



# What can we learn from sequencing mycetoma fungi?

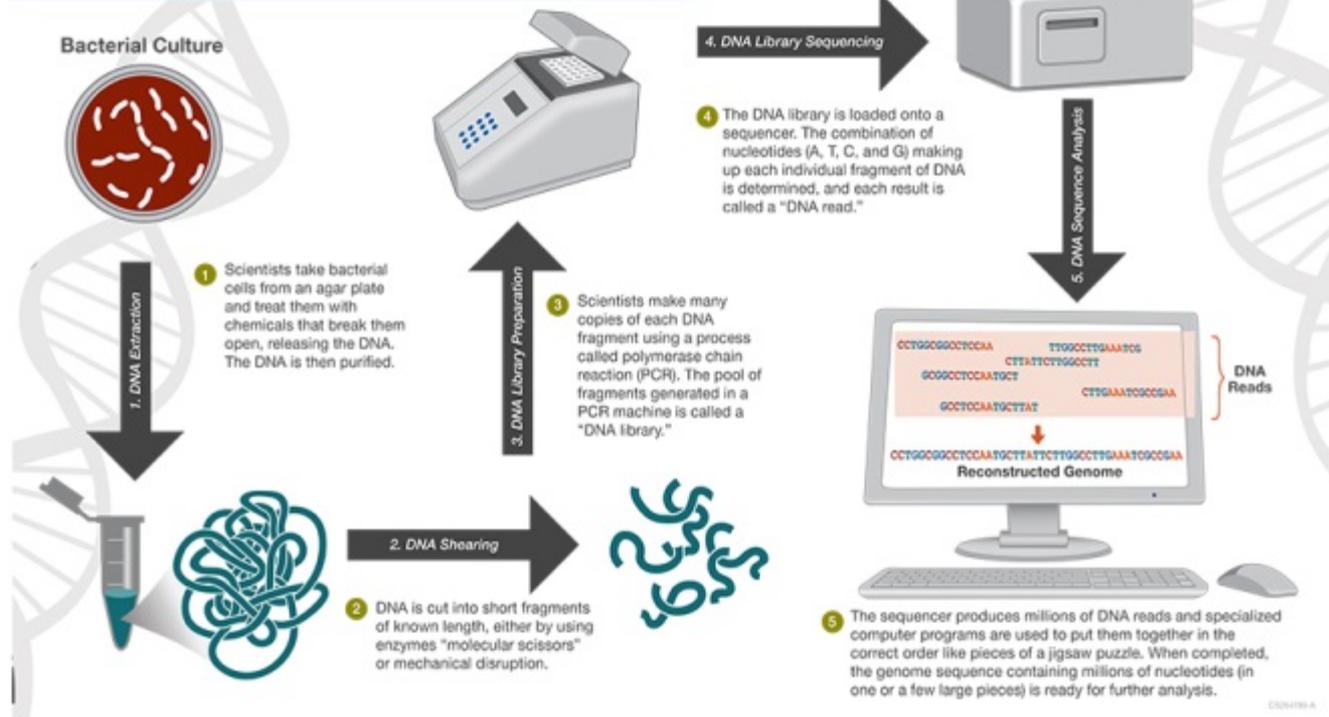
Anastasia (Ana) Litvintseva, PhD

Mycotic Diseases Branch, Centers for Disease Control and Prevention, USA

11<sup>th</sup> ECTMIH, Liverpool 2019

## The Whole Genome Sequencing (WGS) Process

WGS is a laboratory procedure that determines the order of bases in the genome of an organism in one process. WGS provides a very precise DNA fingerprint that can help link cases to one another allowing an outbreak to be detected and solved sooner.



PHASE TWO: INTERPRETATION

SEIDMAN The Star Ledger



# Advantages of WGS for mycetoma community

- Better understanding of etiology of mycetoma
- Identification of novel targets for new diagnostics methods



# Understanding etiology of mycetoma: better species identification

## Molecular methods based on a single gene do not always provide enough resolution for identification of species

**TABLE 2** Phenotypic and molecular data from eumycetoma agents

Case	Morphological identification	Molecular identification	ITS		D1/D2	
			GenBank accession number		GenBank accession number	
			This study/Reference	Identity	This study/Reference	Identity
1	<i>Madurella mycetomatis</i>	<i>Madurella pseudomycetomatis</i>	KT834405/EU815933	596/597 (99%)	KX580969/EF600939	579/580 (99%)
2	<i>Exophiala jeanselmei</i>	<i>Cyphellophora oxyspora</i>	KT323976/KM396285	600/602 (99%)	KX580971/KF928530	435/436 (99%)
3	<i>Exophiala</i> sp.	<i>Exophiala oligosperma</i>	KT323978/DQ836792	655/655 (100%)	KX580972/KP938217	609/609 (100%)
4	<i>Exophiala dermatitidis</i>	<i>Exophiala dermatitidis</i>	KT323977/AY213651	657/657 (100%)	KX580974/AF050270	615/618 (99%)
5	<i>Scedosporium apiospermum</i>	<i>Scedosporium apiospermum</i>	KT323975/AB489076	636/639 (99%)	KX580973/FJ345358	380/382 (99%)
6	<i>Aspergillus ustus</i>	<i>Aspergillus ustus</i>	KT323974/EU326214	590/595 (99%)	KX580970/AY216676	594/595 (99%)

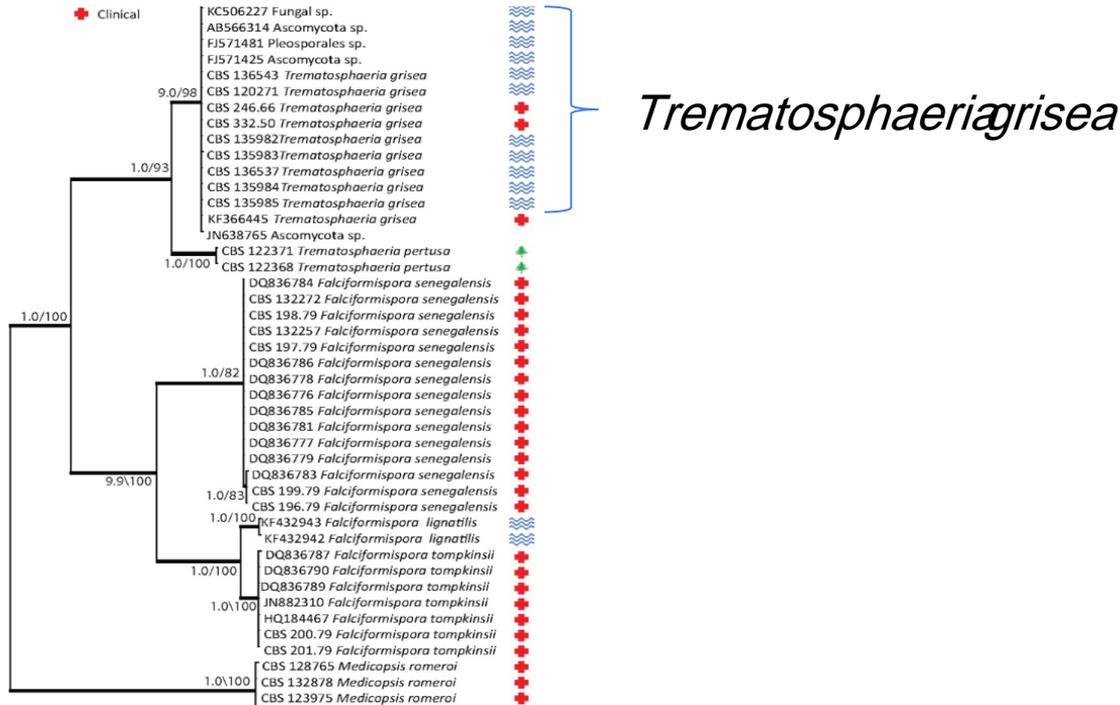
Require different genes for identification

**TABLE 3** Phenotypic and molecular identification data from actinomycetoma agents

16S rDNA	
----------	--



# Understanding etiology: diversity within species



ITS gene (values of  $\geq 0.8$  for Bayesian probability and  $\geq 80\%$  for maximum likelihood are shown with bold branches). *Medicopsis romeroi* v

# Novel diagnostics

## Ideal molecular target for DNA-based detection:

- Specific for mycetoma agents (does not cross-react with other soil fungi)
- Shared by different species/genera (*Madurella mycetomatis* and *Trematosphaeria grisea*)
- Present in multiple copies to increase sensitivity

# This approach worked well for another fungus



Journal of  
Clinical Microbiology



[Advanced Search](#)

[Home](#) [Articles](#) [For Authors](#) [About the Journal](#) [Subscribe](#)

Myology

## Multicenter Clinical Validation of a Cartridge-Based Real-Time PCR System for Detection of *Coccidioides* spp. in Lower Respiratory Specimens

Michael A. Saubolle, Bette R. Wojack, Anne M. Wertheimer, Aashang Z. Fuziyagam, Stephen Young, Brian A. Koeneman

David W. Warnock, Editor

DOI: 10.1128/JCM.01277-17

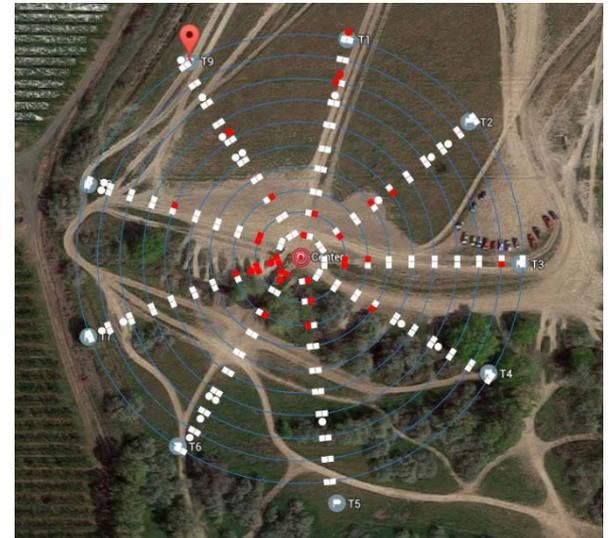
Check for updates

[Article](#)

[Figures & Data](#)

[Info & Metrics](#)

[PDF](#)



[Advanced Search](#)

[Home](#) [Articles](#) [For Authors](#) [About the Journal](#)

Eukaryotes

# Genome Sequence of *Madurella mycetomatis* mm55, Isolated from a Human Mycetoma Case in Sudan

Sandra Smit, Martijn F. L. Derks, Sander Bervoets, Ahmed Fahal, Willem van Leeuwen, Alex van Belkum, Wendy W. J. van de Sande

DOI: 10.1128/genomeA.00418-16



Article

Info & Metrics

PDF

36.7Mbp genome

804 scaffolds (N50 of 81.8 kb; G+C content of 54.9%).

# Collaboration between Mycetoma Research Center, Sudan and CDC

## Whole Genome Sequencing of fungal agents of Mycetoma



The screenshot shows the website for the Mycetoma Research Center (MRC) at the University of Khartoum. The header includes the MRC logo, the text "MYCETOMA Research Center", and "University of Khartoum". Below this, it states "WHO Collaborating Center on Mycetoma". A navigation menu includes "Home", "Patient's Info.", "Clinical Services", "Academic Information", "Publications", "WHO Centers", and "Biobank". A search bar is present with the placeholder "enter a keyword...". The main content area features a photograph of medical staff in a surgical setting, with the text "MRC Staff" and a description: "The staff members are of medical, health and science backgrounds who are interested in all facets related to mycetoma." Below the photo are three buttons: "MRC Researcher", "Mycetoma Expert", and "Supporting MRC Patients". At the bottom, there are two news items: "Global Health Innovative Technology Fund (GHIT Fund)" and "Director-General Of WHO Calls For More Mycetoma Research".



### CDC and Fungal Diseases: Why are fungal diseases a public health issue?

Fungal diseases pose an important threat to public health for several reasons.

- **Opportunistic infections** such as cryptococcosis and aspergillosis are becoming increasingly problematic as the number of people with weakened immune systems rises. This group includes cancer patients, transplant recipients, other people taking medications that weaken the immune system, and people with HIV/AIDS.
- **Hospital-associated infections** such as candidemia are a leading cause of bloodstream infections in the United States. Advancements and changes in healthcare practices can provide opportunities for new and drug-resistant fungi to emerge in hospital settings.
- **Community-acquired infections** such as coccidioidomycosis (Valley fever), blastomycosis, and histoplasmosis, are caused by fungi that live in the environment in specific geographic areas. These fungi are sensitive to changes in temperature and moisture, and we don't know how long-term climate change may be affecting their growth and distribution.



### What is CDC doing to combat fungal diseases?

We are taking action to prevent and control fungal diseases through...

# Study objectives

- Generate chromosomal quality annotated genomic assemblies of *M. mycetomatis* and *T. grisea* using long-read sequencing --- to provide a resource for community
- Generate WGS phylogeny of *M. mycetomatis* using clinical isolates from Sudan --- to understand the genetic diversity among isolates
- Use metagenomics to characterize “grains” from mycetoma patients--- to understand what pathogens actually are present in patients

# Study Samples

- **Received from Prof. Fahal's group:**
  - 128 DNA from grains
  - 50 cultures of *M. mycetomatis*
- **Two isolates (one *M. mycetomatis* and one *T. grisea*) from CDC collection**

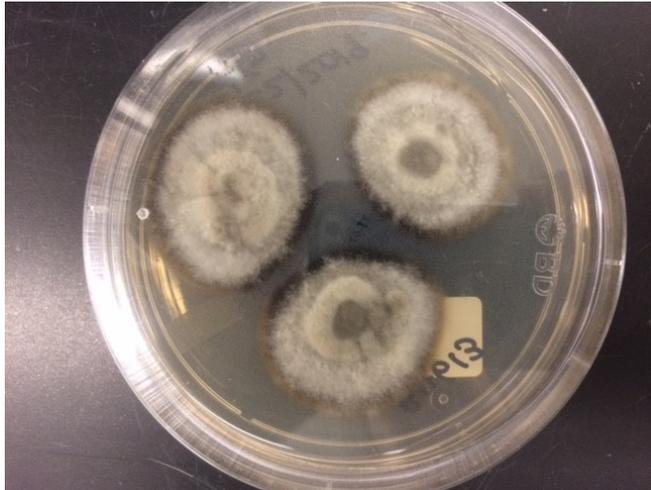
## Preliminary PCR analysis of grain samples (ITS and 16S)

Organism	no 16S amplification	Actinomadura sp.	Uncultured/unsequenced	<i>S. pyogenes</i>
<i>M. mycetomatis</i>	<b>92</b>	0	19	2
<i>M. fahalii</i>	1	0	0	0
<i>Falciformispora thompkinsii</i>	1	0	0	0
<i>Falciformispora senegalensis</i>	1	0	0	0
<i>Cladosporium sp.</i>	2	0	0	0
<i>Curvularia sp.</i>	1	0	0	0
<i>Fusarium solani</i>	1	0	0	0
no ITS amplification	4	<b>7</b>	5	0

Of 126, 88 passed DNA quality control for WGS and good quality reads were obtained – analysis pending

# Cultures

- Of 50, 29 cultures grew
- 26 were sent for WGS
- 3 are slow growing



*T. grisea*

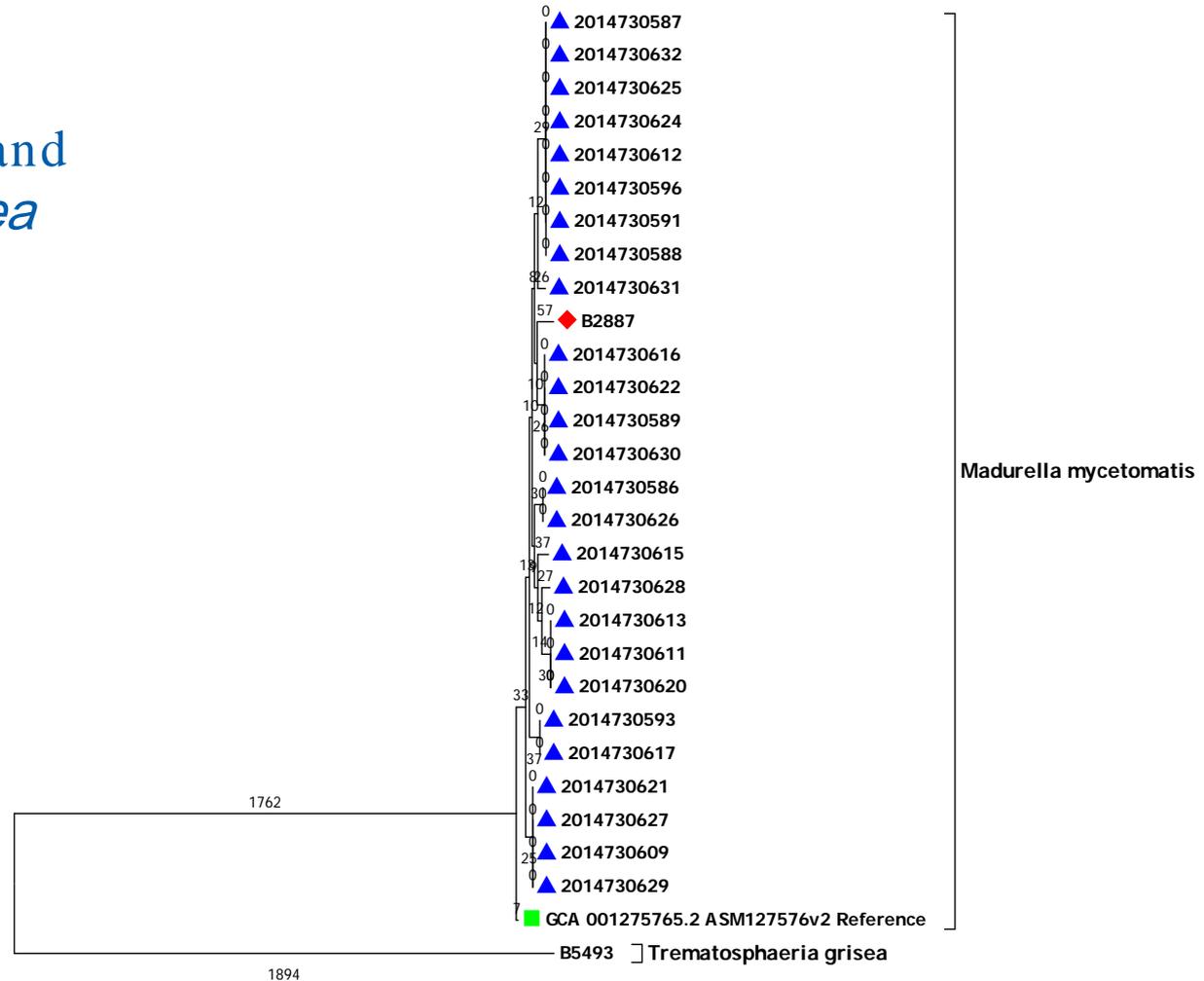


*M. mycetomatis*

# Preliminary WGS results

*Madurellamyces tomatis* and  
*Trematosphaeria grisea*

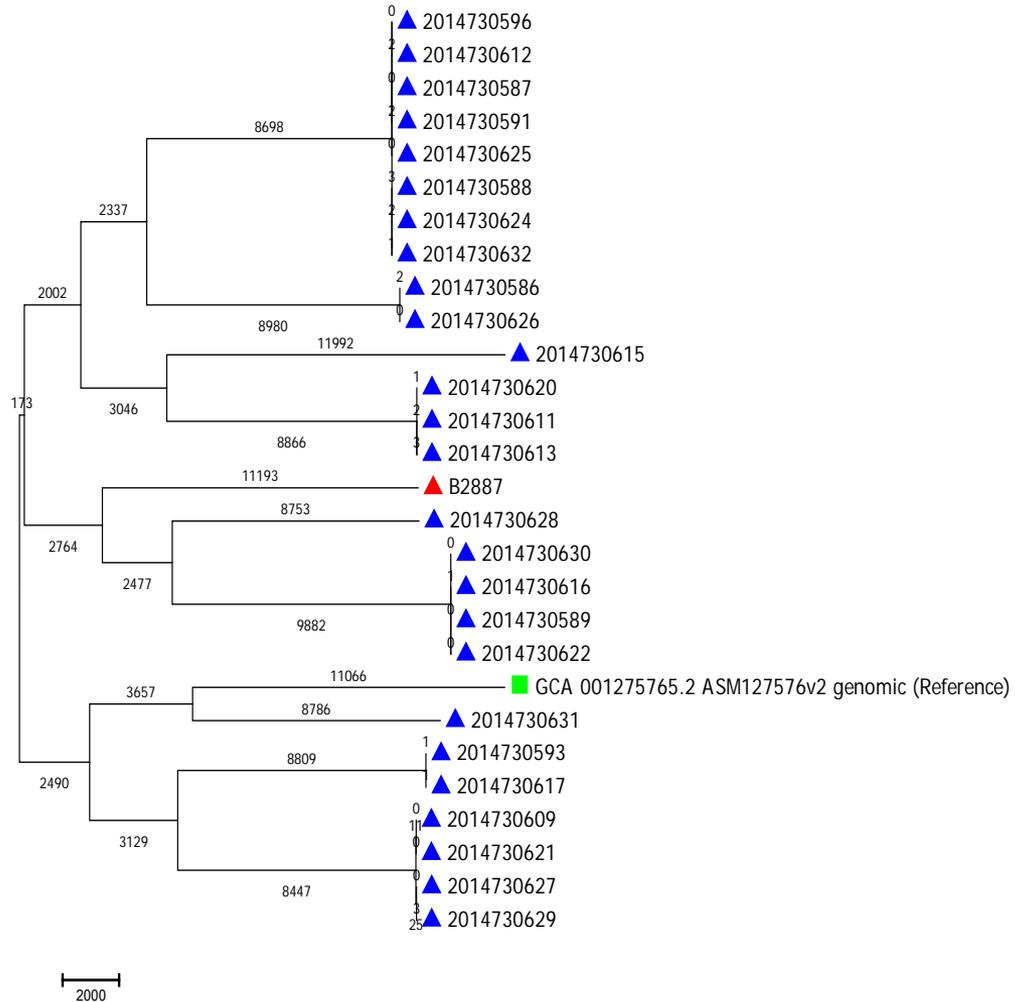
- ▲ Isolates from Sudan
- ◆ CDC Collection
- NCBI Reference



# Preliminary WGS results

## *M. mycetomatis* only

- ▲ Isolates from Sudan
- ◆ CDC Collection
- NCBI Reference



## Next steps

- PacBio sequencing of 5 isolates, *T. grisea* and four *M. mycetomatis*
- Long-read assembly and annotation
- WGS phylogeny of *M. mycetomatis*
- Identification of potential PCR targets
- Collaboration of developing molecular tests
- WGS of isolates from other regions and other genera?

# Acknowledgments

Mycetoma Research Center, Sudan

Prof. Ahmed Fahal  
Sahar Bakhiet



WHO Collaborating Center on Mycetoma



enter a keyword...

Mycotic Diseases Branch, CDC

Lalitha Gade  
Steven Hurst  
Karlyn Beer  
Tom Chiller



# FUNGAL DISEASE AWARENESS WEEK



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

