

## Applications of WGS for surveillance and DST

Dr Claudio U. Köser

# Disclaimer

- This talk presents independent research supported by the Health Innovation Challenge Fund (HICF-T5-342 and WT098600), a parallel funding partnership between the UK Department of Health and Wellcome Trust. The views expressed in this talk are my own and not necessarily those of the Department of Health or Wellcome Trust.
- Bill & Melinda Gates Foundation and Janssen Pharmaceutica covered my travel expenses to attend a workshop and meeting, respectively.

# Acknowledgements

- Matthew Ellington & Jane Greaterox (Public Health England Cambridge)
- Michael Head (University College London)
- Danesh Moradigaravand (Wellcome Trust Sanger Institute)
- Sharon Peacock (University of Cambridge)



BRCA testing (US)	Private-----
HIV/MIRU-VNTR	Public-----Private-----Public/private Local/cloud
Pathogen WGS (current)	Public----- Local/remote

## MIRU-VNTR paradigm not appropriate for WGS

- Developed by academics who also maintained websites
- Commercial tools only emerged because they were more user-friendly (especially for data management and exchange), provided automated record-keeping and more intuitive ways to overlay metadata – customer service and legal liability

*Knowledgebase*

*Analysis algorithm*

*Analysis hardware*

- The challenge is therefore how to improve and maintain surveillance infrastructure, particularly in light of what has happened to TB databases in the past

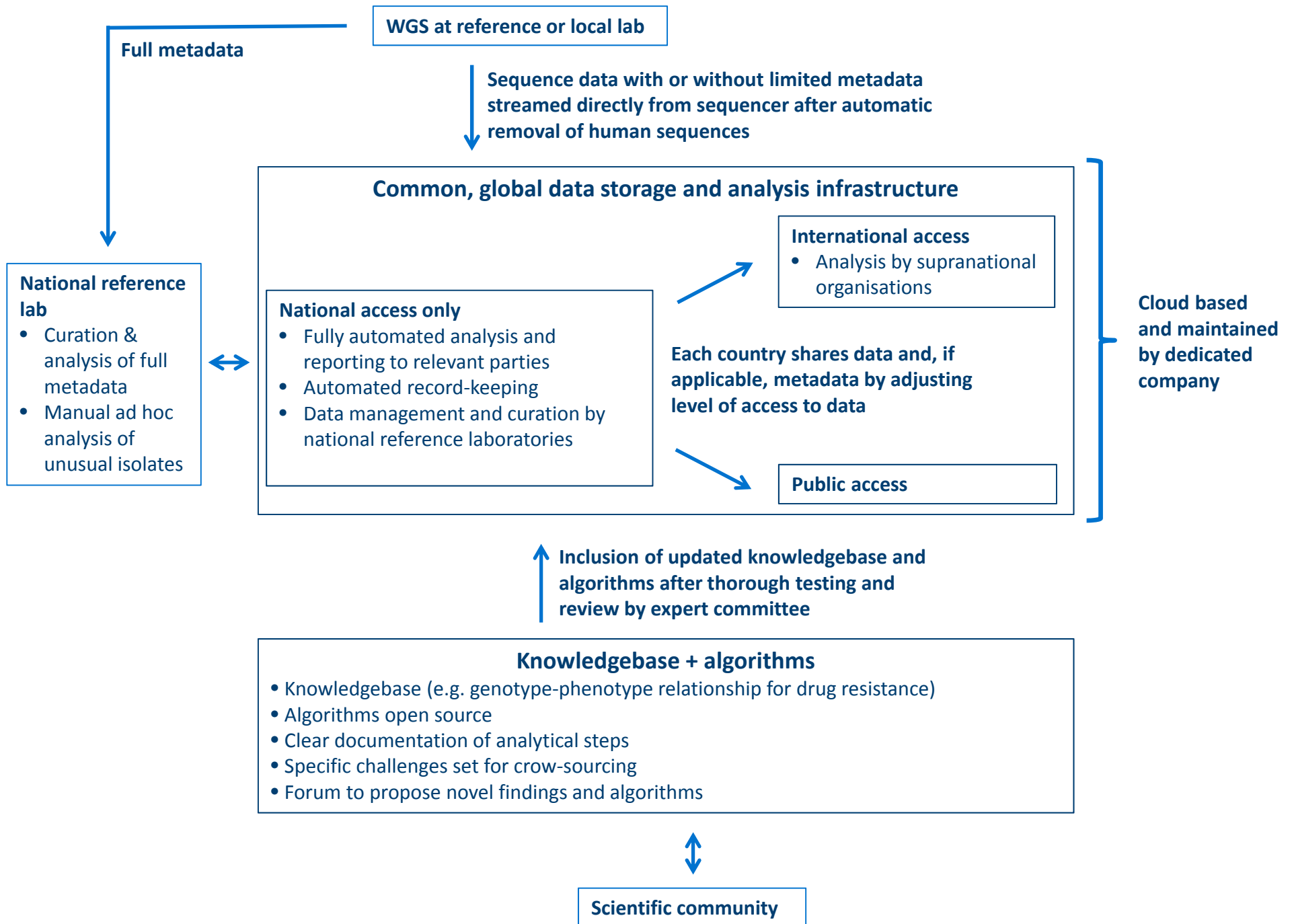
## Surveillance driven by WGS diagnostics

- Initially, WGS for research/surveillance only
- WGS of every single new culture-positive case will become standard of care in well-resourced countries – i.e. WGS will be done for diagnostic purposes, rather than surveillance

Region	Country	Notified TB cases	Estimated culture-positive cases
<b>EU &amp; associated countries</b>		69,893	45,876
<b>North America</b>	Canada	1,686	1,012
	USA	9,945	5,967
<b>Wealthy Asian, Middle Eastern and Pacific countries</b>	Australia	1,325	795
	Bahrain	225	135
	Hong Kong	4,969	2,981
	Israel	509	305
	Japan	21,283	12,770
	Kuwait	737	442
	Macao	406	244
	New Zealand	297	178
	Qatar	728	437
	Republic of Korea	49,532	29,719
	Saudi Arabia	3,833	2,300
	Singapore	2,364	1,418
	United Arab Emirates	85	51
<b>Total</b>		<b>167,817</b>	<b>104,630</b>

## Surveillance driven by WGS diagnostics

- Analysis tools have to be robust and scalable to allow decentralised WGS
  - Sequence data streamed to the cloud for storage and analysis
  - Fully automatic analysis and reporting to relevant parties within minutes of completion of sequence run – manual analysis only for unusual isolates
- Pay for access to data (public could pay for or subsidise cloud infrastructure for storage and analysis at a central location such as EBI/NCBI)
- Individual countries need to retain control of their data
  - Data do not have to be shared with the public immediately
  - No metadata have to be shared





## Complexity of WGS is a blessing in disguise

- Clear economic/political incentives
  - Continued maintenance very likely
  - Everybody would get access to the same quality of analysis
  - Everybody would benefit from economies of scale
  - Differential pricing could be used to encourage adoption in high-incidence countries
- EBI and NCBI have already begun to build an open storage and compute infrastructure as part of Global Microbial Identifier Initiative
- Public and philanthropic funders have to take active role in shaping market
  - Private enterprise cannot develop analysis tools without access to the knowledgebase, analysis algorithms, sequence data/metadata and laboratories
  - Manufacturers of sequencers have strong incentive to grow these markets
  - Public/private company with international governance structure (akin to EUCAST) that reinvests profits in maintenance of infrastructure or research?

**Thank you very much for your attention**