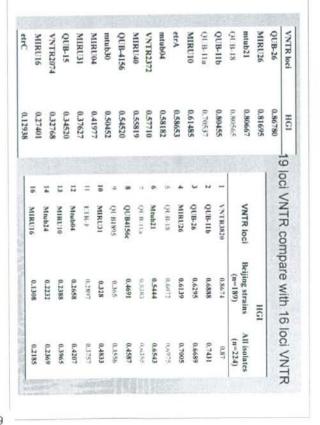
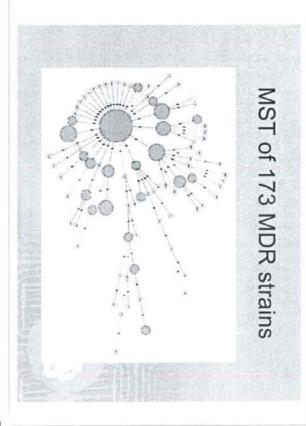




Can we selected 6 which have high d China, Japan and compare clinical s	Sug
Can we selected 6-10 "core" VNTR loci which have high discriminatory power in China, Japan and Korea to genotype and compare clinical strains in these countries?	Suggestion
r in and and atries?	



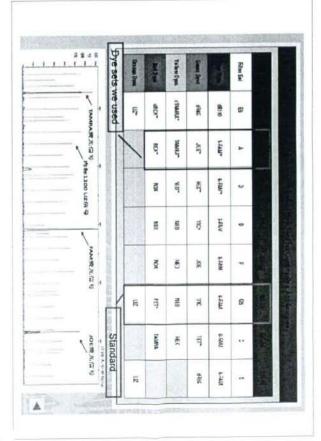




#### Questions

- Some loci can not be recognized by the analyzer
- ∞ E.g., VNTR 3820 ►
- The measured value of the analyzer is smaller than actual, how to optimize?
- The data analysis in different laboratories? ▶

Him26 8 623.2  Him4 2 211.2  simil 3 487.0  simil 4 497.0  simil 4 203.4  simil 4 203.4  simil 4 203.4  simil 4 203.4  simil 3 182.8  simil 3 182.8  simil 3 203.7  simil 4 203.4  simil 4 203.4  simil 5 203.7  simil 5 203.7			*********		****									QUB-118 4 339.5	QUB-36 7 878.2	QUB-11a 8 709.1	Mtsub21 3 300.2	QCB-18 - 992.2
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200.0	20 o	505.0		182.0	1,91,682	82.0	277.0	382.0	0,723	450.0	0.028	94.9	303.0	211.0	0.3420		0.382	763.0
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## Tuberculosis (TB) in China

- China has the world's second largest TB epidemic, with more than 1.3 million new cases of TB every year.
- More than 400 million people were infected with M tuberculosis.

Of the 37 notifiable communicable terms of reported cases and diseases in China, TB ranks first in





### MDR TB in China

- China had the largest number of multidrug-resistant the entire world's MDR-TB cases (MDR-TB) cases (139,894 in 2004), equaling a third of
- The prevalence of drug resistant TB in China was high. In some provinces:

Prevalence of MDR-TB in new cases > 10% Prevalence of MDR-TB in retreatment cases > 30%

### MDR and XDR TB in Shanghai, China

Shen Xin, Mei Jian

Disease Control and Prevention Shanghai Municipal Center for (Shanghai CDC)

January, 2009

#### Outline

- Tuberculosis (TB) and drug resistant TB in China
- MDR and XDR TB in Shanghai
- Summary

#### Objectives

- To determine the number and percentage of TB patients in Shanghai with MDR and XDR TB,
- To determine whether there is transmission of MDR and XDR strains of *M. tuberculosis* in Shanghai.

#### Methods

FLICE		
Incidence rate: 28.4/100,000		
3,863	13.6	<ul> <li>Residents</li> </ul>
Incidence rate: 40/100,000		
7,140	17-18	<ul><li>Total</li></ul>
Population (million) Pulmonary TB Cases	Population (million)	The same of

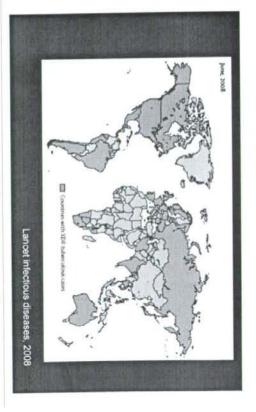
\*Urban Migrants: People from poor rural areas in other provinces of China

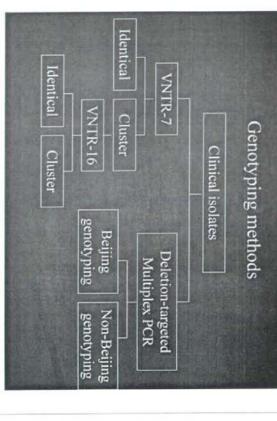
### XDR TB in China?

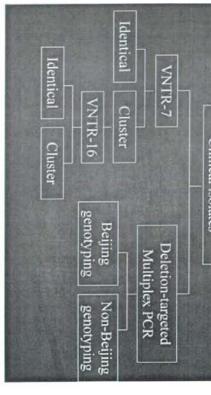
- High prevalence of TB, and large number of MDR TB
- Long-term use of second-line anti-TB drugs
   widely used for other bacterial infections
- and for TD more frequently than before
- used for TB more frequently than before
   easier to get at pharmacies than first-line drugs

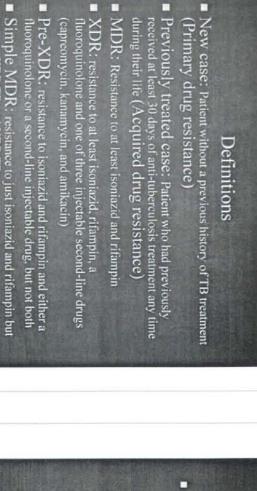


## XDR TB in the world

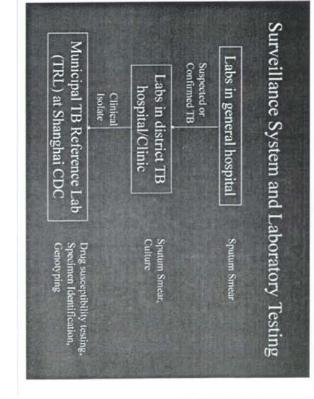








not pre-XDR TB and XDR TB





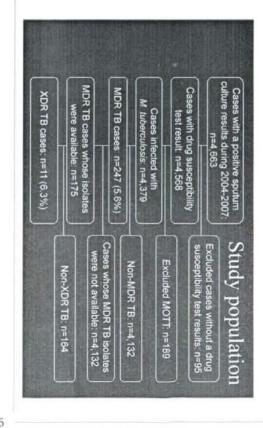
# Treatment outcomes of MDR TB patients

	n = 109 (%)	n = 55 (%)	n = 11 (%)	n=175 (%
Cured	62(56.9)	29(52.7)	1(9.1)	92(52.6)
Completed treatment	3(2.8)	2(3.6)	0	6(3.4)
Died during treatment	6(5.5)	5(9.1)	1(9.1)	12(6.9)
Still on treatment	30(27.5)	14(25.5)	8(72.7)	51(29.1)
Lost to follow up	1(0.9)	1(1.8)	1(9.1)	3(1.7)
Moved/transferred	7(6.4)	4(7.3)	0	11(6.3)

# Treatment outcomes of MDR TB patients, stratified

	Treatment success	Treatment No treatment success success	Odds ratio	95% CI	P
	n = 96	n = 79	(OR)		
XDR	STEPHONE OF				
New	0 ( 0.0 )	6 (100)			
Retreatment	1 ( 20.0)	4 (80.0)			0.25
Pre-XDR					
New	23 (71.9)	9 (28.1)	-		
Retreatment	8 (34.8)	15 (65.2)	4.8	(1.3, 17.8)	0.01
Simple MDR					
New	47 (71.2)	19 (28.8)	THE PERSON		
Retreatment	17 (39.5)	26 (60.5)	3.8	(1.6, 9.2) <0.01	<0.0
Total					
New	70 (67.3)	34 (32.7)			

#### Results



	Migrant 63(36) 39(35.8) 21(38.2)	Resident 112(64) 70(64.2) 34(61.8)	Status	Retreatment 70(40) 40(36.7) 25(45.5)	New 105(60) 69(63.3) 30(54.5)	Treatment history	Female 43(24.6) 25(22.9) 17(30.9)	Male 132(75.4) 84(77.1) 38(69.1)	Sex	8(7.4)	60-74 20(11.4) 14(12.8) 6(10.9)	26(23.9)	30-44 53(30.3) 37(33.9) 13(23.6)	15-29 35(20) 24(22) 11(20)	Age (years)	n = 175 (%) n = 109 (%) n = 55 (%)	Characteristic All NIDR Simple MIDR PreXDR
Section 1	3(27.3)	8(72.7)		5(45.5)	6(54.5)		1(9.1)	10(90.9)		0	0	8(72.7)	3(27.3)	0		n=11(%)	XDR
	0.79			W.J.				74.0				0.04			1	I F	P

### Acknowledgement

■ Shanghai CDC Jian Mei

■ Fudan University

87.3% (165/189) of the MDR isolates and

Genotypes of M. tuberculosis

90.9% (10/11) of the XDR isolates were

Beijing genotype strains.

Among 175 MDR, 4 clusters were identified,

each with 2 different patients. But no

epidemiological links were detected. None of

the isolates with XDR were in a genotype

Xiaohong Gui Jie Wu

Lili Wang

Qian Gao Xia Li

Ming Zhao

Peng Xu



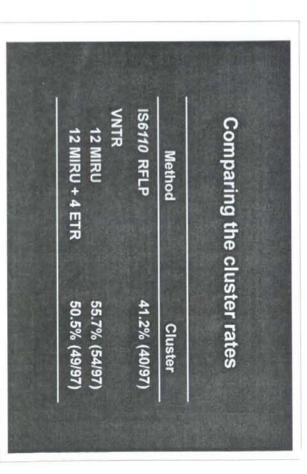
#### Summary

- 5.6% of the TB cases were MDR in Shanghai.
- 6.3% of the MDR TB were actually XDR.
- >50% MDR and XDR TB patients were new cases.
- New cases have better treatment outcome than previously treated cases.

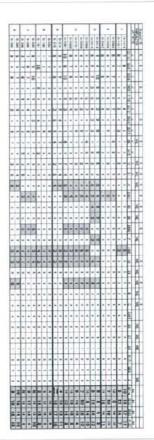
Ongoing transmission of MDR/XDR occurred in Shanghai.

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## VNTR profiles in case of coincidental occurrence (8 cases, 20 isolates)



## JATA(12)-VNTR analysis of MDR-TB

3122 TB strains were isolated from all over Japan in 2002. 55 TB strains in 3122 were made a diagnosis as MDR-TB

(1) IS6110 RFLP (2) VNTR -JATA (12) -Supply (15)

## TB genotyping in Japan

- (1) By analyzing the TB collected from whole Japan, 70 % of TB isolates were Beijing genotype.
- (2) The percentage of cluster rate in IS6110 RFLP was 18.5%.
- (3) We established new promising loci of VNTR analyses for Beijing strains.

The discrimination power of JATA(12)-VNTR analysis is higher than that of IS6110 RFLP and Supply (15).

Application of the JATA(12)-VNTR analysis to clinical TB isolates

The infection by the identical strain was doubted by contact investigation.

25 cases, 74 isolates

The different RFLP patterns in each case (coincidental occurrence)

17 cases, 54 isolates 8 cases, 20 isolates

The different JATA(12)-VNTR profile

The same JATA(12)-VNTR profile in each case

88

Cluster G and H

G

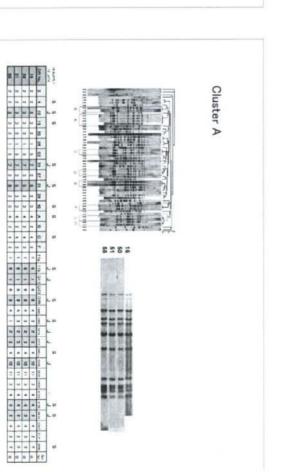
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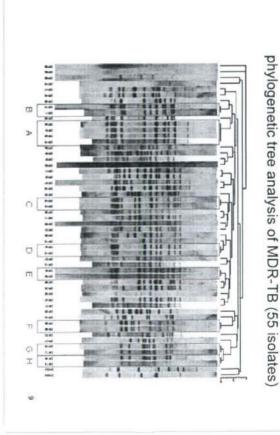
Population based molecular epidemiology analysis by JATA(12)-VNTR

36.8% (53/144)	IS6110 RFLP
Cluster formation(%)	Methods

Supply(15)-VNTR

51.4% (74/144)





0

# Distribution of copy numbers in VNTR analyses (Except for MIRU and ETR)

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18 8 11 5	18 8 11 5	18 8 11 5	Copy number of repetitive units:  4 5 6 7 8 9 10  5 12 27 10 30 103 51  35 35 35 75 38 8 1  199 34 3	Copy number of reportitive unit(s)  4 5 6 7 8 9 10 11  5 12 27 10 30 103 51 15  35 35 35 75 39 6 1 2  199 34 3	Copy number of repetitive unit(s)  4 5 6 7 8 9 10 11 12  5 12 27 10 20 103 51 15 5  25 35 35 75 39 6 1 2 1	Copy number of repetitive unit(s)  4 5 6 7 8 9 10 11 12 13 14  5 12 27 10 30 103 51 15 5 7  35 36 35 75 39 6 1 2 1	Copy number of repetitive unit(s)  4 5 6 7 8 9 10 11 12 13 14  5 12 27 10 30 103 51 15 5 7  35 36 35 75 39 6 1 2 1
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### Conclusion

JATA(12)-VNTR analysis

In the analysis of the mass outbreak suspected case.

JATA(12)-VNTR have a enough discrimination power.

- (2) The discrimination power and frequency of changing
- the copy number are depend on the locus.

  (3) For population base molecular epidemiology analyses, several additional loci need to be analyzed.

## Comparing the clustering rates

147 TB isolates from Tokyo area (Jun., 2003 and Nov., 2004)

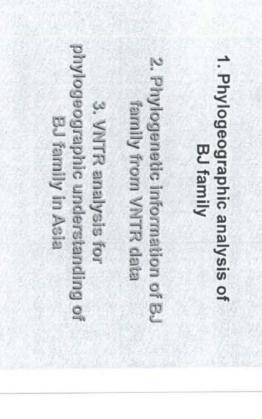
JATA(12)	VNTR-16 (VNTR-7+Q4156, Q18)	VNTR-7 (V3820, Q11b, Q26, N	VNTR Supply(15) Supply(24)	IS6110 RFLP	Methods
46.9	VNTR-76 (VNTR-7+Q4156, Q1895, M31, E-F, V0424, M10, V2074, M39, M16)	VNTR-7 (V3820, Q11b, Q26, M26, Q18, V1955, Q11a)	48.3 42.2	34.7	Cluster (%)

Comparing of PIC in each locus

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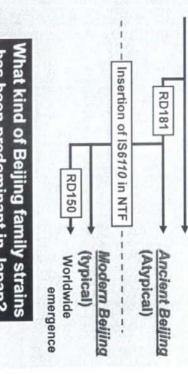
# Phylogenetic analysis and VNTR genotyping for Beijing family in Asia Takavuki Wada

### Takayuki Wada

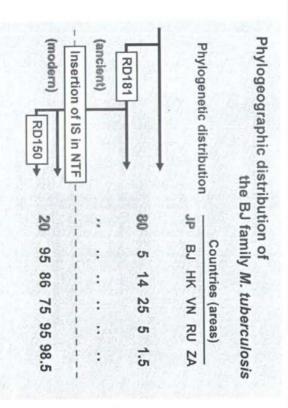
Department of Microbiology,
Osaka City Institute of Public
Health
and Environmental Sciences

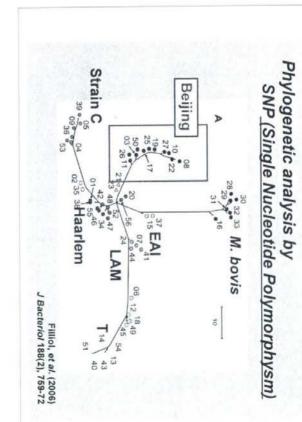
- 1. Phylogeographic analysis of BJ family
- 2. Phylogenetic information of BJ family from VNTR data
- 3. VNTR analysis for phylogeographic understanding of BJ family in Asia

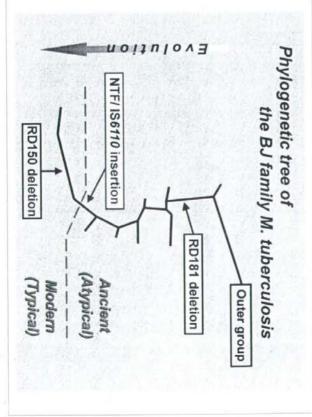
## Various genetic characteristics provide phylogenetic information



## has been predominant in Japan?





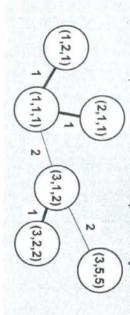


## Phylogenetic tree based on VNTR by minimum spanning tree (MST)\* is reliable (2)

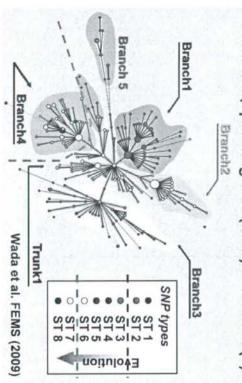
#### \*What's MST?

- A graphic algorism to cluster similar types
- of all branches is minimized. profiles in such a way that the summed genetic distance MST reconstructs a tree that connects all genetic

(similar to maximum pulmonary method)



Phylogenetic analysis based on VNTR by minimum spanning tree (MST) is reliable (3)

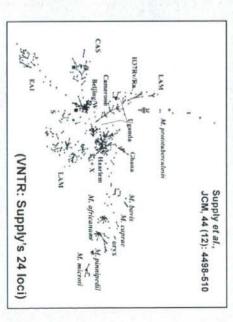


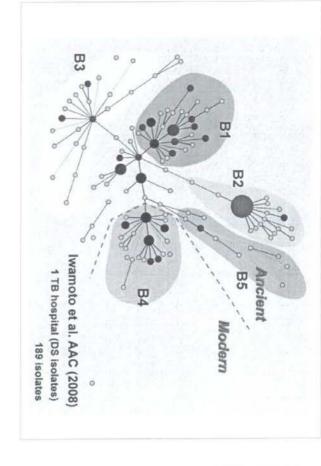
#### Phylogeographic analysis of BJ family

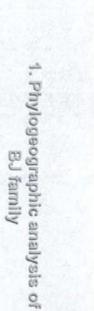
### Phylogenetic information of BJ family from VNTR data

phylogeographic understanding of VNTR analysis for BJ family in Asia

Phylogenetic tree based on VNTR by minimum spanning tree (MST) is reliable (1)

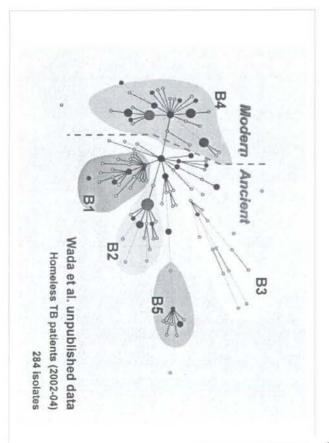


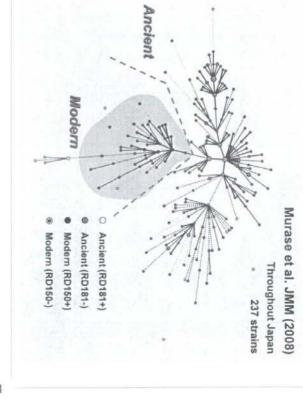


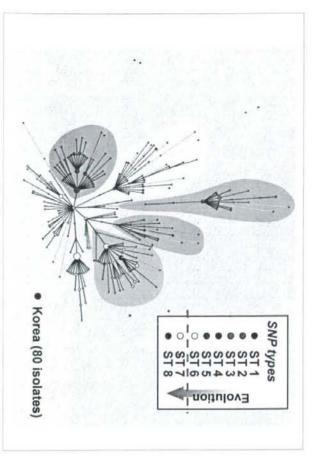


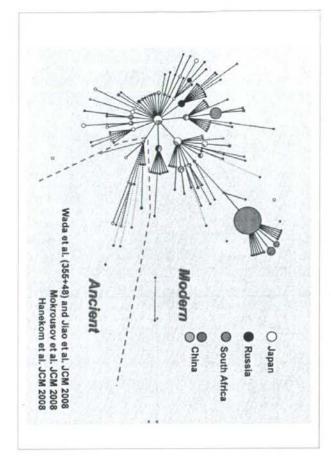
Phylogenetic aspects of VNTR about BJ family isolates in Japan

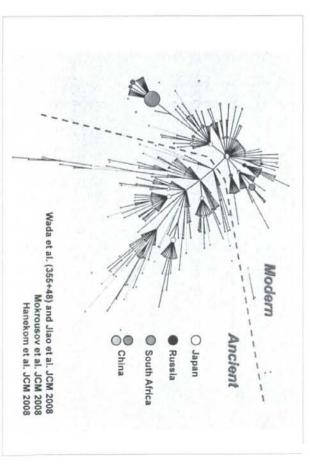
3. VNTR analysis for phylogeographic understanding of BJ family in East Asia

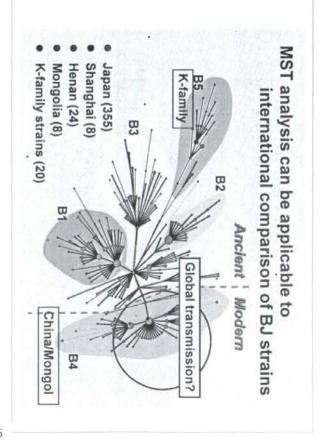












### Next interests...

- Which loci can be more discriminable in each population? (e.g. V3820 in Japan)
- 2) The reasons of phylogeographic difference (genetic diversity) of BJ family (genomic comparison, etc.)
- Continuous observation of population structure by VNTR in each area

### Next interests...

- 4) Expansion of area
- Other analysis such as MDS, coalescent theory

Thank you for your attention !!

A total of 904 *M. tuberculosis* isolates obtained from two medical centers between 2002-2007. They were from newly registered pulmonary TB patients.

Of these isolates, 711 isolates were Beijing family strains. The details of 904 isolates by spoligotyping were: Beijing (78.7%), T1 (5.2%), T3-Osaka (2.5%), T2 (2.3%), EAI2 (1.4%), LAM9 (1.1%), Haarlem3 (0.9%), T3 (0.7%), others (7.3%).

Phylogenetic analysis: 15-VNTR & MST, RD181, NTF Genotypic clonarity:15-locus & 4-hypervariable loci VNTR (11a, 3232, 3820, 4120)

Epidemiologic Characteristics in Japan

\*\*Comparison of the property of the pr

Gap between very high infection prevalence in the elderly and very low prevalence in the younger population. (at the age of 20, 50% in 1950 vs.1.3% in 2000)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

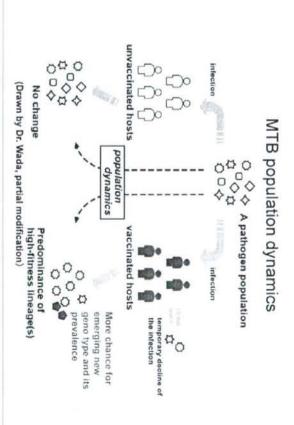
The annual risk for infection was estimated to be 4% in the 1950s and 0.05% in the 1990s (reflecting an 11% annual rate of decrease from the 50s to the 70s).

The modern TB control measures (mass BCG vaccination, contact investigation, chemotherapy, etc.) has been started in 1951.

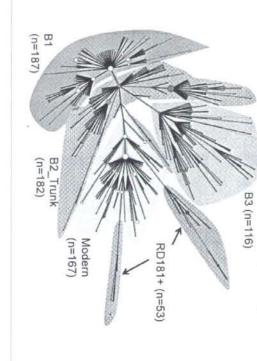
Japan-China-Korea Joint Meeting (2009, 01, 20, JATA RIT, Tokyo)

#### Spatial and temporal changing in population structure of Mycobacterium tuberculosis Beijing family strains

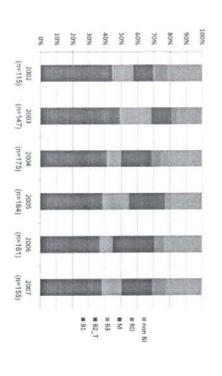
Tomotada Iwamoto Kobe Institute of Health



# Population structure of Beijing genotype isolates collected between 2002-2007 in Kobe (n=711)



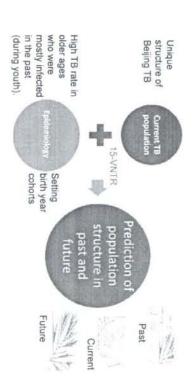
# Distribution of each sub-lineages in 2002-2007



#### 

Unique population genetic structure in Japan, ancient dominance Is the structure stable? How was the structure at the high morbidity era, before WWII? What change can be expected, especially in the rate of modern type?

Approach to predict temporal changing in population structure



Is the structure stable? How was the structure at the high morbidity era, before WWII? What change can be expected, especially in the rate of modern type?