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**Original Article** 

# Application of Next-Generation Sequencing in Public Health —Analysis of NDM-5-Carrying Bacteria, 2014–2017

Yu-Chi Lin<sup>1</sup>, Hsin-Yi Wei<sup>2</sup>, Hsiao-Jung Chen<sup>1</sup>, Jung-Jung Mu<sup>1\*</sup>

#### Abstract

Next-Generation Sequencing(NGS) has the advantage of high throughput sequence capacity which provides information on unlimited pathogen targets, resistance genes, as well as outbreak surveillance. In this study, we applied NGS for epidemiological surveillance on the bacterial antimicrobial resistance. From 2014 to 2017, 8 carbapenem-resistant *Enterobacteriaceae* (CRE) isolates carrying NDM-5 were identified and originated from 2 hospitals in northern Taiwan (HH and TH) and 1 from a hospital in southern Taiwan (CH), respectively. Among them, 5 isolates from HH hospital had high similarity in PFGE phylogenetic analysis, similar plasmid replicon type and size and identical NDM-5-containing contigs. Taken together, these 5 isolates were considered as epidemiologically related strains. Two isolates from TH hospital had lower similarity in PFGE phylogenetic analysis, differences in plasmid types and size. However, the NDM-5-containing contigs were identical, presumably due to the insertion sequence IS26 which is responsible to transmission of the antimicrobial-resistance genes. As of the isolate from CH hospital, the sequence of its NDM-5-containing plasmid was similar tothe internationally epidemic NDM-5 plasmid,

<sup>1</sup>Center for Diagnostics and Vaccine Development, Centers for Disease Control, Ministry of Health and Welfare, Taiwan

<sup>2</sup> Taipei Regional Center, Centers for Disease Control, Ministry of Health and Welfare, Taiwan Corresponding author: Jung-Jung Mu\* E-mail: jjmu@cdc.gov.tw Received: Jun. 12, 2018 Accepted: Aug. 31, 2018 DOI: 10.6525/TEB.201910\_35(20).0001 indicating that the plasmid might be imported. This study shares the vision on the use of NGS to provide the CRE antimicrobial-resistance information and benefit the epidemiological surveillance in the future. We recommended that CRE in Taiwan should be monitor continuously to follow the distribution and trends of antimicrobial resistant bacteria.

Keywords: Next-generation sequencing, NGS, CRE, NDM-5, IS26

# Evaluation of Immunochromatographic Rapid Test for Norovirus

Tsung-Ting Hsieh, Shu-Chun Chiu, Wan-Ting Liao, Chih-Tung Lu, Ting-Yo Kuo, Jih-Hui Lin<sup>\*</sup>

#### Abstract

Noroviruses are the major viral pathogen in domestic diarrhea outbreaks. About 40% of the diarrhea outbreaks were attributed to norovirus infection. Because of its high infectiousness, a rapid and accurate detection method is key to the control of norovirus outbreaks. In this study, we randomly selected 101 fecal samples from21 diarrhea outbreaks from January to June 2018 to evaluate the sensitivity and specificity of RIDA® QUICK Norovirus test. The sensitivity of the rapid test was 67.2%, and the specificity was100%. Positive test results confirm the existence of norovirus in fecal samples, but negative test results still needs to be further confirmed by the real-time RT-PCR as the gold standard. Therefore, rapid tests provide a quick preliminary screening, but still cannot replace real-time RT-PCR in laboratories. In order to avoid false negative results that lead to the expansion of the epidemic, submitting the specimens to the laboratory for further confirmation as soon as possible is still necessary.

Keywords: Norovirus, rapid test reagent, real-time RT-PCR

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# week 40-41 (Sep. 29-Oct. 12, 2019) DOI: 10.6525/TEB.2019010\_35(20).0003

	Case diagnosis year	Wee	k40★		Week	x 1–40	
				201	8	201	7
Classification	Disease Diagnosed	2019	2018	Total cases ★	Imported cases	Total cases ★	Imported cases
	Plague	0	0	0	0	0	0
Category I	Rabies	0	0	0	0	0	0
outego, j :	SARS	0	0	0	0	0	0
	Smallpox	0	0	0	0	0	0
	Acute Viral Henatitis type A	2	2	49	20	50	28
	Amoehiasis	13	9	260	138	248	122
	Anthrax	0	0	0	0	0	0
	Chikungunya Fever	5	1	96	75	6	6
	Cholera	0	1	0	0	7	0
	Dengue Fever	13	20	509	417	373	227
	Diphtheria	0	0	0	0	0	0
	Enterohemorrhagic E. coli Infection	0	0	1	0	0	0
Catagory II	Epidemic Typhus Fever	0	0	0	0	0	0
Category II	Homorrhagic Fovor with Popal Syndrome	0	0	0	0	0	0
	Malaria	1	1	6	6	1	4
	Measles	1	0	130	52	35	9
	Meningococcal Meningitis	0	0	4	0	5	1
	Paratyphoid Fever	0	0	7	6	6	5
	Poliomyelitis	0	0	0	0	0	0
	Rubella	0	0	21	17	9	8
	Shigellosis	1	4	104	35	130	45
	Typhoid fever	2	0	23	19	13	10
	West Nile Fever	0	0	0	0	0	0
	Acute Viral Hepatitis type B	1	3	4	4	2 112	2
Category III	Acute Viral Hepatitis type C	10	5	462	2	350	3
	Acute Viral Hepatitis type E	0	0	0	0	0	0
	Congenital Syphilis	0	0	8	3	6	0
	Congenital Rubella Syndrome	0	0	0	0	0	0
	Enteroviruses Infection with Severe Complications	0	0	0	0	0	0
cutegory in	Haemophilus Influenza type b Infection	3	0	44	1	33	0
Category III	Japanese Encephalitis	0	0	1	0	5	0
	Legionellosis	0	0	20	12	35	0
	Neonatal Tetanus	19	16	207	6	470	2
	Pertussis	0	0	-00	0	0	0
	Tetanus	0	0	24	0	25	2
	Botulism	1	0	3	0	5	0
	Brucellosis	0	0	0	0	0	0
	Complicated Varicella	0	0	0	0	0	0
	Endemic Typhus Fever	1	1	52	1	43	0
	Herpesvirus B Infection	1	0	24	3	20	1
	Invasive Prieumococcal Disease	8	5	334	2	370	0
Category IV	Listeriosis	6	6	94	0	66	0
category	Lyme Disease	4	4	148	1	133	1
	Melioidosis	0	1	1	1	2	2
	Q Fever	2	2	37	0	22	1
	Scrub Typhus	0	0	18	4	13	1
	Severe Complicated Influenza	12	4	371	4	271	0
	Toxoplasmosis	48	14	1818	7	1020	5
	Tularemila	1	0	13	2	12	1
		0	0	0	0	0	0
	Marburg Hemorrhagic Fever	0	0	0	0	0	0
	Middle East Respiratory Syndrome Coronavirus	0	0	0	0	0	0
Category V	Novel Influenza A Virus Infections	Ő	Õ	0	0	0	0
	Rift Valley Fever	0	0	0	0	0	0
Category III Category IV Category V 1. ★The wee	Yellow Fever	0	0	0	0	0	0
Category II Category II Category II Category II Category II Category III F Category II Category IV Category IV Category V Category V	Zika virus infection	0	0	0	0	0	0
1. ★The wee	ekly and cumulative total numbers include indigenou	us and ir	nporteo	d cases of notif	iable infect	tious diseases.	

#### Weekly Data of Notifiable Infectious Diseases (by week of diagnosis)

2. MDR-TB, Tuberculosis, Syphilis, Gonorrhea, HIV Infection, AIDS, Hansen's Disease and Creutzfeldt-Jakob Disease are

excluded from the table.

3. Numbers of mumps and tetanus cases are summed up by the week of report.

4. Since 2018/1/1, "Listeriosis" was listed as a Notifiable Infectious Disease.

#### Suspected Clusters

● Fifty clusterswere reported during week 40, including8tuberculosis clusters,15 diarrhea clusters, 10upper respiratory tract infection clusters, 13 influenza-like illness clusters,2varicella clusters, and 2 enterovirus clusters.

#### **Imported Infectious Diseases**

There were 27 imported cases from 9 countries during week 40 of 2019.

Countries Diseases	Indonesia	Philippines	Vietnam	Myanmar	Singapore	Cambodia	Thailand	Papua New Guinea	Canada	Total
Amoebiasis	7	2					1			10
Dengue Fever	1	2	3		2	1				9
Chikungunya Fever				2			1			3
Typhoid fever	1	1								2
Malaria								1		1
Measles						1				1
Acute Hepatitis A									1	1
Total	9	5	3	2	2	2	2	1	1	27

Note: The table summarized the number of imported cases that were either **<u>confirmed</u>** or **<u>updated</u>** in the given week.

- There are 835imported cases from 38 different countries in 2019. The top 3 countries areIndonesia (233), Vietnam (123), and the Philippines (104).
- Top 3 imported diseases are Dengue Fever (417), Amoebiasis (138), and Chikungunya Fever(75).

## **Summary of Epidemic**

- •Enterovirus : The epidemichasgradually slowed down, but it is still in the epidemic period.EV71 is still circulating in the community.
- •Dengue and Chikungunya : Because of the recent rainfall in Northern Taiwan, and the potential overseas travel on the coming holidays, the risk of epidemic is persistence.

Case diagnosis year		Week	41★	Week 1–41					
Classification	Disease Diagnosed	2010	2010	201	8 Imported	2017	7 Imported		
Classification	Disease Diagnosed	2019	2018	Total cases ★	cases	Total cases ★	cases		
	Plague	0	0	0	0	0	0		
Category I	SARS	0	0	0	0	0	0		
	Smallpox	0	Ő	0	0	0	0		
	Acute Flaccid Paralysis	2	1	51	1	57	0		
	Acute Viral Hepatitis type A	3	0	76	20	70	28		
	Amoeblasis	/	6	267	140	254	125		
	Chikungunya Fever	0	0	96	75	6	6		
	Cholera	0	0	0	0	7	0		
	Dengue Fever	14	12	523	428	385	233		
	Diphtheria	0	0	0	0	0	0		
	Enteronemorrhagic E. coll Infection	0	0	1	0	0	0		
Category II	Hantavirus Pulmonary Syndrome	0	0	0	0	0	0		
	Hemorrhagic Fever with Renal Syndrome	0	0	1	0	1	0		
	Malaria	0	1	6	6	5	5		
	Measles	0	1	130	52	36	9		
	Meningococcal Meningitis	0	0	4	0	5	1		
	Poliomvelitis	0	0	0	0	0	0		
	Rubella	0	0	21	17	9	8		
	Shigellosis	3	3	107	35	133	46		
	Typhoid fever	0	0	23	19	13	10		
	West Nile Fever	0	0	0	0	0	0		
Category III	Acute Viral Hepatitis type C	1	6	86	1	118	8		
	Acute Viral Hepatitis type D	16	11	478	2	361	3		
	Acute Viral Hepatitis type E	0	0	0	0	0	0		
	Congenital Syphilis	0	0	8	3	6	0		
	Congenital Rubella Syndrome	0	0	0	0	0	0		
	Haemophilus Influenza type b Infection	4	1	48	1	34	0		
	Japanese Encephalitis	0	0	1	0	5	0		
	Legionellosis	0	0	20	0	35	0		
	Mumps	3	4	210	13	160	7		
	Pertussis	8	12	476	/	482	8		
	Tetanus	0	1	24	0	26	2		
	Botulism	0	0	3	0	5	0		
	Brucellosis	0	0	0	0	0	0		
	Complicated Varicella	0	0	0	0	0	0		
	Herpesvirus B Infection	0	2	24	3	22	1		
	Invasive Pneumococcal Disease	0	0	0	0	0	0		
	Leptospirosis	6	6	340	2	376	0		
Category IV	Listeriosis	4	9	98	0	75	1		
	Lyme Disease Molioidosic	1	0	149	1	133	1		
	O Fever	2	0	39	0	22	1		
	Scrub Typhus	0	1	18	4	14	1		
	Severe Complicated Influenza	8	11	379	4	282	1		
	Toxoplasmosis	33	15	1851	8	1035	5		
	Iularemia Ebola Virus Disease	0	0	13	2	12	1		
	Lassa Fever	0	0	0	0	0	0		
	Marburg Hemorrhagic Fever	0	Ő	Ő	Ő	Ő	Ő		
Category V	Middle East Respiratory Syndrome Coronavirus	0	0	0	0	0	0		
Category v	Novel Influenza A Virus Infections	0	0	0	0	0	0		
Category V	Kitt Valley Fever	0	0		0		0		
			0		U				

Weekly Data of Notifiable Infectious Diseases (by week of diagnosis)

1. ★The weekly and cumulative total numbers include indigenous and imported cases of notifiable infectious diseases.

2. MDR-TB, Tuberculosis, Syphilis, Gonorrhea, HIV Infection, AIDS, Hansen's Disease and Creutzfeldt-Jakob Disease are excluded from the table.

3. Numbers of mumps and tetanus cases are summed up by the week of report.

4. Since 2018/1/1, "Listeriosis" was listed as a Notifiable Infectious Disease.

#### Suspected Clusters

• Thirty-sevenclusterswere reported during week 41, including5tuberculosis clusters,12 diarrhea clusters,5upper respiratory tract infection clusters, 13 influenza-like illness clusters, and 2varicella clusters.

#### **Imported Infectious Diseases**

There were 14imported cases from 7 countries during week 41of 2019.

Countries Diseases	Vietnam	Philippines	Cambodia	Myanmar	Thailand	Indonesia	Japan	Total
Dengue Fever	4	2	3	1	1			11
Amoebiasis		1				1		2
Severe Complicated Influenza							1	1
Total	4	3	3	1	1	1	1	14

Note: The table summarized the number of imported cases that were either **<u>confirmed</u>** or **<u>updated</u>** in the given week.

There are 849imported cases from 38 different countries in 2019. The top 3 countries areIndonesia (234), Vietnam (127), and the Philippines (107).

● Top 3 imported diseases are Dengue Fever (428), Amoebiasis (140), and Chikungunya Fever(75).

## **Summary of Epidemic**

•Enterovirus : The epidemichasgradually slowed down, but it is still in the epidemic period.EV71 is still circulating in the community.

•Dengue : There is a new indigenous cluster inShulin District, New Taipei City, and there are new indigenous cases in Taichung and Tainan City; the risk of epidemic is persistence.

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