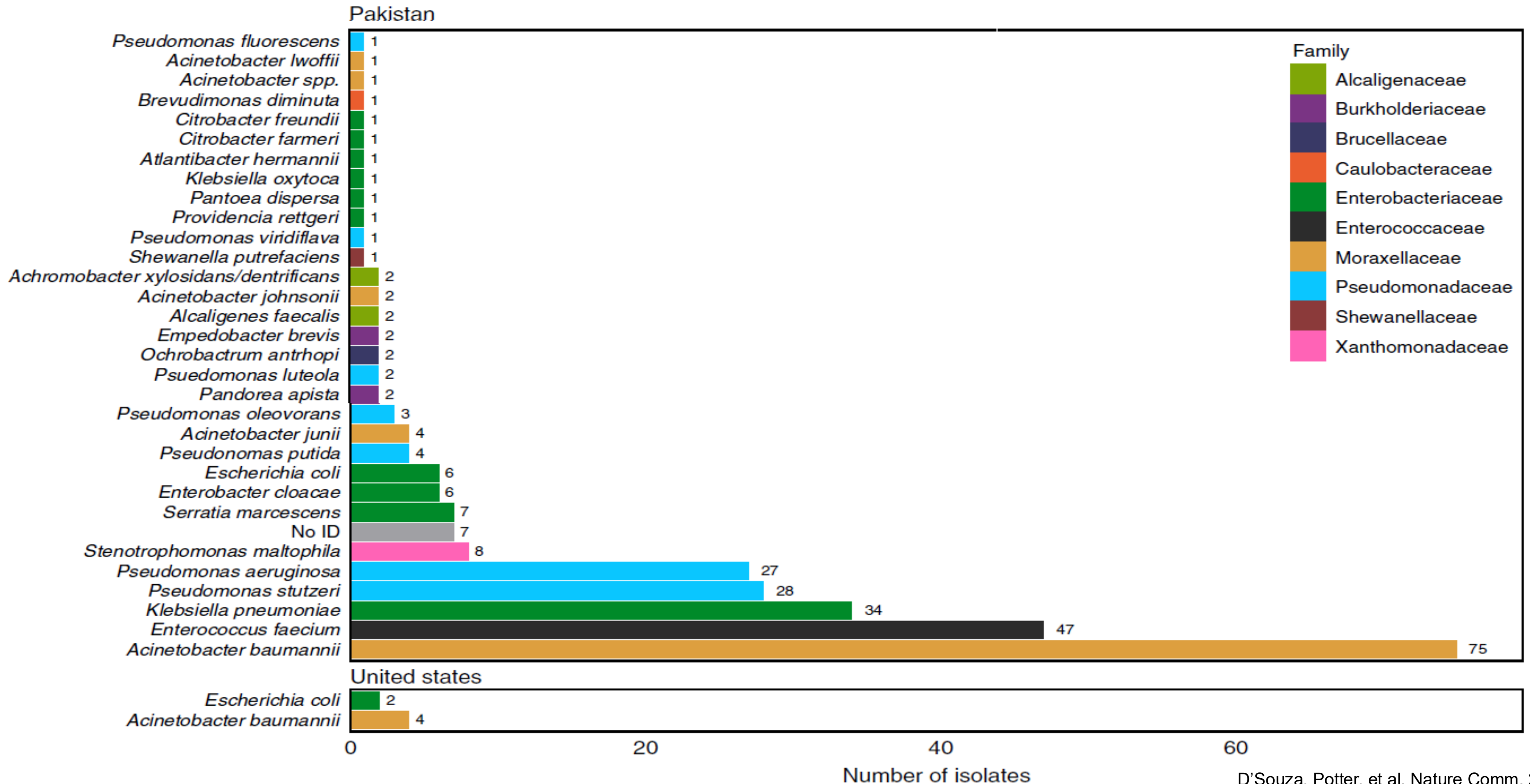
for each ICU room in each collection



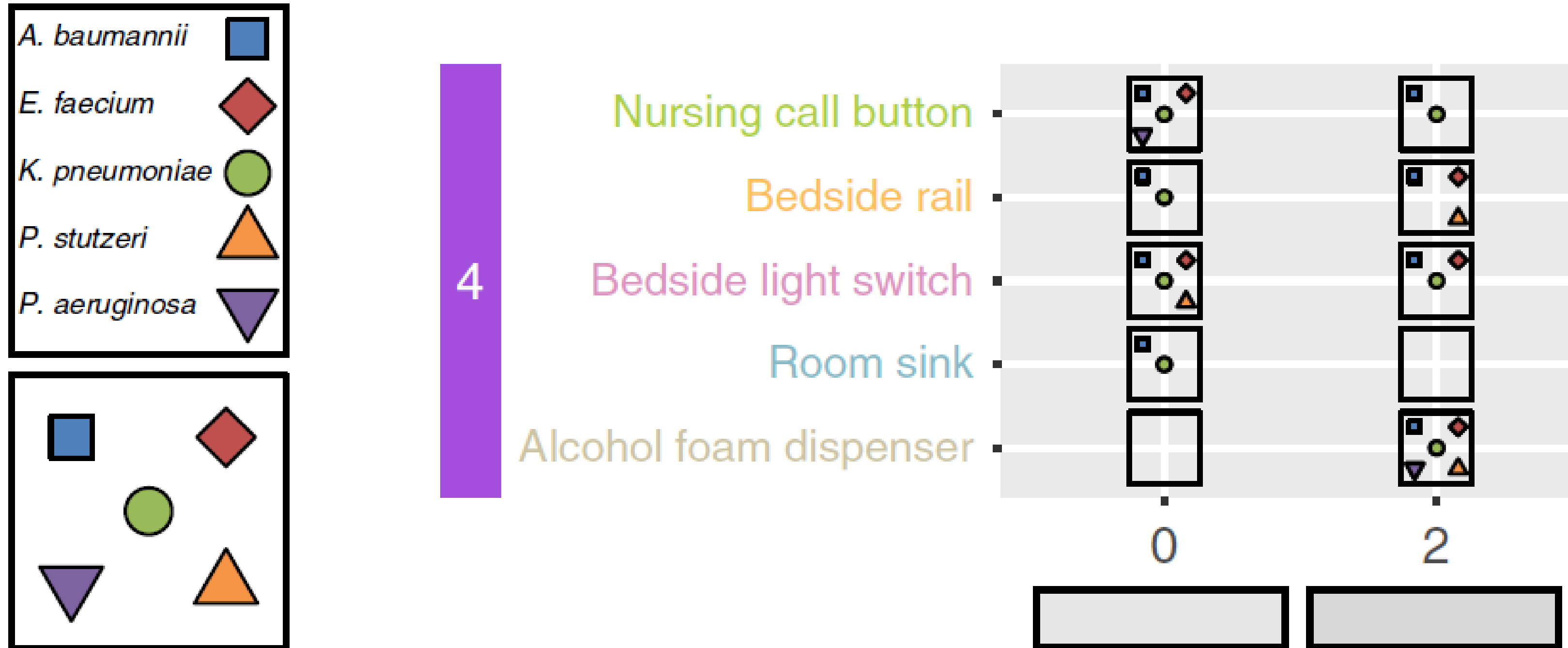
Microbes were recovered from hospital surfaces



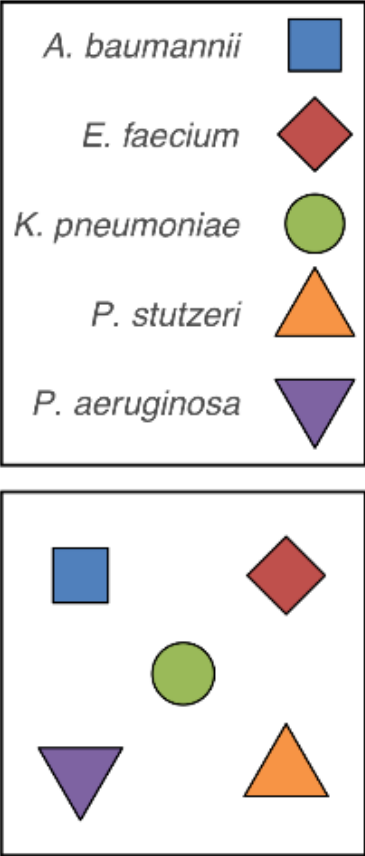
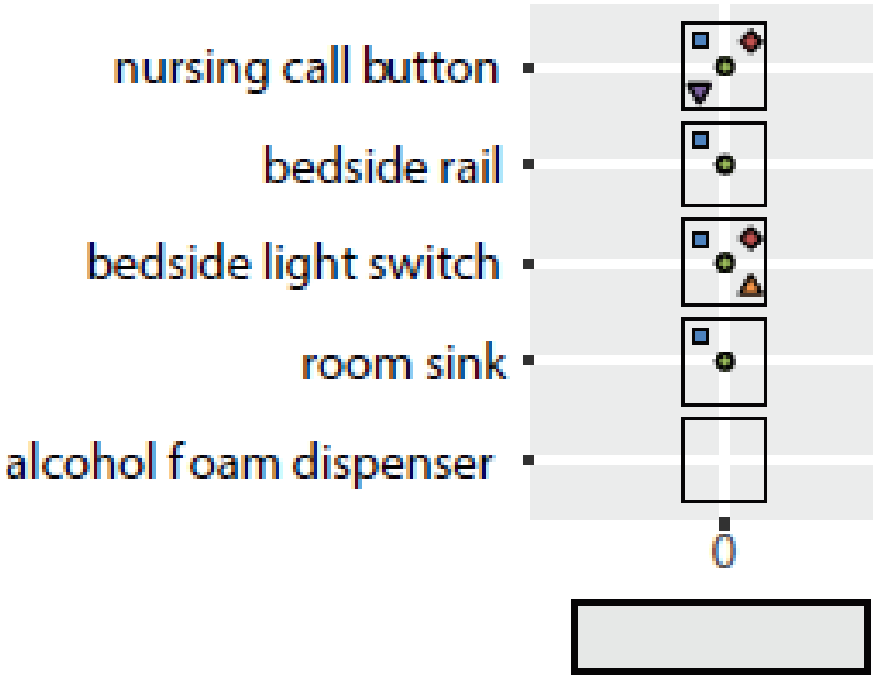
Microbes were recovered from hospital surfaces



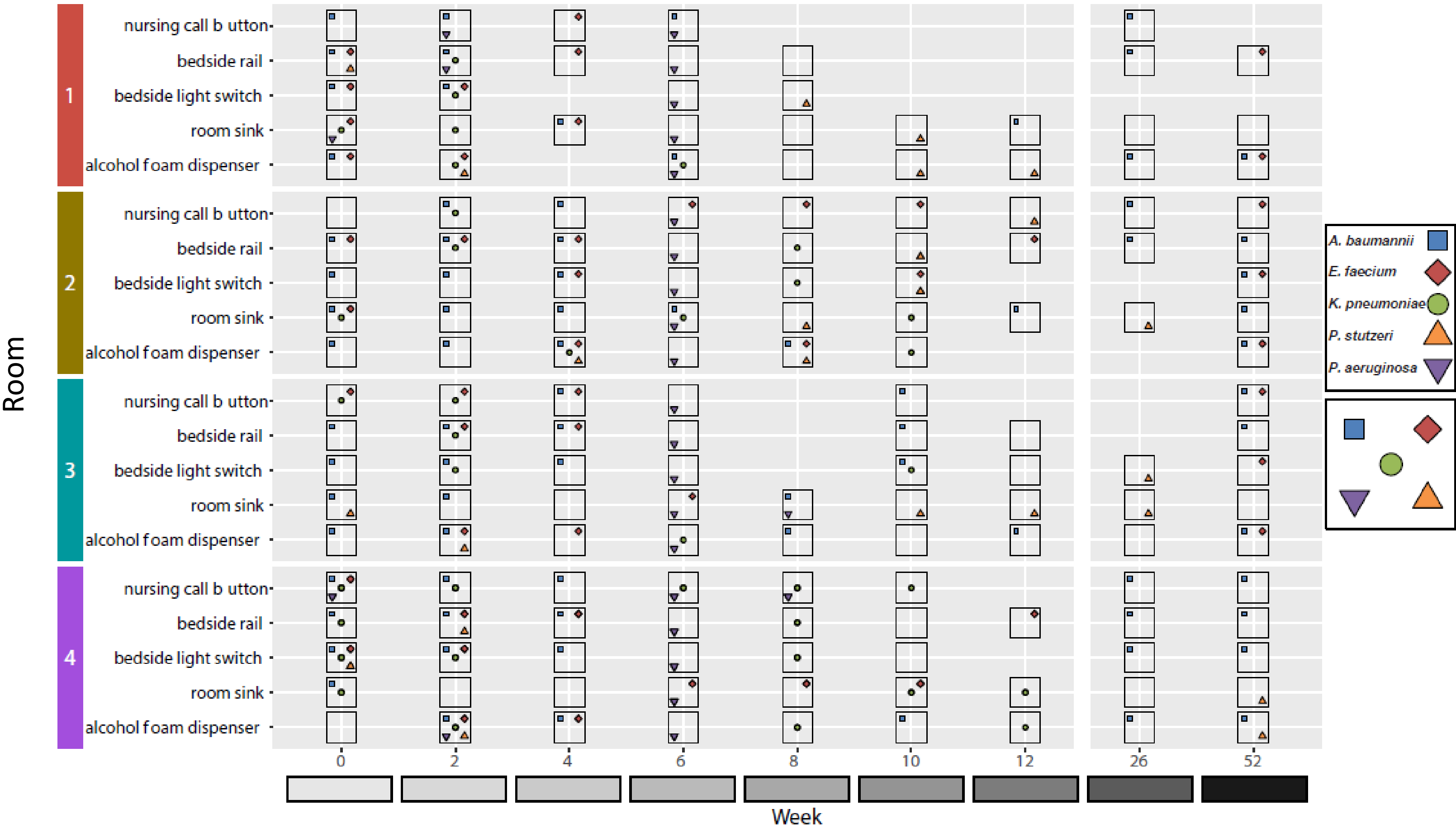
Pakistan: Antibiotic resistant organisms were recovered from multiple surfaces



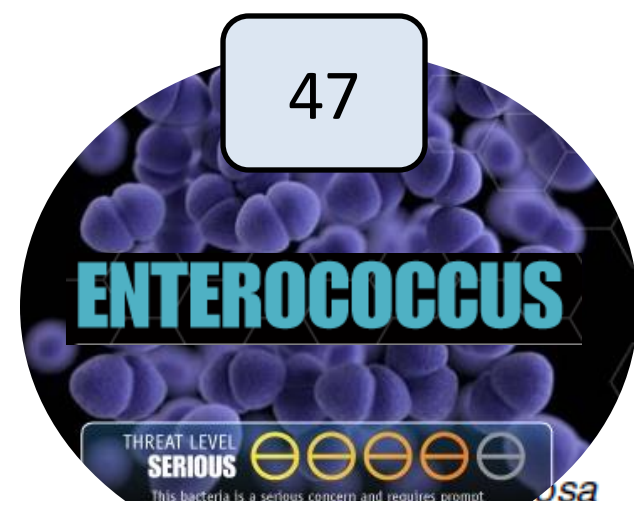
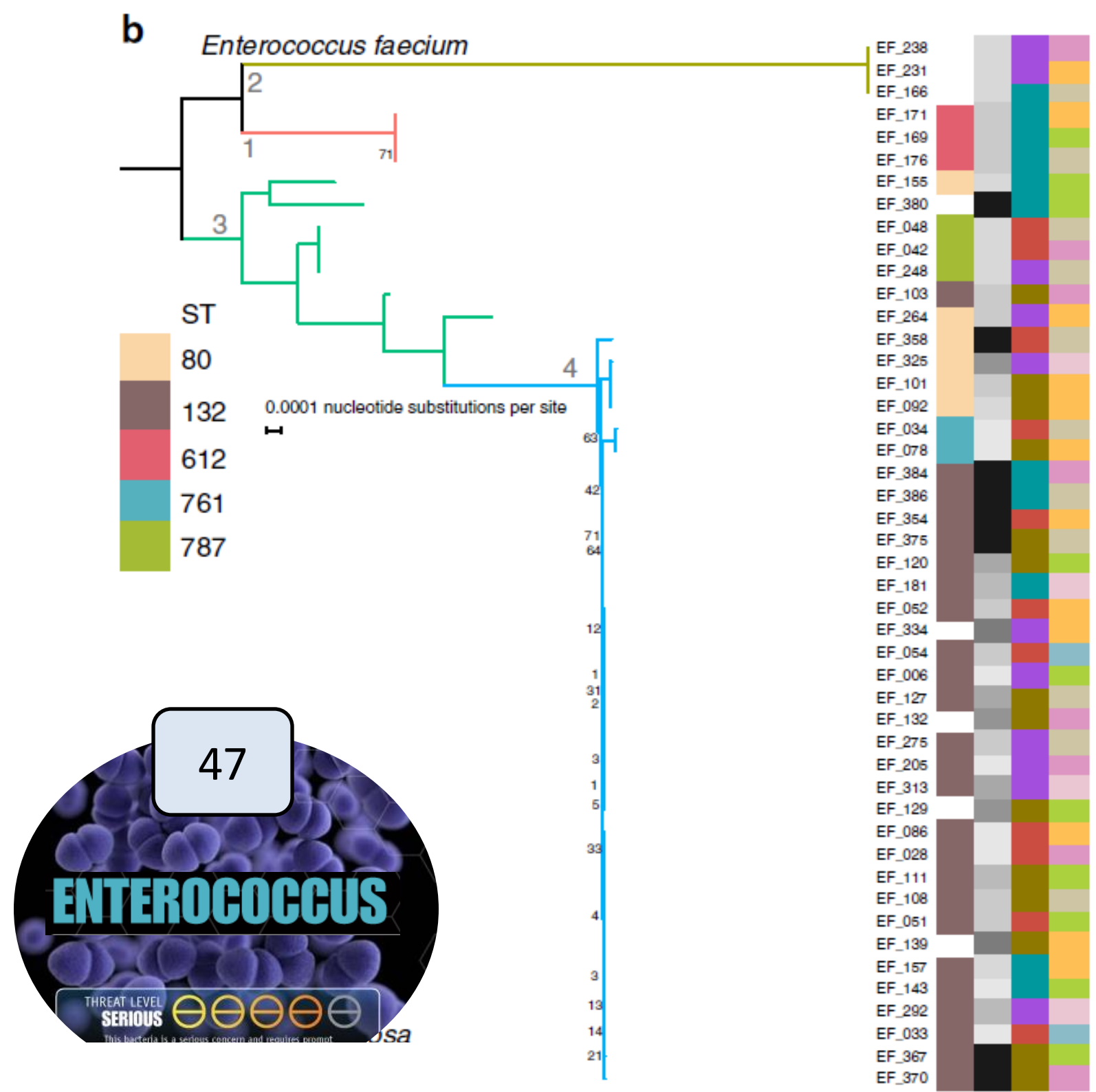
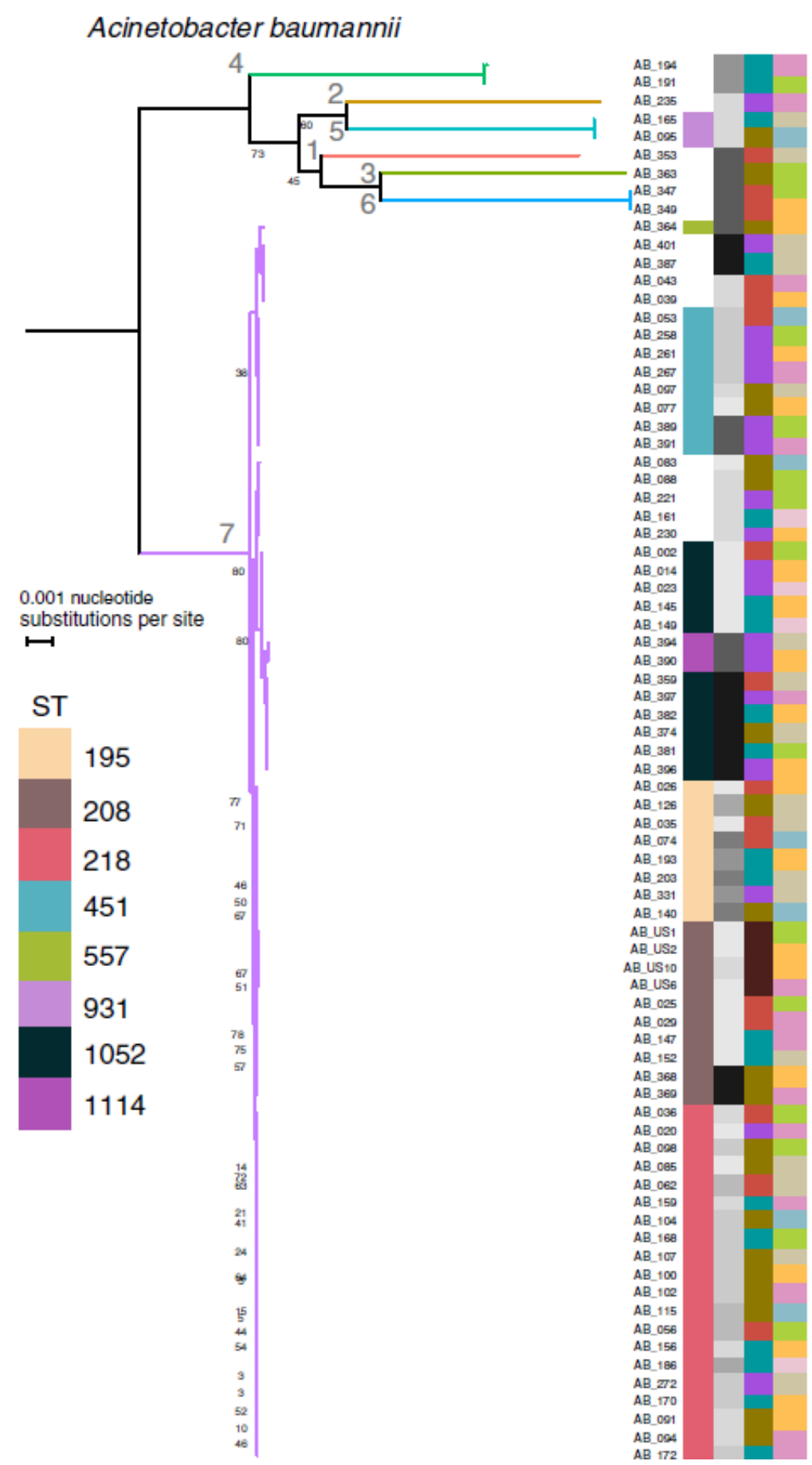
Pakistan: The same antibiotic resistant organisms are found across multiple surfaces over a year.



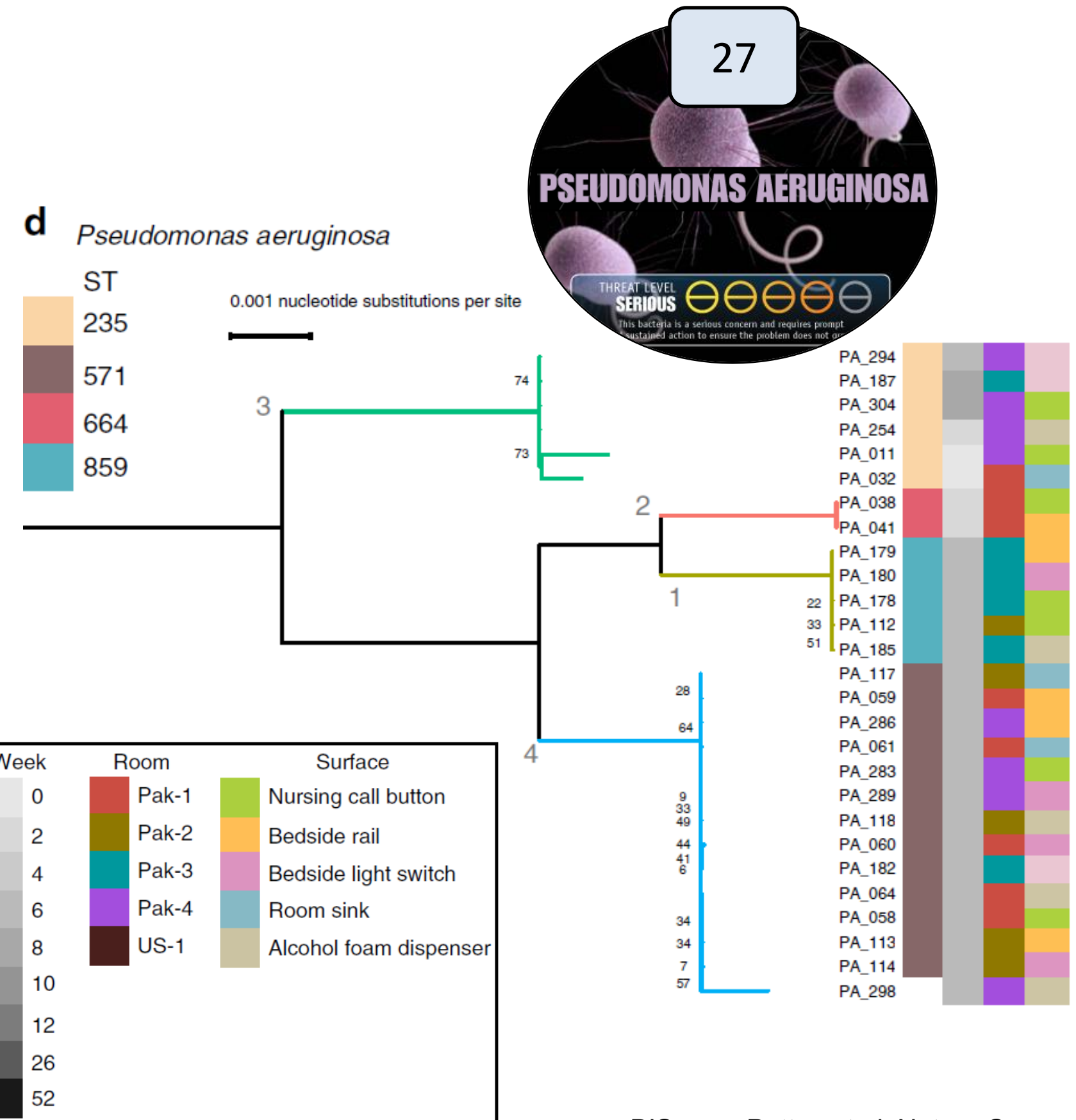
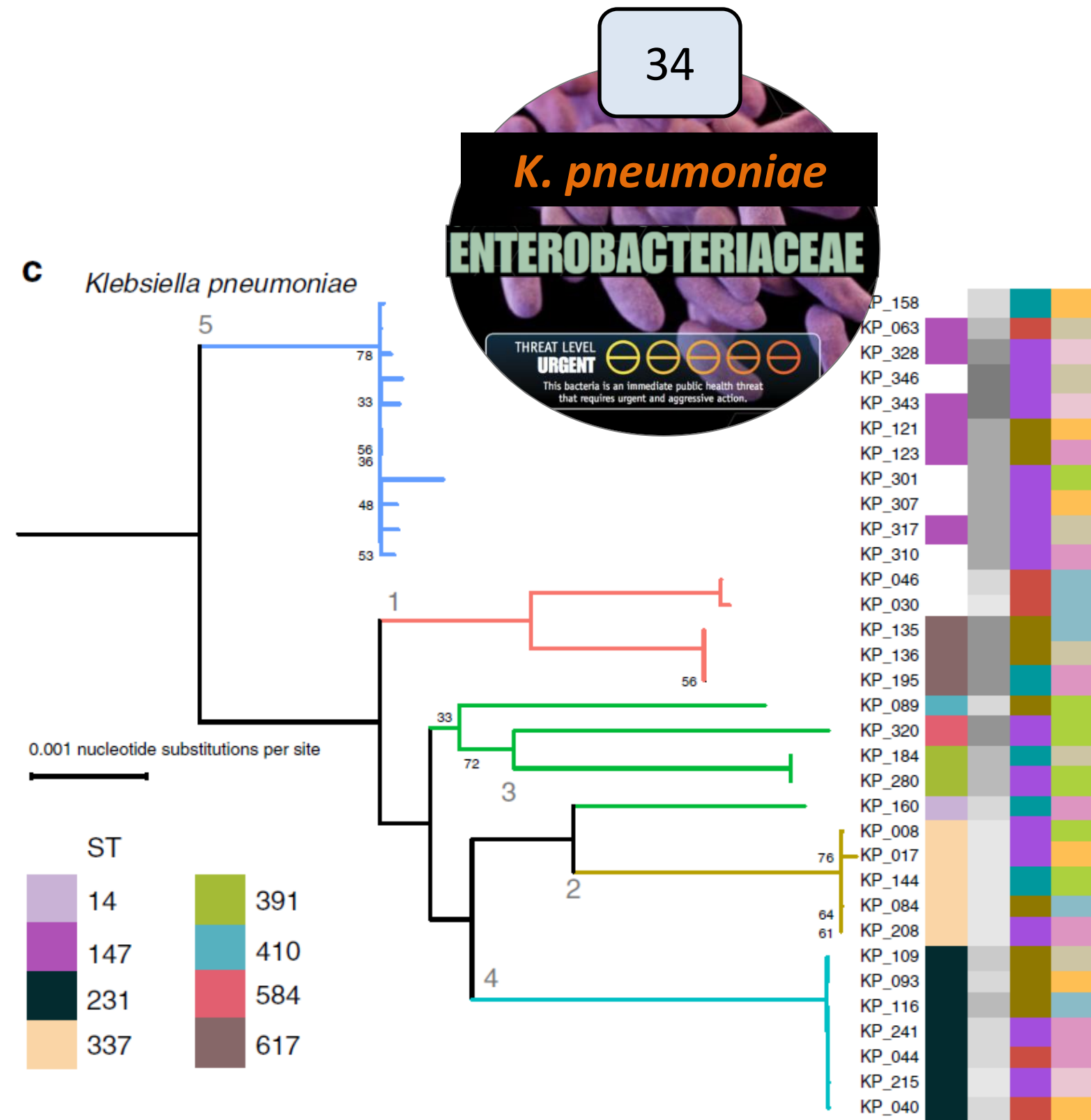
Pakistan: Antibiotic resistant organisms are persistently found across space and time



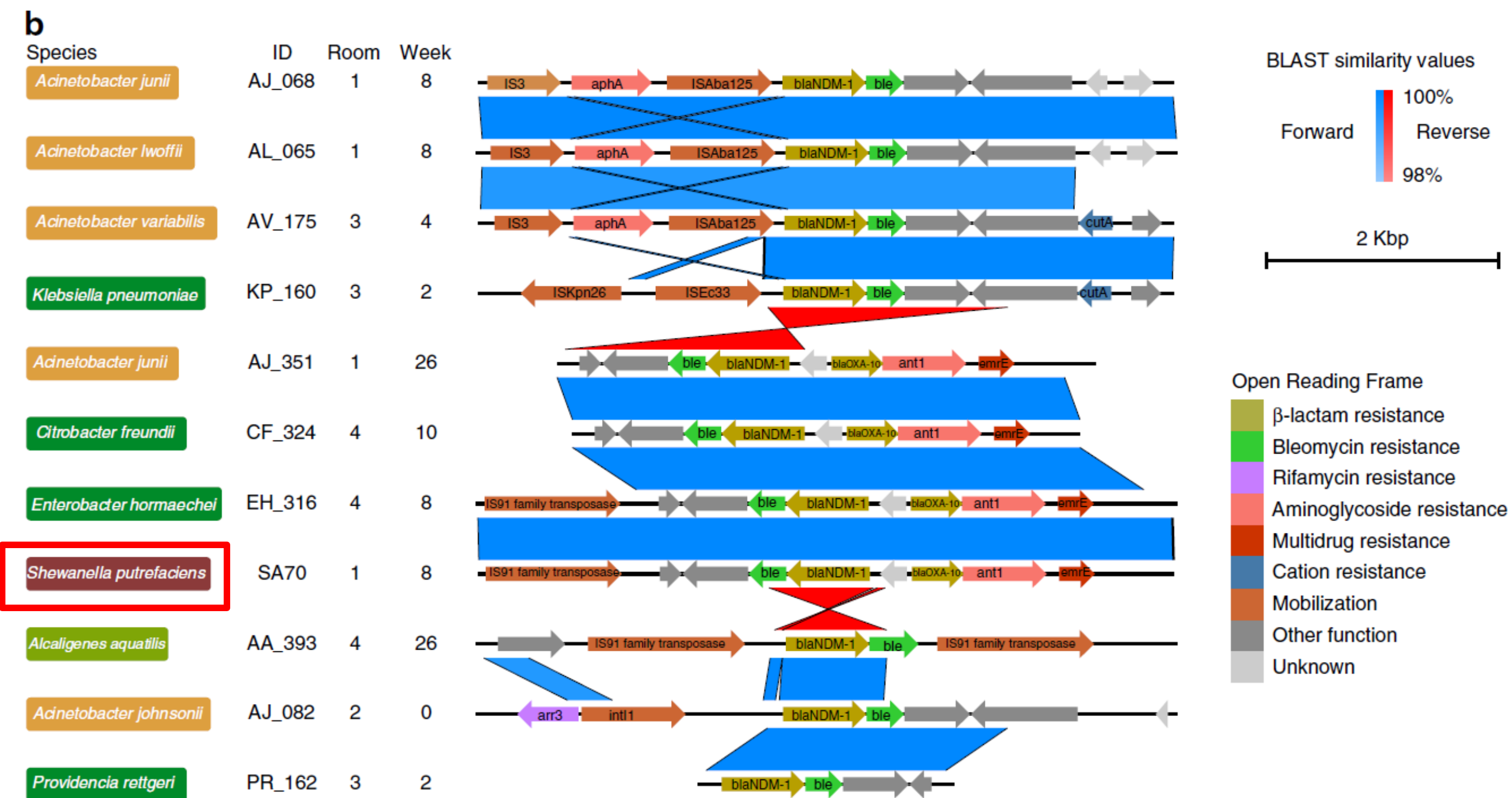
For *A. baumannii* and *E. faecium*, a single lineage accounts for >70% of isolates recovered over 1 year



K. pneumoniae and *P. aeruginosa* strain types were heterogeneous



Oxford NanoPore Sequencing of *bla*_{NDM-1} strains



- 9/11 isolates: co-localized with a transposase
- Similar genetic context across diverse taxonomic groups; suggests horizontal gene transfer
- Environmental organisms can be a source of ARGs

Key Findings

- AROs can be persistently recovered on surfaces across space and time
- The 4 most abundant organisms in our cohort are CDC threats
 - *A. baumannii*, *E. faecium*, *K. pneumoniae*, *Pseudomonas species*
 - Potential for horizontal gene transfer between environmental organisms and clinically significant organisms
 - Potential for clonal spread
- Need for further investigation on ICU reservoirs for AROs
 - Relationship to clinical infections

communications medicine








ARTICLE

 Check for updates

<https://doi.org/10.1038/s43856-022-00124-5>

OPEN

Antibiotic-resistant organisms establish reservoirs in new hospital built environments and are related to patient blood infection isolates

Kimberley V. Sukhum^{1,2,7}, Erin P. Newcomer ^{1,2,3,7}, Candice Cass⁴, Meghan A. Wallace², Caitlin Johnson², Jeremy Fine², Steven Sax⁴, Margaret H. Barlet ⁴, Carey-Ann D. Burnham^{2,4,5,6} , Gautam Dantas ^{1,2,3,5}  & Jennie H. Kwon ⁴ 



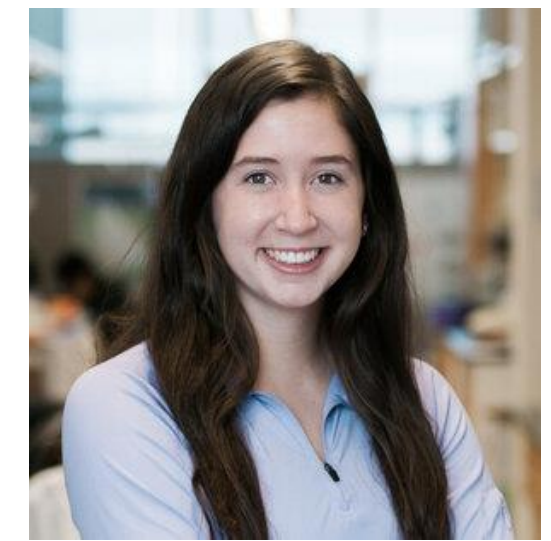
Gautam Dantas



Carey-Ann Burnham



Kimberley Sukhum



Erin Newcomer

Characterize antibiotic resistant organism (ARO) transmission dynamics

- Key goals
 - Characterize ARO transmission dynamics to determine future interventions
 - Improve environmental hygiene and decrease transmission
- Key questions
 - When do AROs become established in ICU environments?
 - What areas in the ICU have the greatest burden of AROs?

Bone marrow transplant (BMT) patient population at high risk for infection from AROs

- Cancer
- Suppressed immune system
- Cancer chemotherapy
- Antibiotics
- High risk of infection



Down on the construction site!



Unique opportunity with the construction of a new BJH tower

Old versus new ICU



Room site samples

- 6 different ICU rooms
- 13 collection sites



Swab room areas that are frequently contacted by patients, visitors, and workers



Unique opportunity with the construction of a new BJH tower

Old versus new ICU



Communal areas

Soiled utility room sink drain



Vending machine



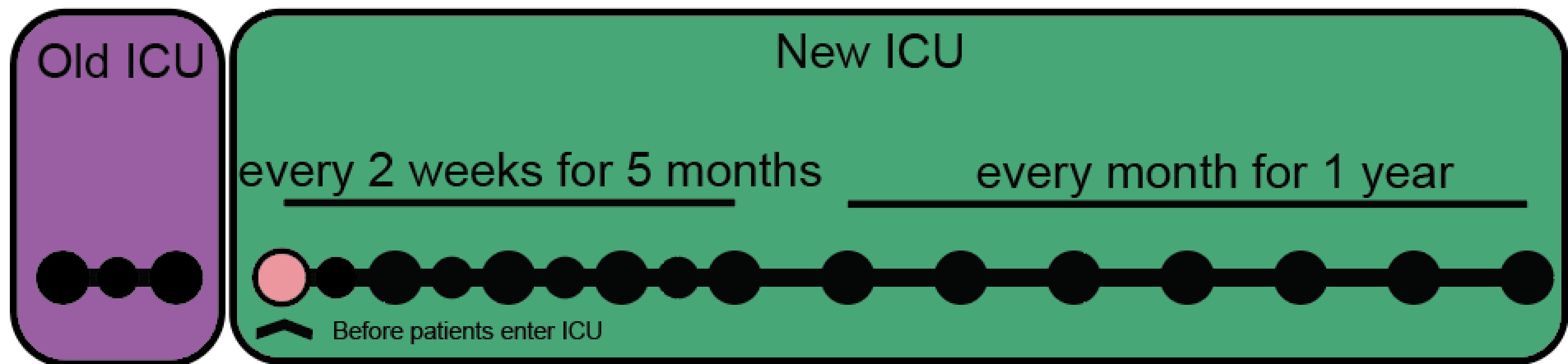
Housekeeping closet room drain



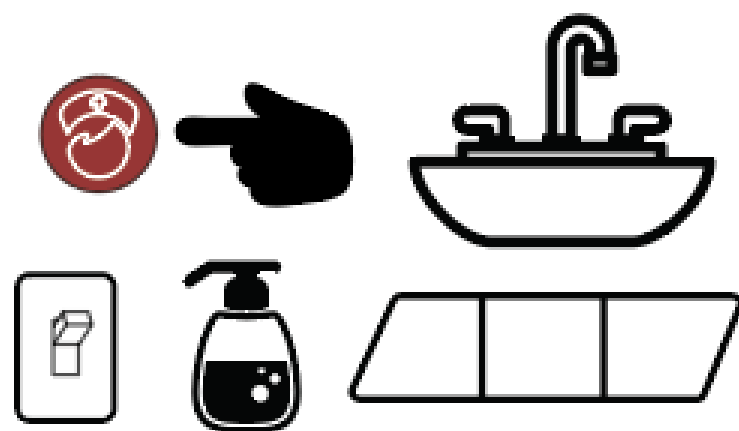
Family room floor



Longitudinal sampling of surfaces and patient samples



1666 samples collected



ICU Room
(n=1525)

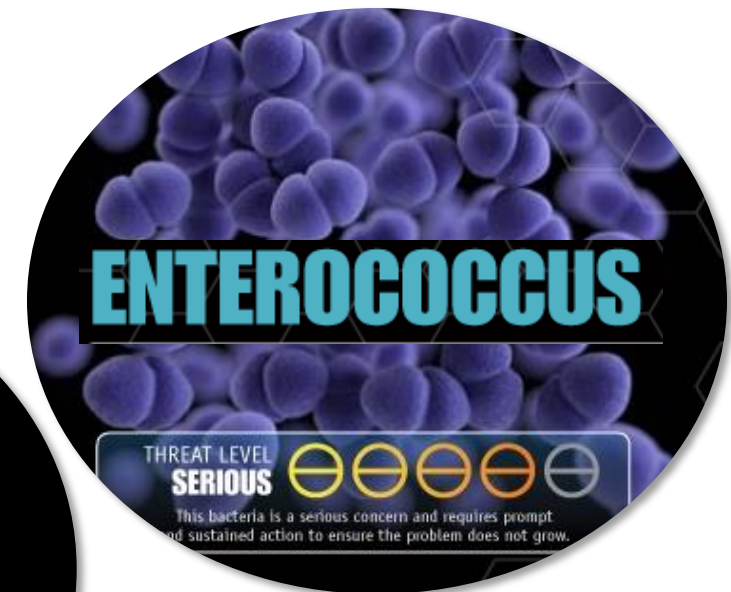
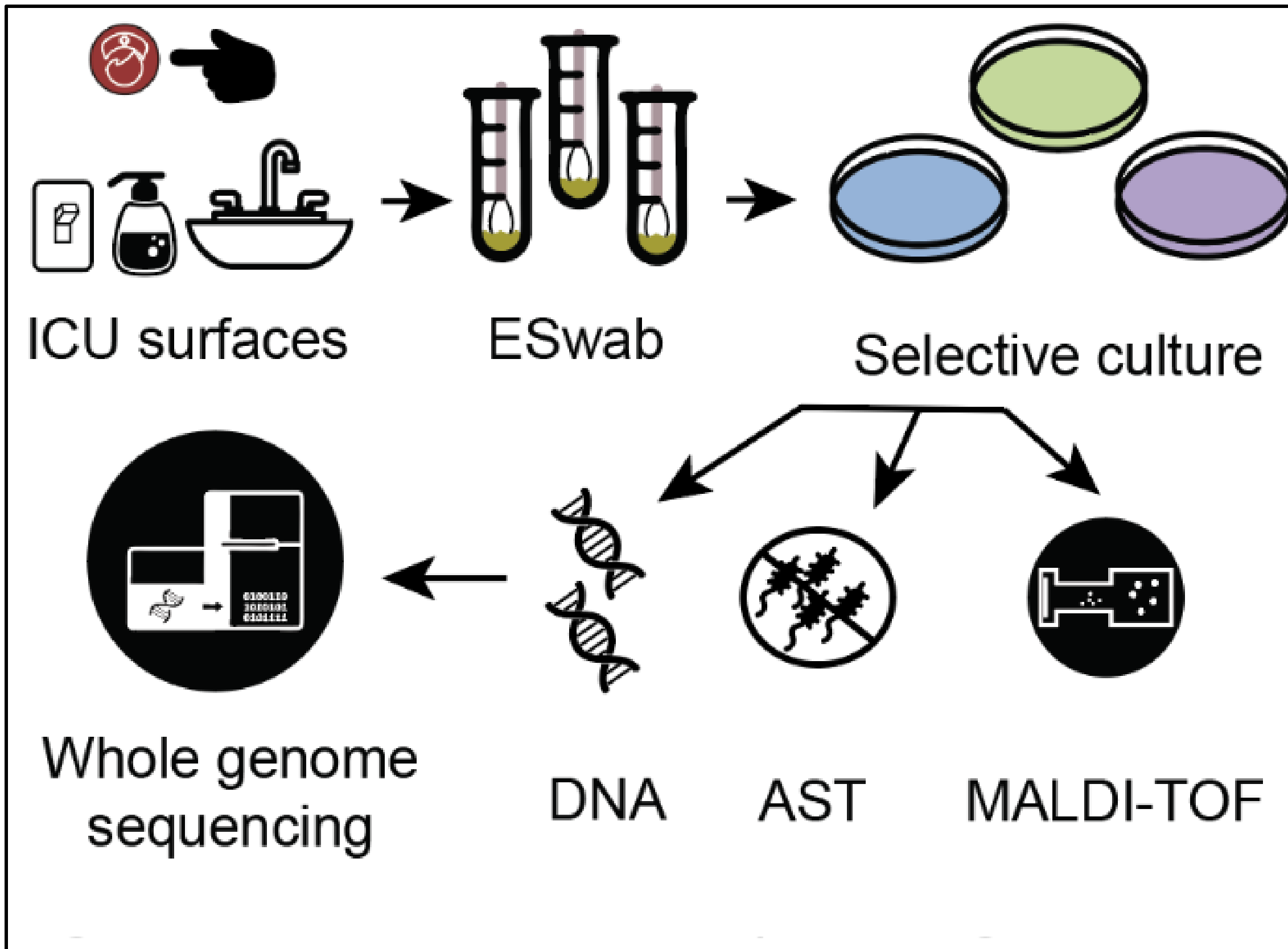


Communal
(n=69)

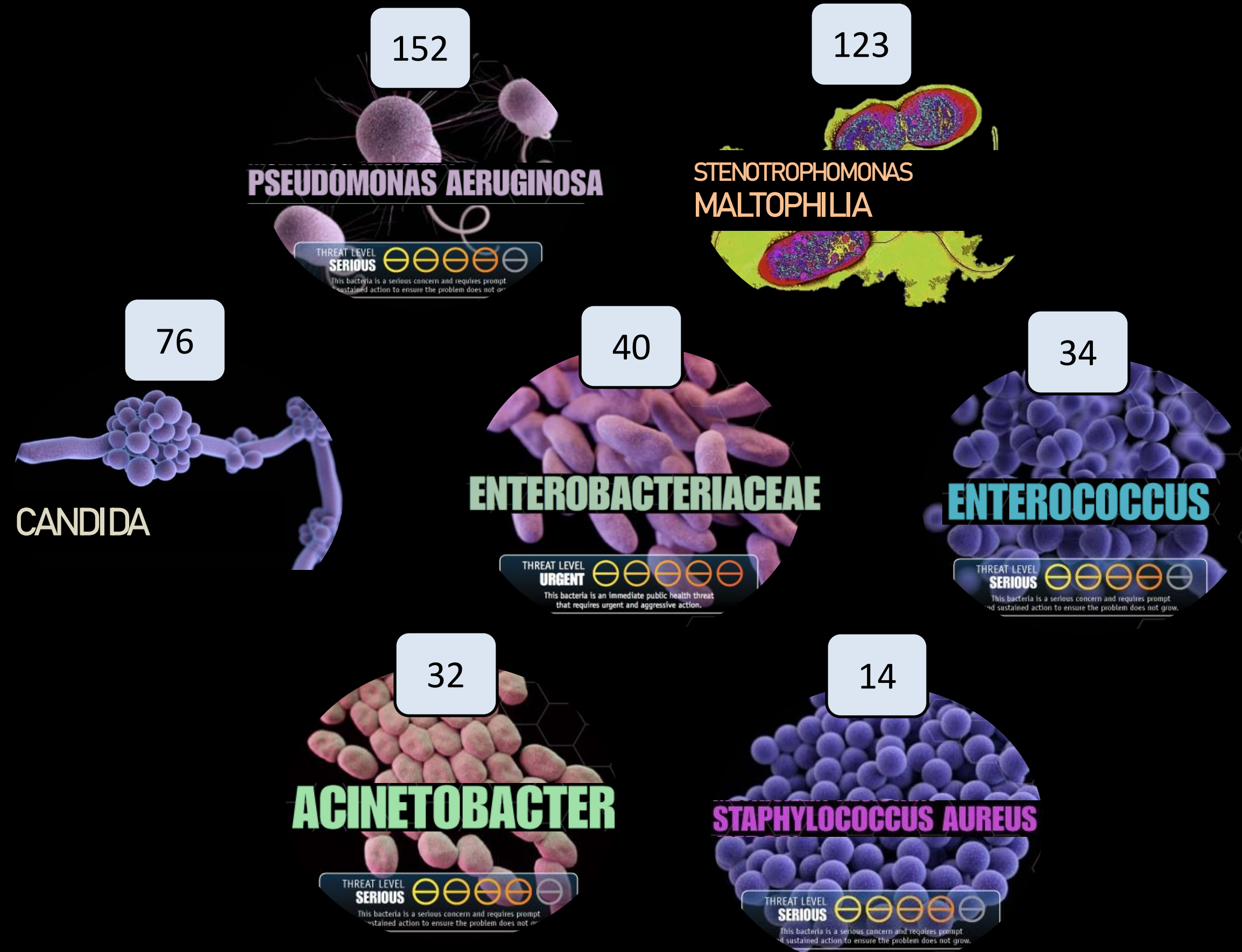


Patient Stool
(n=72)

Specimens



Results: 746 antibiotic resistant organisms were cultured from collections



Results: 746 antibiotic resistant organisms were cultured from collections

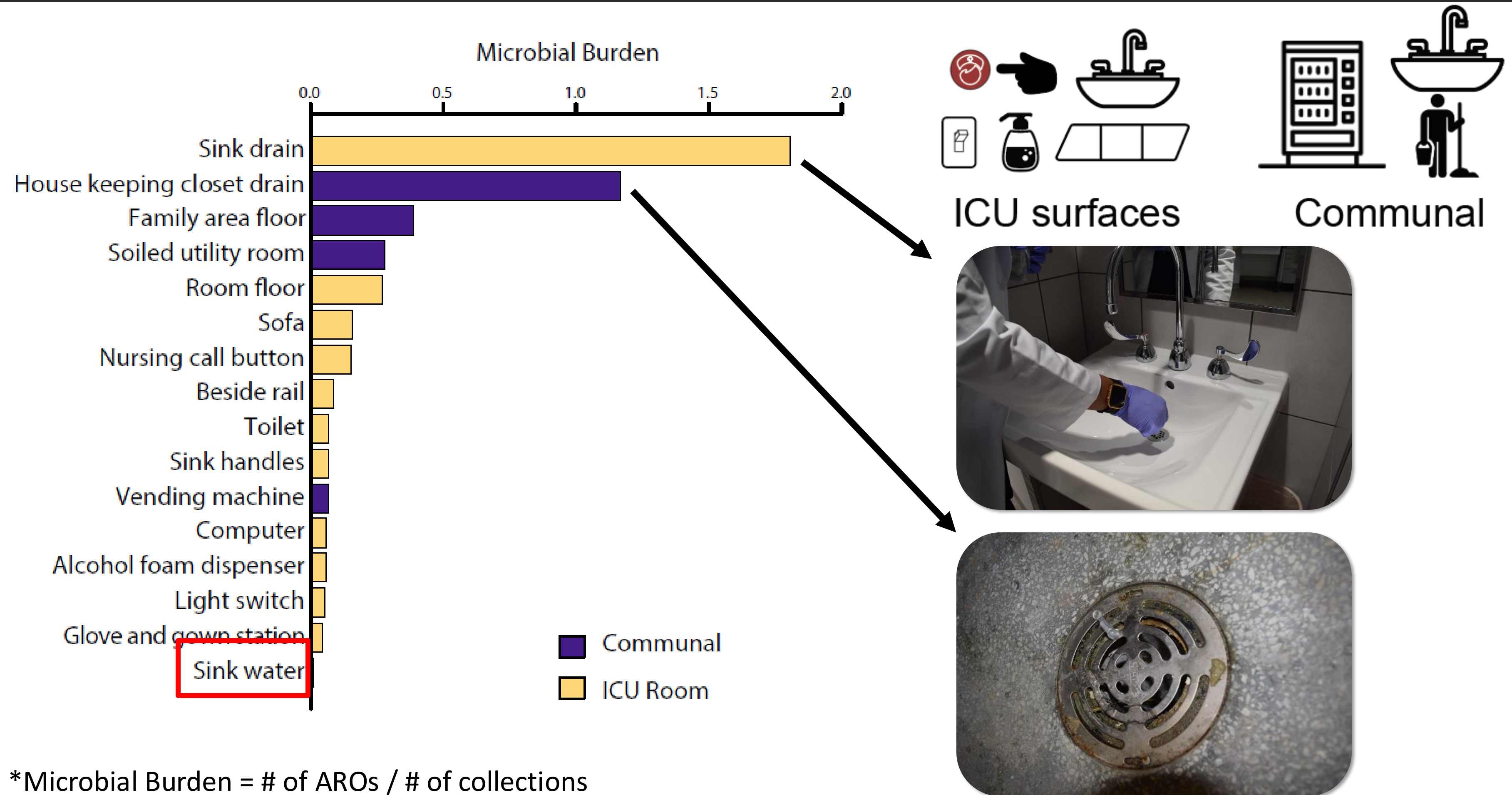
**100% of BMT ICU
rooms yielded AROs**

**4 of 4 communal collection sites
yielded AROs**

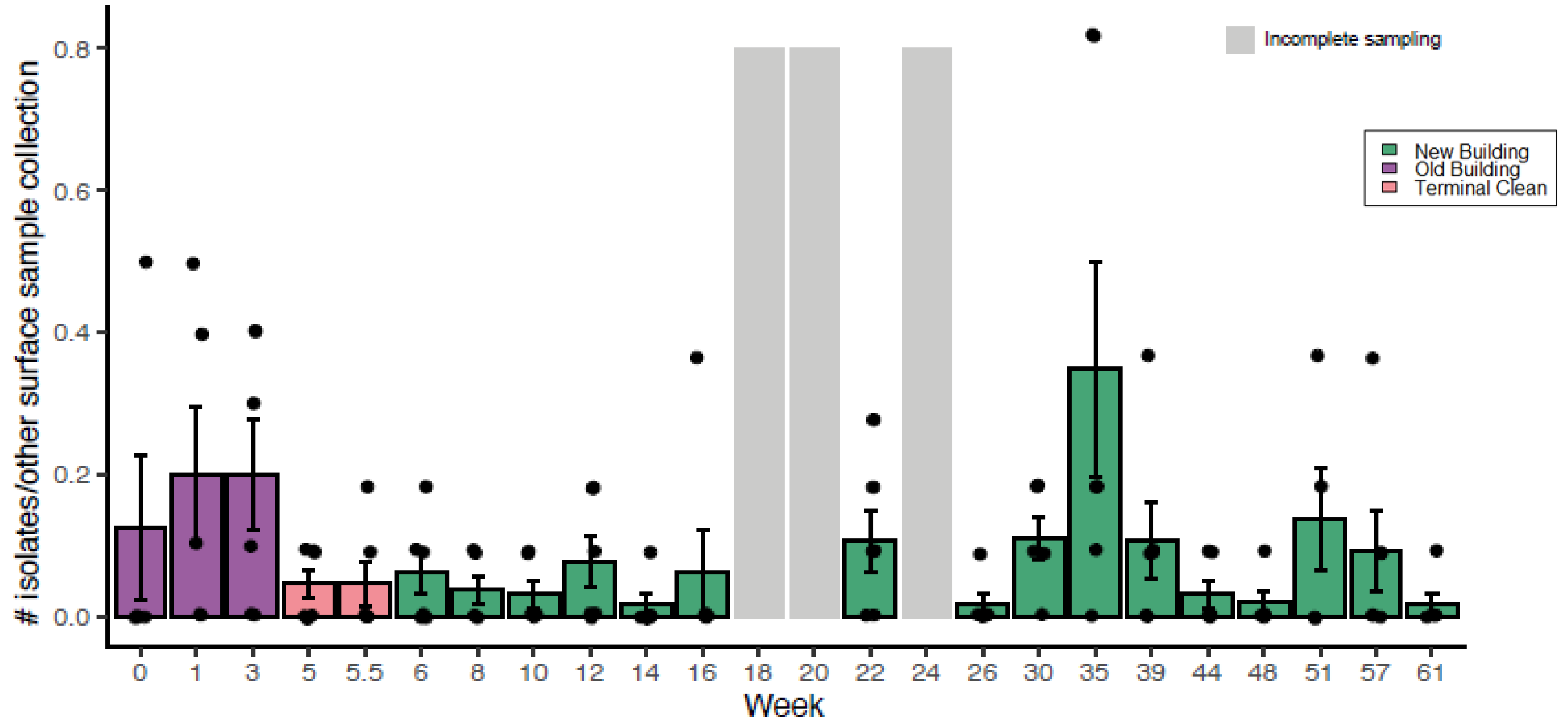


Communal Collection Sites

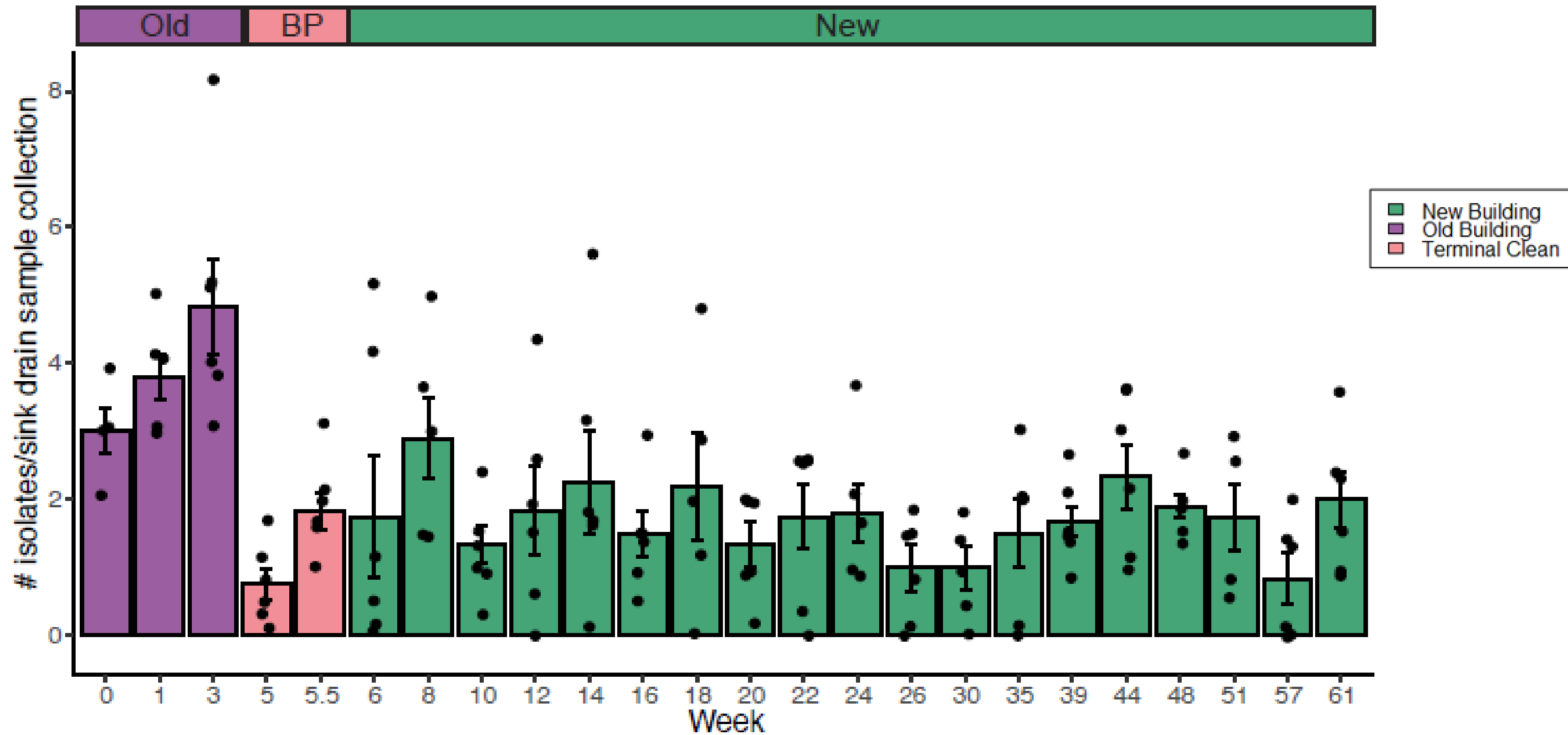
Sink drains were a major source of antibiotic resistant organisms.



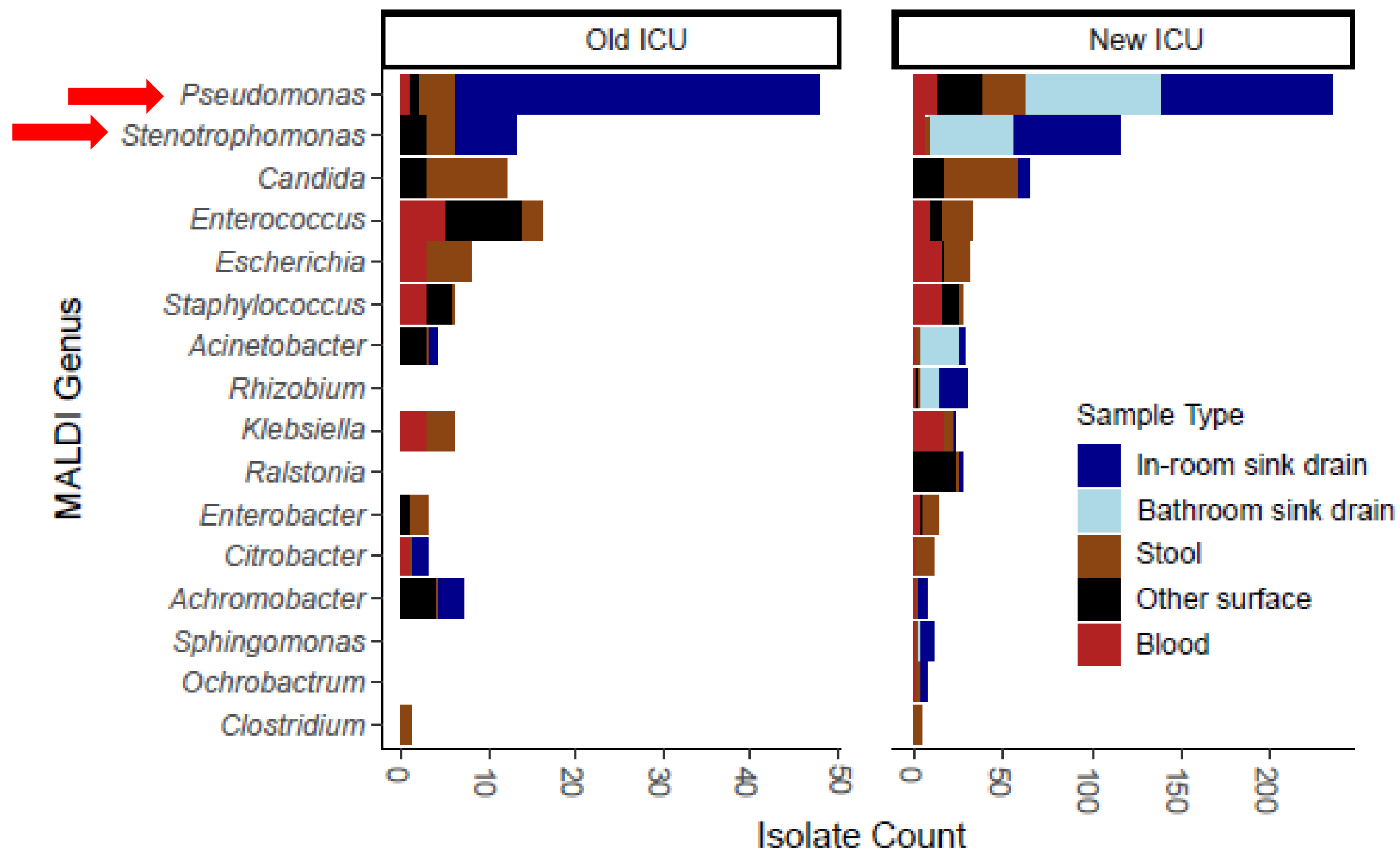
Antibiotic resistant organisms are present all time points



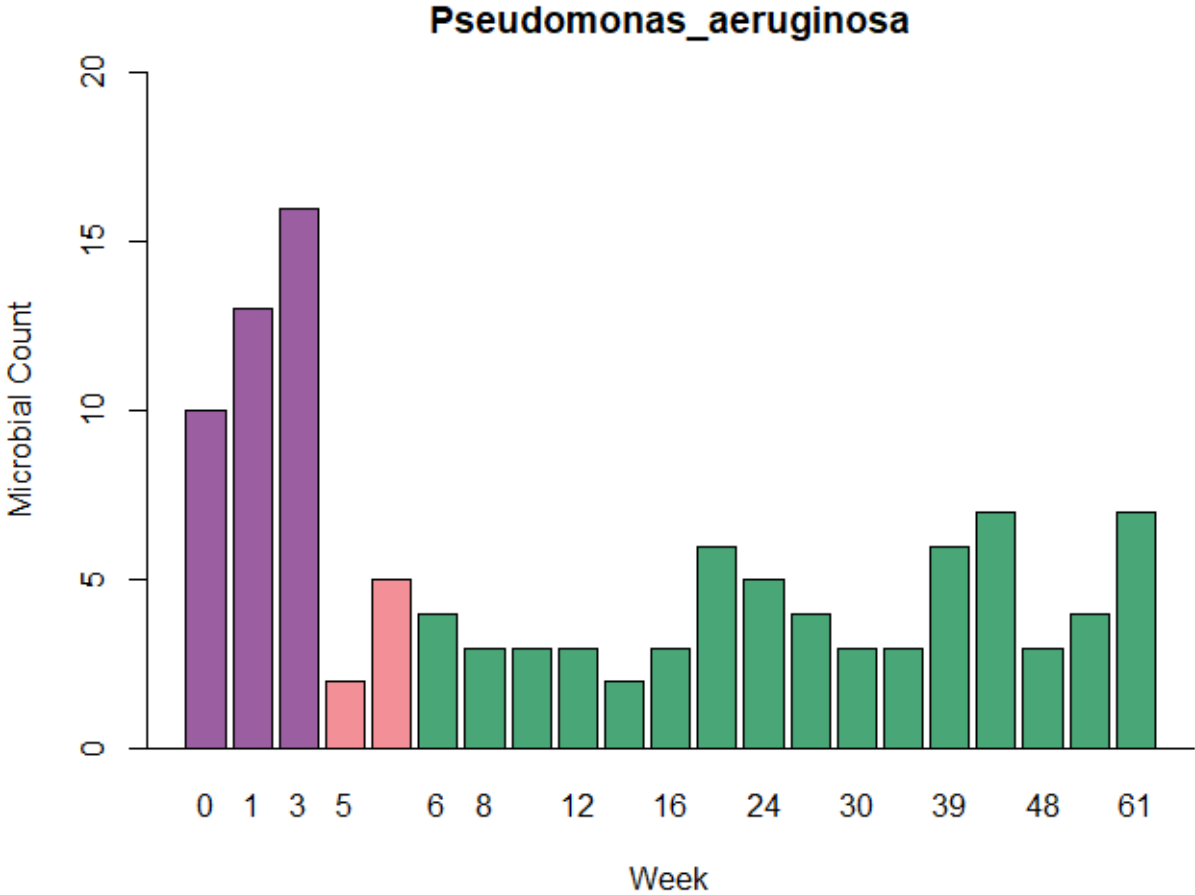
Antibiotic resistant organisms are present all time points in ICU sink drains



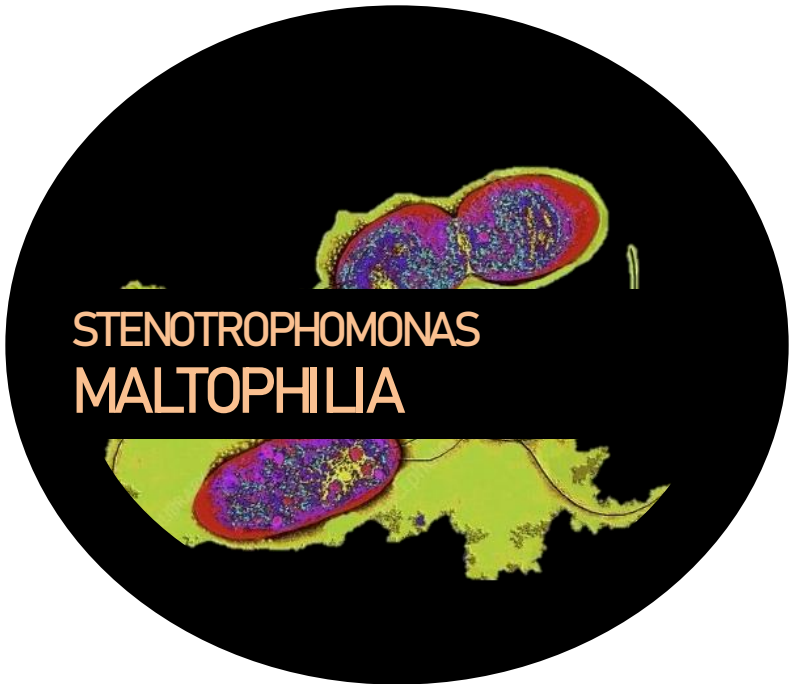
Pseudomonas species were abundant



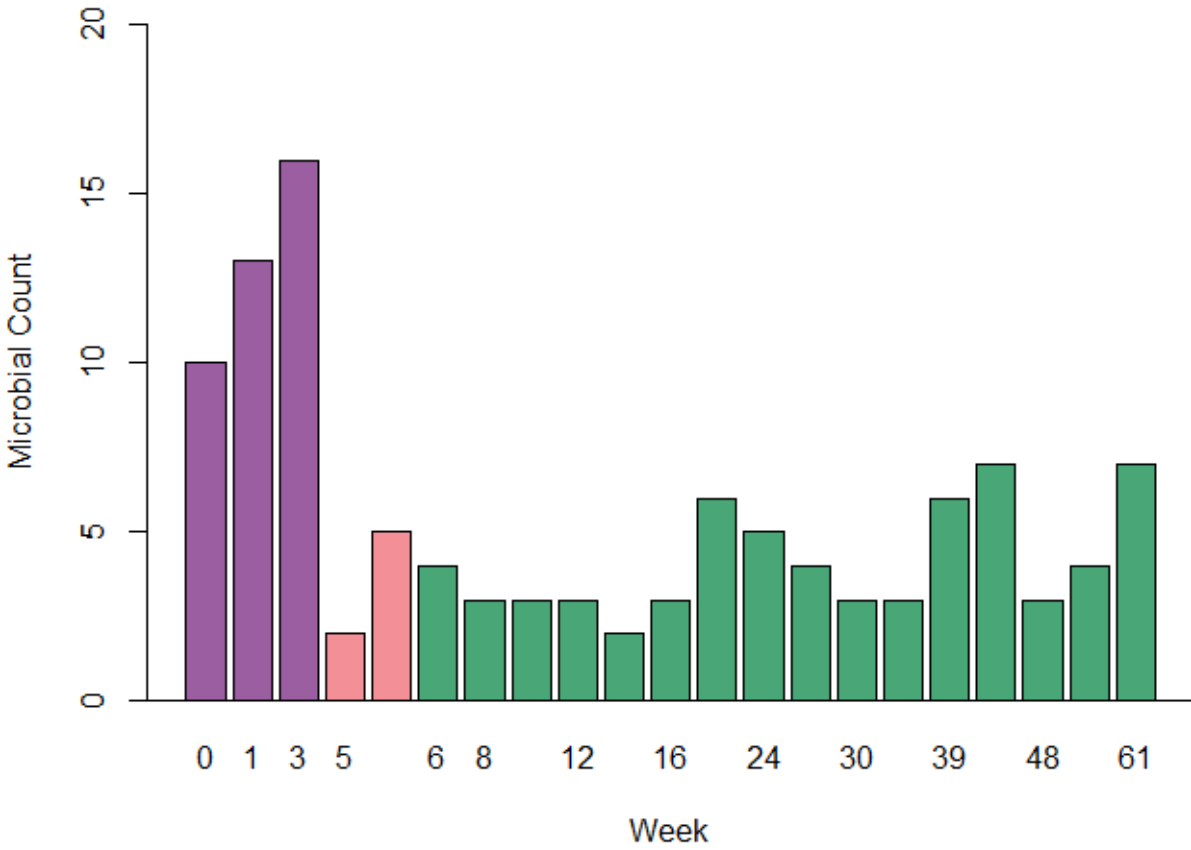
Antibiotic resistant organisms in sink drains vary in transition to new ICU



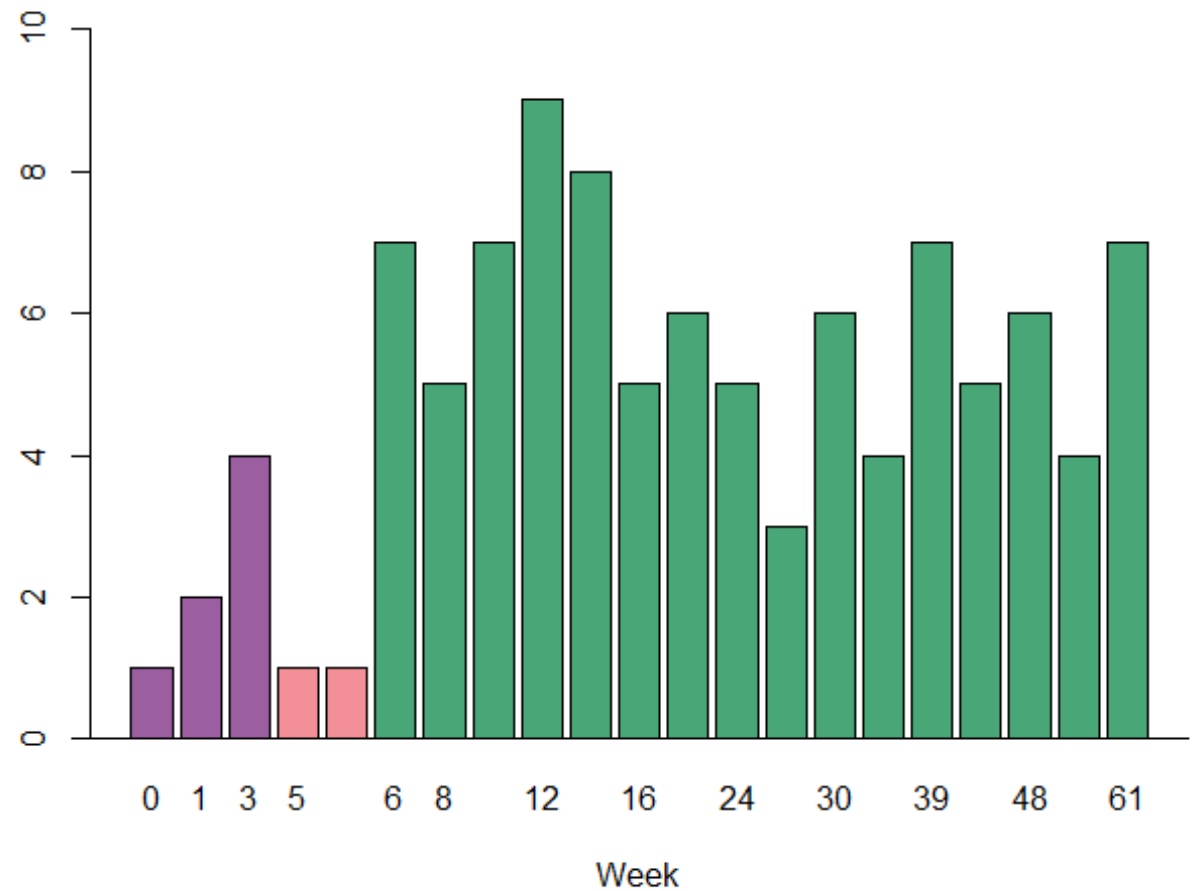
Antibiotic resistant organisms in sink drains vary in transition to new ICU



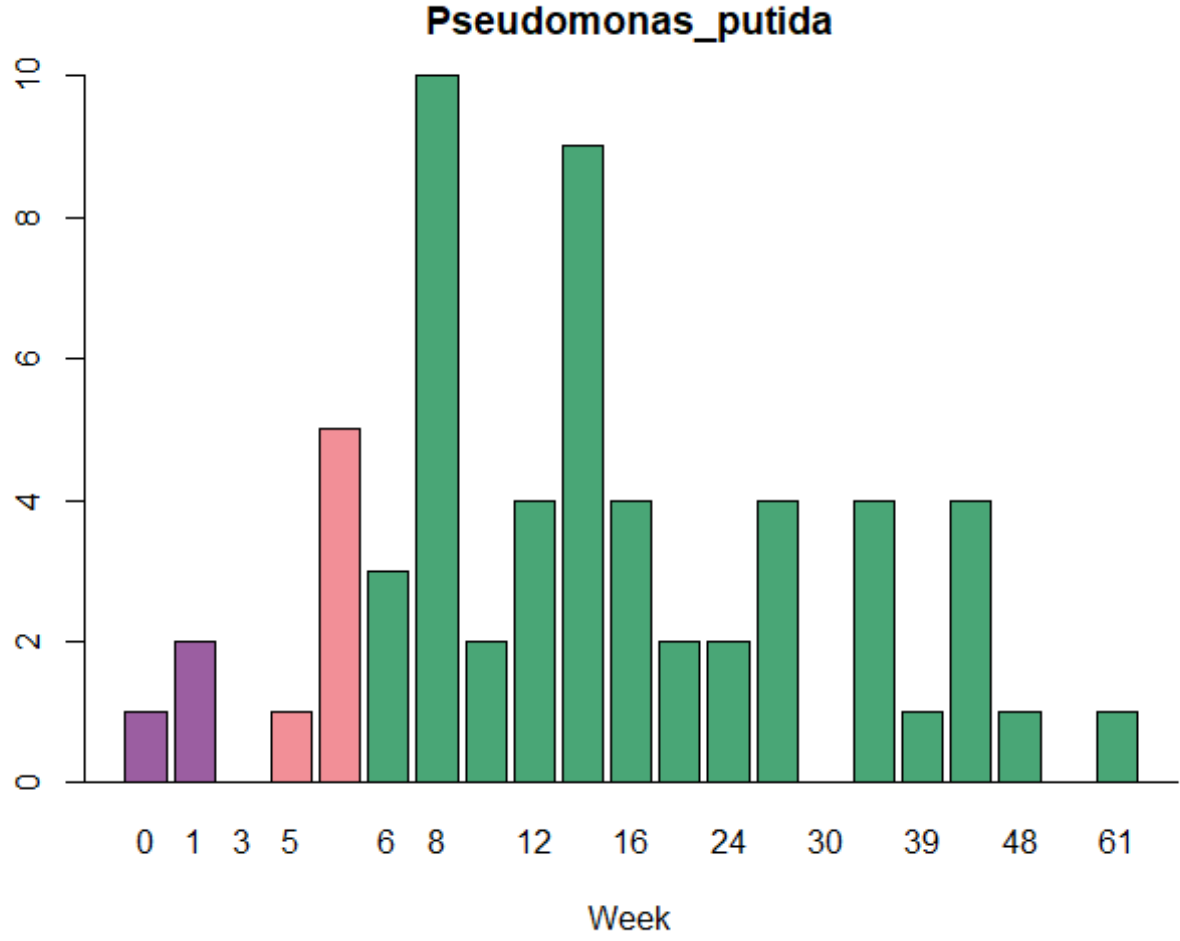
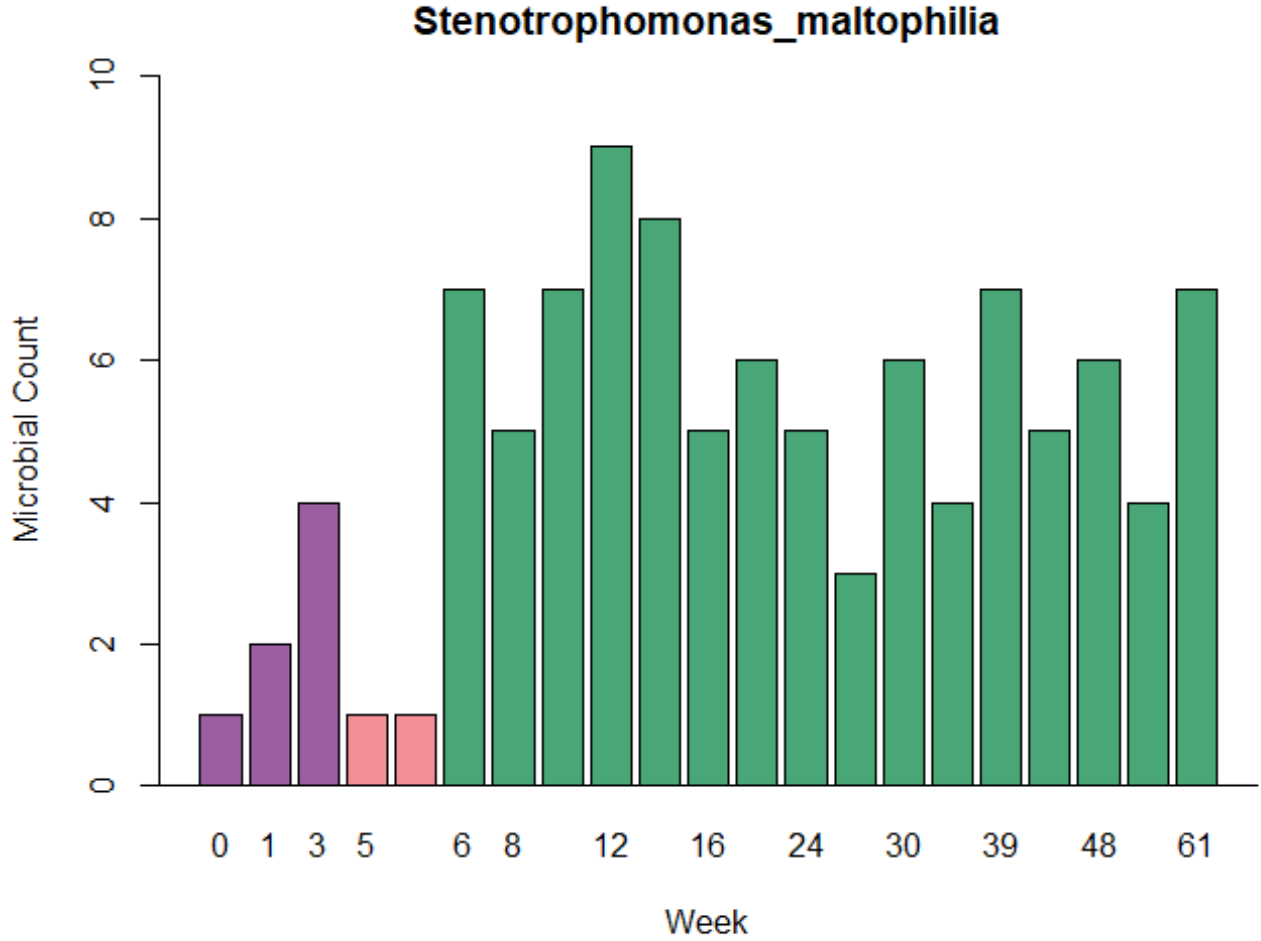
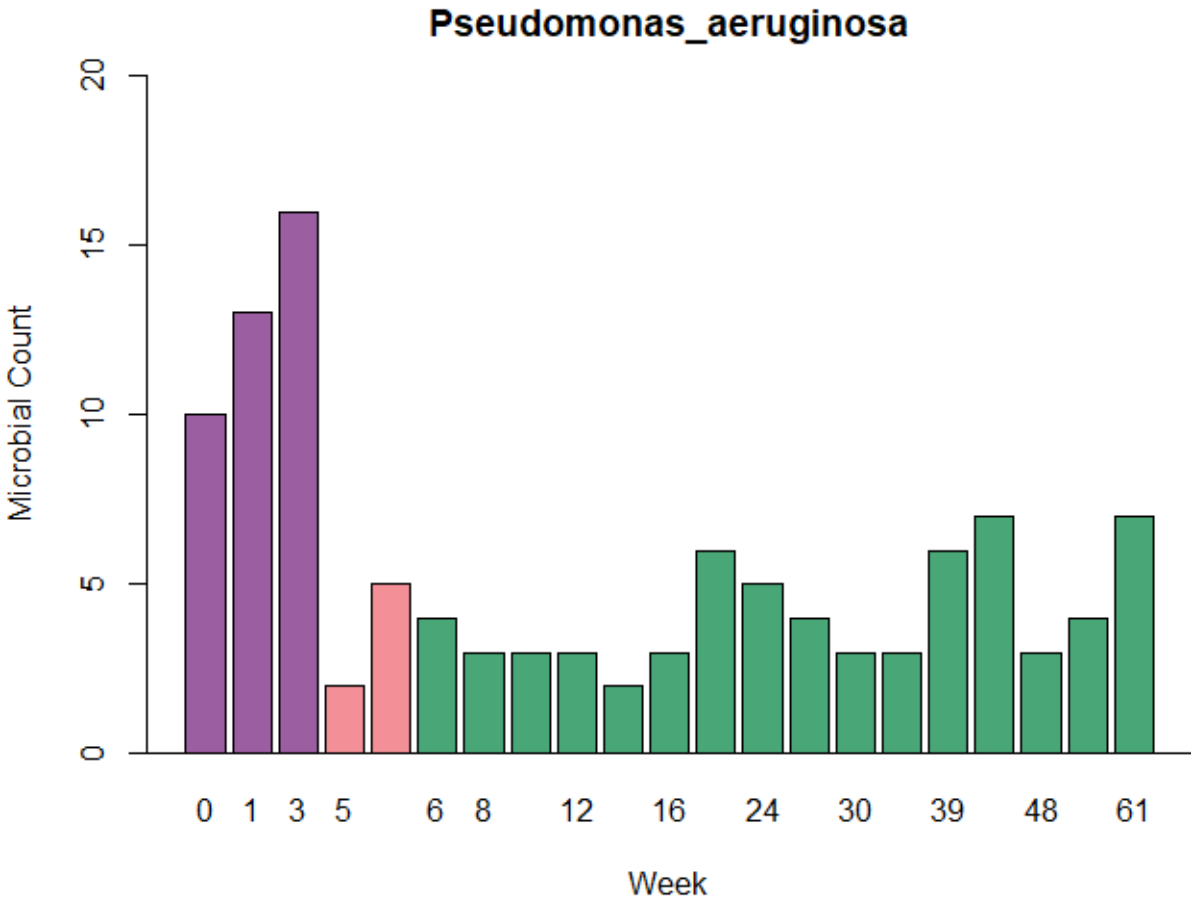
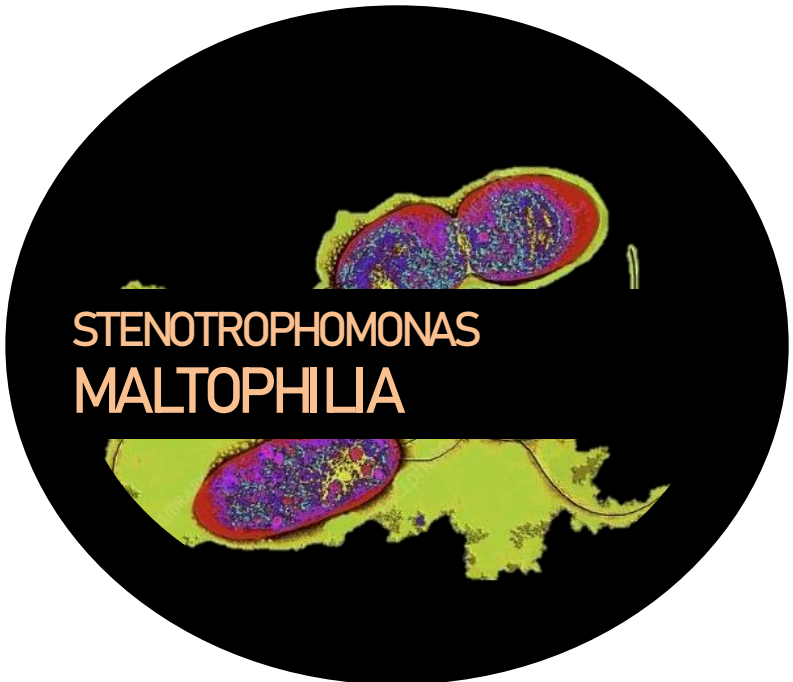
Pseudomonas_aeruginosa



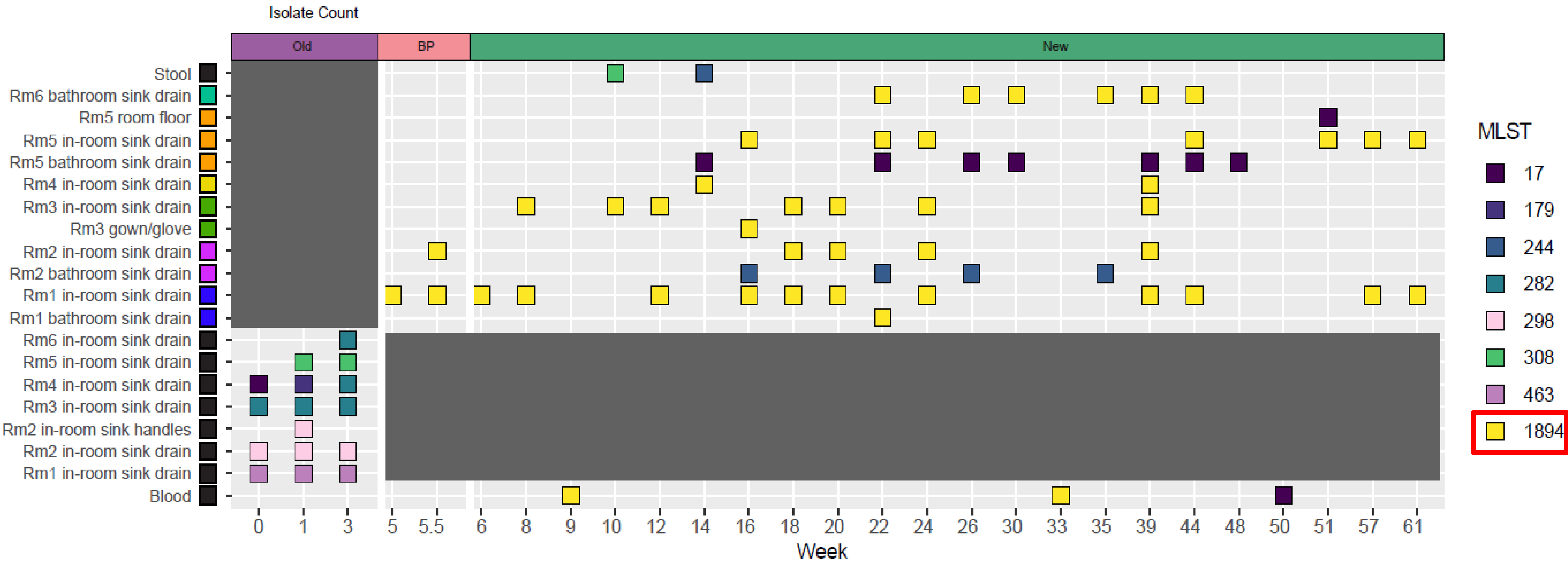
Stenotrophomonas_maltophilia



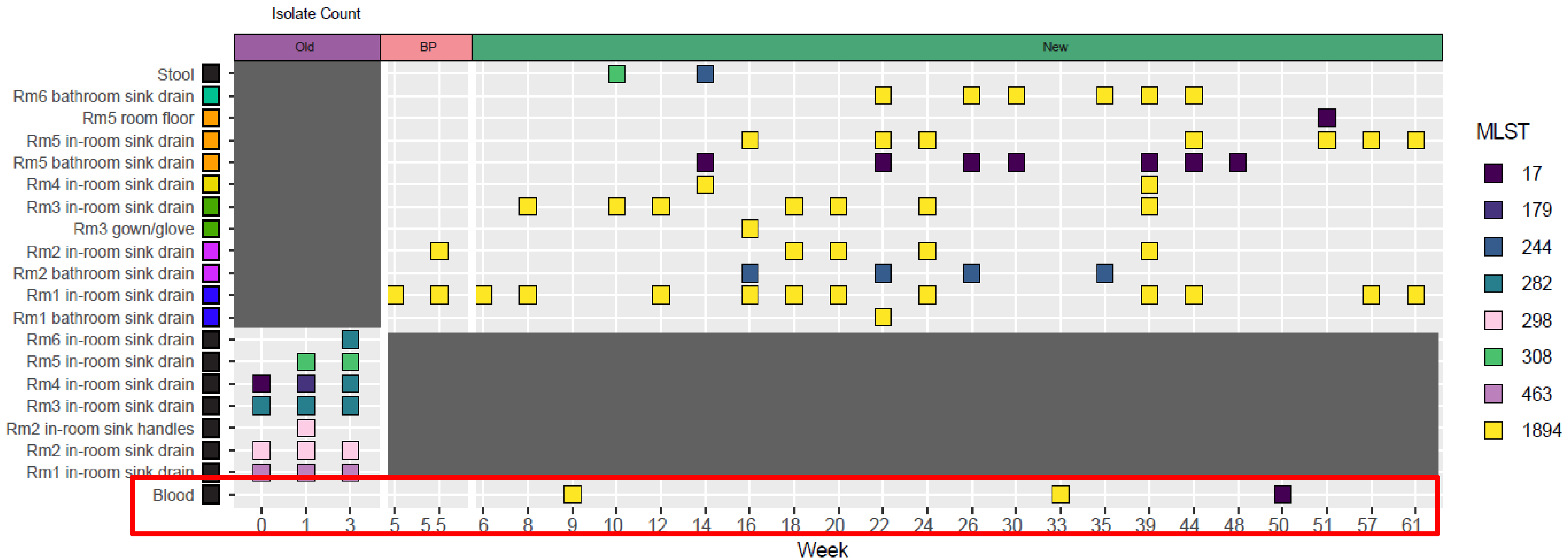
Antibiotic resistant organisms in sink drains vary in transition to new ICU



P. aeruginosa lineage ST1984 is found in the BMT ICU before patients arrive



P. aeruginosa lineage ST1984 is linked with isolates from blood cultures



In the news: outbreaks related to premise plumbing and sinks

 **CIDRAP** Center for Infectious Disease Research and Policy

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FEATURED NEWS TOPICS [Novel Coronavirus](#) [Ebola](#) [MERS-CoV](#) [Chronic Wasting Disease](#)

UK outbreak probe points to Salmonella reservoir in faulty restaurant drains

Filed Under: [Foodborne Disease](#); [Salmonella](#)
Lisa Schnirring | News Editor | CIDRAP News | Dec 07, 2017

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New HLM-designed hospital may have to be 'ripped down', warns union official

6 AUGUST 2019 - BY KATE YOUDE

 **ars TECHNICA**

[SPLASHY OUTBREAK](#) —

Freaky superbug poured out of NIH sinks for a decade, infecting patients

From 2006 to 2016, an aquatic bacterium crept in clinic sinks, causing rare infections.

[BETH MOLE](#) - 1/2/2019, 11:37 AM

STAT

[HOSPITALS](#)

Hospitals installed more sinks to stop infections. The sinks can make the problem worse

By HELEN BRANSWELL [@HelenBranswell](#) / OCTOBER 25, 2016

[Reprints](#)

How can we reduce the burden of AROs in ICU sinks?

- No clear recommendations for sink drain environmental hygiene interventions
 - Disinfectant types
 - Frequency of cleaning
 - Needs to be affordable, practical, and scalable
- Clinical materials are kept near sink
- Hydrogen peroxide and peracetic acid-based disinfectant
 - Suppressed sink colonization for 3 days

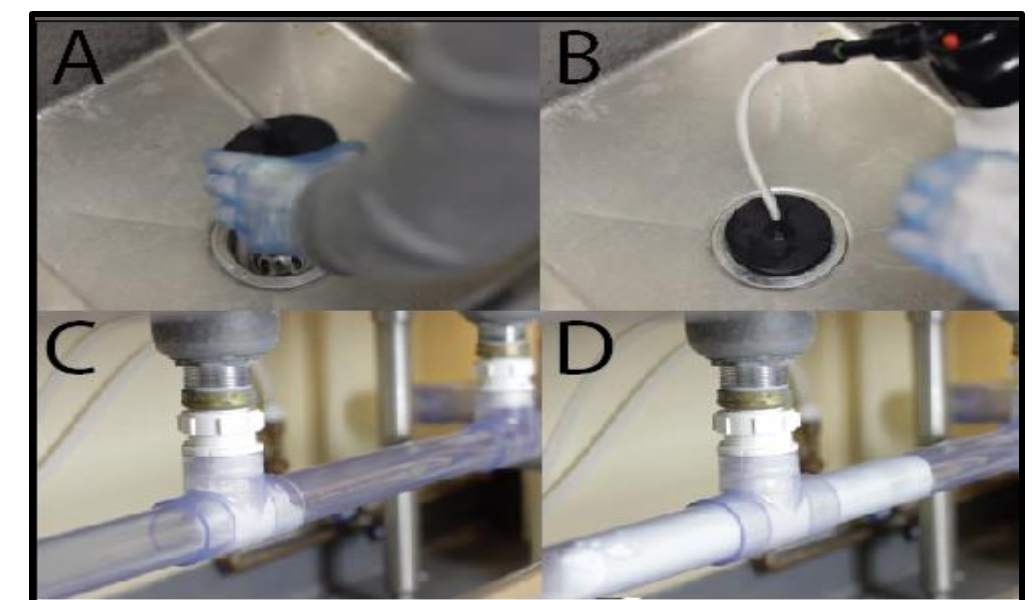


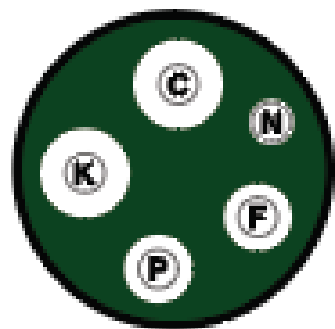
Photo credit: FOAM-iT.com. Buchan, ICHE 2019. Gestrich, ICHE 2018. Ramos-Castaneda, ICHE 2020. Jones, ICHE 2020.

Key Findings

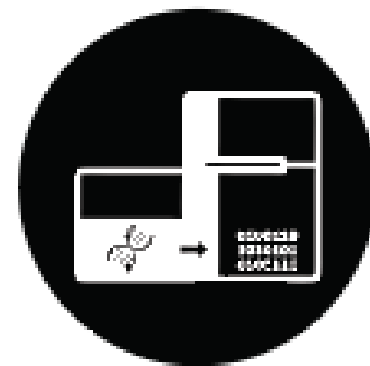
- Human gut is a reservoir for antibiotic resistant organisms and potentially pathogenic microbes
- The built environment can be a reservoir for potentially pathogenic microbes
 - Can be linked to clinically significant infections
- Limited data on surveillance and interventions
- Mixed methods of detection are key to progress
- Avenue for future investigation

Future Directions

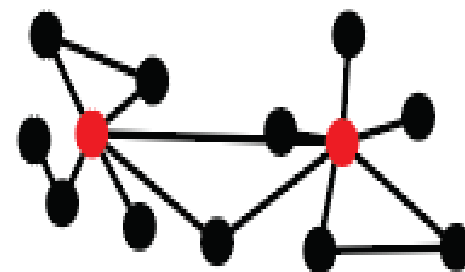
Goal	Benefit
Develop methods for the identification of reservoirs of potential pathogens	Identify areas of concern
	Application of next generation sequencing methods
Characterize and understand transmission	Understand microbe transmission, modeling
	Identify targets for interventions
Data driven interventions to disrupt cycle of transmission	Prevent infection
	Scalable, feasible, sustainable



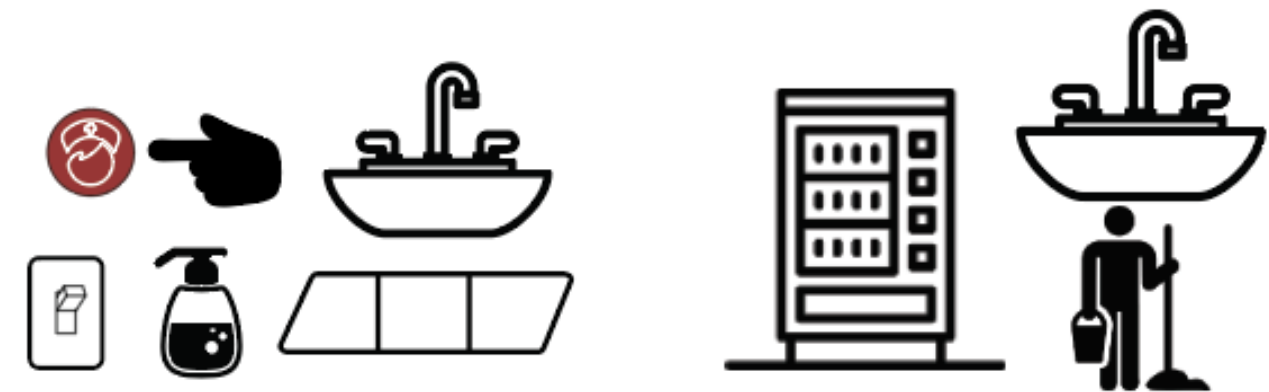
Microbiologic
culture



Next generation
sequencing



Transmission
dynamics modeling



Infection prevention interventions

Acknowledgements

Kwon Lab

- Caroline O'Neil
- Kevin Jolani
- David McDonald
- Lucy Vogt
- Candice Cass
- Sondra Seiler
- Kate Peacock
- Katelin Nickel
- Steve Sax

Dantas Lab

- Kimberley Sukhum
- Alaric D'Souza
- Robert Potter
- Winston Anthony
- Sanket Patel
- Xiaoqing Sun

Dubberke Lab

- Tiffany Hink
- Kim Reske



Burnham Lab

- Meghan Wallace
- Caitlin Johnson
- Angela Shupe

Hospital Partners

- Saadia Andleeb
- Danish Gul
- Lindsay Selner
- John Lynch
- Colleen McEvoy
- Peter Westervelt
- Victoria Fraser
- William Buol
- BMT and MICU Staff



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